S. HRG. 119–15

LEGISLATIVE PRESENTATION OF THE AMERICAN LEGION AND MULTI VSOs: JEWISH WAR VETERANS OF THE USA, MINORITY VETERANS OF AMERICA, NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS, MILITARY OFFICERS ASSOCIATION OF AMERICA, NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS, D'ANIELLO INSTITUTE FOR VETERANS AND MILITARY FAMILIES, AND WOUNDED WARRIOR PROJECT

JOINT HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

OF THE

UNITED STATES
HOUSE OF REPRESENTATIVES

AND THE

UNITED STATES SENATE

ONE HUNDRED NINETEENTH CONGRESS

FIRST SESSION

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LEGISLATIVE PRESENTATION OF THE AMERICAN LEGION AND MULTI VSOs: JEWISH WAR VETERANS OF THE USA, MINORITY VETERANS OF AMERICA, NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS, MILITARY OFFICERS ASSOCIATION OF AMERICA, NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS, D'ANIELLO INSTITUTE FOR VETERANS AND MILITARY FAMILIES, AND WOUNDED WARRIOR PROJECT

WEDNESDAY, FEBRUARY 26, 2025

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

The Committees met, pursuant to notice, at 10 a.m., in Room 390, Cannon House Office Building, Hon. Mike Bost, Chairman of the Veterans' Affairs Committee, presiding.

Present:

Representatives Bost, Radewagen, Miller-Meeks, Hamadeh, Takano, Pappas, Cherfilus-McCormick, McGarvey, Kennedy, Dexter, Conaway, and Morrison.

Senators Moran, Tillis, Banks, Sheehy, Blumenthal, Hassan, King, and Duckworth.

OPENING STATEMENT OF HON. MIKE BOST, CHAIRMAN, U.S. REPRESENTATIVE FROM ILLINOIS

Chairman BOST. Good morning. The hearing will come to order. And good morning to everyone, thank you all for being here, and I would like to welcome my Senate colleagues, Chairman Moran, Ranking Member Blumenthal.

Before we get started, I would like to acknowledge our visitors present from the greatest state, the State of Illinois. Anyone out there? Yes? All right. Well, just so you know, when I said this yesterday, I am from Southern Illinois, which is a little different as far as Illinois is concerned. If you are really from Southern Illinois, you capitalize the "S." And it is not a separate state, but sometimes we feel that way. But I want to thank you all for traveling here

from Illinois. I know that is not an easy travel. I do that on a regular basis. But if you would, could you just please stand? Those of you that can. Thanks for being here.

[Applause.]

And it is an honor to be here with all of you, my fellow Legionnaires. I am a Marine veteran.

VOICES. Hooah.

Notice we Marines say that "Oorah," right? The Army people, they say that different. But I am a proud member of Murphysboro Post 127. And though we are busy, I want to tell you little neat things about Murphysboro Post 127. It is the Paul Stout Post and Paul Stout was actually fought as a Marine. I know this. He fought in Belleau Wood, then he fought in the Battle of Bella, and then he was killed in the next, and he was a private. But on his 100th anniversary of his death, we actually at the Paul Stout Post—because we have a local craft brewery, we actually—they made a Paul Stout [laughter]. And so it was wonderful to do that. So I am very happy to talk to you about my post.

Now, before you check, I want you to know I have got my dues paid up. So, just, Commander, know my dues are paid. All right.

You know, the American Legion has a dutiful work on behalf of those who have served our country for more than 100 years, and it is a privilege to be part of that organization. With that being said, I also want to welcome Mr. James LaCourseiere, the National Commander of the American Legion, and his spouse, Lisa. Thank you for being here.

[Applause.]

I am looking forward to continuing our partnership to better serve veterans across the U.S. The American Legion does an outstanding job of sharing their perspective and concerns of their members with our Committee. Our work here on the Committee is greatly assisted by their dedication to the mission. It is our honor. It is an honor for me to be here today serving as a House Committee, Veterans' Affairs in the Chair. It is my second term as Chair and I never thought this corporal would ever have an opportunity to do that.

This mission of the VA Committee has always been personal to me. If you were around yesterday when we had the other panels before us, you know that—so my father and his brothers were all Army, Korean War. Had a grandfather who was Navy, Second World War. Had a grandfather who was Marine, Korean War. Had an uncle that was Marine, Vietnam, victim of the ultimate oxymoron, friendly fire. He did survive and he is doing very well today thanks to a lot of help from the VA. So then me, noncombat Marine, and my son who is a Lieutenant Colonel today, is actually a reservist, but was active for many years. He is a JAG in the Corps. My grandson who just got out of the Corps, who was an F–18 mechanic. So as you can see, it is really, really personal to me when it comes to our veterans.

Now, every time I sit at the dais and we are getting into debate whether it is with the VA or the other side of the aisle, I am always thinking of the veterans. And I told this story yesterday and I will tell it again to you. If you have ever been around here in DC and seen me walking up down the halls or seen me on the floor

or seen me here, I wear this bracelet. This bracelet has the colors of my Corps, and it was given to me by a Vietnam veteran. Honest to goodness, he just went by Lieutenant Dan. And Lieutenant Dan gave it to me 11 years ago whenever he found out that I was going to be on the VA Committee. And he said, Mike, I want to give you this and I am going to give you a couple of them because if you wear them all the time, you will get them dirty, you will wear them out. But he said, I want you to wear it because I want you to look down and remember who you were there serving, and that way I don't forget. I don't think I would forget anyway, but this helps.

For me, it is about the veteran. It is not about protecting government bureaucracy. And I know the sacrifices each of you have made. Each of you has fought to protect our Constitutional rights. We had many important accomplishments last Congress, but many issues still remain. And I am grateful for this opportunity to learn more about what we as Congress can help our Nation's veterans do.

Veterans should have the freedom to use the benefits of VA offered in exchange for their service to meet their individual needs. And they shouldn't be spending hours driving in their cars to get them or combing through wonky paperwork for months on end or needlessly waiting for a phone call to get a simple answer. You know where the VA is falling short, as do I. And you know where we need to push the agency to bring it out of the Stone Age and into the New Age. You have my commitment that as long as I am in charge, we will continue to fight for you and the voices you represent, the hundreds of thousands of veterans outside this DC beltway who just want their health care on time and their benefits when they need them.

This old corporal takes this mission seriously and I know my friend and our new Secretary of the VA, Doug Collins, does too. Under President Trump's leadership, I know we are going to put you, the veteran, and the VA services back at the center of the VA mission. And when the bureaucrats try to get in the way, I will continue to be the first to hold them accountable and get answers for you.

We made great progress with the passage of the Dole Act, and I am incredibly grateful to the American Legion for their support in getting this bill across the finish line. And I am committed to improving VA's ability to hold their employees accountable so that the veterans have access to world class care.

I am grateful to the American Legion for their support of the Restore Accountability Act of 2025, which would do just that. We must deliver for our veterans to protect their health care choice, expand economic and education opportunities and streamline benefits and get it—and get it done. I promise to keep up the fight we are all in together. Now, it is time to take—it is not time to take our foot off the gas. I look forward to completing our mission alongside of you.

Once again, thank you for being here today and I want to now recognize Chairman Moran for his opening statement.

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

Chairman MORAN. Mr. Chairman, thank you. As I said yesterday, I am pleased to be with you and my colleagues from the House and the Senate as we examine the desires of a number of VSOs for their agenda for this new Congress. And I thank you for the Commander. Commander, I thank you for your presence here this morning and all the American Legion accompanying witnesses. I recognize the role that the American Legion plays at home in Kansas and here in Washington, DC as we advocate for the well-being of veterans today and in the future. And I welcome any Kansans in the audience and welcome Kansans at home who are paying attention to this hearing today.

I want to thank the American Legion for their—and many of the of the folks on the second panel for their support for The Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. We must make certain that we don't just pass legislation, but it is implemented in a way that actually serves veterans, and we are continuing to make certain that we take every step to see that is the case in this legislation.

The American Legion and others testifying here today have also extended their support for the ACCESS Act, the Precision Brain Health Research Act, the Veterans 2nd Amendment Protection Act, and my National Guard and Reserve GI Bill Parity Act, all of which have been introduced in this Congress.

As I said yesterday, the policies and programs that we will discuss today depend upon a strong and effective workforce at the VA to deliver the care and benefits veterans deserve. I am committed to working with the VSOs, with the American Legion and others and my colleagues on this panel to make certain that the necessary VA workforce is preserved as the VA implements new federal workforce guidance.

The VA must be forthcoming and transparent with Congress, with the VSOs, and the public about how it is implementing workforce changes and work to avoid or correct actions that could undermine veteran access to care and benefits. Thank you again, Commander LaCourseiere, for being here. I look forward to your testimony, and I yield back.

Chairman BOST. Thank you, Senator. I now recognize Ranking Member Takano for his opening statement.

OPENING STATEMENT OF HON. MARK TAKANO, RANKING MEMBER, U.S. REPRESENTATIVE FROM CALIFORNIA

Mr. TAKANO. Well, thank you, Mr. Chairman. Today we continue our annual series of joint hearings. I am pleased to welcome our first panel, the National Commander and representatives of the American Legion, as well as our second panel, representatives from Minority Veterans of America, Jewish War Veterans, the National Association of County Veterans Service Officers, the Military Officers Association of America, National Association of State Directors of Veterans Affairs, the Institute for Veterans and Military Families at Syracuse University, and the Wounded Warrior Project. I would like to extend this very special welcome to the American Legion's National Commander, James LaCourseiere, a junior from

Connecticut, and the National Auxiliary President, Trish Ward from Kansas.

Now, before I begin my remarks, I have to ask, are there any Californians in the room this morning? Right on, thank you.

[Hand clap.]

You can do better—well, let's move on. These hearings are important because they are a great opportunity for us to hear from the VSOs about issues impacting veterans in their daily lives. It was at these hearings in 2022 when the VSO stood in solidarity calling on Congress to pass the Honoring our PACT Act. Without you, we would never have passed the largest expansion of veterans healthcare and benefits since the Vietnam War. Without you, millions of veterans would still be struggling to access healthcare for the toxic exposures they experienced in service to our country. I will always be grateful to the VSOs for helping us get it done.

Now, as I have said all along, the PACT Act was never meant to be a one and done. There is still so much more work to be done because the PACT was not only about toxic exposure, it was also about our promise to ensure that veterans have access to their care and benefits, and that we do everything we can to end veteran homelessness and veteran suicide, address new categories of illness and injury associated with military service, for example blast injury and military traumatic brain injury. Finally, achieve Guard and Reserve parity, ensure that VA is welcoming to all veterans who have earned the right to be there. Ensure that VA's infrastructure can support its mission and so much more.

Unfortunately, I am not optimistic under this administration. I have grave concerns about how President Trump's Executive orders are being carried out across the Federal Government, most especially at the Department of Veterans Affairs, and how they are going to impact veterans. We learned on Monday that VA indiscriminately fired an additional 1,400 employees. That means we have lost more than 2,400 VA employees just in the last two weeks, many of them veterans. And this doesn't even account for the folks who took the questionable fork in the road buyout offer. I question how purging the workforce, firing the watchdogs, and making VA hostile to certain veterans is helping VA serve veterans better.

I think serving veterans is why we are all here. It is certainly why I am here and why I serve on this Committee, because I think there is no higher calling or honor than to serve those who have served.

Now since he was sworn in, I have requested information from Secretary Collins about his implementation of the Executive orders and his employment actions against VA employees, none of which he has responded to. This is very troubling. I am also concerned about the administration's attacks on inclusion and accessibility and its focus on intentional exclusion. President Trump's remarks are making VA a less welcoming place for millions of veterans. In fact, one of his first actions was to close the VBA Office of Equity Assurance, the office tasked with eliminating disparities in the award of disability benefits as a product of discrimination. It is absolutely necessary having a negative impact on access to care and benefits for our Nation's most underserved veterans.

This administration has turned the DEI into a bogeyman to distract from the fact that they have no real solutions to the issues that Americans are struggling with. Whether it is eggs and gas are getting more expensive and not cheaper, Medicare and Social Security are greater at risk than ever before, and this administration is too focused on tax breaks for Elon Musk and his billionaire friends to care.

Now, the Chairman is quick to claim that we want to choose bureaucracy over veterans, and I dispute that claim. What about the veterans who lost their jobs to the Trump administration's indiscriminate firings of federal employees? What about the black veterans who were unable to access VA home loans due to redlining? What about women veterans whose service is still, still not valued as much as their male peers and are now worried about the loss of gender specific care at VA? What about the LGBTQ+ veterans whose health is in jeopardy because of the administration's denial of their very existence?

Ensuring the institution is there to serve veterans is putting veterans first. It is our job to ensure access to world class health care and benefits to all veterans who have earned that right, and I take that responsibility very seriously. It is my hope that I can count on the VSO community to help us hold VA accountable to all veterans and that you will also hold Congress accountable by making sure we walk the talk, that we are carrying out our Constitutional oversight responsibilities by asking tough questions, demanding answers, and taking legislative action when needed. We cannot waver in this because we know that veterans are depending on us.

Thank you, Mr. Chairman. I yield back.

Chairman BOST. Thank you, Ranking Member. We now yield to the Ranking Member of the Senate, Mr. Blumenthal, for his opening statement. Thanks for being here again.

OPENING STATEMENT OF HON. RICHARD BLUMENTHAL, RANKING MEMBER, U.S. SENATOR FROM CONNECTICUT

Senator BLUMENTHAL. Thank you, Mr. Chairman. I am honored to be here with fellow Legionnaires. Thank you all for coming today, and the record will reflect that we are standing room only today and some of the folks who attended had to be siphoned to a different room. Your being here sends a powerful message about how much you care and how you will be a voice for veterans. We can make the speeches from this platform, but you are the ones who get it done. And I am proud to be a member of the American Legion in Connecticut. Very proud to welcome my fellow Legionnaire, Jim LaCourseiere and your wife, Lisa, and thanks to all of your family. We know that in the military and in the VSOs, families serve. Spouses and children serve as well as we do.

And of course, to my colleague, Joe Courtney, thank you for being here to do the introductions.

We know that service in the military these day is very much a matter of family. Less than 1 percent of our entire population these days have anything to do with service in the military. My two sons who have served, of my four children, my son Matthew, whom some of you know, a Marine Corps Veteran served as an infantry officer in Afghanistan. My other son, Michael, a Navy SEAL. But

they come by it because they have looked to you as role models, and I am very proud to have been in the Marine Corps Reserve myself.

Service in the VSOs and advocacy for veterans is a bipartisan task. Let me just stress, it always has been, and it must continue to be. I am proud to serve with Senator Moran and to introduce with him just recently the National Guard and Reserve GI Bill Parity Act, which would expand the GI Bill's eligibility to Guard and Reserve members every day in uniform on account for those kinds of well-earned benefits. And with Senator Boozman, the Caring for Survivors Act, which would increase the dependency and indemnity compensation payments to surviving spouses. We have to continue that bipartisan tradition.

And I want to thank the veterans service organizations for blowing the whistle on what is happening these days, literally every day. You heard some of them from Representative Takano, and I quoted yesterday from the Veterans of Foreign Wars Commander Lipphardt, who said, "That the administration is engaged in indiscriminate firing," I am quoting him, "of veterans in the government workforce." I am also calling on VFW members to march forth and join me on March 4th when he will be testifying. And I am quoting him, "I want to see hats in the hallways of our Capitol as our legislative committee members engage with lawmakers in demanding that they 'Honor the Contract' the government made with those who have already served and sacrificed so much for America and their fellow Americans. It is time to apply pressure and stop the bleeding."

That is on us, all of us, to be there for our veterans, to be their voice and face in protesting the 2,400 firings that have already occurred at the VA. Across the government, 6,000 veterans have been fired from their jobs in government agencies. Just last night, the secretary of the VA announced cancellation of 875 contracts worth $2 billion. He began his message, "I got some big news for you." And then he had a happy talk video which assured us that no problem, nothing to see here. They are all just consulting contracts. Well, in fact, I have a spreadsheet. I am going to ask, if there is no objection, Mr. Chairman, that it be made a part of our record.

Chairman BOST. Without objection.

Senator BLUMENTHAL. This is a partial list, partial list of those 875 contracts that provide direct service to veterans for cancer care, for recruiting of doctors, for decontamination of facilities that are polluted. This list was provided to my office by officials within the VA. It doesn't contain procurement sensitive information. It is a description of some of those contracts and input from VA officials on why they are needed to help serve veterans and taxpayers. And I am asking the Secretary to provide us with a clean copy, a full copy, full disclosure and transparency. And I will ask that it be made part of the record when it is furnished. I have asked a bunch of questions.

Chairman BOST. Without objection.

[The information referred to appear on pages 205–208 of the Appendix.]

Senator BLUMENTHAL. Representative Takano has—I have yet to receive answers.

Let me just conclude by saying, and I am going to quote the VA Secretary in his video, "Don't let nameless sources, even Senators and House members who want to scare you and media who want to perpetuate the line. We are taking care of the veterans." That is belied by those cuts, by the hiring freezes, by the firings that are occurring in real time right now. And they are having a real impact in Connecticut where veterans are coming to me and saying, for example, the Veterans Crisis Line has been impacted, making a difference in people's lives, saving veterans from potential suicide.

I want to thank all of you for being here today and providing that kind of face and voice which is so essential to making sure that our veterans are represented, that their interests are protected, and that we stop the bleeding. Thank you, Mr. Chairman.

Chairman BOST. Thank you, Ranking Member. Now, once again, my colleagues on the other side of the aisle are choosing to put fear over facts. Last night they erroneously announced that the VA is canceling 875 contracts, hoping to create panic and score political points. Contracts should be reviewed if they are outdated, redundant or ineffective. That is good government. You want good government. This is about responsible stewardship to each one of you as a veteran who have fought to make sure that the facilities and the VA is providing for your needs at the best possible dollar because not only are you veterans, you are taxpayers. Not only are you taxpayers, but you are also this country. You have fought to make sure our country remains free. And if we don't sensibly handle our budget in this Nation and China owns our debt, you will all have fought for naught. Now think about that.

Last night, Secretary Collins announced termination of contracts valuing $2 billion. While we do not know the final number of terminated contracts, it is not 875. And reviewing the contract is a best practice that we all should support. You would do it in your household. Why in the world wouldn't we do it at the VA? One, because it usually makes something work better, and two, because it usually makes room for something better to take its place. It is about ensuring every dollar spent by the VA directly supports veterans, not wasteful bureaucracy.

And on a couple other issues. When those who have received the slips of being laid off receive those slips—in their slip, it says that if you think your job is essential, you can appeal to your supervisor and immediately have a review. And there is due process in place to make that no one is lost through that process.

And when it comes to the hotline for our veterans experiencing the fear of possibly committing suicide, there were a few backroom employees that unfortunately were included in that list and they have already been put back on the job. We are doing the thing that we need to do for you as veterans and for you as taxpayers.

And with that, we need to move on with the Committee. And with that, I want to now yield to our friend and colleague, Representative Courtney, to introduce the American Legion Commander.

INTRODUCTION BY HON. JOE COURTNEY, U.S. REPRESENTATIVE FROM CONNECTICUT

Mr. COURTNEY. Great. Well, good morning and thank you, Chairman Bost, Chairman, Senator Moran, Ranking Member Blumenthal, my friend and colleague from Connecticut, and Ranking Member Takano.

And again, it is a great privilege and honor to be here today to introduce the new National Commander of the American Legion, Jim LaCourseiere, who is a constituent from Plainfield, Connecticut in the 2nd Congressional District and also a good friend. We have known each other for many years. It has an exciting moment for Connecticut. It has been 71 years since a Legionnaire from Connecticut has held the position as National Commander, and he is somebody who has gotten there the old-fashioned way. He has really earned it. He is an Air Force veteran, served in the 1980s, served overseas in Grenada and Lebanon, honorably discharged, and is again, after he left the Service, began a 27-year journey to get to where he is today as National Commander.

His post, Post 91 in Plainfield, Connecticut, is a very activist post, very healthy post in terms of membership. Put on a lot of veterans events in the district. Actually, Connecticut and Eastern Connecticut has the highest concentration of veterans in New England. We, again, are a district that has the oldest submarine base in America, the Groton Submarine Base. 9,000 sailors and officers. And sometimes people don't think of New England necessarily as a high concentration veteran area, but the opposite is true.

And as I said, Jim, you know, both as a local commander and also working in the state department of American Legion in Connecticut, again, has just been a really passionate advocate for advancing the goals both at the state level in Hartford and here in Washington, DC. But even more importantly, we have worked together on individual casework with veterans who have been struggling in terms of getting the help that they need. And again, I just cannot think of a better person to really take on the tough job of leading this great organization, the American Legion.

A lot of people are very cynical these days. Obviously about Washington, DC, they think the only way you can ever get anything done down here is by hiring lobbyists or having super PACs. The American Legion is actually the true rebuttal of that in terms of just the grassroots advocacy with individual members coming to Members of Congress office to advocate year in and year out. And again, as we have heard from many of the speeches earlier this morning, I mean, there have been some really tremendous success that kind of defy the conventional wisdom that you can never change anything here in Washington.

So again, it is my honor to again introduce and yield to Jim and wish him all the best in terms of his service in the next year as National Commander. And again, I think he is going to do great things for our country. And with that, I yield back. Thank you.

Chairman BOST. Thank you, Congressman Courtney.

[Applause.]

And I would—I would now like to recognize Commander LaCourseiere to introduce the individuals on the panel.

Mr. COURTNEY. So Jim is joined today by Julia Mathis from the Legislative Department of the American Legion. Director Cole Lyle from the VA&R. Chairman Jay Bowen also from the VA&R. Chairman Matt Jabaut from the great State of Maine as the VE&E. And Director Joseph Sharp, VE&E. And Chairman Matt Shuman of Legislative. And welcome to all of them for being here this morning.

Chairman BOST. Thank you all for being here.

[Applause.]

And Commander, you are now recognized for 10 minutes for your opening statement.

PANEL I

STATEMENT OF JAMES LACOURSIERE, JR., NATIONAL COMMANDER, THE AMERICAN LEGION ACCOMPANIED BY JOE SHARPE, DIRECTOR, VETERANS EMPLOYMENT AND EDUCATION DIVISION; MATTHEW JABAUT, CHAIRMAN, VETERANS EMPLOYMENT AND EDUCATION COMMISSION; MATTHEW SHUMAN, CHAIRMAN, LEGISLATIVE COMMISSION; JULIA MATHIS, DIRECTOR, LEGISLATIVE DIVISION; JOHN "JAY" BOWEN, CHAIRMAN, VETERANS AFFAIRS AND REHABILITATION COMMISSION; AND COLE LYLE, DIRECTOR, VETERANS AFFAIRS AND REHABILITATION DIVISION

Mr. LACOURSIERE. Thank you, Chairman Bost, and thank you for the very kind introduction Congressman Courtney. I would also like to give a special shout-out to Senator Richard Blumenthal, also from Connecticut.

Chairman Bost, before I begin, with your permission, I would like to introduce a few very important people to me. Sons of the American Legion, National Commander Joseph Navarrete of New Mexico, American Legion Auxiliary National President Trish Ward of Kansas, American Legion National Officers serving with me this year, and past National Commanders of the American Legion. And last, my incredible wife, Lisa.

[Applause.]

Chairman Bost, Ranking Member Takano, Chairman Moran, Ranking Member Blumenthal, on behalf of nearly 3 million members of the American Legion family who proudly serve communities, states and our Nation every day, we deeply appreciate the opportunity to discuss our legislative priorities for the 119th Congress. Your distinguished Committees focus almost exclusively on our Nation's sacred obligation to ensure that veterans of the United States Armed Forces receive the best health care, disability benefits and respect they deserve after their service.

But I want to put that obligation into a slightly different context.

It begins with military service. We are all aware of the recruiting challenges our branches of service have faced in recent years. One frequently stated reason directly points to our work in support for veterans. A propensity to serve. Military service is an important commitment. A major part of the American Legion's purpose is to make sure that commitment provides worthwhile during and after time spent in uniform.

Over the decades, the American Legion has fought to establish and provide continuous oversight for the Department of Veterans Affairs to ensure care for all who have borne the battle. We drafted and fought to pass the GI Bill and to improve it regularly over the years, so it stays relevant for new generations.

To empower those who served with opportunities to succeed. We created a network of trained accredited service officers to represent veterans in matters with the VA to ensure that veterans understand the laws that have been passed to help them with health care and disability benefits they earned and deserve. The American Legion demanded accountability for those who were sickened or died due to toxic exposure, and we worked to reduce any stigma associated with seeking mental health care. The American Legion believes that each one of us can and must **Be The One** to help just one other veteran overcome suicide risk.

Peer-to-peer support. Put simply, it is what we do. If we fail to live up to these important covenants, the thanks of a grateful Nation to those who have sacrificed so much simply falls flat. Young people have been told that military service will leave them broken or unsupported in the end, will think twice about their propensity to serve at all. And that is a matter of National Security.

We need to change the narrative. We can change the narrative. Service in the United States Armed Forces is hard enough that service should not create unnecessary hardships. We stand by federal efforts to create a more efficient, cost effective VA. We must also look closely at connections that can be made better before discharge because they weigh heavily on life afterward.

Among our legislative priorities, and has been the case for many years, is completion and implementation of an electronic health records management system that documents deployment and medical history from the day of enlistment throughout a veteran's life. As Chairman Bost has stated, veterans are also taxpayers, and billions of our taxpayer dollars have been spent on this. The result has been delays, unsuccessful pilot programs, flawed infrastructure, and the continued inability of the Department of Defense and VA to make a transition seamless as possible for those leaving service and entering their lives as veterans.

Another concern we hear continuously from the newest generation is the ineffectiveness of an outdated Transition Assistance Program, also known as TAP. Members of the Armed Forces deserve the chance to convert their military training and skills into meaningful post-service careers, and that takes an effective, outcome-driven TAP program. A program that takes into account all the challenges of transition from financial knowledge to career opportunity to mental health services. Otherwise, all that training and all those skills in the United States invested in these service members are left behind when they could be helping drive the United States economy forward.

Veterans left to confront difficult transitions without proper preparation are at risk for a number of bad outcomes, not the least of which is suicide. According to the VA's own research, veterans are the most at risk for suicide in the first 12 months after discharge. Additional research has shown that financial strain accounts for 20 percent of the top 20 risk factors for suicide. A hard

look at TAP, which needs to begin earlier for those nearing separation, can lead to a stronger model that will ease transition and advance the propensity to serve.

Military service becomes a more worthwhile pursuit when the rewards in that service are valuable.

Chairman Bost, there may be no greater incentive to serve in the United States Armed Forces than the GI Bill. There were 10 planks in the original GI Bill, not just free college tuition. Also included were health care, the ability to affordably purchase a home, business opportunities, and occupational training for the severely disabled so they could reenter civilian life empowered with purpose. Many said the GI Bill would break the Treasury. In fact it returns $7 for every taxpayer dollar invested. It built the American middle class, which our Nation has enjoyed for over half a century and still enjoys today.

And now, as we continue to seek congressional action to provide GI Bill Parity for National Guard and Reserve veterans, we must ask, why wouldn't we? All we have is proof that it works. We can change the narrative about the outcomes of military service. We can change it with tangible steps such as highly efficient VA health care and benefits systems that are easier to access and navigate. Regardless of whether you live in a big city or in rural Kansas or Illinois, using telehealth, community providers, or traditional VA facilities, mental health support without stigmatization and advance what we call Post Traumatic Growth (PTG) to empower those so effective to not only recover but to thrive. A TAP program and GI Bill that truly live up to the promises our Nation has made to those who have chosen the path of military service.

A propensity to serve simply means understanding the value of the commitment I and my fellow Legionnaires in this room have made. It is a lifelong commitment, and we are all proud of our service because we know America is worth it. We are duty bound as veterans who believe in a strong America to do all we can to show that worth.

In the American Legion, we don't just talk about these issues, we live them. So far, our academic partner, Columbia University, the American Legion have trained more than 12,000 people nationwide to identify risk for veteran suicide and take the right steps to prevent it through our Be The One mission. Last year, American Legion service officers helped more than 1.2 million veterans free of charge with their VA disability claims and resulted in $21 billion in awarded claims to veterans. Each year the American Legion at the local, state and National levels is involved with more than 1,100 career events to help veterans and families in transition.

The American Legion family also spends millions of volunteer hours and donates billions of dollars annually to support VA facilities nationwide. We also mentor thousands of young people each year and award millions of dollars in scholarships to help them become productive, responsible citizens.

And when natural disasters strike, from hurricanes in the Carolinas to wildfires in Los Angeles, our members leaned into harm's way and provide relief. American Legion family post squadrons and units have been vital partners in recovery from disaster for over a century.

Like you, we all took an oath to support and defend the Constitution, the United States of America. We work with our government of this great Nation that pledged our lives to defend because we want to see America continue to prosper.

On behalf of the Nation's largest veterans service organization, I thank you for the opportunity to share these thoughts with you and look forward to working with this new Congress, especially as we draw near to the 250th anniversary of our great Nation's independence.

Chairman Bost, Chairman Moran, I thank you for the opportunity to address your critical Committees and I look forward to answering your questions you or other Members may have. Thank you.

[Standing ovation.]

[The prepared statement of Mr. LaCoursiere appears on page 57 of the Appendix.]

Senator MORAN [presiding]. Commander LaCourseiere, thank you for your very forceful testimony. Thank you for your presence, and your colleagues here today.

We were going to have a round of 3 minute questions, and I would ask my colleagues because of the length of the day, that we work hard to stay within that 3 minutes.

And I now recognize myself for that first 3 minutes.

Commander, are you hearing concerns from veterans whose conditions are not covered by presumption of service-connection or whose locations or years of service are not included in existing presumptions? If so, are you voicing these concerns to the VA and what are you being told by the Department of Veterans Affairs?

Mr. LACOURSIERE. Chairman Moran, the American Legion cares deeply about this and how it impacts our veterans. At this time, to give you a more clear response, I would like to turn it over to Director Cole Lyle of VA&R.

Chairman MORAN. Director.

Mr. LYLE. Thank you, Commander, and thank you, Mr. Chairman. The American Legion obviously lobbied very hard for the passage of the PACT Act. I think the greatest mechanism that the PACT Act created was the ability for the VA to consider new presumptive conditions in a faster, timelier manner so we don't get into another Agent Orange situation where veterans have to wait years and decades to receive the benefits and healthcare that they deserve from specific conditions. I am not aware of any specific conditions not currently covered by the list of presumptives under the PACT Act, but I am happy to take that for the record.

TAL Response: The American Legion recently met with veterans who were active duty at inactive nuclear test sites (recognized by the EPA as containing actively radioactive soil) suffering from a variety of cancers (lymphomas I believe were the most common). They also reported reproductive concerns; one veteran had three live born children die before the age of 10.

TAL Response (cont.): Families stationed at Atsugi base in Japan have reported several cancers and respiratory conditions common in the population.

Pearl Harbor Joint Base had a water contamination crisis in 2021, which affected families and service members stationed there. It took a week for the families to be told the water was contaminated and ⅓ of them sought medical care. They reported rashes and persistent migraines, but we are unaware of any specific cancers or other chronic physiological issues. It's too soon to know long term issues.

These issues have been relayed to VA officials, and we have not yet received feedback.

Chairman MORAN. Let me—thank you for your answer. Let me follow up with a reminder that Title II of the PACT Act established a new framework to make decisions regarding new presumptions of service-connection, which hopefully intended to make it easier for non-toxic exposed veterans to file for, receive, and receive disability compensation. Over two years after the enactment of the PACT Act, I would ask if the VA is utilizing that process in consultation with you and other VSOs to give you the opportunity to provide that information.

Mr. LYLE. Thank you, Mr. Chairman. So the VA is supposed to have quarterly briefings and updates in collaboration with the veterans service organizations. They have not been occurring on a regular basis, and we have expressed concerns to VA officials about those meetings to continue to have a collaborative discussion on new presumptive conditions.

Chairman MORAN. Thank you, I will do the same thing.

Commander, could you speak to the important role that State Veterans Homes play in caring for our Nation's veterans. And why, in at least in my view, it is critically important to increase resources for the creation of new homes as well as well as renovate and expand existing home?

Mr. LACOURSIERE. Chairman Moran, again, thank you very much for that question. Because the American Legion cares about this with our veterans and how they are impacted by it, for more clarity, I would like to turn that back over to Director Cole once again.

Chairman MORAN. Director.

Mr. LYLE. Thank you, Commander, and thank you, Mr. Chairman. State Veterans Homes obviously play a critical role in the long term care and health services of our Nation's veterans. You know, the American Legion will continue to advocate for funding and for the creation of State Veterans Homes in support of our Nation's veterans.

Chairman MORAN. Thank you. I now recognize the Ranking Member of the House, Representative Takano.

Mr. TAKANO. Thank you, Chairman Moran. Commander LaCourseiere, have you seen the VFW statement related to VA's indiscriminate firing of veterans?

Mr. LACOURSIERE. Ranking Member Takano, no, I have not read that yet, but I did hear about that and after this conference I will look into it and then I will discuss it with our D.C. staff.

Mr. TAKANO. Thank you. Do you agree with some of the sentiments in that statement that the loss of thousands of VA employees, many of them veterans, is troubling?

Mr. LACOURSIERE. Ranking Member Takano, because the American Legion fights to protect and oversee the care and well-being of our veterans on a daily basis, once again, I would like to turn this back over to Director Cole.

Mr. TAKANO. Thank you. Director, Mr. Cole.

Mr. LYLE. Thank you, Mr. Commander, and thank you for the question, Ranking Member Takano. Obviously there is a lot of anxiety about this in the—in the veteran community. We two days ago spoke, we held a leadership panel with senior career officials of the VA who actually did express happiness with the liberal exemption policy, as they put it. The firings themselves, we spoke with the Secretary of Veterans Affairs yesterday. Today, our testimony is our statement that we did have a conversation with him and concerns about the clarity in which these firings were occurring and that we would like to have a productive conversation with him and with your Committees going forward about how it would impact veterans.

But the career officials that we spoke with, I asked this direct question and said, "do you anticipate any impacts of these firings on veteran direct healthcare and benefits?" And they did not express any concern that they would, but we will continue to have productive conversations with them.

Mr. TAKANO. What about the veterans themselves who have had stellar performance records, but whose memo which stated that they were fired because of their performance is one of the reasons? Do you have any concerns about actual veterans who were dismissed with such memos?

Mr. LYLE. Sir, I—I am not aware of any specific cases. I am happy to take that for the record and work with your office on those specific cases. But I will say the American Legion, whether it be government employees or private sector employees, stands ready to assist veterans dealing with unemployment, financial challenges, and other things.

TAL Response: In the time passed since this question was posed, there have been court rulings to reinstate those who were fired by VA. Although we are aware of veterans with good performance as a federal employee taking the Delayed Retirement Program, we have not encountered specific cases of a veteran being fired due to alleged performance issues with a track record of good performance.

Mr. TAKANO. Well, thank you. Mr.—Commander LaCourseiere, I see in your written testimony the American Legion recognizes the importance of balancing the use of community care with VA direct care and that VA's agent infrastructure is a contributor to the misbalance we are seeing. How do you think we should address this to ensure that there is always a VA for veterans to go to?

Mr. LACOURSIERE. Ranking Member Takano in all respect and to save on time, I am going to turn that over to Director Cole again, please.

Mr. LYLE. Thank you, Commander. Community care and the codification of access standards, I think is or the American Legion thinks is the right way to go to ensure veterans can get the care they need when they need it. I think to a large extent, infrastructure obviously plays a huge role in the VA's internal capacity to be able to care for them. And we have expressed a desire for increased

appropriations for major and minor construction, an increase in flexibility of leasing so that the VA is able to handle—preferably get the care at the VA rather than sending them out into the community. But ultimately the veteran must come first, and that decision must be between a veteran and their provider based on their best medical interest.

Chairman MORAN. Senator Blumenthal.

Senator BLUMENTHAL. Thanks, Mr. Chairman. I quoted earlier Secretary Collins who said that you should disregard Senators and House members who want to scare you. We are telling you the truth and it is scary, and I urge you to ask for the facts about those VA employees who have been fired. Employees with years of service who have good performance reviews and more important than even their fate, they serve veterans. They are the ones who process those benefits under the PACT Act.

One of the most common constituent complaints I receive and you as Legionnaires, probably with your fellow veterans here, is the delay in processing benefits. These are not gifts. They are not charitable handouts. You have earned them under the PACT Act, under all of the government programs that keep promises to you. The VA is breaking those promises. And it isn't even the VA. It is Elon Musk who is using algorithms and AI formulas. His tech bros are applying them to decide well, so and so is dispensable, this benefits processor, these doctors. We need to reestablish the kind of oversight and supervision that they are eliminating through abolishing and firing the inspectors general.

I want to thank you Commander for your testimony. "The hiring freeze has the potential to impact millions of veterans, particularly those waiting on adjudication of claims post-PACT Act," that indicates to me that you share this concern. Do you know of veterans, Commander, who have been delayed in terms of benefits received?

Mr. LACOURSIERE. Ranking Member Blumenthal, thank you very much for that question and everything. That is a topic that we are very concerned about because we do care about the well-being of our veterans and their families. But at this time, once again, I would like to defer it over to Director Cole.

Mr. LYLE. Thank you, Commander, and thank you, Ranking Member Blumenthal. We, again, spoke with those VA officials and raised similar concerns. I know the last year VA officials said that they were aiming at VBA and the Board of Veterans' Appeals to get back to pre-Pandemic lump luck levels by the end of 2025. I asked them in consideration with all the personnel changes, the hiring freeze, return to work, all of them, if they anticipated any negative effect on veteran benefits, and they indicated that it would not affect their ability. They said that that goal to get back to pre-Pandemic levels by the end of this year was still the target.

Senator BLUMENTHAL. Well, let me suggest that you apply a high degree of skepticism.

Mr. LYLE. Yes, sir.

Senator BLUMENTHAL. To the happy talk and smiley faces of the VA who obviously have a party line to espouse, and talk to your members, talk to veterans, talk to real people who are suffering real impacts, not just on the processing of benefits in a timely way,

but also Veterans Crisis Line that save people from suicide. Recruiting of doctors. There are shortages.

I am willing to bet in most of your VA facilities, doctors and nurses, they need to be recruited and retained. Go down the kinds of services that are essential to health care and benefits. You can't fire 2,400 people without there being an impact. I yield back.

Chairman MORAN. Thank you, Senator. Representative Radewagen of American Samoa is recognized.

HON. AUMUA AMATA COLEMAN RADEWAGEN,
U.S. REPRESENTATIVE FROM AMERICAN SAMOA

Mrs. RADEWAGEN. Thank you, Chairman and Ranking Members. Talofa lava. I want to thank you for holding this important hearing today, as well as thanking the panel for being here. Thank you for your sacrifice and service to our Nation.

My home district is almost 10,000 miles from Washington, DC, so I am just wondering if we have a veteran or two who has traveled all the way in from the Pacific Islands. Probably not, but I thought I would ask.

Mr. TAKANO. Ah.

[Applause.]

Mrs. RADEWAGEN. All right, thank you so much.

I wanted to say that just a few weeks ago, I traveled by car down South and visited eight military installations, and I also invited the American Legion to come along. And so we were able to visit nine American Legion posts, and I was honored to spend time and have little town hall meetings along the way with hundreds of veterans. And so I want to thank your leadership for helping to put this together. And my special thanks to American Legion's Ariel De Jesus for accompanying my husband and me on this rather lengthy trip.

[Applause.]

Commander LaCourseiere, the American Legion supports the Restore VA Accountability Act of 2025. Why is it important to provide additional tools to address poor performance and ensure that VA is serving all veterans with the highest standards, Commander?

Mr. LACOURSIERE. Thank you for that question, Ms. Radewagen. American Legion, once again, we do care about the care and well-being of our veterans. I would like to turn this back over to Director Cole again.

Mr. LYLE. Thank you, Commander, and thank you, Congresswoman. I know that Ariel very much enjoyed his trip with you through those states, eight military bases.

The American Legion has several resolutions in support of accountability and efficiency at the Department of Veterans Affairs. We believe that the VA should be an agency that is accountable for to the veterans that it serves. We know that last year the Office of Inspector General produced 100 and some odd reports to the tune of about $9.2 billion in monetary impact. So we know that it exists. There is efficiencies to be made, and we have supported the Accountability Act in the past.

Mrs. RADEWAGEN. Thank you, Mr. Chairman, I yield back the balance of my time.

Chairman MORAN. Thank you, Representative. Senator Tillis is recognized.

HON. THOM TILLIS,
U.S. SENATOR FROM NORTH CAROLINA

Senator TILLIS. Thank you, Mr. Chairman. Welcome to all of you and thank you for your service and continuing to serve. I think it was Senator Blumenthal that said that real people are suffering with real impacts. Did that just start three weeks ago in the VA, real people suffering real impacts, or do we have unacceptable wait times and fewer options for members who are in stress? So, in other words, is this a new phenomenon or do we have work to do that predated the transition, Commander?

Mr. LACOURSIERE. Senator Tillis, thank you very much for that question and everything. And I would like to start by just saying that any wait time is——

Senator TILLIS. Unacceptable.

Mr. LACOURSIERE [continuing]. Unacceptable.

Senator TILLIS. That was an unfair question because——

Mr. LACOURSIERE. No, no, no. But we would like to respond to that——

Senator TILLIS. Yes.

Mr. LACOURSIERE [continuing]. A professional manner from the American Legion.

Senator TILLIS. Well, good. Let me just revise what I am particularly interested in. I don't know, and like I said yesterday in the DAV hearing, that I am a very boring management consultant that is driven by facts. So what I want to know is of the terminations that we have seen or the separations today, have they been stratified in a way to where I know if they are physicians, physical therapists, nurses, people on the front line, critical positions, if they are in the customer facing organization, I just simply—I am asking for that information and if we found some bad separations, I will make it known. I am just wondering whether or not you all have access to that information yet. And Ms. Mathis, I will leave it to you.

Ms. MATHIS. Thank you, Senator Tillis and thank you Commander. We do not have that information in hand right now. We have intention to be in close dialogue with the VA, but also with the veterans to find out exactly what the issues are and to monitor what will be the impacts. It does matter to us.

Senator TILLIS. I want that as quick, I mean, you have got the eyes on the ground, and if there is a personnel separation that has had an appreciable impact on serving veterans, then call me. I will be the first one to go to the Senate floor and say this has to stop. But what I think is unhelpful is when we just have this incoming going in every direction, people are only talking about the top line political comments that get you on TV. They are not talking about trying to measure whether or not there are real impacts that we need to worry about, whether or not we need to communicate that if there are any further reductions in force or realignments, we need to be advised on it very, very quickly.

So I would really—you all are extraordinary organization. I see some familiar faces and friends here at the dais that I wish I had more time to speak with. But as we go through this transformation, I am holding out the hope that this is all about getting the most critical people, the most important service levels for vet-

erans improved. There is a thesis here that this is somehow, it just seems odd for me to accept just on its face that this is all with an intent to degrade opportunities for veterans to get a receipt, get another payment on a debt we can never repay. Why does anybody think that that is politically or operationally sustainable?

So to my colleagues on the other side of the aisle that want to focus on the top line, that is fine. We are in a Committee hearing, there are TVs on and cameras on. But behind the scenes, why don't we look and really determine to what extent, if any, these reductions are having an appreciable impact on the service levels that I believe that every veteran deserves. They should be top quartile.

And I thank you all. As you get information, make sure you report back to me. God bless you all and anybody in and around North Carolina out there?

VOICE. Arff.

There you go. Thank you.

Chairman MORAN. Thank you, Senator. Congressman Conaway, you are recognized for 3 minutes.

HON. HERB CONAWAY,
U.S. REPRESENTATIVE FROM NEW JERSEY

Dr. CONAWAY. I think I just realized how to recognize someone from North Carolina.

Thank you Chairman Bost and thank you certainly to the American Legion. As a fellow Legionnaire, I am certainly very pleased to be with you today.

As a doctor, I am troubled and greatly disappointed by the actions taken by the VA to terminate nursing assistants, supply technicians, schedulers who support doctors in their work and their shared work to provide life saving treatment to veterans. Without adequate support staff, physicians will be overwhelmed with scheduling, paperwork, and other administrative tasks, leaving them with less time to care for veterans. And we have heard that we have lost a contractor that had great success in recruiting much needed physicians into the VA workforce. And of course, these terminations go to the very heart of the wait times that all of us find so unacceptable.

My staff met just yesterday with employees who worked as trainers for the many persons who were discharged, terminated from the Veterans Crisis Line. Now we know and we have heard testimony, written testimony from Commander LaCourseiere that we are seeing marked increases in the use of the Veterans Crisis Line. Many calls are coming in today and I heard in my office just yesterday from local American Legionnaires about the 22 men that we are losing, and women, that we are losing every day to suicide. So it is particularly concerning to hear about and understand that these cuts have taken place.

So could you elaborate, Commander, on the implications of understaffing the crisis line and what impact do you think these cuts are going to have on veterans and family, not only in the crisis line, but in these critical service areas that support the work that the VA does to provide life saving care?

Mr. LACOURSIERE. Congressman Conaway, thank you very much for that question. As we stated earlier, the American Legion, we do

care about all of our veterans, but we also care that they get the proper care in a timely manner that they deserve, and we need to continue the peer-to-peer support and making sure that they have the right tools that they need with VA health care.

We are aimed and focused on reducing veteran suicide. Every suicide matters. We care about that. That is why we have our Be The One mission. But to give more definition to your question, I am going to turn it over to Director Cole. Thank you, sir.

Mr. LYLE. Thank you Commander, and thank you Congressman for the question. As the Commander stated, suicide is one of the American Legion's top priorities with the Be The One mission. We at local posts don't hear—we hear often from veterans who have been personally affected by this. So it is something we are very passionate about.

I would say in terms of the Veterans Crisis Line, you know, we did hear about the two employees that were fired and then reinstated two days later. There have been some concerns about how some of the Executive orders work in concert with each other. For instance, the hiring freeze, VCL crisis responders were exempted, but return to work was not exempted, which will make it harder for the VA to hire those folks, and they will have to potentially take silent monitors, what are called silent monitors, and place them as crisis responders.

So there could be a capacity issue. We have not seen anything currently and we are working collaboratively, and we will communicate with the department and with your Committees about this issue going forward.

Dr. CONAWAY. Thank you. And thank you, Mr. Chairman.

Chairman BOST [presiding]. Thank you. Senator Hassan, you are recognized for 3 minutes.

HON. MARGARET WOOD HASSAN,
U.S. SENATOR FROM NEW HAMPSHIRE

Senator HASSAN. Thank you, Mr. Chair, and to our Chairs and Ranking Members, I am grateful for this hearing. And Commander and all of your colleagues and all of the veterans in the room, welcome. I honor my Dad's World War II service and his memory by being a member of the Auxiliary. So thank you for welcoming me to that as well.

[Applause.]

And any Granite Staters out there? Anybody from New Hampshire? Excellent. Thank you and welcome.

And look, I don't have a question about the recent events at the VA. I will just say this: First, the administration fired the inspector general at the VA. Then they laid off 2,400 people. Now we are seeing all of these contract cuts that may, in fact, impact essential services to veterans. My job is to ask why. And my job as a former Governor is to say you don't make indiscriminate cuts. You don't churn employees. You don't just do categories of cuts willy-nilly. You study. You look at ways you can coordinate and streamline services. And you look at the impact before you make this kind of layoff and take these kinds of actions. And the inspector general, of course, is the person who is charged with going after waste, fraud, and abuse, and to fire that person right away is really trou-

bling to me. So I hope we will have some more transparency, I hope the Secretary will come, and I hope he will explain what they have done and why he thinks it is good for the VA and, more importantly, good for our veterans.

Commander, I did want to ask about improving VA facilities. I want to start by thanking the American Legion for your continued advocacy on behalf of all veterans. In your written testimony, you discussed the fact that the VA medical facilities are, on average, roughly 60 years old and in need of significant repairs. That is something we are very familiar with in New Hampshire. The Manchester VA Medical Center is almost 75 years old. And twice in the past eight years, pipes have burst in the medical center, causing significant damage and delay of care for veterans, cancellation of entire procedures. I have worked with the VA to help address this issue, and I am going to keep doing that. But we all know veterans in New Hampshire, veterans around the country deserve the best care at the best facilities. They have earned that.

So, Commander, can you please discuss the need for robust commitment to improving VA's infrastructure and how that will benefit veterans?

Mr. LACOURSIERE. Ms. Hassan, thank you very much for the question and the statement as well. The American Legion, we do truly care about the conditions of our facilities because that affects the well and care being for our veterans as patients and everything. And that is the reason the American Legion, we have the system we are saving. But to give a more defined answer, I would like to turn it back over to Director Cole again.

Mr. LYLE. Thank you Commander, and thank you Senator for the question. Obviously, the infrastructure problem in recent years has been exacerbated by community care in the sense that more veterans are eligible to receive care in the community because the VA can't provide the care in a certain reasonable time or distance.

Preferably, you know, the VA is a one-stop shop for veterans, and VA facilities that are in need of modernization should be modernized. I think historically the recent administrations have submitted budgets to Congress in the neighborhood of $2–3 billion dollars for major and minor construction infrastructure projects.

Senator HASSAN. Yes.

Mr. LYLE. And obviously in a budget constrained environment, the VA has to make some choices about where that occurs. So I think there is definitely room for improvement in terms of Congress's commitment to VA infrastructure, particularly with codification of access standards.

Senator HASSAN. Thank you very much. And Mr. Chair, I will follow up with the witnesses about some issues with C&P exams that I know we are all concerned about. Thank you.

Chairman BOST. Thank you. Representative Hamadeh.

HON. ABE HAMADEH,
U.S. REPRESENTATIVE FROM ARIZONA

Mr. HAMADEH. Thank you, Mr. Chairman. And as a member of the American Legion Post 107 in Phoenix, Arizona, it is an honor to be with all of you here today. And I know you are continuing

your service by being a voice for so many veterans. So thank you all for coming and thank you for all the volunteers.

Now, Commander, President Trump in his last administration championed veterans choice in health care and I know it is a top priority in his administration right now. But we continue to hear stories about veterans facing long wait times and denials for community care. How can the VA ensure bureaucrats can't arbitrarily deny veterans their right to seek community care?

Mr. LACOURSIERE. Thank you, Mr. Hamadeh, for that question and everything because we do care about the care and well-being of our veterans and everything. That is a priority topic for us and everything. But for more clarity, I would like to turn it over to Director Cole.

Mr. LYLE. Thank you. And I am actually going to defer to my chairman, Chairman Jay Bowen.

Mr. BOWEN. Thank you. Thank you. Thank you, Cole, and thank you, sir, for the question. We certainly do care about ensuring our veterans get the care that they need, when they need it and where they need it. That is priority one for the American Legion. If that is through community care, that is good as long as we have the VA providing the oversight necessary to ensure that the standards are kept.

Mr. HAMADEH. And what are you hearing from veterans about their ability to access mental health care in their communities under the VA's current approval process?

Mr. BOWEN. We are hearing very good and not so good. It just depends on the region of the country and the VA Medical Center and the community care area. It is probably like any other place and civilian care, too, you can hear very good and you can hear very bad. When we hear anything that is not up to standards, we certainly investigate, and we work toward getting that fixed, working with the VA to get that done.

Mr. HAMADEH. Right, but it is, you know, veterans should be treated well, no matter if they are from the inner cities or from the suburban areas or from rural areas. And I think we need to make sure that we have a common standard across the country. I know that is a top priority for you all. Thank you, Mr. Chairman. I yield back.

Chairman BOST. Thank you. Now, I recognize a person that formerly was in the House and served on our committee in the House but now is in the Senate, and he looks really good in the Senate, and my neighbor, Representative Banks or Senator Banks, I am sorry.

HON. JIM BANKS,
U.S. SENATOR FROM INDIANA

Senator BANKS. Thank you, Mr. Chairman. It is an honor to be back, and it is an honor to be the first Hoosier to serve on the Senate Veterans' Affairs Committee in a long time. So I spent six years serving with Chairman Bost. Thank you. And I want to thank all the Hoosier Legionnaires who are in the room. Thank you for coming all the way from Indiana to be a part of this hearing. And to all of you, when you come and educate us on your priorities, it helps us fight hard to make sure that our Nation's heroes get the

service that they have earned from this country, and your work here today helps us in a big way to do that.

Mr. Commander LaCourseiere, as you know, Indianapolis is going to be hosting the National Veterans Creative Arts Festival in May. [Applause.] Presented by the American Legion and the VA.

This festival is a great opportunity for veterans to showcase their work, and these creative projects are an important part of many of our veterans rehabilitation. Can you tell us more about the event and the value that it provides?

Mr. LACOURSIERE. Senator Banks, thank you very much for that question. The Creative Arts Festival is actually a very huge highlight. You know, it brings out the best of the best of our veterans. They sit back and they use their creativity in various facets, whether artistic painting, playing a piano, whatever the case may be. It is another form for them of their therapy, their therapy that they must need to decompress and deal with mental health in various aspects.

Mental health, as we all know, is a very large scope, and if they can sit back and find a way to tunnel it in, in their way without using drugs or anything along that scope, because we sat back. And years back, we sat back, and we medicated our veterans. They came home, they seek mental health assistance, they would go to the VA, receive a bottle of pills, and be sent home. That is not cutting it. We want our veterans to be able to think clearly, but we also want them to survive. They can help us grow the economy by being on this side of the earth.

So, yes, the American Legion's Creative Arts program, to me is a very high profile and great program because it is for all veterans.

Senator BANKS. Very well put. Indiana is very proud to host this event in May, and we thank the American Legion for providing that opportunity for our Nation's veterans. I look forward to highlighting it. Thank you for choosing Indianapolis as the destination for that event in May.

Mr. Chairman, I yield back.

Chairman BOST. Thank you, Senator. We now recognize Congresswoman Cherfilus-McCormick for 3 minutes.

HON. SHEILA CHERFILUS–MCCORMICK,
U.S. REPRESENTATIVE FROM FLORIDA

Mrs. CHERFILUS-MCCORMICK. Thank you, Mr. Chairman. I am going to start by echoing the comments that I made yesterday. Any cut that has the potential to hurt just one veteran must be taken off the table immediately. Our veterans deserve better than to be collateral damage from hasty cost-cutting measures such as misguided efforts that not only burden American taxpayers with greater expenses but also deprive our brave men and women of the services that they rightfully deserve. Let's prioritize our veterans and ensure that they receive the pride—the support, and the help that they have earned.

For example, to take the Veterans Crisis Line, last week it was reported that DOGE fired employees who worked the Veterans Crisis Line and then subsequently scrambled to rehire them. In fact, a large majority of our Veterans Crisis Line workers are in fact

veterans themselves who have lost their jobs. This, to me, is appalling and ridiculous.

Mr. LaCourseiere, is firing workers for the Veterans Crisis Line in line with your recommendation under the B1 campaign to train 100,000 people in suicide prevention?

Mr. LACOURSIERE. Ms. McCormick, thank you very much for that question. Because we do care about our veterans and everything, but I also want to not waste your time, to give you a clear answer, I am going to turn that over to Director Cole, please.

Mr. LYLE. Thank you, Commander, and thank you, Congresswoman. There has been a lot of changes very quickly in the last month. We are encouraged that all critical essential personnel have been exempted. And the VA's four agencies have assured us that the exemption policy is very liberal. If a supervisor at the VA sees one of their personnel in a mission-critical position, that they have the ability to go to leadership and that position to be exempted.

I think VHA is 300,000 so far. VCA has 15 occupations dealing with families and maintaining cemeteries. Particularly, with the Veterans Crisis Line, it is a critically important tool for crisis intervention to attack the veteran suicide issue. And we have not heard of any direct impacts to veterans based on the personnel actions by the administration. But as we mentioned earlier, we are closely monitoring those and we will work with this Committee and with the VA to ensure that there is no direct harm to veterans.

Mrs. CHERFILUS-MCCORMICK. Now, do you believe we should be investing more in growing the actual staff to deal with the veterans suicide prevention line and to deal with veterans health, mental health?

Mr. LYLE. Thank you, Congresswoman. Yes, I think the Veterans Crisis Line is an important tool in crisis intervention. But I think the broader problem of suicide prevention, the point of Be The One is to get non-traditional approaches, upstream problems solved before the veteran even gets to that crisis point. So I think our efforts are focused in Be The One and, more broadly, in government policy to ensure that the VA is starting to attack those upstream problems like financial stress, relationship stress, housing, transportation, things like that, before it gets to the point where they need to call the veterans crisis line, or they need to go to the emergency room for an emergency mental health appointment.

Ms. MATHIS. If I may add to that?

Mrs. CHERFILUS-MCCORMICK. Yes.

Ms. MATHIS. We are also very engaged in growing peer-to-peer support. And we are also, the American Legion very much supports the Fox Grant Program for these alternative methods, community based methods to get veterans who are in crisis or perhaps maybe just floundering a little bit get connected with other veterans who can help put an arm around them and maybe bring them back to a little bit safer ground. We are a big fan of the veteran-to-veteran and peer-to-peer support. So whatever programs that these Committees can support to do that, we will do our best on this side to push that out to the greatest reach we can get. Thank you.

Mrs. CHERFILUS-MCCORMICK. Thank you. Well, thank you everyone for your service and for being here. And we are committed to

make sure we are investing in those programs that would help all of our veterans. Thank you very much.

Chairman BOST. Senator King, you are now recognized for 3 minutes.

HON. ANGUS S. KING, JR.,
U.S. SENATOR FROM MAINE

Senator KING. Thank you. The first thing I want to do is thank everyone for being here. The Legion has never had a more important moment than this one to defend our veterans, to defend the Veterans Administration, to defend the service that is being provided to veterans. We need your voice. Yes, it is early in this process. We don't know where it is going. We don't know how many more firings there will be. You have got to let us know what is going on on the ground. That is a very important role that you have.

And Matthew, I am delighted to see Maine at the table. Thank you for being here, sir.

Let me put this into a little bit of perspective. We know we have had 2,400 firings in the last two weeks, but don't forget we had a hiring freeze, and with normal attrition, we probably lost another 2,000 people. So we are really talking about almost 5,000 people out of the VA service. And it bothers me when people talk about bureaucrats. They say we are going to protect the doctors, and we are going to protect the direct service workers. If nobody is there to answer the phone when a veteran calls for an appointment, that is a denial of benefits. And so, this idea that bureaucrats aren't important really galls me.

And the Secretary the other day said, after all these cuts, in fact, veterans are going to notice a change for the better. It reminds me of the old country song, "who are you going to believe, me or your own lying eyes?" I want you to tell us what is actually happening. The PACT Act backlog is not going to be helped by removing people who are in the service of other veterans.

Now, I do want to talk about transition for a minute. Be The One is one of the most important initiatives going on in the country right now. Thank you for staffing that, for setting it up and for making it actually happen. I have thought——

[Applause.]

I have a simple formula for transition. I think the Defense Department should spend as much money on transition as they do on recruitment.

[Applause.]

And one of the things that we are working on here is something called the TAP Promotion Act, which would bring VSOs into the process of the transition. We have got to have a warm handoff. I think you quoted a number, the bulk, not the bulk, but a very large percentage of the suicides are in the first year or two after transition. That is a place where we really need to give some effort.

Commander, tell me about how important you think transition is.

Mr. LACOURSIERE. Mr. King, thank you very much for that question. The TAP program is very critical. It is very important element

in that they get their full 365 days to transition and educate themselves on it.

As we all know, the more knowledge you have, and it gives a much better sense of direction on where to go for what you need, but it also serves you in the right direction for gainful future employment. You know, as we all know, employment, you know, also steers you in the right direction for stability with your family and it also helps drive the economy forward.

Too often we sit back, and they don't know where to go for assistance when they get out of the military. I am not just saying that the second you get out of the military, you need assistance, but down the road you may need that assistance. They need to be forwarded all the tools and resources where they go. You know, they will even get a start in their next career, you know, as they take off uniform.

Senator KING. Well, my vision is someone meets you at the airport when you come home and says, welcome home. Here is what the VA can do for you. Here are the programs. Give me a call if you need any help. That is where things like the Be The One program can make such a difference.

Thank you again for what you are doing. Be our eyes and ears. Let us know what is happening out there so we can protect and defend the most sacred obligation this government has, which is to its veterans. Thank you, Commander.

Chairman BOST. Thank you. Dr. Miller-Meeks.

HON. MARIANNETTE MILLER–MEEKS,
U.S. REPRESENTATIVE FROM IOWA

Dr. MILLER-MEEKS. Thank you very much, Chairman Bost, for holding this meeting. Thank you to all of our witnesses. As a 24-year military veteran married to a 30-year military veteran whose father was Air Force, five of her siblings were either in the Army, the Air Force, or the Marines, I thank you all for your service and the ability for you all to be here, defend our democracy, and allow us to actually have this hearing today on what we are doing for our veterans and the debt of gratitude that we owe them.

Let me just ask a question. Are you all glad the kiosks are coming back? It is one of the times when people in Washington, DC don't listen to their veterans, plan a program, and then find out that it backfires on them because what they thought was a good idea really wasn't a good idea for the population that we serve. I too, I have heard a lot about them. So we are glad that the VA has reconsidered.

Ms. Mathis, let me also thank you for mentioning the Fox Grant Program. It is a program that the bill that I am sponsoring as chair of the Health Subcommittee. One of those things that it is very important and your mentioning of the peer-to-peer support, and I say this, we have a quad city veterans outreach program in Davenport, Iowa. So these are veterans serving veterans or, you know, family members of veterans serving veterans, who has done a great job in, you know, allowing a platform for veterans to come and just talk to other veterans. And I thank you for underscoring the importance of that.

And then Mr. LaCourseiere, you mentioned on suicide prevention and how challenging it is. And can you ask or tell us, you know, what other things do we need to do in Congress to help you all. And did you think it was appropriate? We had a Health Subcommittee hearing here and found out that the VA did not consider residential mental health care or residential substance abuse disorder treatment to fall within the 30-day window or 40-mile window of the Mission Act, and so these patients were refused. Did you think that is something that helps us to deter, you know, suicide and also treat PTSD or substance use disorder?

Mr. LACOURSIERE. Doctor, thank you very much for that question. As we did mention earlier, the American Legion, we truly do care about every life of a veteran and the care and well-being. Suicide is something that we truly take to heart, and we are trying to monitor that. But to give a direct answer to you, I would like to turn it over to Director Cole.

Mr. LYLE. Thank you, Commander. I think in our testimony and the American Legion's efforts in Be The One, you know, there are several changes. I think the Fox Grant Program is a great example of a program that gives resources to local and state-level organizations that may not be suicide prevention per se, but they help attack those upstream problems, that financial assistance that I mentioned earlier. I think programs like that. But I also think that, or the American Legion thinks, that we should look at suicide prevention just differently. Right now the Office of Suicide Prevention is housed within the VHA and Mental Health, and the VA says it is their number one clinical priority when we know that there are a lot of things that the Veterans Benefits Administration that directly touch on a veteran's spiral to a crisis point. So there are several recommendations that we have. We are happy to follow up and work with your office to address this problem.

Dr. MILLER-MEEKS. Thank you very much. I know my time has expired, but let me just say I thank all of the VSOs and all of you here for being our eyes and ears on the ground, and the number of lives you have saved from suicide among our veterans is uncounted and unknown. So thank you very much. I yield back.

Chairman BOST. Thank you. Dr. Dexter.

HON. MAXINE DEXTER,
U.S. REPRESENTATIVE FROM OREGON

Dr. DEXTER. Thank you, Mr. Chair. Thank you, Mr. Chairman, and to the Ranking Members for convening this important hearing. Thank you to our witnesses for being here and for continuing to advocate for our veterans. I echo my colleagues words of how important it is right now in this moment that we hear from you. And just as a physician who served in the VA and took care of patients in the VA for years, I am deeply grateful for the work that you are continuing to do.

Last Congress, thanks to your tireless advocacy, The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act was passed. A major step forward on many fronts, including in tackling veteran homelessness. Over the past 15 years, federal investments have cut veteran homelessness in half, but our work clearly isn't done. Last year, nearly 34,000 veterans in the

U.S., including more than 1,400 in my home State of Oregon, were still without a home. Just last week, I held a roundtable with veterans, VA leadership, and advocates in Oregon, and effectively addressing houselessness, and mental health are their two top priorities. The Dole Act increased per diem rates for transitional housing and ensured the VA could provide basic necessities like food, transportation, and hygiene products for our unhoused veterans. These are essential life-saving provisions, yet Congress has failed to fund them.

Commander LaCourseiere, can you speak to how impactful it would be to fully fund the Dole Act programs for veterans experiencing homelessness?

Mr. LACOURSIERE. Doctor, thank you very much for that question and everything. And yes, the American Legion, we are ecstatic to see the Dole Act get across the hurdle and everything.

When it comes to veteran homelessness, we care about veteran homelessness as much as we do about veteran suicide. But veteran and homelessness are two words that should never ever be used in the same sentence. [Applause.] You are talking about the troops that protected and served for this country. And almost every veteran that ever served this country will continue serving the country even after they take the uniform off. So, we are trying to do everything we can to help reduce—well, let me take that word back, to eliminate veteran homelessness.

Dr. DEXTER. Thank you, sir.

Mr. LACOURSIERE. And yes, we will do anything we can to work with your Committees and work with Congress. And like I said in my testimony remarks, we are here to work with Congress. Thank you.

Dr. DEXTER. Thank you so much, Commander. And I couldn't agree more. And that is exactly the sentiment I heard back in Oregon, that we must end veteran homelessness. So, we have a bipartisan majority who are in agreement that these programs are necessary. We passed the bill. But we still haven't found the impetus and the prioritization successfully to actually fund it. And that is unacceptable. We must agree that housing is a fundamental right. As you said, no veteran who has served this country should ever be at threat of being houseless. So, I hope that my colleagues can stand with us to make sure that we end this and prioritize our veterans over, potentially, taxpayer or tax breaks for millionaires. We have the resources, we just need the political will.

Thank you. I yield back, Mr. Chair.

Chairman BOST. Thank you. We now recognize the Senator from Illinois, Senator Duckworth.

HON. TAMMY DUCKWORTH,
U.S. SENATOR FROM ILLINOIS

Senator DUCKWORTH. Thank you, Mr. Chairman. When my colleagues and I passed a PACT Act in 2022, we helped create the largest expansion of veterans' benefits in decades. I remember when I was State Director of Veterans Affairs and I had just been appointed in that position and I had one of the pilots that was a Vietnam pilot, Vietnam veteran who was dying from Agent Orange related exposure. And I did everything I can to try to get him his

benefits. This was a man who used to give me checkrides and terrified me because the pilots, the Huey pilots that got back from Vietnam, they knew what they were doing. And they didn't take guff from those young bucks. And he used to terrify me, annually, when he would give me my checkrides.

But I remember trying so hard to get him his benefits and he ended up dying before he received his benefits. We were able to get benefits to his spouse. But it were not for you, if it were not for VSOs fighting for Vietnam veterans, we would never have passed the presumptive conditions that then set the stage for the PACT Act. So I just want to tell you how critically that fight was for over 40 years. And the key to that is that with the PACT Act we think we are adding benefits now. We think we know what those conditions are now. But I am going to tell you that some of these conditions are going to take 20, 30, 40 years to manifest themselves, like they did with Agent Orange exposure. It is going to take a while for neurological conditions. It is going to take a while for some of this. It may be 20, 30 years after exposure before the veterans are showing signs of their toxic exposure. So, that is why it is so critically important and we get veterans enrolled and get them into the system.

I remember flying into Baghdad and we two pilots would take turns holding our breath because that scuzz layer of polluted air above Baghdad was so toxic it would burn my lungs, and we would actually, our eyes would water coming in for a landing. I remember thinking, man, those poor suckers down there, what are they living under. But then I lived in Balad, downwind from the burn pits.

And so, I am here because you have always been at the forefront, forcing this Nation to live up to our promises to veterans. But I will tell you that right now, President Trump and Elon Musk firing all of these Veterans Affairs employees is not helping the case. And I know the Secretary of Veterans Affairs came out and said that no vital employees were fired. I personally took care of two Veterans Crisis Hotline employees who were fired and worked hard to get them reinstated. They were fired on Valentine's Day. These are people who were answering the phones.

And now I just heard another case yesterday of another crisis line employee who was fired. This was a supervisor, somebody who did a good job and was promoted to help train other crisis hotline employees. And because of that, they are probationary in that new position. So they were just fired. We cannot let that happen.

Mr. LaCourseiere. Did I say that correctly? Commander. That is way better [laughter]. Commander, in your assessment how would the firing of so many employees from the VA affect your members?

Mr. LACOURSIERE. Senator Duckworth, thank you very much for that question and the details you just laid out before us. I would like to turn this over to our Director, Cole.

Senator DUCKWORTH. Sure. Of course.

Mr. LYLE. Thank you, Commander. And thank you, Senator, good to see you again.

Senator DUCKWORTH. Yes.

Mr. LYLE. I think there has been a lot happening recently. I think every few days we are learning about something new and trying to determine how it will potentially impact veterans and

have any negative impact, so that we can assist this Committee and the VA in mitigating those impacts to veterans, specifically with the Veterans Crisis Line or other critical mission essential to make sure the veterans are getting the care they need when they need it.

We were encouraged about the number of exemptions that the VA announced for the VHA, the VBA, and the Board of Veteran Appeals. We have also been told by career officials at the VA, not politicals, that they were happy with what they called a liberal exemption policy. And we will continue to work with you and Legionnaires on the ground to identify those potential impacts and bring them to you and the VA as soon as possible.

Senator DUCKWORTH. I would appreciate that. And I would ask all of your members, if you know of cases, to bring them to me. Because as I said, I have personally been involved in at least three, and I have the receipts, because I have the letters that they received, and these are people answering the phones when a veteran calls. That Crisis Hotline has a 9 second response rate and that is critically important.

And Commander LaCourseiere, what I actually say about homeless veterans is anytime a veteran has laid down his head on the streets that he has defended, we are all dishonored. Thank you for your assignment.

I yield back, Mr. Chairman.

Chairman BOST. Congressman McGarvey, you are recognized for 3 minutes.

HON. MORGAN MCGARVEY,
U.S. REPRESENTATIVE FROM KENTUCKY

Mr. MCGARVEY. Thank you very much, Mr. Chairman. Thank you all for being here today. We are seeing drastic massive cuts right now at the VA. 1400 people fired this week. The VFW has spoken out against. Policymakers have spoken out against it. Our veterans are speaking out against it. Because of the feared impact that it is having on services we must be providing the men and women who served us.

Just last night I had a telephone town hall. A gentleman named Alan called in, served in the Army. He was at the VA getting health care. And one of the things he told me about, he said the people here are scared. Morale is down. They don't know if they are going to have their jobs. We made a promise to take care of our veterans. We have to fulfill that promise. I want to make sure we do. We will not back down on this Committee.

I want to ask you guys a few questions related to the workforce of the VA. Commander, do you have numbers on how many veterans work in the VA?

Mr. LACOURSIERE. Mr. McGarvey, thank you very much for that question. I want to turn—I believe it is approximately 400,000 but I want to turn that over—I want you to have the honest answer. I will turn it over to Director Cole.

Mr. MCGARVEY. Thank you.

Mr. LYLE. Thank you, Commander and thank you, sir. I don't have a specific exact number that I can give you right now, but I believe it is in the neighborhood of 360,000.

Mr. MCGARVEY. Amazing. And do you know what percentage that is of VA's workforce?

Mr. LYLE. VA's total workforce is 469,000 employees. That has increased from, I believe, about 49,000 in FY01, so a significant increase.

Mr. MCGARVEY. So, a huge percentage of veterans working at the VA?

Mr. LYLE. Yep.

Mr. MCGARVEY. We have not been able to track down a solid number for how many veterans have lost their jobs in these mass firings. Do you guys have that number?

Mr. LYLE. We do not, sir.

Mr. MCGARVEY. Okay. How many military spouses have lost their jobs in these firings? We haven't been able to track that down either.

Mr. LYLE. No, sir.

Mr. MCGARVEY. Right. And part of the reason we don't know this is because of how this was done. There was no impact analysis done before they laid off all these people. No impact of how impact our service members currently, with their military spouses, our veterans and the people we are supposed to serve.

We have got 30 seconds left. I told you about what I am hearing from our veterans in Louisville, Kentucky. What are you all hearing from your members about the impact this is going to have?

Mr. LYLE. Thank you, sir. I will just go ahead and follow up. I think the lack of clarity, which we did discuss with the Secretary in our meeting yesterday, and with VA officials on Monday, from all four administrations, that we would, we need more clarity on who specifically is being impacted, and we encourage them to proactively message with us, the Committees, and veterans in the country, about those impacts. But as of now, we don't have that information.

Mr. MCGARVEY. That was a very nice way to say that we are afraid this might be screwing our veterans. Let us know, we are going to keep that from happening. Mr. Chairman, I yield back.

Senator KING. Congressman, we had five—seven people fired at our Veterans Hospital in Maine yesterday. Five of the seven were veterans. So, be clear. When you hear a thousand people laid off, three or four hundred of those are veterans.

Chairman BOST. Representative Morrison.

HON. KELLY MORRISON,
U.S. REPRESENTATIVE FROM MINNESOTA

Dr. MORRISON. Thank you, Mr. Chair. I began my remarks yesterday by expressing my grave concern about the ongoing assault on the civil service of VA employees. Shortly after yesterday's hearing I learned that these mass firings hit Minneapolis VA, which serves over 100,000 veterans in the Twin Cities and surrounding areas. We are talking about public servants with records of strong job performance, many of whom are vets themselves, who now find themselves out of a job, all without notice or cause. Many of the VA employees who were just laid off in Minneapolis are veterans themselves, men and women who made the honorable decision to serve their fellow vets even after they completed their own military

service. I find it hard to believe that these mass firings won't affect the care and services that our veterans have earned.

Commander, I am grateful to you and your fellow Legionnaires for being here today. I was honored to meet with a strong delegation from Minnesota yesterday. I am grateful to them for traveling on this way to the Halls of Congress. I want to thank you for sharing your stories and your advocacy on behalf of your fellow veterans. Last year, Hennepin County, which is Minnesota's largest county by population, achieved functional zero status for veterans' homelessness. I am incredibly proud of my home community for making such significant strides. [Applause.] Thank you. That does deserve a round of applause. I am really proud of my home community for making such significant strides and caring for our veterans. And it gives me hope that Minnesota can be a model for the whole country in the fight to end veteran homelessness.

Commander, I am wondering how federal investments in housing and other wraparound services will help to fight the veteran homelessness crisis?

Mr. LACOURSIERE. Dr. Morrison, thank you very much for that question. Increasing the number of HUD-VASH vouchers that are made available and working with the SSVF, that alone can impact and reduce our veteran homelessness, and also give them the peace of mind that the government is actually working with them. What I found, I myself, I am going to share a personal, very quick, and I will make it quick. Outside of the American Legion, I am currently on years leave of absence, but when I return back to Connecticut after my year, I go back to working for the Soldiers', Sailors', and Marines' Fund, which is a fund that the American Legion handles for the State of Connecticut, which is temporary financial assistance.

And what we find out, traditionally, toward the latter part of the year in the fall time, which is a critical time of the year, now we are starting to fall short on the availability of the HUD-VASH vouchers and everything.

So, in my opinion, to answer your questions directly, if there is a way we can increase, maybe based on veteran population, you know, on the states and everything.

Dr. MORRISON. Thank you, that is helpful. Just really quickly, I was excited to see in your testimony you made reference to the outstanding work happening at VA Vets Centers. As you know, they provide a variety of counseling and transitional services, but in a more relaxed, less clinical environment. There is a Vet Center in my district in Anoka, Minnesota and I hope that we can expand these services across our entire state. Can you share, just briefly, your perspective about why Vet Centers' community-based approach to support services is so successful?

Mr. LACOURSIERE. Again, Dr. Morrison, thank you very much for that question. Right away, I am going to turn that over to our Chairman of Veterans Department of Education, Matt Jabaut.

Mr. JABAUT. Sorry, could you repeat the question?

Dr. MORRISON. Of course. Just how the importance of Vet Centers and why their community-based approach to support services is so successful?

Mr. LACOURSIERE. I am sorry about that, Dr. Morrison, my mistake. I was looking at the wrong chairman. I am going to turn that over to our Chairman, Jay Bowen.

Mr. BOWEN. Thank you, Commander. And thank you, ma'am, for the question. We do appreciate it. As you stated, the Vet Centers are critical to veterans' care because they do operate in a more relaxed environment. And once you put the veteran in a relaxed environment, they are more apt and more likely to then open up and talk about the issues that they have. And once they talk about the issues and it gets out on the table, then we can identify a fix.

Dr. MORRISON. Thank you so much. Before I finish, I just want to say, as the wife of an Army combat veteran and a proud American, I want to thank every one of you in this room for your service.

[Applause.]

Chairman BOST. So, I will apologize that I had to leave at the beginning. I normally ask questions first. But we didn't save the best for last, but I am going to be the one to ask the last questions, if that is all right.

[Laughter.]

Commander, look, you know, I am very grateful for the American Legion's past support of my bill, H.R. 1041. Now, that is the Veterans 2nd Amendment Protection Act. Is the legislation something that the American Legion will continue to support?

Mr. LACOURSIERE. Chairman Bost, thank you very much for that question. The American Legion, we have and we always will stand by the Constitution of the United States of America.

[Applause.]

Chairman BOST. Thank you for that. So, one other bill I have got out there is H.R. 740, the Veterans' ACCESS Act of 2025, which expands access to community care. Can you explain why the veterans need access to community care?

Mr. LACOURSIERE. Chairman Bost, I am going to turn that question over to Director Cole.

Mr. LYLE. Thank you, Commander and thank you, Mr. Chairman. I think over the years since the Phoenix wait list scandal in 2014, and then the passage of the Veterans Choice Act, and the passage of the MISSION Act, community care has expanded because more veterans have become eligible under the regulatory guidance to be able to get an appointment within a certain time or distance. In a lot of areas, the VA is unable to provide that care in-house. We have seen credible evidence of VA administrators at the VISN and the VAMC level basically disregard some of those access standards, and canceling appointments or canceling existing referrals, shortening the timeline of authorization. So the ACCESS Act, the codification of access standards, would take the VA's ability to do that out, if the veteran and their provider decide it is in their best medical interest to go seek care in the community. So that, number one. But number two, the very important provision is oftentimes we hear from veterans across the country that, you know, they are happy with the care that they get at VA, they are happy with the quality, they are happy with the care they get at their community provider. They are frustrated with the referral process, and the scheduling process, and the hurdles they have to overcome, and the communication between those community pro-

viders. So, the second important provision in that bill would seek to streamline the scheduling process, which is why we reviewed it and supported it.

Chairman BOST. Thank you. Thank you. Real quickly, Commander, before my time runs out here and we do go to our closing, I just want to let you know that I know you brought up the TAP programs. Remember, I am a veteran that left the Marine Corps in 1983. Back then, we did get a TAP. It was a tap from the colonel saying, hey, nice to see you, thank you for your service [laughter]. But we are on our Committee wanting to work very closely with HASC, with the—because it is under DoD's control, the scheduling, but we need to get that coordinated. And the sad thing is, is that like a VA, if you have seen one TAP program, you have seen one TAP program. They need to be uniform. We need to be able to get the information to our veterans so as they separate that they know what is available to them for every issue, but mostly so that they know what mental health issues are available to them so that we don't lose them in being part of that. Whether it is 17 or 21 or whatever that number is, one is too many with veteran suicide. So we make that commitment. We will be working on that with you.

[Applause.]

So with that, I now want to recognize the Ranking Member, Mr. Takano, for his closing statement.

Mr. TAKANO. Thank you, Mr. Chairman. Regarding the ACCESS Act, I just want to say that it does nothing to enhance the shortage and understaffing at the community care coordination offices among the many, many VMACs across the country. And part of the bottleneck with the referral process is the understaffing of those offices. And I don't know that they were exempt from the firing or the freeze that your organization inquired about with senior career officials. What I am troubled by is the acceptance from these career officials, these career officials, about the whole policy. Was the question asked, was there an analysis performed not only about the impact about the necessity for these firings? What was the purpose of these firings? Waste, fraud, and abuse is bandied about as a justification, but where is the justification prior to these firings? It seems to me they occurred willy-nilly and indiscriminately. And the evidence is in the many, many people, many veterans that have answered our survey about, and VA employees generally who have replied to our survey. And I would urge that a similar survey be done by your own organization about the veterans who have been fired. I would assert that there is no credible justification. Waste, fraud, and abuse is just an excuse that has been put out there. In fact, the very people who are responsible for waste, fraud, and abuse investigations were the first people fired by this administration. They fired the Inspector General who has held tough investigations against both Republican and Democratic inspector generals. I have just reviewed some reports from the inspector general on President Biden that were not—President Biden's VA Secretary that were not very flattering. So, it is not credible to me that waste, fraud, and abuse motivated these mass firings at VA.

Now, Mr. Chairman, before we just—before I end, I wanted to say I would like to share something. Yesterday and today you have accused my Democratic colleagues and me of fear mongering and

you say that we are not aware—that you are not aware of any direct effects on patient care due to VA's reckless firing of 2400 employees and counting. Well, you have repeatedly invited folks to share examples with you, so I would like to share one with you now.

On Monday, two clinicians who performed mental health intake at the Cleveland VA Medical Center were dismissed. This is already wreaking havoc on patient care and patient safety at that facility. Additionally, prosthetics and supply chain staff have been fired. This directly affects patient care because these employees play a critical role in procuring the medical devices veterans need and equipping surgical suites with necessary supplies. I met with this particular employee, fired employee yesterday. They were in attendance at the hearing. And they also indicated that it could mean that veterans who need prosthetics could be—the supply for them could be delayed.

Now, this is a very urgent matter and I don't think we can sit around and pretend to believe senior officials who are under duress by the senior leadership who tell you, oh, they are comfortable with the exemptions and that should be accepted at face value. There is prima facie evidence I am presenting to you now that you should face that with skepticism.

I will not stop talking about these mass firings until I get answers. Until I get answers. And so far, there are no answers. And everything that Senator Tillis brought up, the information is not forthcoming. It is not forthcoming.

Mr. Chairman, will you commit to us that we get from VA the details of these firings to ensure, as you have repeatedly claimed, that these firings will not affect patient care? Because my staff and I are already hearing about such instances. And I hope that we will have a hearing about these firings, specifically.

Chairman BOST. We will take it under advisement. Let me——

Mr. TAKANO. I don't hear a commitment.

Chairman BOST. I will take it under advisement. I have actually been meeting with the Secretary. Know what the conversations have been. Also know that each person has been let go, in their letter, it says that they can appeal to their supervisor immediately to find out if that there are—and then I would ask those who have come before you. I mean, you have all stuck on your talking points very, very, very well, and I appreciate that. But that being said, to say there is not waste, fraud, and abuse in the Agency——

Senator KING. I don't do talking points Mr. Chairman. That is an insult. Finish saying what I said.

Chairman BOST. Well, I apologize if you feel it is an insult, Senator, because I am going to tell you something. I have listened to it over and over again. We are 20 days into—we are one month into this administration that sent a clear message to try to cure the problems that exist in government today. Even the former administration admitted that they over-hired after COVID. Now, we need to make sure that we are streamlining, doing the job that is necessary. And we do have the commitment from the Secretary that no one's services are going to be lost. You as VSOs, please come forward to me and tell me if those are done. You obviously mentioned that you met with the Secretary yesterday. As this goes on,

we are one month into this. I appreciate that you have an opportunity to argue the political point. I am telling you that I will stand for veterans like I always have. I will continue to stand for veterans. I have always stood for veterans.

Mr. TAKANO. Mr. Chairman, I do not hear you. I do not hear you saying you will commit to——

Chairman BOST. And I have just told you we will take it under advisement, Mr. Ranking Member.

Mr. TAKANO. You will take it under advisement. Will we not hold a hearing on 14,000, 2400 people who were fired?

Chairman BOST. We are one month into this and I don't know which things to admit to because as of yet, we are still studying it ourselves. And so, with that, I will tell you that I will take it under advisement and my position as Chair, I will do that. You don't need to tell me how to take my position as Chair. I didn't do that when you were Chair. And I don't appreciate it in front of this group, you doing it now.

So, let me explain this to you. It is amazing to me that during this time you are bringing up this, but when we had sexual situations occurring in our VA where they were running a sex room, you said nothing about firing those. When we had superintendent——

Mr. TAKANO. Mr. Chairman.

Chairman BOST.—When we had——

Mr. TAKANO. Mr. Chairman.

Chairman BOST. No. Now, I am going now, thank you.

Mr. TAKANO. Mr. Chairman, you held a hearing. I advised you to allow the internal investigations to proceed with the internal, with the internal——

Chairman BOST. We——

Mr. TAKANO [continuing]. With the Inspector General.

Chairman BOST. We have one other that we did a hearing on.

Mr. TAKANO. I did not subpoena——

Chairman BOST. And you did not bring up.

Mr. TAKANO. I did not subpoena one single official when I was Chairman, when, when President Trump was a President, you issued several subpoenas.

Chairman BOST. You are doggone right I did, because the people need to know.

Mr. TAKANO. Well, I think the people need to understand why 2400——

Chairman BOST. And its administration——

Mr. TAKANO [continuing]. Individuals who were fired, 24,000 people were fired.

Chairman BOST.—And this administration has been answering those questions——

Mr. TAKANO. They have——

Chairman BOST.—Not only——

Mr. TAKANO. They have not provided a single bit of information about why——

Chairman BOST. There has been.

Mr. TAKANO [continuing]. They were fired. Why the justification——

Chairman BOST. And when you put up the, when you put up the letter yesterday, you put half the letter up. You did not put the re-

sponse, where the opportunity for the employee to do the appeals process. So I understand that you are concerned. I am glad that you have got the platform. You are doing a great job of grabbing hold of that platform. My job is to make sure our veterans are taken care of, as it is yours. And we are going to do that.

Mr. TAKANO. Well, please hold a hearing. That is all I am asking you to do.

Chairman BOST. I understand that. With that, welcome to the VA Committee that is so bipartisan [laughter]. Look, I want to thank the American Legion and all the witnesses for being here today. We share your values. And I want to thank the audience members for coming in from every corner of this United States to be here today. Let me tell you for purposes when this panel is excused, if you would, because we know this room so well, all right. If you could go out that door while we are bringing the new panel in because it just kind of helps the flow.

Commander, I do want to say thank you. I do want to say to thank you to each one of you and all my other, all thank you legionnaires, and I thank you that I am part of your organization. It has been a pleasure to serve you and will be continued to serve you, and we will work through any of the issues as they come forward. Thank you so much. You are excused.

[Applause.]

[Recess.]

Chairman BOST. Take your seats. We would like to welcome the second panel and thank you for being here. We have a lot of important organizations to hear from on this panel, so let us get right to it. Today we are joined by Major Gary Ginsburg of the Jewish War Veterans, Lindsay Church of the Minority Veterans of America, Mr. Michael McLaughlin of the National Association of County Veterans Service Officers, Commander René Campos of the Military Officers Association of America, Mr. Timothy Sheppard of the National Association of the State Directors of Veterans Affairs, Mr. Raymond Toenniessen of D'Aniello Institute for Veterans and Military Families, Syracuse University, and Lieutenant General Walter Piatt of Wounded Warrior Project. Again, welcome to all of you and also to the members of the audience.

So let us get started. Sergeant Major Ginsburg, you are now recognized for 5 minutes for your opening statement.

PANEL II

STATEMENT OF GARY GINSBURG, (USA–RET.), NATIONAL COMMANDER, JEWISH WAR VETERANS OF THE USA

Mr. GINSBURG. Thank you, Mr. Chairman. Chairman Moran, Chairman Bost, Ranking Members Blumenthal and Takano, Members of the House and Senate Committee on Veterans' Affairs, and my fellow veterans, ladies and gentlemen, I am Gary Ginsberg, United States Army Reserve Command Sergeant Major. In the 93rd National Commander of the Jewish War Veterans of the United States, our mission is clear, to support America's 17 million veterans and family members, regardless of race, religion, or gender. We have a Jewish War Veterans organization because quite

frankly, we might be the only veterans' organization whose loyalty to this country is sometimes questioned. We remain opposed to hatred, bigotry, and antisemitism, wherever the source, whomever the target.

Our leadership was pleased to meet with the Chairman last year and some issues are still being addressed. We urge the Committee to help slay the dragon of hatred, bigotry, and antisemitism with executive branch oversight, with a little bit of education, training and prevention.

Recently, I have become aware of another issue affecting veterans. The JWV is concerned about food insecurity amongst American veterans. Research shows that about 8 percent of our veterans right now, over 1 million persons, are food insecure. We urge Congress to look at this and exercise appropriate oversight. We also recognize that right now veterans are facing challenges with employment this year. Veterans are an asset to our Nation and serve in many capacities, often inspiring the next generation of young men and women to step forward and wear the cloth of our Nation.

We are concerned about some of the cutbacks in staffing, although we know it is still early in the administration. We think that some of this is very hasty. We think that cutbacks should be more precise and quite frankly, maybe the train needs to slow down just a little bit. We encourage, again, congressional oversight with respect to this situation because veterans are about 30 percent of the VA and some of the veterans are being affected with the staffing cutbacks. The JWV, the Jewish War Veterans, we have long supported the Major Richard Star Act and we urge swift passage because now is the time. Now is the time to address the unfair pay offset facing almost 45,000 combat-injured veterans to receive their appropriate DoD retirement pay and VA disability compensation.

We also are concerned about veteran suicide in the current trends. We know about 20 or 22 veterans a day commit suicide, but in fact veterans are roughly 6 percent of our Nation. They comprise approximately 15 percent of the suicide cases in recent years.

Recently we have learned about a new bill introduced into the current session of the House, H.R. 439. While we are still reviewing the details, it is entitled the Veterans Foreign Medical Coverage Equality and Modernization Act of 2025. The JWV, the Jewish War Veterans, urges the Committee to review this legislation quickly and take appropriate action concerning our service-connected disability veterans who reside overseas. We probably have American citizens who reside in virtually 24 time zones around the world, and I know we have many veterans that reside overseas. We have some of our own members, for example, that reside in Israel, and we want to see them receive the appropriate support as they served honorably in defense of this Nation.

The JWB is also concerned about women veterans and some of the unique situations there. They are the fastest growing group of veterans in the VA system. We support addressing some of the specialized health care with respect to our women veterans, whether it has increasing cancer screenings, improving mental health, accessing infertility assistance, and of course, reducing intimate part-

ner violence. We urge the VA to fully implement all portions of the Deborah Sampson Act.

As I get to my concluding remarks, I am reminded, in 1945, following the battle of Iwo Jima, a Navy chaplain, Roland Gittelsohn, offered a statement during the memorial service for the Marines that fell at Iwo Jima. That bipartisan spirit is necessary today.

I also urge the Committee going forward, every decision you make, please consider it as if it was your own son or daughter, family member, or best friend. At this time, I thank you for the opportunity to testify before the Joint Committee of the House and the Senate. I thank you very much. And that concludes my comments. I look forward to any questions.

[The prepared statement of Mr. Ginsburg appears on page 82 of the Appendix.]

Chairman BOST. Thank you, Sergeant Major. I would now like to recognize Lindsay Church for her 5 minutes for opening statement.

[Microphone off.]

Ms. CHURCH [turns microphone on]. Sorry.

Chairman BOST. Microphone. There you go.

STATEMENT OF LINDSAY CHURCH, EXECUTIVE DIRECTOR AND CO-FOUNDER, MINORITY VETERANS OF AMERICA

Ms. CHURCH. I am still learning. Chairman Moran and Bost, Ranking Members Blumenthal and Takano, and Members of the Committees. I sit before you today as the voice of millions. Millions of veterans who have served this country with honor, only to be met with indifference, discrimination, and systemic barriers when they hung up their uniforms. Veterans who, despite their sacrifice, find themselves battling for the most basic of rights, health care that meets their needs, a roof over their heads, and the dignity to live free from political attacks on their very existence. I also sit before you as a third generation Navy veteran and a proud transgender American. My family has dedicated their lives to service in and out of uniform. I brought them with me today in the form of dog tags. We have fought across generations for an America that is barely recognizable. The state of veterans' services in this country is imperiled. We are watching the gutting of the Department of Veterans Affairs, an institution that is supposed to be the backbone of veteran care. Thousands of VA employees, many of them veterans themselves, have been indiscriminately fired overnight, jeopardizing the quality and accessibility of care for millions. Veterans are being turned into collateral damage in a war of political posturing. This is not governance. This is negligence at best, willful cruelty at worst. Our community is under attack. Minority veterans, those who are Black, indigenous, veterans of color, women, LGBTQIA, religious minorities, immigrants, disabled, are being told through policy and practice that our service, our sacrifices, and our lives do not matter.

Executive orders and legislation are being wielded as weapons to strip away our rights. Critical health care is being gutted. Gender affirming care, reproductive health services, and mental health support are being dismantled under the guise of government effi-

ciency. And let us not pretend this is about efficiency. This is about erasure. We refuse to be erased.

[Applause.]

Minority veterans have fought and sacrificed for this country, often serving in times when we were denied full rights and recognition. It is our Nation's duty to uphold their rights and ensure we have access to health care, benefits, housing, employment opportunities, and protections against discrimination. Gutting the very institutions designed to support veterans will only widen existing disparities and push more people into crisis.

So, today I asked the Committee, will you continue to allow veterans to be used as pawns in a game we never signed up to play? Or will you fight for us the way we fought for this country? We are not here to beg. We are here because the stakes are life and death. We are calling on Congress to act boldly and decisively. Reinstate VA staff and protect its workforce. Stop the rollback of critical health care services. Ensure that every veteran, regardless of their identity, has a safe place to call home. Fund programs that actually prevent suicide rather than just offering lip service while cutting the very services that save our lives.

All veterans swore an oath to the Constitution of this great Nation. And in return, this Nation made a promise to its veterans. That promise doesn't come with an asterisk. It does not come with conditions, and it does not disappear when it becomes inconvenient. We are here to make sure you keep it. Thank you.

[Applause.]

[The prepared statement of Ms. Church appears on page 98 of the Appendix.]

Chairman BOST. Thank you. Thank you. We would now like to recognize Mr. McLaughlin for 5 minutes for your opening statement.

STATEMENT OF MICHAEL MCLAUGHLIN, LEGISLATIVE DIRECTOR, NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS

Mr. MCLAUGHLIN. Thank you. Chairman Bost, Moran, Ranking Members Takano and Blumenthal, and distinguished Members of the Committee. On behalf of the National Association of County Veterans Service Officers, or NACVSO, I extend our deepest gratitude for the opportunity to address this session. As you are aware, NACVSO is a unique organization in that all of our leadership work as accredited VA representatives, advocating for veterans and their dependents in their local communities. We comprise the VA's biggest local partner resource as Governmental Veteran Service Officers, or GVSOs, that helps ensure as a Nation we continue to care for those who have served. We understand the veterans experience as well as how to better support the VA. Furthermore, our members are often the first point of contact for your very own congressional offices as you assist your veteran constituents. It is through this lens that I offer this testimony in hopes that together we may better support our Nation's veterans.

NACVSO wishes to express our gratitude for the passage of The Senator Elizabeth Dole 21st Century Veterans Healthcare and

Benefits Improvement Act. This legislation includes several provisions aimed at improving services for veterans and their families. Notably, Section 302, the Commitment to Veteran Support and Outreach Act, or CVSO Act marks a historic first step in providing funding for local GVSOs. This acknowledges what NACVSO has long known, that delivering veteran services is most effective when it collaborates with experts at the local community level.

While we appreciate this progress, funding alone isn't enough. Stronger partnerships between the VA and local advocates remains essential. One immediate step would be to ensure that the Veterans Benefits Improvement Act of 2024, Section 4, is completed expeditiously. This report can serve as a roadmap for transforming veteran services into a combined arms effort by mobilizing all levels of government to meet the needs of veterans efficiently and effectively.

As VA accredited representatives, our members work tirelessly to help veterans submit the best claims possible. However, there have been growing concerns about the over development of disability claims, an issue that delays decisions and wastes taxpayer dollars through the unnecessary scheduling of disability exams. We appreciate that VA leadership has engaged with stakeholders on this. We recognize that these challenges stem from many complex issues and is not intentionally done by VA. We encourage this body to amend how VA is required to implement Toxic Exposure Risk Activities or TERA exams. For example, by ensuring that when a veteran has a confirmed TERA, it does not automatically trigger an unnecessary TERA examination while other forms of service-connection are obvious. VA can reduce expenses while also streamlining a favorable outcome for the veteran.

Similarly, we urge greater adherence to the Fully Developed Claim or FDC process which is designed to improve efficiency and reduce the number of exams. NACVSO stands ready to work with VA and this body to improve TERA and restore the FDC process to ensure that claims and decisions are timely, accurate, and fiscally responsible.

While it is not immediately an issue before this body, NACVSO would like to publicly oppose any future policy or legislation that would seek to means test a VA disability. A veteran service-connected is not tied exclusively to economic impediments, but also considers social and familial impairments. I am a veteran and the proud son of a Vietnam veteran who was severely wounded during the Tet Offensive. Those wounds led to the amputation of his leg. With prosthetics provided by the VA, my father was able to find and secure employment, all while waging daily battles to prepare himself physically and mentally for work each day. An economic means test would have penalized him for his decision to seek employment. My father and many other veterans paid the price for their country every day, and this price continues. What cost can we assign to my father's inability to teach his daughter how to swim or ride a bike? Can we name the price for his 6-year-old son knowing what phantom pains are for a leg that no longer exists?

In addition to incentivizing veterans to seek vocational rehabilitation, any policy intending to means test these disabilities disregards the true price that veterans and their families have paid,

a price they will pay for the rest of their lives. Such means testing would break our country's sacred promise and shatter President Lincoln's commitment to care for him who shall have borne the battle, his widow, or his orphan, which is why NACVSO stands firmly against any such future proposals.

Lastly, NACVSO asks this body to continue working alongside VA to prevent and hold accountable claims consultants who continue for-profit representation of initial VA claims. We believe that no person who has taken the oath of service to this country should ever have to leverage their earned benefits to simply gain access to those benefits. As such, we humbly implore this body to look at every means possible to provide agency reform and increased support for pro bono access to these services.

Chairman, Ranking Members, and Members of the Committees on behalf of NACVSO, thank you for your attention to these matters. I look forward to our continued work together to better serve our Nation's veterans and their families.

[Applause.]

[The prepared statement of Mr. McLaughlin appears on page 119 of the Appendix.]

Chairman BOST. Thank you, Mr. McLaughlin. Now, I would like to recognize Commander Campos for 5 minutes for her opening statement.

STATEMENT OF CDR RENÉ A. CAMPOS, (USN–RET.), SENIOR DIRECTOR, GOVERNMENT RELATIONS, MILITARY OFFICERS ASSOCIATION OF AMERICA

Ms. CAMPOS. Chairman Bost, House and Senate Veterans' Affairs Committees, I invite MOAA members here and our staff today to stand. They represent over 350,000 members whose voices strengthen our advocacy. We thank you for the opportunity to share our veteran priorities.

[Applause.]

Let me begin by commending your work last year in the Dole Act. It is a testament to the power of collaboration and bipartisan support in achieving meaningful reforms. Yet much remains to strengthen support to veterans. Here is a short list of MOAA's priorities. For veterans' health care it is supporting veteran caregivers by passing the Veteran Caregiver Reeducation, Reemployment, and Retirement Act. Just as veterans answered the call to serve their Nation, their caregivers also answered the call to step up and serve them. These caregivers sacrificed their own futures, giving up financial security, career advancement, and personal well-being to care for our Nation's heroes. Yet when caregiving ends, whether it is due to ineligibility to veterans' services or the passing of their loved one, many are left struggling to rebuild their lives. For example, one son cared for his Vietnam father for a decade. When the role ended, he faced difficulty re-entering the workforce due to outdated skills and employment gaps. A returnship program, as proposed in this bill, would provide crucial reemployment opportunities. This act fulfills our Nation's promise to those who sacrifice so much. It empowers caregivers financially while potentially reducing

long-term reliance on federal assistance. We urge Congress to pass this legislation.

We also seek action to strengthen support for women and other underserved veterans by eliminating barriers to health care. These veterans face limited provider availability, lack awareness of benefits, they experience longer wait times and disparities in health care outcomes, and they face challenges due to income, education, and other systemic barriers that create inequities in accessing vital services. MOAA urges Congress to pass the Improving Menopause Care for Veterans Act to advance research and to enhance care for women veterans and to reintroduce the SAVES Act to expand care and benefits for survivors of MST.

For veterans benefits, we ask your support in ending the wait for the toxic-exposed veterans by codifying framework for the presumptive process. The PACT Act was certainly historic, but veterans still wait decades for recognition of toxic exposures. Since World War I, only 30 exposures have been recognized, taking an average of 34 years to establish presumption. MOAA and DAV's "Ending the Wait" report highlights the urgent need to improve the presumptive process. We urge Congress to codify a framework that acknowledges exposure and its risk, concedes exposure when justified, and commits to ongoing research linking exposures to healthcare outcomes. This framework is an essential first step to delivering the healthcare and benefits earned.

Additionally, we encourage Congress to focus on improving the transition services for service members by including VSOs in the TAP process. We all know financial stability is crucial to a smooth transition to civilian life. The Benefits Delivery at Discharge program helps expedite claims process, but excluding VSOs from TAPs increases unnecessary risk as both a VSO and an MSO, MOAA leverages its expertise to bridge the gap between the military and civilian communities. Including VSOs in TAP would provide transitioning service members with the essential guidance they need. We ask Congress to reintroduce and pass the TAP Promotion Act.

Finally, we urge Congress to immediately pass this year's VA funding and secure FY 2026 appropriations by October 1st. Predictable sufficient funding is vital to sustaining VA's health and benefit systems, meeting the growing needs of veterans and their families, and fulfilling congressional mandates without disruption.

MOAA thanks you for your leadership and commitment to those who have served, and we stand ready to work with Congress to hold our Nation's promises and ensure every veteran receives the care and benefits they earned. Thank you and I welcome your questions.

[Applause.]

[The prepared statement of Ms. Campos appears on page 126 of the Appendix.]

Chairman BOST. Thank you, Commander. I now recognize Mr. Sheppard for 5 minutes for your opening statement.

STATEMENT OF TIMOTHY SHEPPARD, PRESIDENT, NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

Mr. SHEPPARD. Thank you, Chairman Bost. I am Tim Sheppard, President of the National Association of State Directors of Veterans Affairs, or NASDVA for short. Please accept our submitted written testimony for the record.

NASDVA was founded in 1946 following World War II to unite VA leaders from all 50 states, five U.S. territories, and the District of Columbia. NASDVA is tasked and held accountable by our respective Governors, state boards, or commissions to address the needs of our veterans. Although each state or territory is unique in its organizational structure, programs, and resources, we are frontline advocates for our Nation's 18 million veterans, with the common goal of conducting outreach and serving them.

Importantly, we partner with the federal VA, VSOs, and community partners, though the relationship between federal VA and NASDAQ is formalized by a Standing Memorandum of Understanding which we will have signed later this summer with Secretary Collins.

The two most important VA grant programs with VA are the State Veterans Home Construction Grant Program and the Veterans Cemetery Grants Program. The State Veterans Homes provide more than 50 percent of the total VA long-term care in 171 operational homes with over 30,000 beds of care. There are 81 Priority Group 1 projects which requires roughly $1.3 billion for the federal 65 percent match. Both our association and the National Association of State Veterans Homes recommends increased funding from the proposed budget of only $147 million to at least $650 million to address the increasing need for nursing care and fund at least a half of the pending grant request.

Additionally, the operational costs warrant an increase in per diem rates to enhance the quality of care in the face of chronic shortages of health care professionals, rising cost of medications, and the increase in the complexity of care for the aging veterans' population.

For Memorial Affairs, the Veterans Cemetery Grants Program provided roughly 43,000 internments in 2024, which is roughly 24 percent of the total number of burials by NCA and grant cemeteries. There are 122 state, tribal, and three territory grant funded cemeteries that support VA's goal that 95 percent of veterans have a burial option within a 75-mile radius of their home county.

The FY 2025 budget proposal is only $60 million. Priority Group 1 projects are for expansion and improvement of existing cemeteries and totals more than $100 million. The funding is insufficient to award grants for new state or tribal cemeteries. The program needs an increase to at least $120 million to address Priority Group 2 establishments.

For the 9 million veterans receiving VA health care. We recommend continued emphasis by VA to ensure veterans are provided timely access. We recommend the external provider scheduling program be expanded nationally to include direct care availability which gives the veterans a comparison between VA and community providers. The focus should be on the veteran's medical needs, whether in-house, VA, or by community care, which in es-

sence is VA care. The scheduling of appointments needs improvement and reimbursements to providers should be prompt. The coordination of available care is the key.

We support Congress's oversight to hold VA accountable for the rollout of the Electronic Health Record Modernization. It is a complex software, but it is taking too long to deploy. VA needs to address both current system challenges highlighted by users and future IT issues. VA should continue to conduct operational assessments and have a strategic roadmap for completion.

In conclusion, I want to re-emphasize again that we are government-to-government partners with the federal VA and we are second only to them in the direct delivery of services. Distinguished Committee Members, we sincerely respect and appreciate your work to improve the well-being of our Nation's veterans. It is our honor for us to be part of the mission. Thank you and Hooah.

VOICES. Hooah.

[The prepared statement of Mr. Sheppard appears on page 148 of the Appendix.]

Chairman BOST. You Army guys. Marines we just do it Oorah, different. Mr. Toenniessen, you are recognized for 5 minutes for your opening statement.

STATEMENT OF RAYMOND TOENNIESSEN, DEPUTY EXECUTIVE DIRECTOR AND VICE PRESIDENT FOR STRATEGIC INITIATIVES AND INNOVATION, D'ANIELLO INSTITUTE FOR VETERANS AND MILITARY FAMILIES AT SYRACUSE UNIVERSITY

Mr. TOENNIESSEN. Thank you. Chairman Moran and Bost, Ranking Members Blumenthal and Takano, and Members of the Committees, I would like to thank you for the opportunity to present the 2025 policy priorities of the D'Aniello Institute for Veterans and Military Families at Syracuse University.

Our Nation's all-volunteer force relies on our shared commitment to ensure that veterans and their families not only survive but truly thrive after service. To achieve this, we must address the complex challenges they face with proactive interventions, strong public-private partnerships and rigorous evaluation. Most critical, the VA's recent National Veterans Suicide Prevention Annual Report confirms that the rate of death by suicide remains unacceptably high. We know that health, economic, and housing challenges rarely occur in isolation. Instead, each additional stressor compounds the risk of suicidal ideation.

Over the past decade, initiatives like our America Serves program have been vital. Data shows that nearly 70 percent of veterans supported through America Serves are also enrolled in VA healthcare, a clear sign that when communities and the VA work in tandem, they can address stressors more effectively and reach veterans who might otherwise be overlooked.

Equally important is the role of programs like the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant. As this program comes up for reauthorization, we value your commitment to enhancing it with improvements drawn from both grantee and advo-

cate feedback. Such enhancements will empower communities to act decisively before it is too late.

Additionally, these comprehensive mental health interventions demand stronger accountability, and we urge Congress to establish enhanced standards for data collection and evaluation across the VA and its community partnerships. By setting clear, outcome driven benchmarks, we can ensure that every dollar is spent where it will have the greatest impact.

Transitioning from military service presents its own unique set of challenges. Data shows us that although most veterans pursue employment after service, including those furthering their education, 62 percent remain underemployed six and a half years after leaving the military. Meanwhile, the Federal Government spends over $13 billion annually on transition programs, primarily focused on education, spread across 46 federal programs managed by 11 different agencies. A recent RAND report found that few of these programs have undergone rigorous independent evaluation, with 27 of the programs releasing no performance data at all.

In contrast, nonprofit initiatives can deliver and show significant results. Our Onward to Opportunity program provides skills training and credentialing to over 10,000 transitioning service members, veterans and military spouses each year. As the only program evaluated by a third party, O2O stands as evidence that community led efforts can often operate more efficiently than their government counterparts. We encourage Congress to allocate additional resources to nonprofits that demonstrate measurable, positive outcomes and to require evaluation of federal programs.

Data from the Veterans Metrics Initiative, a comprehensive longitudinal study of Post-9/11 veterans by Penn State University, could be an instrumental guide in these much-needed reforms.

Navigation of services remains a critical challenge. Findings from our latest Blue Star Families Lifestyle survey reveals that 36 percent of veteran spouses access transition resources through TAP. This underscores the need for formal channels to complement informal networks, especially for spouses who often manage household finances and family goals. Legislative measures should simplify resource navigation, shifting our focus from reactionary fixes to long-term economic and career preparation that prevents crises and secures lasting stability.

Our veterans bring tremendous value to industries central to America's prosperity. For instance, memory chip giant Micron Technology is investing in a military talent pipeline through our O2O program to help staff what will be one of the largest semiconductor manufacturing facilities in the country. All of this shows that targeted initiatives can bridge the gap to high tech careers and bolster our Nation's energy and technology infrastructure.

In closing, ensuring that our veterans and their families thrive is essential to the strength of our all-volunteer force. This mission demands a coordinated whole-of-nation approach, one that cuts through bureaucratic hurdles, forges robust partnerships and is driven by clear data-backed results. The D'Aniello Institute remains steadfast in its commitment to rigorous research and proven programs so that every veteran receives the support they deserve.

Thank you and I look forward to your questions.

[The prepared statement of Mr. Toenniessen appears on page 166 of the Appendix.]

Chairman BOST. Thank you very much. General Piatt, you are recognized for 5 minutes.

STATEMENT OF LT. GEN. WALTER E. PIATT (RET.), CHIEF EXECUTIVE OFFICER, WOUNDED WARRIOR PROJECT

Mr. PIATT. Chairman Bost and Moran, Ranking Members Takano and Blumenthal, and distinguished Committee Members. Thank you for today's hearing and for the honor to join you on behalf of Wounded Warrior Project and the warriors in families we serve. Over 20 years ago, when the first wounded service members returned from the battlefields, our organization made a promise to be there for these warriors no matter what. That promise is our why. It is the reason Wounded Warrior Project exists, to bring every warrior fully home, mind, body and soul and connect them back to a path in life of hope and purpose.

Today, our promise endures. But the future of service will require more. Warriors will continue to defend our country. Warriors will struggle. More will be asked of our grateful Nation. More will be asked from all of us. No matter what is required, we must keep this promise. It is an extraordinary commitment in return for extraordinary sacrifice.

As we look to the future, Wounded Warrior Project remains committed to working with you. Your invaluable support will make all the difference in helping our Nation's wounded veterans thrive in life following military service. Next week, 100 warriors from Wounded Warrior Project will be coming to Washington, DC to visit all of you. These warriors will bring with them the experiences of struggle and uncertainty, but they will also bring with them the power of hope and healing. They are the voices for their communities and will help deliver the message of how we can best support them.

They will specifically address three issues: mental health, financial wellness and traumatic brain injury. Our warriors will share how you can support their mental health needs. They will ask for your help in passing a Veterans' ACCESS Act which will set access standards for VAs mental health residential rehabilitation treatment programs. These intensive care programs provided changing—life changing mental health care, over 30,000 veterans in 2023 and we appreciate all who have made this critical issue a priority.

Our warriors will also tell you how you can best support their financial wellness. They will once again ask Congress to pass the Major Richard Star Act which will expand concurrent receipt policy to more than 54,000 military retirees whose careers were cut short due to combat related injuries, allowing them to collect their full compensation through the VA and DoD that they earned and deserve.

Our warriors will also tell you how you can support veterans living with traumatic brain injury. They will ask for continued investment in research that explores the course of neurological and cognitive functioning after TBI and builds evidence to expand access to effective treatments and community-based support. TBI is a complex injury with a spectrum of short- and long-term conditions.

We must continue to support the study of impacts on repetitive low level blast injuries on veterans' mental health as we have with efforts like the Precision Brain Health Research Act of 2024.

I am grateful that so many of you on this Committee have made time to meet with these warriors next week where they can share their experience with these issues and the lasting impact your support has had on their lives, their families, and their communities. I sincerely thank you for the honor to testify and for all you do and your part in helping us keep the promise. Thank you again for all you do. I look forward to your questions.

[Applause.]

[The prepared statement of Mr. Piatt appears on page 176 of the Appendix.]

Chairman BOST. General, thank you and thank you. General thank you and thank each one of you for your testimony. We are now going to go to questions. I recognize myself for 3 minutes. Commander Campos, why is it so critical to hold VA accountable in its efforts to improve access to residential treatment options?

Ms. CAMPOS. Chairman, thank you for that question. Well, it is really important that VA expands its services to our RTP programs. Most of VA can't and is unable to deliver those services completely through its own system. So we need that care in the community. So, those services are vital, and that is where the veterans are. And it is especially important in rural areas where VA does not have a footprint. So those programs are very, very important. And we would also like to see some other expansions, even in terms of mental health with the Vet Center. So, it is more in the community. It is very well received by veterans. They feel comfortable going to those centers, and we would like to see that continued expansion.

Chairman BOST. Thank you. Mr. Sheppard. There is currently a major focus on providing adequate care for our veterans, both within the VA system and throughout the community care providers. How has legislation such as MISSION Act been beneficial to strengthen ties between VA and community care providers?

Mr. SHEPPARD. Thank you for that question, Chairman Bost. I will speak of my own situation. I find that community care is incredibly important and available. If there is one thing I have seen between care at the VA versus community care, the process for scheduling is a little clunky, but I think the VA has gotten better at that. But more importantly, the quality of the community care has been outstanding. And I see it across the Nation, that we continue to grow and improve in our ability to work those two together. And with the idea that, hey, it has the best interest of the veteran, get them to the right care and get them there as quickly as you can.

Chairman BOST. Thank you. General, in the past, Veteran Readiness and Employment in VR&E has been called the crown jewel of the VA by Members of this Committee. Recently, however, the VR&E has had some serious issues relating to staffing and modernization. What steps should Congress take to bring VR&E back to the level that the veterans deserve?

Mr. PIATT. Thank you for the question and thank you for all you have done with this issue. I think just continued support there and I think leverage on the VSOs as well. I think we all have a role to play in here on employment for our veterans to get access to this care. I think it has a lot to ask for the VA to do it all on their own, but we believe continued pushing of that act will continue to bring the services our veterans need and deserve.

Chairman BOST. Thank you. Dr. Dexter, you are recognized for 3 minutes for questioning.

Dr. DEXTER. Thank you so much, Chairman Bost, and thank you for holding this important hearing, once again. Thank you to our witnesses for being here. Your advocacy is invaluable, as hopefully each of you know. I thank you all for what you do each and every day. Being advocates is a work of passion. It is a work of commitment. And I think right now it is also critical to acknowledge the extraordinary courage it takes for some to be in this space.

Lindsay, I just want to be clear that I am grateful to you for your dedication. I am clear your courage is extraordinary at this moment in time, and it has a beacon of hope for many veterans across this country. Each and every veteran deserves equal respect [cheering]. And I hope all advocates will agree that every veteran earns that respect and will stand with you at this time.

When I speak with veterans, veteran service providers, and VSOs in my district, one priority comes up time again and again, preventing veteran suicide. And the reality is stark. Lindsay, the system has consistently failed those you represent, and it has led to devastating health outcomes, including unacceptably high suicide rates. Lindsay, can you share how the Trump administration's recent Executive orders and mass firings have impacted the mental health resources available to your members?

Ms. CHURCH. Thank you. You are going to make me cry. Thank you for your remarks and for the question. Providers who serve trans patients are deeply uncertain about what they can do, how they are expected to treat us, and how they are going to be forced to discuss our care. My providers are unclear if they can even use the appropriate pronouns to address me.

Non-consensually, transgender veterans have had their birth sex returned to their records, meaning that my birth sex has been revealed to everybody, including a dental scheduler. My gender identity is a deeply personal part of my identity, and it is a part of my health profile. Transgender veterans are making impossible decisions about whether or not to continue to use care at VA. My own provider can't even guarantee that I can be safe to continue to use care. I have to seek care outside of VA because I don't trust that I am going to be safe from DOGE data collection. I had my gender identity removed from my records because the libs of TikTok flagged it for DOGE and the Secretary of VA, and the next day, it was gone.

It is unacceptable. We already had a transgender veteran die by suicide on January 27th in Syracuse, New York, in a parking lot. Like most of our veteran suicide, draped in a Trans Pride flag. We are dying and we are going to keep dying because the government is trying to erase us. We won't be erased, but we will suffer unnec-

essarily. And our providers have no idea what is going to be inbound.

It is not only unethical, it has also a First Amendment violation. Telling people that they have to misgender us is unethical. It is against their code. As a doctor, you know this. It is unacceptable and it is inhumane. We are people trying to get access to care. We deserve it. We shouldn't have to beg and grovel to be treated as a regular person. We die by suicide at a higher rate than anybody at this table. Why are we being eradicated?

Thank you.

Dr. DEXTER. Thank you.

[Applause.]

Chairman BOST. Thank you. Congressman Kennedy, you are recognized for 3 minutes.

HON. TIMOTHY KENNEDY,
U.S. REPRESENTATIVE FROM NEW YORK

Mr. KENNEDY. First of all, Lindsay, thank you for that very powerful message. To all of our veterans, thank you so much for being here. Thank you for your service to our country. Thank you today, folks, for your testimony.

In Buffalo, New York, we are dealing with a very specific issue as it pertains to veteran care at the VA Medical Center. And following a chaotic and disturbing administrative issue, there were two leaders of that hospital that were pulled by the VA, removed, because not just of a lackluster performance, but of abhorrent administration of the work that they were sworn to do to help our veterans get the health care that they have earned and deserve. And so, in this moment, I am heartbroken to see what is happening with the cuts in the administrative jobs at the VA across this country, 1400 of which happened in the last few weeks. When by the VA's own account, there was already a shortage of 40,000 staff members. It is unconscionable. This should not be happening. But it is. Under this administration, in the efforts of unelected billionaire Elon Musk, who is running roughshod over our Constitution and our veterans, both those that served our country and then decided to go into public service, including service-disabled veterans. A third of the workforce in this country is made up of our veterans. Half of them are service disabled. We owe it to our veterans to prioritize their well-being, their livelihood, their place in the workforce of America, and treat them like the heroes that they are, not the way they are being treated.

And so, to hear what I am hearing today and to know that these services are going to be cut, it is painful, it is unacceptable. And we as a country are better than this.

I yield back.

[Applause.]

Chairman BOST. Ranking Member, you are now recognized for 3 minutes. Ranking Member, you are recognized for 3 minutes. Everybody else has asked.

Mr. TAKANO. So, my first question is for Mr. McLaughlin of the NACVSO. Mr. McLaughlin, I want to thank you for, thank you and your colleagues for the important work you do in connecting veterans with VA, and their earned health care and benefits is crucial

work. I read in your testimony about the importance of strengthening partnerships between VA and advocates such as yourself. What is needed to achieve these strong relationships and how can Congress help you?

Mr. MCLAUGHLIN. Thank you for that question, Ranking Member Takano. One of the big things that we are asking for is increased collaboration and communication between all levels of government. Right now, we appreciate the relationships that we have with our state partners, that we have with our federal partners, but it is very much siloed. And so, looking at that report as part of the VBIA Act that is directing VA to report back to you all with recommendations on how we can increase community frontline resources for veterans, not at a regional office, not at a medical center, where the veterans live. Counties, states, and municipalities are where our veterans live. They don't live at the medical center; they don't live at the regional office. So increasing that collaboration and formalizing the relationship similar like our Department of Justice has with our county attorneys, and our sheriffs, and our local law enforcement. If we can get together on board as united front, federal, state, and local, on that front, I think our veterans are owed for us to coordinate all efforts on their behalf.

Mr. TAKANO. Well, thank you. Lindsay, you and I have discussed many times VA's issues with gender-based harassment and your concerns. How can our Committees best impact the prevalence of harassment at VA?

Ms. CHURCH. Thank you for the question. The greatest thing that this Committee can do is oversight. Deborah Sampson Act added 5303, which is the preventing gender-based harassment. First and foremost, not removing gender is a really important part about being able to report on gender-based harassment. Second, of all gender-based harassment and discrimination claims are up 106 percent last year. That is a travesty that this Committee has focused heavily on.

So, continuing that oversight, making sure that we strengthen provisions of Deborah Sampson, focusing on strengthening the reporting mechanism, and how do we report in a system where we don't trust the environment that we are going into. Discrimination cases are going to continue to go up. So are harassment cases in a culture that is permissive of it.

Continuing to do oversight, making sure that the reports from Deborah Sampson are actually independent of the complaint. There are two reports that they tried to consolidate. Making sure that the reporting on Deborah Sampson is pure. Making sure that we can see the data and we can see the facilities that are in trouble. We continue to see an obscured amount of data if you have fewer than 10 instances at a VA facility, which you should be in remediation, we can't see that. So, making sure that we have proper oversight over the entire mechanism is deeply important to addressing the issue of harassment. Thank you.

Mr. TAKANO. Thank you. I am done. I am done. Yes.

Chairman BOST. I want to thank all of you for being here today. You know, that concludes today's VSO hearing. And I want to thank—I think it is clear that the Committee is collaborating with VA and has more work to do in services to our veterans and their

families and we will continue to carry out that work. I ask unanimous consent that all Members shall have five legislative days in which revise and extend their remarks and include any extraneous material. Hearing no objections, so ordered. This hearing is now adjourned.

[Whereupon, at 12:55 p.m., the Joint Committees were adjourned.]

A P P E N D I X

Prepared Statements

TESTIMONY

OF

JAMES LACOURSIERE, JR.

NATIONAL COMMANDER

THE AMERICAN LEGION

BEFORE THE

JOINT HEARING
OF THE

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

FEBRUARY 26, 2025

Testimony of
James LaCoursiere Jr., National Commander
The American Legion

Before the Joint Hearing of the
Committees on Veterans' Affairs
United States Senate and United States House of Representatives

February 26, 2025

Chairmen Bost and Moran, Ranking Members Takano and Blumenthal, and members of the joint committee, thank you for inviting The American Legion (TAL) to testify before you today and share our priorities on behalf of the 1.6 million Legionnaires nationwide.

The American Legion deeply appreciates these committees' fervent commitment to our nation's veterans, as evidenced during the 118th Congress through the passage of the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. This monumental piece of legislation was the result of bipartisan collaboration, diligent work by a coalition of veterans service organizations (VSOs), and continuous advocacy from our nation's veterans, caregivers, and survivors. We look forward to working with the committees to ensure this legislation is properly implemented.

As we embark on both a new Congress and new administration, it is imperative that we continue to collaborate on the pressing issues that veterans and their families struggle with every single day. Today, we will present our priorities regarding **Veterans Affairs and Rehabilitation, Veterans Employment and Education,** and **Americanism.** These pillars have guided TAL's work since our founding and have evolved as the nature and impacts of warfighting have evolved.

As we begin the work for the 119th Congress, we urge the committees to prioritize the following issues:

Veterans Affairs and Rehabilitation

Veteran Suicide
Ending veteran suicide remains a top priority for TAL and is one of the most serious issues facing America today. According to the 2024 National Veterans Suicide Prevention Annual Report, veterans are almost twice as likely to die by suicide than the general population, with an average of 17.6 veterans tragically taking their lives every day.[1] Thankfully, suicide is a preventable problem. To attack it, Congress must work to fundamentally change the Department of Veterans Affairs' (VA) approach on the issue, embrace and properly fund targeted grant programs, increase funding for outreach, shore up mental health care, explore complementary and alternative

[1] "2024 National Veteran Suicide Prevention Annual Report." VA Office of Mental Health and Suicide Prevention, December 2024. https://www.mentalhealth.va.gov/suicide_prevention/data.asp

medicine (CAM) therapies, and address the "broken veteran" narrative that is unfortunately all too common in public perception.

VA bases its approach for suicide prevention on its 2018 National Strategy for Preventing Veterans Suicide, which outlines a comprehensive public health approach that includes a combination of clinically based interventions and community-based programs and services.

Clinically based interventions are offered as access to mental healthcare including crisis intervention, inpatient, outpatient, and residential services. In the past few decades, in line with the Legion's effort to destigmatize asking for help through campaigns like the Buddy Check and Be The One initiatives, there has been significant growth in demand for the Veterans Health Administration's (VHA) mental health services and crisis intervention.

In 2023 alone, nearly 11% of the nation's 18.1 million veterans sought mental health services at VA, having 19.6 million behavioral health encounters with VA, including appointments, walk-ins and emergency room visits.[2] Since the passage of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (PACT Act), there has been an 8.7% increase in VHA enrollments to access mental health services.

VHA community-based counseling centers, or Vet Centers, provide a wide range of confidential social and psychological services at no cost in a relaxed, non-medical environment for veterans, servicemembers, and their families. In FY 2024 alone, more than 110,000 of them had 1.2 million encounters at VA's 300+ Vet Centers nationwide.[3]

However, the increased demand for traditional mental healthcare, combined with the lingering impact of the COVID-19 pandemic on the healthcare workforce, has strained VHA's ability to provide access to mental health appointments in a reasonable time or distance in VHA facilities and the community. In 2024, the Legion conducted four "System Worth Saving" site visits where inadequate staff for mental health, cancelled appointments, and access to internet were routinely brought up as challenges in the veteran community. In response to this problem, VHA launched the Mental Health Optimization and Outpatient Staffing Enhancement and the Mental Health Staffing Pipeline Project to ensure mental health programs remain adequately staffed. The Legion will closely monitor these initiatives to ensure VHA can anticipate and address gaps in mental health providers. While mental health is rarely the sole factor in a suicide, consistent medical care with a trusted provider is a key component for prevention.

In the absence of an appointment, a veteran in crisis can use emergency care or the Veteran Crisis Line (VCL), which has experienced a 22.7% increase in calls per day, a 76.7% increase in texts per day, and 27.5% increase in chats per day since the rollout of the 988 function just two years ago.[4] Encouragingly, a study of the VCL's effectiveness found that veteran callers were over five

[2] "FY 2024 Budget Submission: Budget In Brief." Accessed January 2024. https://department.va.gov/administrations-and-offices/management/budget/
[3] "Vet Centers (Readjustment Counseling)." January 2024. https://www.vetcenter.va.gov/
[4] "Dial 988 +1: Examining the operations of the Veterans Crisis Line." Statement of Matthew A. Miller, PH.D., MPH, Executive Director VHA OSP, September 2018. https://docs.house.gov/meetings/VR/VR03/20240918/117648/HHRG-118-VR03-Wstate-MillerM-20240918.pdf

times more likely to have less distress at the end of the call than at the beginning; five times more likely to have less suicidal ideation at the end of the call than at the beginning; and were 11 times more likely to have reduced suicidal urgency at the end of the call than the beginning.[5] Further, another study reported among veterans with suicidal thoughts who called VCL, 82.6% reported that using VCL played a role in stopping them from acting on those thoughts.[6]

However, the single biggest flaw in VA's approach to suicide prevention lies in the institutional set-up of the Department of Veterans Affairs.

In 2017, VHA combined the Office of Suicide Prevention (OSP) and the VCL with mental health policy and operations in the new Office of Mental Health and Suicide Prevention (OMHSP) to improve oversight and management of evidence-based strategies of targeted suicide prevention and mental health issues in VHA. However, officials in Suicide Prevention said the change gave them less autonomy on their initiatives because they now had to obtain multiple levels of approval. As a result, VHA decided to move the OSP and VCL out of mental health and into the VHA's Office for Clinical Services in 2024, elevating OSP to improve coordination with other VHA offices. But the move creates the public and internal perception that suicide is a clinical problem, when the reality is – of course – far more complex.

While challenges with mental health can have a huge impact on suicidal ideation, the decision to take one's life is usually a conglomeration of factors like loss of purpose, transition, chronic pain, isolation, relationship stress, unemployment, education, transportation, and financial instability. Some estimates for financial stability alone assert it accounts for 20% of the top 20 risk factors for suicide attempts.[7] Most of these non-mental health issues fall outside VHA's area of responsibility, which is why moving OSP out of VHA and making it a direct report to the Secretary is a necessary change to VA's overall approach to the issue. Doing so would empower the OSP to work more collaboratively within VA's internal administrations, among executive agencies, and align internal perception with the external reality.

With less than 50% of veterans engaging with VA, public-private partnerships have been and will continue to be crucial in tackling these upstream problems. Peer-support programs offered in the veteran community have been effective in a variety of areas assisting in treating invisible wounds and coordinating complex cases. Specifically, The American Legion began the Buddy Check program in 2019 and still regularly conducts checks on veterans, with the program being officially adopted by VA in 2024. Peer-support programs and public-private partnerships are crucial, given that less than 50% of the 17.4 million veterans in the United States are enrolled in VA healthcare, and even less use it on a regular, recurring basis. But with such a large portion of America's veterans not engaging the department, VA's FY25 budget request for suicide prevention outreach was $583 million, representing a paltry .001% of the overall budget. Moreover, of the amount requested for outreach activities, just $750,000 was allocated for "Local Facility and Community

[5] "Veteran Crisis Line Outcomes: Distress, Suicidal Ideation, and Suicidal Urgency." Britton et al. NIH, May 2022. https://pubmed.ncbi.nlm.nih.gov/35063305/
[6] "Veterans' Satisfaction and perspectives on helpfulness of the Veterans Crisis Line." Johnson, et al. Wiley Online Library, April 2021. https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12702
[7] "Financial Strain and Suicide Attempts in a Nationally representative Sample of US Adults." Elbogen, et al. NIH, November 2020. https://pubmed.ncbi.nlm.nih.gov/32696055/

Outreach Activities." In contrast, $300 million was budgeted for the VCL in the same budget.[8] These numbers, given the urgency and scale of the problem, are unacceptable. Congress must re-think VA's institutional approach to this issue and properly fund innovative programs to meet veterans where they are.

In the past few years, Congress has tried to address the failing status quo by passing a wide variety of legislation like the Support for Suicide Prevention Coordinators Act (SPCA), Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, Veterans' Care Quality Transparency Act, and the Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act of 2020. While many initiatives within these laws have expanded crisis intervention and opened the door for veteran service organizations and community partners to assist in treating veterans through a variety of CAM therapies, they are underfunded based on the scope and scale of the existing issue. Moreover, these laws have led to increased oversight on mental health professionals within the VA and often require the addition of full-time employees in local non-profits to fulfill the reporting requirements to VA.

Accordingly, The American Legion strongly believes veterans should have the freedom to access complementary and alternative medicines and therapies. Of the 9 million veterans enrolled in VHA care, more than 4.2 million were prescribed psychiatric drugs and 1.75 million were prescribed antidepressants, almost double the national average.[9] Despite the VHA Handbook mandating veterans be fully informed of medication side effects and treatment options, we hear from veterans on a regular basis who do not receive this education from their VA or community providers. The lack of Informed Consent likely contributes to overdose, exacerbation of mental health issues, and self-medication. Data from the National Survey on Drug Use and Health (NSDUH) highlighted that approximately 2.8 million veterans experienced an illicit drug or alcohol-use disorder in 2021, with 92.4% not receiving treatment.[10]

Chronic pain and substance use disorder (SUD) place veterans at an increased risk of overdose and led The American Legion to support the Veterans Naloxone Access Expansion Act, creating a pilot program to expand naloxone access to veterans and registered caregivers at no cost and without a prescription. Veterans who receive naloxone will be given education on its use and application, as well as additional resources regarding addiction, suicide prevention and mental health services. This is a step in the right direction in encouraging help-seeking behavior in veterans dealing with chronic pain or SUD.

The American Legion continues to observe advances in research for emerging therapies, including psilocybin, cannabis, ketamine, methylenedioxymethamphetamine (MDMA) and ibogaine. MDMA and psilocybin are actively being researched as a treatment for post-traumatic stress by

[8] U.S. Department of Veterans Affairs FY2025 Budget Submission, March 2024. https://department.va.gov/administrations-and-offices/management/budget/

[9] "Nearly Two Million Veterans Using VA Health Services Are Prescribed Antidepressants, but Their Suicide Rates Remain High." WJHL, November 10, 2022. https://www.wjhl.com/business/press-releases/ein-presswire/600461077/nearly-two-million-veterans-using-va-health-services-are-prescribed-antidepressants-but-their-suicide-rates-remain-high/#:~:text=Of%20the%209%20million%20U.S.,with%201.75%20million%20prescribed%20antidepressants.

[10] "2021 National Survey on Drug Use and Health (NSDUH) Releases." SAMHSA. Accessed February 4, 2025. https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases.

VA. Ketamine therapy has been authorized for medical use within specific facilities, cannabis has been decriminalized and legalized in multiple states, and a study on active-duty participants utilizing MDMA has been authorized. But the major barrier in these therapies is the scheduling of the drugs. Psilocybin has been designated a breakthrough therapy by the Food and Drug Administration (FDA) for treating post-traumatic stress to encourage accelerated research.[11] At a recent House Committee on Veterans' Affairs hearing, the VA stated it found no roadblocks in pursuing the study of these drugs, but private partners, including Johns Hopkins University, claimed they found major barriers due to the scheduling of the drugs.[12] The American Legion urges Congress to pass legislation allowing for educational research studies and FDA-approved studies on specific drugs shown to have a positive effect on the recovery and treatment of mental health conditions.

Furthermore, The American Legion has supported the use of service dogs to combat the veteran suicide epidemic and curb mental health issues. Research has shown that veterans with service animals have decreased symptoms of depression, post-traumatic stress, and suicidal ideation by decreasing psychological pain and increasing a veteran's sense of purpose and engagement.[13,14] Congress passed the Puppies Assisting Wounded Servicemembers (PAWS) for Veterans Therapy Act of 2021, which was authored by the Legion's Veterans Affairs and Rehabilitation Division Director Cole Lyle and created a pilot program for veterans to train service dogs as a form of therapy. This bill created an unfunded mandate for VA, and The Legion supports an additional appropriation specifically for service dog providers with good track records across the country.

Finally, The American Legion aims to address the "broken hero" narrative by reminding veterans that we can grow from our unique experiences and traumas. Post Traumatic Growth (PTG) is a recent theory exploring alternative outcomes for post-traumatic stress treatments.[15] PTG therapies often pursue new experiences to take advantage of the increased neuroplasticity of traumatized patients.[16] Due to the untraditional nature of PTG therapies, it has been difficult for VA to implement systemwide programs. Accordingly, organizations using this approach have benefitted from VA grants from the previously mentioned Fox Grant program.

The American Legion believes this upstream approach aligns with the Be the One mission and peer-support initiatives like the Buddy Check program. We continue to urge Congress to continue to fund alternative therapies as options for veterans, particularly those with peer-support elements.

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[11] Heal, DJ, SL Smith, and JE Henningfield. "Psychedelics: Threshold of a Therapeutic Revolution." Neuropharmacology, May 27, 2023. https://pubmed.ncbi.nlm.nih.gov/37247807/.

[12] Jensen, Brennen. "Johns Hopkins Experts Discuss the Promise and Pitfalls in Studying the Healing Power of Psychedelics." The Hub, November 21, 2023. https://hub.jhu.edu/2023/11/21/studying-the-healing-power-of-psychedelics/.

[13] Sheikh Shoib et al. "Role of pets and animal assisted therapy in suicide prevention." National Institute of Health, July 2022. https://pmc.ncbi.nlm.nih.gov/articles/PMC9422226/

[14] Leighton, S. C. et al. "Service dogs may reduce PTSD symptoms for military members and veterans." JAMA Network Open. https://www.nih.gov/news-events/news-releases/service-dogs-may-reduce-ptsd-symptoms-military-members-veterans

[15] Dell'Osso et al. "Post Traumatic Growth (PTG) in the Frame of Traumatic Experiences." NIH, December 2022. https://pmc.ncbi.nlm.nih.gov/articles/PMC9807114/

[16] Sophie Su et al. "Neuroplasticity after Traumatic Brain Injury." Translational Research in Traumatic Brain Injury, 2016. https://pmc.ncbi.nlm.nih.gov/articles/PMC9807114/

The Legion understands more needs to be done to prevent veteran suicide and will continue urging Congress to pass and properly fund legislation solidifying support programs for veterans. Going forward, addressing veteran suicide will take a comprehensive, cross-sector approach focusing on enhancing crisis response, effective care coordination, better research and data sharing, and addressing upstream risk factors.

What Congress Can Do:

- Enhance access to, and funding for, suicide prevention outreach and targeted grant allocation via the Staff Sergeant Parker Gordon Fox Program.
- Move the Office of Suicide Prevention outside of the Veterans Health Administration as a direct report to the Secretary.
- Ensure VA's timeliness, efficacy, and standardization of data on veteran suicide, and create an intentional strategy to combat veteran suicide based on this data.
- Strengthen VA's Informed Consent requirement to better educate veterans on effects of prescribed medications.
- Enhance access to alternative therapies and continue to invest in mental-health research on emerging, non-traditional therapies.
- Update and standardize the International Classification of Diseases (IDC) codes and improve the funding, training, and standards for coroners and medical examiners for validating military service and cause of death.

Balancing Community Care

The American Legion advocated for the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 as a much-needed relief valve when the VA is unable to provide a veteran's healthcare within a reasonable time or distance. As stated in our letter with other veterans service organizations at the time, "[it] would consolidate VA's community care programs and develop integrated networks of VA and community providers to supplement, not supplant, VA healthcare... This carefully crafted compromise represents a balanced approach to ensuring timely access to care while continuing to strengthen the VA healthcare system that millions of veterans choose and rely on."[17]

The American Legion firmly believes community care is intended to supplement – not supplant – the VA direct-care system. Although an "apples-to-apples" comparison of quality between VHA and non-VHA providers is limited, it has suggested care veterans receive from VHA providers is equivalent to, or higher than, non-VHA providers. Further, the estimated spending per veteran patient in VHA facilities is $14,750,[18] comparable to Medicare. But the veteran population is changing rapidly. Despite an overall decline in the U.S. veteran population, the number of veterans using VA health care has increased, as the average age of the veteran population has created more

[17] DAV Communications. "VSO Letter Supporting VA Mission Act of 2018." DAV, May 7, 2018. https://www.dav.org/learn-more/news/2018/vso-letter-supporting-va-mission-act-of-2018/.
[18] "The Veterans Community Care Program: Background and Early Effects." Congressional Budget Office. October 2021.

serious health conditions.[19] In FY2023 alone, VA delivered more than 116 million healthcare appointments serving over 6.5 million patients.[20] There has also been a major geographic shift, with more veterans living in the southern and western parts of the United States.[21] Taken with a lack of focus on VA infrastructure reform, these changes have created significant variations in wait times and specialty care capabilities in VHA facilities across the country. In turn, more veterans have been eligible to use community providers than ever before, with 39% of VA healthcare and 25% of total healthcare spending[22] being directed to the community.

Finding the proper balance between VHA direct care and community care is crucial for veterans and the health of VA, which should remain the center of veteran healthcare, and Congress should thereby strengthen VA's direct-care system while keeping the veteran as its north star. Care coordination, however, is becoming harder as VA continues sending more veterans into the community. The complex health issues in an aging patient population make communication between VHA and non-VHA providers even more important. A lack of communication often results in confusion for patients and providers alike, redundant exams or tests, and higher costs.[23]

In the absence of more focus on VA infrastructure to properly address internal capacity amid growing demand, the decision on whether to use community care should be between a veteran and their provider. There have been credible reports of VA restricting access[24] to community providers, which has been confirmed by veterans and VA employees on TAL System Worth Saving (SWS) visits to VHA facilities. These visits are designed for TAL to identify successes for replication and challenges to address, thereby improving veteran outcomes in consultation with Congress and VA. In our 2024 site visits, access standards were consistently identified as an area for improvement. Veterans and VA providers reported unexpected barriers to completing referrals for different episodes of primary and specialty care.

For example, we met with Lillian Moss, a member of American Legion Post 310 in San Diego, Calif., who highlighted several stark inadequacies of referrals and VA operations. In addition to being a survivor of combat and military sexual trauma (MST), Lillian was diagnosed with cancer in December of 2017. Thanks to her VA care, she underwent a double mastectomy in 2020. Her cancer was removed, but inadequacies with her follow-up reconstructive surgery were left unresolved for years. She described waiting on various calls and confirmations that always seemed to be just around the corner and yet just out of reach.

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[19] Eibner et al. "Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs." August 2022. https://www.rand.org/pubs/research_reports/RR1165z1.html

[20] U.S. Department of Veterans Affairs FY2025 Budget Submission, March 2024. https://department.va.gov/administrations-and-offices/management/budget/

[21] "VA Recommendations to the Asset and Infrastructure Review Commission, Vol. 1: Introduction, Approach and Methodology, and Outcomes." U.S. Department of Veterans Affairs. March 2022.

[22] "Veterans Community Care Program: VA Needs to Strengthen Contract Oversight." GAO Report, August 2024. https://www.gao.gov/assets/gao-24-106390.pdf

[23] "Association Between Care Coordination Tasks with Non-VA Community Care and VA PCP Burnout: An Analysis of a National, Cross-Sectional Survey." Apaydin et al. August 2021. https://link.springer.com/article/10.1186/s12913-021-06769-7

[24] "Sen. Moran Speaks on Senate Floor Regarding VA Decisions That Are Limiting Veterans' Access to Care." U.S. Senate Committee on Veterans' Affairs, June 21, 2024. https://www.veterans.senate.gov/2024/6/sen-moran-speaks-on-senate-floor-regarding-va-decisions-that-are-limiting-veterans-access-to-care.

Lillian further struggled with financial hardship after her local VA pulled back her community care referral for her psychologist. Devastated at the thought of losing a trusted provider, Lillian was forced to pay out of pocket for her desired mental healthcare. She is now waiting for what she was told would be another quick call to requalify her referral but has been waiting for months with no progress made. This is an unacceptable burden to place on veterans seeking mental healthcare. For veterans engaged in specialty care, a continuum of care is critical to a veteran's well-being. We know how challenging transitions can be for members of the veteran community, and abrupt changes can be devastating to those receiving care.

At the VA in Portland, Oregon, Martha Nava faced repeated denials and delays for necessary medical treatments, including a three-year wait for back surgery and a mismanaged kidney procedure that led to severe complications. Despite VA policy stating that community care should be approved in the "best interest of the veteran," the patient-advocate system failed to provide her with necessary referrals, leaving her trapped in a cycle of inadequate care, prolonged suffering, and a lack of accountability.

Because Lillian and Martha's stories are unfortunately common, Congress should codify existing regulatory access standards and remove VA's ability to restrict authorization to community providers when it is in the veteran's best medical interest. VA and Congress should also demand clear guidelines for contract oversight and better communication between VHA and non-VHA providers as the agency negotiates a new third-party administrator contract.

Of course, improving access to specialty services within VHA facilities would have been preferable for Lillian and Martha, but VA will continue sending veterans like them into the community should Congress not consider and act upon a comprehensive plan for infrastructure reform.

As the nation's largest publicly funded healthcare system, VHA accounts for most of VA's capital assets, with more than 1,700 hospitals, clinics, and other healthcare facilities. The VA infrastructure portfolio consists of approximately 187 million owned and leased square feet – one of the largest in the federal government. But while the median age of medical facilities in the private sector is roughly 13 years, VAs are over 60 years old and in need of significant repair. Funding for the construction and/or repairs of VHA facilities is generally appropriated through three different accounts: major construction, minor construction, and non-recurring maintenance (NRM). The backlog of unfunded NRM in VHA facilities remains high, causing issues providing timely access to healthcare in VA's direct-care system.[25] This leads to VA using leases to quickly address space deficiencies and respond to veteran healthcare needs. But combined with a patchwork effort to authorize major and minor construction projects, this approach has failed to address the overall problem. Previous efforts to address VA's long-standing infrastructure issues have failed in Congress for several reasons. But reinvigorating this effort to improve infrastructure will strengthen VA's direct-care system and reduce barriers to care.

[25] U.S. Department of Veterans Affairs FY2025 Budget Submission, March 2024. https://department.va.gov/administrations-and-offices/management/budget/

Lastly, transportation remains a significant obstacle when it comes to veterans getting to their appointments in VHA facilities and community providers. VA has several programs available to help veterans get to and from their VA and non-VA appointments such as the Veterans Transportation Service (VTS), Beneficiary Travel (BT), Highly Rural Transportation Grants (HRTG),[26] and a new partnership with Uber, Uber Health. During our SWS visits, TAL found these programs all struggled with the same issue: lack of drivers. Even with funding available and programs in place, highly rural catchment areas struggle to find enough employees, a problem that exists in both the public and private sectors. The American Legion urges Congress to understand there is a gap here that cannot be covered by transportation programs in certain areas, and to look at providing more in-house services like the Beneficiary Travel Self-Service System.

Infrastructure reform, codification of access standards, ensuring adequate transportation, and addressing provider recruitment and retention are all crucial to providing veteran healthcare in an effective and timely manner. The American Legion urges Congress to address these issues while holding VA accountable for delays and denials of veterans who need healthcare in their communities. Sidelining veterans with bureaucratic roadblocks requiring extra reviews, referrals, and conversations does nothing to accomplish VA's mission or improve on it, nor does it help veterans.

We must, in every effort to balance VA direct care and community care, keep the individual veteran as our focus. While VA's sheer size means agency consideration must be weighed in policy decisions, its parochial interests must come second to those of the end-user.

What Congress Can Do:

- Codify access standards under the VA MISSION Act.
- Pass legislation to address VA infrastructure reform.
- Streamline scheduling for VA direct care and community care when authorized.
- Hold the Office of Community Care accountable for the continuity of veteran care by increasing oversight to ensure training requirements are met, and guidelines for prescribing potentially hazardous drugs are followed appropriately.
- Improve communication and transparency between VA providers, CCN providers, and the veterans.
- Strengthen transportation services to community care appointments for rural veterans.

Electronic Health Record Modernization

In 2018, Congress funded a $10 billion contract with Cerner, which merged to become Oracle Cerner in June 2022. The electronic health record modernization (EHRM) initiative leverages Oracle Cerner technology and coordinates with VA medical facilities and the Department of Defense (DOD) to revitalize the system, ensuring functionality for veterans and their health care providers. The intent of the project is to provide a seamless electronic health record from a service

[26] US Department of Veterans Affairs, Veterans Health Administration. "Veterans Transportation Program." US Department of Veterans Affairs, January 12, 2015. https://www.va.gov/healthbenefits/vtp/.

member's time of service with the DOD, through their post-service VA healthcare. Created because the VA's current system, VistA, is outdated and cannot properly communicate with other providers' systems, the EHR is a tool VA needs.[27]

However, the system has been delayed by significant concerns over safety and cost, with VA ultimately pausing rollouts to new facilities while they fix critical issues. Originally set to resume in FY2025, VA's Office of Inspector General (OIG) conducted an audit in September 2024 to determine whether VA and its contractor had sufficient controls to prevent, respond to, and mitigate the impact of major performance incidents affecting the EHR system. The audit found that VA and Oracle did not have adequate controls to prevent system changes from causing major incidents, to respond to them, and mitigate impacts. Further, it said VA had no formal process to link reports of delays to specific major performance incidents.[28] Therefore, VA extended the program pause to FY 2026. Congress and TAL should keep close watch on the improvements being made to the EHR system as it implements OIG recommendations to ensure there is no further harm to veterans.

In his confirmation hearing, VA Secretary Doug Collins said the EHR project will be one of his top priorities, and suggested he may consider moving up the redeployment. If that occurs, it will be critical for Congress and VSOs to provide continued oversight to ensure veterans are kept safe.

Further, Congress needs to ensure the EHR is properly funded and urge VA to keep lawmakers apprised of additional funds needed to ensure success in future deployments.

What Congress Can Do:

- Provide continued oversight to ensure veterans are kept safe.
- Adequately fund the EHR program to ensure future success in deployments.

Toxic Exposure

The American Legion has always been a champion of veterans exposed to toxins since it began providing legal services to mustard gas victims unfairly denounced publicly as "slackers" in 1921.[29] But as warfare has evolved, so too have the toxins. Historically, Congress and VA have been slow to recognize these issues. For instance, it took 29 years from the start of the Vietnam War for VA to recognize Agent Orange as a presumptive toxin,[30] and the process was messy, requiring the persistent advocacy of veterans through VSOs like TAL.

Therefore, considering new evidence certain toxic substances in the Global War on Terror were resulting in certain cancers, Congress passed the Honoring Our PACT Act of 2022, the largest expansion of VA healthcare and benefits in decades. The law expanded eligibility for VA healthcare

[27] "VistA History." WorldVistA. Accessed February 3, 2025. https://worldvista.org/AboutVistA/VistA_History.
[28] "VA Needs to Strengthen Controls to Address Electronic Health Record System Major Performance Incidents." VA Office of Inspector General. September 2024. VA Needs to Strengthen Controls to Address Electronic Health Record System Major Performance Incidents | Department of Veterans Affairs OIG
[29] https://archive.legion.org/node/1293
[30] Agent Orange Act, Public Law 102-4 4.pdf

to veterans with toxic exposures from multiple eras of service, establishing the Cost of War Toxic Exposure Fund (TEF) to be used for costs associated with the delivery of healthcare associated with environmental hazards during active military service. TEF funds may be used for costs associated with medical and other research related to environmental hazards, administrative expenses related to benefits (including information technology), benefit claims processing, and adjudicating appeals from veterans.

Until the passage of the PACT Act, the ability to connect a disability from toxic substances to a veteran's military service was incredibly difficult. VA historically had a threshold for such cases, proving "as likely than not," there was a greater than 50% chance the condition was caused by the service. The PACT Act made a long list of conditions presumptive, whereby a diagnosis is automatically connected to past service if the veteran was in a certain place, during a certain time. Going forward, Congress must require the DOD to properly track and research toxic exposures to ensure veterans of future wars aren't overlooked and left to fend for themselves.

The most recent PACT Act Dashboard[31] offers a comprehensive overview of VA efforts to implement the PACT Act. The dashboard is designed to track performance metrics, demonstrate transparency, and measure the impact of the PACT Act on veterans and their families. The dashboard reveals noteworthy progress in processing and approving PACT Act claims. Between August 2022 and January of 2025, a total of 1,461,759 PACT Act claims were approved.[32] While this is encouraging, the average time to complete a PACT Act claim remains at 167 days,[33] and there remains a backlog. VA estimated this backlog will be reduced to 50,000 by the end of 2025, but recent executive actions may hinder the department's ability to accomplish that goal.

Further, passage of the PACT Act and creation of the TEF also created some implementation and budgetary problems. In fall of 2024, VA officials incorrectly estimated its FY2024 and FY2025 budget requirements for some TEF-related healthcare and benefits, requesting a supplemental appropriation from Congress on very short notice. This created confusion in the veteran community and concern in Congress the VA couldn't accurately assess its financial need to manage the delivery of healthcare and benefits. Further, the Congressional Budget Office has said that proposed legislation seemingly unrelated to the toxic exposure benefits could still trigger new mandatory spending related to the TEF, requiring PAYGO offsets. That means, under current Congressional rules, lawmakers must find other savings to counteract those appropriations increases.

What Congress Can Do:

- Require the DOD to properly track toxic exposures to ensure veterans of future wars aren't overlooked and left to fend for themselves.
- Provide VA full funding to reduce reliance on budgetary gimmicks and increase oversight of VA budgetary process related to the TEF.
- Urge the administration to exempt all VBA personnel from the federal hiring freeze.

[31] PACT Act Dashboard, 2025.
[32] Ibid
[33] Ibid

Survivors

Survivor Dependency and Indemnity Compensation (DIC) has been paid in some form to military survivors since the Revolutionary War. At the time, only officers received the benefit. This discrepancy between officer and enlisted was eliminated in 1917 by the War Risk Insurance Act. Rank-based DIC was reintroduced in 1969 and rescinded again in 1993.[34]

Today, discrepancies in death benefits are not determined by rank but whether or not the civil servant is military or civilian. Military Survivor DIC payment is currently 43% of the basic rate for a 100% disabled veteran.[35] This contrasts with the Office of Personnel Management's civilian death payment of 55% of retirement pay, or 50% of retirement with an additional lump- sum payment.[36] Military Survivor DIC recipients currently lag behind other federal program payments by nearly 28%. Department of Justice DIC recipients receive 50% of the monthly pay of the deceased employee (monthly pay generally being much higher than disability compensation) equating to two times military DIC. When the government is culpable for the death of the employee, which is always the case for DIC recipients, federal survivors receive between 1.2 times to four times the amount military widows receive.

While VA has already testified in support for DIC parity changes, barriers exist. Although the Congressional Budget Office (CBO) has not scored the increase officially, the Military Officers Association of America has noted that the unofficial estimate is $45 billion over 10 years.[37] This cost is much higher than the current congressional appetite for stand-alone bills.

Regardless of our stance on parity for payments, all benefits stop when a widow remarries before the age of 55. This is directly in conflict with a TAL position illustrated in Resolution No. 36: Prevent Gold Star Spouses Loss of Benefits.[38] TAL believes this represents an arbitrary age limit that bars younger surviving spouses' leeway to decide, at a time of their choosing, should they be able to "move on with their lives," all while honoring the loved one who was killed. A younger widow or widower in their 20s should not have to wait 30 years to reach age 55, before being able to find love again without financial penalties. This loss of benefits is a reverse incentive for marriage, discouraging a strong family unit.

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[34] "DIC Benefits for Survivors of Certain Veterans Rated Totally Disabled at Time of Death." Federal Register, January 21, 2000. https://www.federalregister.gov/documents/2000/01/21/00-1507/dic-benefits-for-survivors-of-certain-veterans-rated-totally-disabled-at-time-of-death#:~:text=In%201978%2C%20Congress%20enacted%20Public,410(b)(1).

[35] "Current DIC Rates for Spouses and Dependents." Veterans Affairs, December 1, 2024. https://www.va.gov/family-and-caregiver-benefits/survivor-compensation/dependency-indemnity-compensation/survivor-rates/.

[36] "Survivors." U.S. Office of Personnel Management. Accessed February 4, 2025. https://www.opm.gov/retirement-center/fers-information/survivors/#:~:text=The%20spouse%20may%20be%20eligible,12%2F1%2F87).

[37] Goodale, Jen. "This Bipartisan Bill Would Strengthen Earned Support for Survivors of Veterans." MOAA, August 22, 2023. https://www.moaa.org/content/publications-and-media/news-articles/2023-news-articles/advocacy/this-bipartisan-bill-would-strengthen-earned-support-for-survivors-of-veterans/?utm_source=chatgpt.com.

[38] "Resolution No. 36: Prevent Gold Star Spouses Loss of Benefits." The American Legion, August 31, 2021. https://archive.legion.org/node/630.

According to the VA 2022 annual benefit report, there are 477,573 DIC recipients,[39] however the VA office solely responsible for survivors' benefits, the Office of Survivor Assistance (OSA), only has three full-time employees.[40] The lack of employees at OSA has forced VA to route survivor inquiries to the Office of Pensions, which has little to do with survivor benefits.[41] This, combined with the confusing eligibility standards for benefits, has led to military survivors unable to access the benefits they have earned. In response to outcry by Congress, in 2022 VA began work to fully revamp OSA's services and rebrand it into the Survivor Assistance and Memorial Support program (SAMS).[42] SAMS was expected to be online in the fourth quarter of 2024 but has been delayed without an estimate on when it will come online.

What Congress Can Do:

- Pass legislation to remove financial penalties for widows who choose to remarry before the age of 55.
- Conduct oversight of VA's Survivor Assistance and Memorial Support Program to ensure it is online in a timely manner.

Enhancing and Protecting VA Benefits

With a global network of approximately 3,000 accredited service officers in Europe, Asia, Australia, and the Americas, The American Legion is proud to have secured more than $21 billion in compensation for veterans in FY2024.[43] We did this with VA-accredited representatives, attorneys and claims agents, who are required by law to abide by VA regulations of Conduct and must have an ability to represent claimants before VA to ensure veterans and their families receive quality representation throughout the claims process.

Because of The American Legion's strong history and experience assisting veterans with initial claims and appeals, we believe VA's contracted-out Compensation & Pension (C&P) examiners need better oversight. With the surge in disability claims created from the passage of the PACT Act, the need for accurate, thorough and fair medical evaluations has never been more critical.

The VA Medical Disability Examination Office's (MDEO) management of VA-contracted vendors has been reported as substandard, and American Legion service officers across the nation continue to receive complaints from veterans about the poor quality of C&P examinations. MDEO's inadequate track record may warrant a congressional investigation into its past and current operations.

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[39] "Annual Benefits Report Fiscal Year 2022." US Department of Veterans Affairs, 2023. https://www.benefits.va.gov/REPORTS/abr/docs/2022-abr.pdf.

[40] "Prioritizing Veterans' Survivors Act." Govinfo, September 6, 2024. https://www.govinfo.gov/content/pkg/CRPT-114hrpt228/pdf/CRPT-114hrpt228-pt1.pdf.

[41] Full Committee Oversight Hearing | House Committee on Veterans Affairs

[42] "Department of Veterans Affairs." Care Management and Social Work, September 2, 2009. https://www.patientcare.va.gov/caremanagement.asp.

[43] Veterans Benefits Administration. Power of Attorney Awards Report, October 2024.

Some of the significant issues include poorly trained examiners, unqualified practitioners, questionable "medical facilities," inadequate medical opinions, disrespectful attitudes, and incomplete Disability Benefits Questionnaires (DBQs). The American Legion service officers frequently receive complaints from veterans about their experience with those contracted C&P exam providers. For example, a veteran represented by The American Legion submitted the following statement to VA in November 2024:

> *"I am respectfully requesting that if the medical examinations are going to be evaluated on face value during this appeal process,* ***I would like it noted and acknowledged that at no time during any of the examinations, I was asked to perform physical activity that would have revealed that I experience loss of sensation, numbness, and loss of movement of my right foot*** *due to the injury sustained during military service."*

Additionally, a 2024 OIG report found that of 100 claims remanded in fiscal year 2023, 34 were remanded for inadequate exams or medical opinions.[44] MDEO officials said contractors are not required to correct all errors identified during MDEO's Quality Criteria Checklist review. Also, the MDEO's quality-control procedures did not have some key details, including steps for routinely (1) verifying that contractors complete the corrective actions cited in their plans and (2) determining the extent to which these actions help improve exam quality.

In November of 2024, more than 120 American Legion service officers had an opportunity to hear from the MDEO's executive director during The American Legion Q4 Nationwide Service Officer Conference. After the presentation, some of our most senior and experienced service officers had major concerns about the content of the presentation – specifically that they have seen many contracted examiners performing C&P exams outside their specialties. While we understand that flexibility is needed to hold down cost, there is also a "hidden cost" in allowing exams to be performed by unqualified medical staff (e.g., a cardio DBQ completed by a podiatrist). Such exams are often deemed inadequate in the adjudication process.

Another glaring omission noticed by our service officers was the transparency of the quality-review process. Nothing in the presentation addressed if and how VA is holding its contractors accountable for maintaining a consistently high standard of quality. Given the fact that VA contractors are making huge sums of money from this process, VA should use its authority over contractors to exact consistently excellent results. MDEO's quality-review process is based on quantity of exams rather than quality of exams, suggesting VA vendors just need to be in range of their exam quota, but are not held accountable for failing to meet a rigorous but fair standard of quality.

The American Legion urges Congress to investigate MDEO's progress addressing GAO/OIG recommendations mentioned above, hold a hearing on MDEO's transparency and accountability in managing the VA vendor program, and examine the feasibility and advisability of using teaching hospitals or other resources vs. contracted medical examiners.

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[44] GAO-24-107730, VA DISABILITY EXAMS: Improvements Needed to Strengthen Oversight of Contractors' Corrective Actions

Without addressing issues with VA's C&P process, the likelihood of veterans seeking out unaccredited for-profit organizations to handle claims will continue to increase. Without accountability, the current status quo will see bad actors continue to take advantage of veterans who are frustrated with the C&P process; potentially causing more veterans to pay money to get their claims adjudicated. The American Legion believes veterans have the right to choose for themselves based on their own considerations, and TAL fundamentally opposes removing that right. However, VA's enforcement mechanisms to hold bad actors accountable for exploiting the system at the expense of veterans must come with legal consequences.

Under current law, VA has authority over accredited parties to "investigate and suspend or remove the VA accreditation of any individual who violates the standards of conduct for VA-accredited practitioners." Additionally, anyone represented by an accredited agent can file a complaint by contacting VA's Office of the Inspector General, VA's Office of the General Counsel, the Federal Trade Commission, or their State Attorney General.

These protections provide a measure of accountability to ensure veterans are receiving assistance from accredited individuals in an ethical manner, while protecting VA by providing an enforcement mechanism to go after bad actors with dishonest intentions. While initial claim services can be relatively simple, more complex veteran cases at the appellate level can require VA-accredited attorneys and agents who specialize in the appeals process.

Current laws allow VA-accredited attorneys and agents to charge fees for their services, and the laws have outlined the specific amounts they are authorized to charge veterans for services. The law also provides that fees to attorneys/agents may only be paid from past-due benefits after successful representation. An attorney or agent may elect to have VA withhold and pay them a fee directly if it does not exceed 20% of past-due benefits. This means fees cannot be charged, or withheld, by VA from future benefits. This establishes a presumption of reasonable fees, which is a key protection for veterans and their families. Under no circumstances are the accredited attorneys and claims agents allowed to charge fees that exceed 33% of past-due benefits, an amount which is presumed to be unreasonable for veterans and families.

In 2020, many VA Regional Offices (VAROs) were closed due to the COVID pandemic, along with co-located Veterans Service Organization offices. Unaccredited claims companies took advantage of this gap in representation and began aggressively targeting veterans and families, luring them in to assist with filing VA claims and appeals without VA accreditation and by unlawful charges. Some of these companies continue to exploit veterans and have benefited from charging exorbitant fees for questionable services beyond the legally allowed amount. Since 2006, VA has halted sanctions for unaccredited individuals or companies charging veterans for their services; instead, VA resorts to issuing non-enforceable "cease & desist" letters. These unaccredited claims companies have used aggressive and misleading online ad campaigns to ensnare clients with long, complicated contracts, charge exorbitant fees, and used collection agents to badger veterans for payments. The Federal Trade Commission (FTC) has testified its reporting network received more than 150,000 complaints of fraud and illegal business practices in 2022, resulting in more than $414 million in damages. This was an increase of over 50% from the previous year. At the same

hearing, VA testified that more than 40% of all complaints received by veterans from 2018 to 2022 were against unaccredited individuals.[45]

Action must be taken to comprehensively address issues with VA's role in C&P contract examinations and enforcement mechanisms. Bad actors should be held accountable for inappropriate or illegal activities, and the free processes used by accredited claims representatives must be made more efficient and appealing for veterans nationwide.

In 2011, The American Legion launched the Regional Office Action Review (ROAR) program to address claims backlog and assist VA regional offices in setting priorities to reverse this issue. Over the years, ROAR teams have identified critical factors that negatively impacted the claims backlog, including staffing and training issues. These issues are consistent with data collected through our System Worth Saving (SWS) program, which identifies best practices and areas of improvement through site visits at various VA medical facilities. When interviewing VA leadership about their staffing and hiring practices, the "time required to hire" an employee was repeatably brought up as an area for improvement. This concern was further amplified with the passage of the PACT Act, which rapidly expanded the list of presumptive conditions for Gulf War, Post 9/11, and Vietnam era veterans, requiring additional staff to process the workload. Adequate staffing levels and a lack of proper training continue to be a major factor affecting the timely delivery of benefits that our nation's veterans have earned for themselves and their families.

A hiring freeze has the potential to impact millions of veterans, particularly those waiting on adjudication of claims post-PACT Act. Although 7,183[46] employees have been onboarded to support PACT Act implementation, the heavy caseload has created issues that make it tremendously difficult to honor the PACT Act's commitment, particularly if VA cannot hire more claims processors. In the current fiscal year, there are 956,215 veterans' claims pending, with 252,406 claims awaiting processing for 125 days or more. The southeast region, encompassing states like Texas and Florida with the largest veteran population, has the highest number of pending claims at 62,622.

To prevent delays or denials of benefits our veterans deserve, Congress must urge the administration to exempt Veterans Benefits Administration personnel from the hiring freeze.

What Congress Can Do:

- Investigate MDEO's progress in following GAO/OIG recommendations, hold a hearing on MDEO's transparency and accountability in managing the VA vendor program, and examine the feasibility and advisability of using teaching hospitals or other resources vs. contracted medical examiners.
- Pass legislation to strengthen VA's enforcement mechanisms to hold bad actors accountable for exploiting the VA claims process at the expense of veterans.

[45] "Veterans Consumer Protection: Preventing Financial Exploitation of Veterans and their Benefits." Senate Veterans Affairs Committee. April 2023. https://www.veterans.senate.gov/2023/4/veterans-consumer-protection-preventing-financial-exploitation-of-veterans-and-their-benefits

[46] Ibid

- Urge the administration to exempt VA medical centers and regional offices from the hiring freeze.

Veterans Employment and Education

Ending Veteran Homelessness

Veteran homelessness remains a national crisis, demanding urgent legislative action. As of December 2024, the U.S. Department of Housing and Urban Development (HUD) reported that approximately 32,882 veterans were experiencing homelessness on a single night—an 8% decrease from last year, and a key step forward.[47] Although veterans make up only 7% of the U.S. adult population, they account for nearly 8-9% of the total homeless population.[48] This issue is compounded by systemic barriers that prevent veterans from accessing stable housing, employment, and supportive services.

The primary causes of veteran homelessness are well-documented and require targeted intervention. Mental health issues and substance abuse are significant contributors, with an estimated 48-67% of homeless veterans suffering from PTSD, depression, or traumatic brain injuries.[49] Furthermore, according to the 2024 National Veteran Suicide Prevention Annual Report, veterans experiencing homelessness are six times more likely to die by suicide than the average American.[50] Many of these veterans turn to substance use as a coping mechanism, further complicating their ability to maintain stable housing. Additionally, the lack of affordable housing is a major challenge. Rental costs have surged nationwide, making it increasingly difficult for low-income veterans to secure housing. Even those who qualify for HUD-VASH (Veterans Affairs Supportive Housing) vouchers often struggle to find landlords willing to accept them.

Employment challenges also play a significant role, as veterans frequently struggle to translate military skills into civilian careers. While the U.S. Bureau of Labor Statistics reports that the unemployment rate for post-9/11 veterans was up to 4.7% in January of 2025 a .4% increase over non-veterans, underemployment remains a critical issue.[51] Veterans earning low wages often cannot afford stable housing, increasing their risk of homelessness. Another factor is the aging veteran population, with a significant portion of homeless veterans being over 55 years old. Many of these veterans live on fixed incomes, which makes it difficult for them to keep up with rising housing costs. Finally, the lack of family and social support contributes to veteran homelessness. Many homeless veterans lack strong family networks, which are essential during times of financial hardship, leaving them more vulnerable to long-term homelessness.

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[47] Sousa, Tanya de, and Meghan Henry. "The 2024 Annual Homelessness Assessment Report (AHAR) to Congress Part 1: Point-In-Time Estimates of Homelessness." The 2024 Annual Homelessness Assessment Report (AHAR) to Congress, December 2025. https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf.

[48] Ibid.

[49] "Top Challenges Facing Homeless Veterans in 2025." NVHS, January 29, 2025. https://nvhs.org/top-challenges-facing-homeless-veterans-in-2025/#:~:text=48%25%20to%2067%25%20of%20homeless,that%20of%20the%20general%20population.

[50] 2024 National Veteran Suicide Prevention Annual Report, December 2025. https://www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-1-of-2_508.pdf.

[51] "Employment Situation News Release - 2025 M01 Results." U.S. Bureau of Labor Statistics, February 7, 2025. https://www.bls.gov/news.release/archives/empsit_02072025.htm.

Several programs have been established to address veteran homelessness, but gaps remain. The HUD-VASH program, which combines HUD rental assistance with VA case management, has successfully housed more than 112,000 veterans since 2008.[52] However, many veterans face delays in receiving HUD-VASH vouchers, leaving them in shelters or on the streets for months before securing permanent housing. The Supportive Services for Veteran Families (SSVF) program provides rapid rehousing and homelessness prevention assistance, serving more than 100,000 veterans annually. Despite its success, funding limitations prevent the program from reaching all eligible veterans, leaving some without critical support. Additionally, the Grant and Per Diem (GPD) Program funds community-based transitional housing programs, but it lacks the long-term housing solutions necessary to keep veterans permanently off the streets, creating a gap in permanent housing opportunities for many veterans.

To effectively decrease veteran homelessness, several key actions must occur. First, it is essential to ensure that HUD-VASH vouchers are issued in a timely manner. Veterans in urgent need of housing should not face delays that keep them in shelters or on the streets for months. Streamlining the approval process will allow faster placement in available housing. The American Legion applauds the recent changes made to the HUD-VASH program for veterans with service-connected disabilities, ensuring that this crucial benefit is no longer considered income for the approval process. Additionally, increasing funding for both HUD-VASH and the Supportive Services for Veteran Families (SSVF) programs is necessary to help more veterans access immediate housing and critical case management services. Expanding these programs will help address the rising costs of rental assistance. Strengthening housing protections for veterans is also vital, including enforcing landlord participation in HUD-VASH and offering tax incentives to property owners who rent to veterans.

Furthermore, expanding employment and job-training programs will help veterans secure stable, well-paying jobs, reducing their risk of homelessness. This includes reforming the Transition Assistance Program (TAP) and increasing funding for veteran-specific apprenticeships and skills training. For aging and disabled veterans, expanding the Specially Adapted Housing (SAH) and Special Housing Adaptation (SHA) grant programs will help them remain in permanent housing by providing necessary home modifications. Improving coordination between federal, state and local agencies is also critical to eliminate bureaucratic delays and streamline services, ensuring that veterans receive immediate assistance. Lastly, establishing a national goal to end veteran homelessness by 2030, with clear benchmarks and accountability, will provide direction and urgency in addressing this issue.

In 2024, efforts to reduce veteran homelessness made a significant impact by successfully placing veterans into permanent housing, demonstrating the effectiveness of these initiatives. Veterans who served this country should never be left to sleep on the streets. While progress has been made, more must be done to ensure that every veteran has access to safe, affordable housing. Ensuring HUD-VASH vouchers are issued in a timely manner is a critical step in making sure no veteran is left behind.

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[52] HUD VASH awards (2008-2023), n.d. https://www.hud.gov/sites/dfiles/PIH/documents/HUD%20VASH%20Awards%202008-2023.pdf.

What Congress Can Do:

- Pass legislation that targets funding, strengthens housing protections, and improves access to employment opportunities for veterans.
- Ensure that HUD-VASH vouchers are issued in a timely manner to ensure veterans in urgent need of housing do not face delays that keep them in shelters or on the street.
- Increase funding for both HUD-VASH and the Supportive Services for Veteran Families (SSVF) programs to provide more access to immediate housing and critical case management services.
- Strengthen housing protections for veterans, including enforcing landlord participation in HUD-VASH and offering tax incentives to property owners who rent to veterans.
- Reform the Transition Assistance Program (TAP) and increase veteran-specific apprenticeships and skills training.
- Expand the Specially Adapted Housing (SAH) and Special Housing Adaptation (SHA) grant programs.
- Improve coordination between federal, state, and local agencies to eliminate bureaucratic delays and streamline services, ensuring that veterans receive immediate assistance.
- Establish a national goal to end veteran homelessness by 2030, with clear benchmarks and accountability to provide direction and urgency in addressing this issue.

Modernize the Transition Assistance Program

Military transition into civilian life is one of the most important events in a service member's life. For years, the Department of Defense and the Department of Veterans Affairs have worked to provide relevant services and tools to exiting servicemembers which aim to facilitate successful transition from military to civilian life.

In addition to the Transition Assistance Program (TAP) curriculum, the Department of Veterans Affairs (VA) offers Military Life Cycle (MLC) modules, designed to provide servicemembers and their families with ongoing access to information about VA services and benefits throughout their military careers. These modules, which consist of 14 distinct sessions, address a wide range of topics in-depth, including VA Education Benefits, the VA Home Loan Guaranty Program, Community Integration Resources, and other critical areas that support servicemembers' transition from military to civilian life.[53]

By offering these resources proactively throughout a servicemember's career, VA aims to foster greater preparedness for post-service life, enhancing transition readiness well before the individual begins the formal TAP process. These MLC modules represent a promising best practice for government agencies involved in military transition, for promoting micro-learning opportunities that can be accessed at any time, and to increase awareness and engagement long before military separation. However, despite the MLC's potential, VA has reported that only 30,191 participants engaged with the modules between FY 2022 and Q2 of FY 2023, indicating a significant

[53] "TAP ONLINE COURSES." Tapevents.mil, n.d. https://tapevents.mil/courses.

underutilization of this resource.[54] This limited engagement demonstrates the need for high-quality training materials and a strategic communication plan to effectively reach and engage the target audience. Simply creating educational content is insufficient if the intended recipients are not fully aware of its availability or relevance to their needs.

To address this challenge, The American Legion recognizes the need to modernize TAP delivery by integrating new technologies, specifically through the development of a mobile application equipped with artificial intelligence (AI). This mobile application would serve as a powerful alternative to existing virtual offerings, providing servicemembers with an extensive toolkit of on-demand, easily accessible transition-related content. By making TAP resources available on smartphones and tablets, the application would enable the military-connected community to access critical information any time and place, facilitating consistent engagement with the material. Moreover, the application would offer personalized features, allowing users to tailor their career and transition plans to their unique circumstances, ensuring that the information they receive is relevant to specific needs. In addition to the aforementioned features, the application would ideally incorporate offline capabilities, so that personnel deployed in remote or low-connectivity areas could still access essential resources without interruption. Servicemembers would be allowed to begin using this application approximately 24 months from their scheduled end of service date.

The American Legion cautions that the development of such an application must be done thoughtfully, ensuring that it is user-friendly, effective, and accessible. The application should not be rushed into design but rather implemented with careful consideration of the diverse needs of servicemembers, veterans, and their families. Lastly, it is critical that interagency partners, community resource groups, and veterans service organizations, such as The American Legion, be actively involved in the design process, providing feedback, and suggesting potential improvements to ensure that the final product meets the needs of its users and maximizes its impact on transition readiness.

What Congress Can Do:

- In partnership with interagency partners, community resource groups, and veterans service organizations, modernize TAP delivery by integrating new technologies, specifically through the development of a mobile application equipped with artificial intelligence (AI).

Prioritize Veterans in Federal Contracting

Federal agencies must prioritize Veteran-Owned Small Businesses (VOSBs) in their procurement strategies to foster robust veteran entrepreneurship and strengthen defense-sector supply chains. VOSBs can play a vital role in strengthening and supporting the Defense Industrial Base (DIB) through their agility in innovation, specialized capabilities, and competitive pricing. However, despite all they offer and a strong commitment to national security, many agencies fall short in meeting their procurement goals for Service-Disabled Veteran-Owned Small Businesses (SDVOSBs). An analysis by The American Legion of data from the U.S. Small Business

[54] Statement of Kevin O'Neil Employment & Education Policy Associate The American Legion, October 18, 2023. https://www.veterans.senate.gov/services/files/3700CD07-D5BF-49A9-8D48-B9324625A148.

Administration's Office of Policy, Planning, and Liaison revealed that, among the 24 largest federal agencies, the subcontracting goals – set at 3% of total purchasing for SDVOSBs – in 2024 was not met.[55]

To address this underperformance, federal agencies must make concerted efforts to increase spending on SDVOSBs and eliminate the existing disparity. Challenges continue to persist in securing veterans' preference in government contracting, even within agencies that rely heavily on VOSBs. The Department of Veterans Affairs (VA), for example, utilizes SDVOSBs more than any other agency, thanks in large part to the Veterans First Program (Vets First). This program grants SDVOSBs exclusive access to set-aside and sole-source contracting opportunities through its unique verification authority, which facilitates greater participation in federal procurement.

Unfortunately, VA is attempting to transition its procurement model from the current Medical Surgical Prime Vendor (MSPV) program to the Defense Logistics Agency's (DLA) acquisition system – a move that jeopardizes the future of the Vets First mandate. This transition could significantly disadvantage SDVOSBs by undermining access to vital contracts. The American Legion supports expanding opportunities for veterans in federal contracting, while also not reducing them. For this reason, we encourage the Department of Defense to adopt the Vets First Program.

SDVOSBs are essential to the DIB due to their expertise, innovation, and commitment to national security. Federal agencies must do more to ensure these businesses have equitable access to procurement opportunities. By strengthening the Vets First program, enforcing SDVOSB procurement goals, enhancing access to subcontracting, and promoting innovation, the federal government can better integrate SDVOSBs into the defense supply chain. Prioritizing SDVOSBs is not only a matter of supporting veteran entrepreneurship but also a critical strategy for ensuring the long-term resilience and competitiveness of the DIB. Efforts to reduce or divest from SDVOSB participation must be firmly opposed.

What Congress Can Do:

- Conduct oversight and accountability to ensure the federal government is meeting their procurement goals for Service-Disabled Veteran-Owned Small Businesses.

VA Home Loan Transferability

Approximately 60% of non-homeowner millennials believe that saving for a down payment is the primary obstacle to purchasing a home.[56] Introducing transferability into the VA Home Loan Guaranty Program could alleviate this issue for spouses and dependents, as the no-down-payment feature would provide a valuable solution. This change would extend significant benefits to the families of servicemembers and veterans, creating greater access to homeownership opportunities.

[55] "Scorecard 2023 Details U.S. Small Business Administration Government Wide." U.S. Small Business Administration, n.d. https://www.sba.gov/federal-contracting/contracting-data/scorecard-2023/details?agency=GW&year=2023.

[56] Ostrowski, Jeff. "Survey: More than Half of Aspiring Homeowners Say Cost of Living, Low Income Hold Them Back." Bankrate, February 20, 2024. https://www.bankrate.com/mortgages/down-payment-survey/.

Expanding the VA Home Loan Guaranty benefit to spouses and children would produce significant advantages for veterans and their families, fostering long-term financial stability and supporting their overall well-being. The goal of the Department of Veterans Affairs' education and housing programs is to ensure that veterans and their families can meet, with honor and dignity, the economic necessities of life. By broadening the scope of eligibility for these benefits, to include both veterans and their dependents, the government would ensure that all individuals who have served their country, as well as their families, have access to the same opportunities for economic advancement and homeownership.

The military asserts that when the individual serves, the entire family serves. If this statement is to be taken seriously, the sacrifices made by the families of servicemembers must be not only acknowledged but rewarded. Families of veterans play a vital role in the success of military service, yet they often face significant challenges as a result of their loved one's sacrifice. Providing access to the VA Home Loan Guaranty benefit for family members would allow the nation to demonstrate its gratitude for their support by offering tangible, long-term assistance. Such a change would reflect a deep commitment to the military community, honoring the sacrifices of military families and ensuring they receive the same respect and opportunities as the servicemembers. Through the extension of this benefit, the phrase "Thank you for your service" would be more than a gesture; it would become a meaningful, actionable recognition of the contributions made by Servicemembers, veterans and their families.

What Congress Can Do:

- Congress should expand the VA Home Loan Guaranty benefit to spouses and children of eligible veterans.

National Guard and Reserve GI Bill Parity

National Guard and Reserve servicemembers play a crucial role in defending our borders, responding to public health crises, and supporting local law enforcement. These servicemembers face unique challenges on the home front, often leaving families and civilian jobs behind for extended periods, sometimes at considerable financial loss. Despite their significant contributions, they are often denied a fundamental benefit of service: the GI Bill.

Under current law, National Guard and Reserve servicemembers accrue GI Bill entitlements only when activated under federal orders. When activated under state orders, they do not qualify for GI Bill benefits, creating a disparity in access to these resources. This issue became particularly evident during the COVID-19 pandemic, when National Guard units were activated in response to the public health emergency. In 2020, service members in the National Guard served more than 7.6 million duty days directly related to the COVID-19 pandemic, more than three times as many as 2019.[57] Those called under federal orders to assist with pandemic relief were eligible for GI Bill

[57] 2021 National Guard Bureau Posture statement, n.d. https://www.nationalguard.mil/portals/31/Documents/PostureStatements/2021 National Guard Bureau Posture Statement.pdf.

benefits, but those activated under state orders, such as those supporting governors' declarations, were not. Similarly, National Guard members who helped construct the U.S.-Mexico border wall earned GI Bill benefits, but more than 66,000 National Guard members who responded to civil rights protests in 2020 did not.[58] Even more recently, the activation in response to fires in Los Angeles, involved nearly 3,000 servicemembers who were activated under Title 32 that will not be recognized for GI Bill benefits.[59]

The distinction between federal and state military activation orders in determining GI Bill eligibility has led to thousands of servicemembers being ineligible for GI Bill benefits. The American Legion strongly believes that "every day in uniform counts" and that National Guard and Reserve servicemembers, who serve alongside their active-duty counterparts, should receive the same benefits. It is time for Congress to act and extend GI Bill eligibility to all National Guard and Reserve servicemembers, regardless of the nature of their activation.

What Congress Can Do:

- Congress should extend GI Bill eligibility to all National Guard and Reserve servicemembers for every day activated, regardless of the authority of their activation.

Americanism

Amend & Update the U.S. Flag Code

For its entire history, The American Legion has consistently advocated for respect of the United States flag. In June 1923, and again in 1924, the American Legion's Americanism Commission called a National Flag Conference in Washington, D.C. where representatives from the Daughters of the American Revolution, the Boy Scouts of America, Knights of Columbus, the American Library Association and more than 60 other patriotic, fraternal, civic, and military organizations were present. Their mission was to set standardized guidelines for the proper display, care, and respect for our flag. The resulting code was printed and distributed nationwide, and the Legion has endeavored to protect this code ever since.

Congress established the U.S. Flag Code as public law in 1942. However, it did not provide for criminal or civil penalties for those who violate its provisions. Although some amendments have been made over the years, Congress has failed to implement comprehensive changes to the code.

The American flag is not just the symbol of our country, but it is also a symbol of our national history. Through every crisis, the American people have looked to our flag as a testament to the strength and resilience of our country. The men and women who serve in our military, our

[58] Soucy, Jon. "Guard Members in 23 States, D.C. Called up in Response to Civil Unrest." National Guard, May 31, 2020. https://www.nationalguard.mil/News/Article-View/Article/2202946/guard-members-in-23-states-dc-called-up-in-response-to-civil-unrest/.

[59] Soucy, Jon. "National Guard Members Continue La Wildfire Response." National Guard, January 21, 2025. https://www.nationalguard.mil/News/Article-View/Article/4034416/national-guard-members-continue-la-wildfire-response/#:~:text=More%20than%202%2C700%20National%20Guard,ground%20and%20in%20the%20air.

politicians, public servants, and citizens honor it every day by preserving American norms and institutions.

Therefore, The American Legion urges changes to the United States Flag Code to codify the patriotic customs and practices pertaining to its display and use. These changes include additional occasions where the flag should be displayed at half-staff, how other flags should be flown when accompanying the U.S. flag and allowing for a flag patch to be worn on the uniforms of military personnel, first responders and members of patriotic organizations.

What Congress Can Do:

- The American Legion urges Congress to approve changes to the U.S. Flag Code to codify multiple customs and practices pertaining to the display and use of the flag of the United States of America.
- Reintroduce and pass legislation, such as *H.R.4212-Flag Code Modernization Act of 2021*, which would amend the U.S. Flag Code to codify multiple common patriotic customs and practices.
- The American Legion urges Congress to pass *S. J. Res. 34*.

Conclusion

On behalf of The American Legion's 1.6 million members, we thank the joint committees for their commitment to our nation's veterans. As we continue to address the impacts of war and support the readiness of our Armed Forces, I look forward to working with the 119th Congress to advance robust, bipartisan, and meaningful legislation. Questions regarding this testimony can be directed to Julia Mathis at 202-735-2207, or jmathis@legion.org.

Statement of
Jewish War Veterans of the USA
119th Congress Legislative Priorities
Before the Joint House and Senate
Veterans Affairs Committees

February 26, 2025

Presented by

CSM Gary Ginsburg, USA, Ret.
National Commander 2024-2025

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, Members of the House and Senate Committees on Veterans' Affairs, fellow veterans, and friends, I am CSM Gary Ginsburg, USA, Retired and the 93rd National Commander of the Jewish War Veterans of the U.S.A. (JWV).

I served four years on active duty in the U.S. Army, both in the United States and overseas, and 29 years in the U.S. Army Reserve. My service culminated with three battalion and brigade-level command sergeant major (CSM) assignments.

Jewish War Veterans of the U.S.A. (JWV) was founded in 1896 and Congressionally chartered on August 21, 1984. JWV advocates for all veterans regardless of religion, heritage, or service period. JWV is this great nation's longest-serving Veterans Service Organization (VSO) and will celebrate its 129th anniversary in approximately two weeks on March 15, 2025.

JWV supports the military and veterans by participating in Veterans Day and Memorial Day events and volunteering at Department of Defense military bases and Department of Veterans Affairs locations (medical facilities, regional offices, and cemeteries). We mentor the next generation of military leaders through Junior Reserve Officer Training Corps (JROTC) and Scouting programs, grants and scholarships, Jewish Warrior Weekend, the Kiddush Cup, and Mitzvah projects.

JWV's mission message is strong and clear: fighting for military and veterans benefits and services; advocating with Congressional officials, Executive Branch departments, and the White House; and continuing to combat antisemitism, bigotry, and hate wherever and whenever it appears.

Special Focus on Hatred, Bigotry, and Antisemitism

JWV is in a unique position to have a special focus on antisemitism, expressing solidarity and unity for Israel. JWV opposes all forms of discrimination and bigotry but is especially outspoken on antisemitism. During the last four years, JWV leadership participated in numerous roundtables and called out individuals for hate speech and antisemitism. JWV will continue to be a strong voice to combat antisemitism wherever and whenever it occurs. As the only Jewish VSO, we previously issued statements condemning antisemitic events and speeches.

As instances of antisemitism across the country increase, especially following the terrorist attacks of October 7, JWV remains dedicated to condemning hate speech and addressing antisemitism at colleges and universities as well as in communities across the nation. We also stand against externally organized and funded antisemitism – it's no coincidence that, for example, students "suddenly" have a tent city with identical tents across the country.

JWV asks all Americans to be vigilant, learn, and educate our fellow citizens. JWV is proud of our advocacy for William Shemin and Tibor Rubin to receive the Medal of Honor after initially facing antisemitism and being denied nominations.

We recognize and appreciate Chairman Bost and then Ranking Member Moran's staff meeting with JWV leadership in 2024 on antisemitic activities against veterans and military communities. JWV requests your continued oversight to combat antisemitism and all hate in executive branch departments.

The world changed on the morning of October 7, 2023, when Hamas terrorists attacked Israel and its citizens by launching a heinous, unprovoked, and vicious surprise attack on Israel. The world continues to face the challenges of a ceasefire and have all hostages returned home immediately. JWV condemned the assault against Israel and emphasized that terrorist actions anywhere are never justified.

JWV asks Members of Congress to join us in combating antisemitism targeted at veterans and military service members. **JWV stands ready to be a resource for you and your staff in helping to educate Americans.** We feel that education is the key to reducing antisemitic actions and incidents in America and around the world. JWV includes a listing of actions taken to address antisemitism as Appendix A, as examples of our work.

JWV Priorities for the 119th Congress

Supporting America's Veterans, Service Members, Their Families, Caregivers, and Survivors

JWV works to support veterans and service members and believes that obligation extends to their families, including caregivers and survivors. JWV is and continues to be at the forefront as a voice for not only those of the Jewish faith but all veterans. JWV worked with Congress to connect veterans and their families to much-needed education, housing, and healthcare resources. As we look to the 119th Congress, JWV honors all those currently wearing the uniform of the United States and veterans. JWV continues to support our veteran and military community by advocating for the following priorities.

Addressing Toxic Exposures and Burn Pits

The landmark PACT Act was signed more than two years ago, leading to the most significant expansion of benefits to address toxic exposures. JWV, like many VSOs, made toxic exposure, burn pits, and the PACT Act a top priority. While the legislation was life-changing for many veterans, more must be done. JWV remains concerned that the VA cannot meet this increased workload within the Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA).

JWV remains committed to holding the VA accountable for implementing the PACT Act, particularly adequately funding and managing the Toxic Exposure Fund (TEF). Further, Congress must continue to provide resources, including hiring individuals to adjudicate claims and funding upgrades to Veterans Benefits Administration (VBA) IT systems, and ensure Veterans Health Administration officials have clinical resources, equipment, personnel and space to treat these veterans.

Just last year, VHA and VBA requested additional funds to meet the shortfall for VBA to ensure that all veterans received their benefits in September, and Congress overwhelmingly approved. However, Congress exercised additional oversight and determined that the VHA initially reported shortfall was almost double the actual shortfall. These financial discrepancies must be addressed, and how the VA reports its funding requirements must be scrutinized for accuracy.

Major Richard Star Act – Concurrent Receipt (to be reintroduced in the 119th)

Thank you to all the House and Senate Veterans Affairs Committee members for your leadership in the House and Senate on concurrent receipt. JWV supports legislation for the immediate payment

of simultaneous receipt of full military retired pay and veterans' disability compensation for disabled retirees. Specifically, JWV is seeking the enactment of the Major Richard Star Act (H.R. 1282/S. 344 in the 118th) that authorizes the concurrent receipt of retired pay and VA disability compensation to include Combat-Related Special Compensation (CRSC) beneficiaries who are medically retired with less than 20 years of service (Chapter 61).

This legislation had strong support, with 327 House cosponsors and 72 Senate cosponsors in the 118th Congress. Reduced retirement pay for all injured in combat and forced to retire medically communicates an awful message to our service members and their families in our all-volunteer force.

JWV urges all Senators and Representatives to include Star Act language in the FY2026 NDAA base text or as a stand-alone bill. Now is the time to end the unfair pay offset faced by almost 45,000 combat-injured veterans to receive full DoD retirement pay and VA disability pay.

Suicide Prevention and Mental Health -- Reducing Veteran Suicide

Mental health and suicide prevention remain a top priority for JWV as the suicide rate among veterans is nearly double when compared to civilians, with women veterans more than double that of female civilians. Veterans and service members must have increased access to mental health services as well as availability to alternative and community-based treatments. JWV urges Congress to fully fund the VA's suicide prevention and mental health budget. The transition from active military to civilian is complex, and the time when individuals are often at higher risk. Education and awareness are paramount and must be integral to any prevention action plan.

Actions are needed to expand research into core causes, risk factors, and protective factors for service members, veterans, families, caregivers, and survivors. JWV urges Congress to: 1) expand government and non-government funding around service members, veterans, families, caregivers, and survivor's suicide rates, their possible causes, and the most significant risk and protective factors for each of these populations; 2) ensure that both VA and Department of Defense (DoD) work together and compare their research findings as a cross-reference point; 3) ensure DoD identify higher risk individuals leaving the service and provide reports to VA as they transition their health care; and 4) explore the expansion of alternative therapies including complimentary treatment modalities such as highly trained service animals, outdoor and sports-related programs, and other innovative treatments. These alternative therapies have shown great promise in providing new options for those at-risk individuals.

In addition, JWV supports the Veterans' Informed Consent Act, which improves veterans' understanding of the risks associated with certain pharmaceuticals to address persistent high rates of veteran suicides. Specifically, this bill requires that veterans provide written informed consent for Black Box medications included in the VA formulary. The U.S. Food and Drug Administration requires black Box medications to carry special warnings for medicines with a high potential for serious safety risks. Often, these warnings communicate potentially rare but dangerous side effects, or they may be used to indicate important instructions for the safe use of the drug.

Many of the Black Box medications are prescribed to veterans, and suicidal ideation is commonly one of their primary side effects. VHA Handbook states: "Veterans must be informed of the side effects and the treatment options for medications and treatments they are prescribed." The Veterans' Informed

Consent Act improves the education that veterans receive about certain risks associated with Black Box medications by requiring that all veterans provide written informed consent that they understand the risks associated with these drugs.

JWV has continued to promote the 988 Veterans Crisis Line since it went live in July 2022 to provide veterans and their loved ones with a manageable number to remember for veterans in crisis. VA and DoD must continue to educate veterans, service members, and their families on suicide prevention. More must be done, as even one suicide is one too many.

Addressing Food Insecurity in the Veteran Community

The JWV is also very concerned about the issue of food insecurity among America's veterans. While research shows that veterans are less likely to be food insecure than society at large, we have almost 8% percent of our veterans who are food insecure, and that is more than 1 million people. Veterans' participation in the Supplemental Nutrition Assistance Program (SNAP) or food stamps is lower than our nation overall.

Numerous factors are at play, including pending VA disability and appeal claims, recent inflation, and states using different formulas to determine compensation and SNAP eligibility. Congress has addressed some of these issues by supporting a 14% pay increase for junior enlisted military personnel in the fiscal year 2025 National Defense Authorization Act (NDAA).

The topic of veteran food insecurity deeply concerns the JWV since Americans do experience periods of temporary crisis. As a nation, we produce more than enough food to support everyone.

We are pleased that the VA is beginning to screen veterans on food insecurity when conducting physicals to obtain a healthcare baseline. We urge the Committees and Congress to review and address veterans' food insecurity with appropriate oversight. Appendix B is the reference source for this content.

Veterans in the Private and Public Sector Workforce in 2025

JWV remains concerned and recognizes that veterans will face new employment challenges in 2025. Veterans are an asset to our nation as many continue to serve or volunteer in their local communities, start small businesses, or serve in government as public or elected officials. Others contribute as schoolteachers, coaches, police officers, and role models, inspiring the next generation of young men and women to celebrate these accomplishments.

JWV is proud that, according to the Office of Personnel Management, in 2023, approximately 30% of the federal government workforce were veterans, many of whom were disabled veterans. The percentage of employees who served in the military is even higher at the VA and DOD.

Congress must carefully review and examine recent employee-related policy documents issued by the Secretary of Veterans Affairs and the Secretary of Defense. JWV urges appropriate congressional oversight to ensure that the VA and DOD human resources actions are carefully reviewed for short and long-term considerations.

Mission-critical activities and requirements must not be compromised. Our active-duty service members must have the personnel and financial resources to provide a strong national defense. Our veterans must have a fully resourced and staffed VA to provide them with the benefits and state-of-the-art medical care they have earned and deserve.

Enacting the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act

JWV wants to thank Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and all committee members for working on the bipartisan Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (S.141). The President signed the Act into law on January 2, 2025.

This critical legislation amends various Department of Veterans Affairs authorities related to health care, economic opportunity, disability and memorial affairs, veteran homelessness, and oversight and investigations related to caregivers and their survivors. It provides VBA and Board of Veterans Appeals officials full funding to improve processes.

JWV recognizes and appreciates the efforts of all committee staff members in negotiating and securing votes in both the full House and Senate. JWV will continue to monitor VA's regulatory actions as it implements the Dole Act.

Delivering Timely, High-Quality Benefits and Services

In 2024, the VA processed a record number of veterans' claims. JWV will continue to hold the VA accountable and urge them to continue being innovative and providing timely service to all veterans. JWV will also continue to oppose using unlicensed individuals who are taking fees for representing veterans' claims. Service organizations are accredited and provide this service at no cost.

Supporting Women Veterans

According to the VA, women are the fastest-growing veterans using VA services. JWV is committed to addressing the specialized health care needs of our women veterans, including increasing cancer screenings, improving mental health care and access, addressing infertility, and reducing intimate partner violence. JWV supports the provisions of the Deborah Sampson Act and remains committed to improving maternal health and ensuring that all women feel welcome and receive equitable treatment and care.

Women veterans transitioning out of uniform face unique challenges because of their service experiences or other barriers. VA expects women's healthcare enrollees to grow from the current 10% to as high as 19% by 2025. While VA has recognized weaknesses in its data, it has not implemented corrective actions to address them. VA must expand its efforts to remove barriers to ensure all veterans receive the same care, services, and benefits they earned through their service.

JWV urges Congress to: 1) provide gender-specific care at all VA facilities and increase the number of providers with expertise in women's health; 2) recognize the unique mental health needs of women veterans and work to reduce the suicide rate and substance dependency; and 3) eliminate harassment and inappropriate comments from male veterans so that women veterans feel welcome, safe, and do not delay getting needed care.

Ending Veteran Homelessness

More veterans need homeless assistance resources than the existing capacity could help. JWV commends the VA for housing more than 47,000 veterans experiencing homelessness in 2024. These veterans were provided with the safe and stable environments they deserved. As a member of the National Coalition on Homeless Veterans, JWV continues supporting efforts to permanently reduce homelessness.

We urge the VA and Congress to remain committed to reducing homelessness among veterans. JWV was pleased that the Elizabeth Dole Act included the HOME Act. One homeless veteran is one too many!

Arlington National Cemetery Pending Eligibility Changes

JWV continues to advocate for a long-term legislative solution to preserve burial with full military honors for countless elderly and women veterans who could lose that earned benefit.

JWV's National Executive Director, Ken Greenberg, Co-Chairs the Retired Affairs Committee of The Military Coalition (TMC). TMC, representing 5.5 million members, strongly supports H.R. 1413, The Expanding America's National Cemetery Act. The Act seeks to transform an existing national cemetery and sustain equivalent military honors provided at Arlington National Cemetery (ANC) as it reaches capacity. A summary statement is below.

Expanding America's National Cemetery Act H.R.1413 (in the 118th): A proposal for eligibility reduction at ANC is approaching the final steps of the federal rule-making process. Congressional action is required to protect the burial benefit with full military honors. The FY 2019 National Defense Authorization Act (NDAA) required the DoD to develop a plan for ANC to continue operations "well into the future." This resulted in the DoD proposal to reduce eligibility and extend ANC operations by 150 years. The proposed reduction would render countless veterans, retirees, and nearly all female veterans ineligible.

The bipartisan Expanding America's National Cemetery Act would authorize transforming an existing VA-run national cemetery into the "next ANC" that can afford equivalent honors as the ANC reaches capacity. ANC will not run out of room for another 42 years, affording time to develop a longer-term solution. A gradual transition to the "next ANC" over the next 40 years will allow our nation to continue to honor families for lifetimes of service and sacrifice.

Despite its Southern Expansion and eligibility restrictions designed to extend the cemetery's life, ANC eventually will run out of room. Changing the rules is a cost-cutting measure that comes on the backs of military retirees and others whose final plans included burial at a national cemetery. It's also shortsighted because a long-term solution involving the transformation of an existing VA national cemetery is cost-sensitive and establishes efficiencies by relying on existing VA expertise.

Survivor Benefits Love Lives on Act

JWV joins with others in the military survivor community to thank Senators Rafael Warnock and Jerry Moran for their leadership on the Love Lives on Act. The proposed bipartisan legislation is the

first comprehensive approach to allowing eligible military surviving spouses to retain survivor benefits upon remarriage before age 55.

The Love Lives on Act will ensure that surviving military spouses retain eligibility for survivor benefits from the DoD and the VA if they remarry before age 55. This is an unjust situation that must be rectified. This restriction is imposed on military surviving families but not on the surviving families of first responders. For example, most U.S. surviving spouses of fallen firefighters and law enforcement officers can remarry before age 55 and maintain survivor pensions and benefits. Our nation's fallen military heroes deserve no less.

JWV supports the Love Lives on Act to honor and strengthen our Nation's Gold Star Families. We look forward to working with Senators Warnock and Moran to pass this critical legislation.

Fixing VA's Electronic Health Record System

JWV remains concerned that VA continues to experience issues with deploying its electronic health record system and commends VA for pausing deployments in 2024. The combination of cost overruns and lack of proper training for clinicians and staff jeopardizes patients' safety. Patients' safety is paramount, and JWV urges the VA to improve training for its staff and hold its own and Oracle officials accountable for the system's failures.

JWV insists VA learn from and take corrective actions to prevent system failures before any deployments are initiated in 2025 and beyond. JWV urges Congress to ensure patient safety is maintained during any future implementations.

Pay Our Coast Guard Parity Act of 2023

The U.S. Coast Guard carries out vital national security missions funded by Department of Homeland Security appropriations. As a result, Coast Guard personnel are more likely to experience pay interruptions during a government shutdown. The threat of a shutdown brings unnecessary hardship to these men, women, and their families.

JWV urges Congress to pass the Pay Our Coast Guard Parity Act, legislation that would guarantee Coast Guard personnel are paid during a government shutdown.

VA Final Rule Cuts Emergency Medical Air Transportation Reimbursement Rates Putting Veterans at Risk

JWV has led the fight in the VSO community on the VA's proposed rule (RIN 2900-AP89, Change in Rates VA Pays for Special Modes of Transportation) that cuts the VA reimbursement rate for emergency air medical services to below the costs of the services themselves. As published, it would put more than 2.7 million rural veterans in our country who are enrolled in the VHA and 4.8 million rural veterans overall at risk of losing life-saving emergency air transportation.

When the VA published the final rule on February 16, 2023, it made no changes but delayed the effective date to February 16, 2024. The effective date was again postponed to February 16, 2025. On September 6, 2024, due to tremendous pressure from Congress and the VSO community, the VA announced a further delay to February 16, 2029.

JWV appreciates the delay but remains concerned about the VA's continued misinterpretation of the number of Veterans receiving emergency air medical care to and from non-VA facilities. JWV knows both SVAC and HVAC leadership are supportive of this action.

JWV also strongly supported (from the 118th Congress) S.1803 and H.R.5530, the Veterans Emergency Transportation Access Act. This legislation is a commonsense, bipartisan approach that, if passed, would require the VA to conduct a rigorous review process and consult with stakeholders meaningfully before proceeding with any reimbursement changes. We encourage Congress to pass this legislation to ensure Veterans have access to lifesaving air and ground ambulance transport.

Policy – National Standards of Practice for Eye Care Health Care Professionals

JWV remains concerned about actions the VA has taken in recent years to dilute surgical eye-care standards in this program. Specifically, the VA modified its Community Care "Standardized Episode of Care (SEOC): Eye Care Comprehensive" guideline by removing language that has historically provided that "only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery." By removing this sentence, VA is implicitly authorizing optometrists to perform ophthalmic surgery on veterans they refer under the Community Care program in the few states where permitted by state licensure laws.

JWV understands that the VA removed this language without allowing the public or veteran community to comment. We are highly concerned that this vital patient safeguard was removed and poses an increased risk to veterans requiring surgical eye care. Veterans have benefitted from established, consistent, high-quality surgical eye care for decades because the VA maintained a long-standing policy that restricts the performance of therapeutic laser eye surgery to ophthalmologists and medical or osteopathic doctors who specialize in eye and vision care in VA medical facilities.

This policy is consistent with the standard of medical care in most states. It also ensures a system-wide quality standard for surgical eye care and that all veterans have access to an eye care provider with the appropriate education, training, and professional experience needed to perform their eye surgery.

JWV remains concerned that the VA wants to adopt a national standard of practice that could allow optometrists to perform surgery on the eyes of veterans, even though optometrists do not have the necessary level of medical education or surgical training to be surgeons. While JWV acknowledges that optometrists play a critical role in delivering quality eye health care for our nation's veterans, we firmly believe that optometrists should not be allowed to perform eye surgery on veterans because they do not possess the requisite training or medical degree.

JWV urges the VA to immediately reinstate the SEOC's language, stating that "only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery." JWV remains ready to work with the VA, HVAC, and SVAC officials as the VA seeks to establish national standards of practice for optometry and ophthalmology within the VA health system.

National Museum of American Jewish Military History (NMAJMH)

Do you know about our museum, which is located in our headquarters building? JWV's leadership recognized the need to bring the stories of Jewish servicemen and women to the public because if Jews do not tell our stories nor share our message, who will?

The National Museum of American Jewish Military History (located near Dupont Circle) was chartered in 1958. The museum is dedicated to recognizing, preserving, and commemorating the service, heroism, and sacrifices of Jewish men and women who have fought in a war and contributed to the peace and freedom of America. The Hall of Heroes, which highlights the 18 Jewish Medal of Honor Recipients, is an exhibit that should not be missed.

We urge you to visit our museum. I am sure you will be surprised to learn about the long and extensive U.S. military history of Jewish faith members.

Conclusion

JWV has a long history of advocating for a strong national defense and fair recognition and compensation for veterans, service members, and their families. We are proud to share and work with Members of Congress and colleagues at other VSOs. There is strength in numbers, and by working together, we can continue to ensure that all veterans, service members, and their family members receive the benefits earned and deserve.

We thank you for the opportunity to present our legislative and policy priorities to the House and Senate Veterans Affairs Committees today. JWV also appreciates the ability to have open dialogue with all of the members of both committees and the support of the hard-working committee staff on both sides of the aisle.

God Bless the United States of America and all the brave men and women in uniform who have served and continue to serve this great nation. This concludes our testimony, and we look forward to answering your questions.

No Government Funding

For the record, the Jewish War Veterans of the USA do not receive any grants or contracts from the federal government.

Appendix A

SPECIAL FOCUS ON ANTISEMITISM

December 2024

This page serves as the sixth edition of a series focused on JWV's work on combating antisemitism.

JWV opposes all bigotry, especially antisemitism, and is committed to monitoring and responding to it. We urge all Americans to stay vigilant, learn, and educate others.

JWV Demands Investigation into Antisemitism in California National Guard

November 1, 2024

Dear General Martin:

JWV demands that the Department of the Army Inspector General (IG) investigate the allegations of antisemitism against the Adjutant General (TAG) of the California National Guard, Major General Matthew Beevers.

JWV has been monitoring periodic reports of antisemitism by leaders in the California National Guard from the media and our members currently serving in the Guard. The most recent report of antisemitism by a California National Guard leader) includes the official California National Guard Inspector General (IG) report in which two General Officers (GOs) confirmed under oath that the Adjutant General (TAG) of the California National Guard, Major General Matthew Beevers, made repeated antisemitic remarks, to include using a derogatory term for Jews, akin to the N-word for African Americans.

First and most troubling is the California IG's conclusion does not match the reported evidence of two GOs and second the California TAG review was conducted by its own IG who is a direct report, thus creating a conflict of interest. As a result, JWV urges a follow up investigation be conducted:

The allegations, reported to be overheard by multiple officers, were confirmed in the California IG report in the testimony under oath of two General Officers. (One of those General Officers was the prior TAG of California MG David Baldwin.) The California IG, however, in opposition to the evidence, chose to conclude that there was no evidence of antisemitic comments made by MG Beevers.

Thus, The California National Guard IG should NOT have conducted the original investigation. The Department of the Army IG must now conduct a proper investigation where MG Beevers' influence over the subordinate IG officials is not a factor. The California IG's conclusion demonstrates a conflict of interest and supports the need for a Department of Army IG investigation. JWV requests you swiftly implement this follow up investigation.

The rise of antisemitism in the military must be addressed swiftly as there is no place for hatred and bigotry in the military. A complete and through second review of the allegations of antisemitic comments by Major General Beevers must be completed by the Army IG. No matter the conclusion, JWV believes the effects of antisemitism on the careers of the Jewish service members serving in the California National Guard should be examined. JWV members continue to be concerned and have noted a loss in confidence in California leadership from a culture of antisemitism and reprisals.

JWV appreciates your immediate attention to our request for Department of Army IG review and investigation. Our National Executive Director, Mr. Ken Greenberg is our official point of contact and can be reached at kgreenberg@jwv.org.

Sincerely,
Gary Ginsburg, USA (retired)
National Commander (2024-2025)

JWV Commends U.S. Senate for Rejecting Resolutions to Block Israel Arms Sales

November 21, 2024

The Jewish War Veterans of the United States of America opposed the Joint Resolutions of Disapproval to block more than $20 billion of U.S. military aid to Israel. The resolutions were rejected by the Senate on November 20. JWV appreciates the overwhelming vote of 18-79.

"JWV supports Israel's right to defend itself and commends the Senators for rejecting each of the resolutions considered," said Gary Ginsburg, JWV National Commander and retired U.S. Army veteran. "Now is the time to stand with Israel. As the United States' only steadfast ally and only democracy in the Middle East, denying the requisite military aid creates weakness, which only encourages Iran and its proxies, Hamas and Hezbollah, to act with additional attacks on Israel."

Since the October 7th attacks, Israel has been battling Hamas and Hezbollah, while other Iranian terrorist proxies have launched daily attacks on Israeli cities and Jewish and Arab civilians. Ginsburg noted, "The immediate release of the remaining hostages is paramount, and we must continue to honor the memories of those lost in the brutal attacks of October 7."

JWV applauds the U.S. Senate's rejection of the Joint Resolutions of Disapproval to block U.S. military aid to Israel. This action strengthens Israel's security and deterring regional war.

JWV Signs Onto Letter Urging UN Action for Conflict-Related Sexual Violence

November 25, 2024

Condensed version.
Read the full letter here: tinyurl.com/hadassahletter

Dear UN Representatives:

As the UN's 16 Days of Activism against Gender-Based Violence launches this year, Hadassah, The Women's Zionist Organization of America and the undersigned 65 organizations join together to express our deep concern about the rising levels of violence against women and girls around the world. In particular, we were deeply alarmed by the dramatic 50% increase in 2023 in conflict-related sexual violence worldwide, as documented in the April 2024 Report of The Secretary General on Conflict-Related Sexual Violence. We urge you to help deter future acts of gender-based violence in conflict by advancing justice and accountability.

As you work to address and mitigate gender-based and conflict-related violence around the world, we urge you to include response to the sexual violence committed by Hamas on October 7th. We urge you to take the following actions: (1) declare Hamas' documented systematic weaponization of sexual violence a crime against humanity; (2) list Hamas in the Annex in the 2025 Report of the Secretary General on Conflict-Related Sexual Violence as a party credibly suspected of committing or being responsible for patterns of rape or other forms of sexual violence in situations of armed conflict; and (3) establish and encourage all states to adopt an international protocol for responding to conflict-related sexual violence.

Evidence of Hamas' crimes against humanity has been collected and examined by multiple bodies from around the world, including the UN. The mission report released earlier this year on Sexual Violence in Conflict presented compelling evidence of widespread gender-based and sexual violence against women and girls committed during the attacks on October 7th, 2023. The report found a pattern of naked, often bound female bodies, some bearing execution-style gunshot wounds to the head, in multiple locations. It also found "clear and convincing information" of rape and sexualized torture being committed against hostages kidnapped during the October 7th, 2023, terror attacks and evidence of sexual violence.

The UN Secretary-General's Annual Report on Conflict-Related Sexual Violence incorporated Special Representative Patten's report finding a pattern of sexual violence in three locations on October 7th, 2023. A June report by the UN Commission of Inquiry (COI) on the Israeli-Palestinian Conflict went further, clearly identifying a pattern of sexual violence against Israeli women and girls on October 7th, 2023, and attributing it to Hamas. In his request on May 5th, 2024, to issue international arrest warrants, ICC Special Prosecutor Karim Khan listed "rape and other acts of sexual violence during captivity as crimes against humanity and as war crimes" among the international crimes that the three Hamas leaders were suspected to have committed on October 7th, 2023.

Multiple independent organizations and news outlets also conducted their own investigations and found evidence of Hamas' weaponization of rape. The European Union sanctioned three terrorist organizations, including Hamas, for widespread sexual and gender-based violence in a systemic manner on October 7th, 2023. The US Department of Justice charged Hamas leaders with committing acts of terrorism on October 7th, 2023, including the use of sexual violence as a weapon of brutality and the rape and genital mutilation of Israeli women.

Despite this overwhelming body of evidence, the UN has yet to list Hamas in the Annex to the Report of the Secretary-General as a party credibly suspected of committing or being responsible for patterns of rape or other forms of sexual violence in situations of armed conflict or hold the terrorist organization accountable for these crimes against humanity. We urge you to please take swift action to hold Hamas accountable and send a clear signal to others around the world that sexual violence against women and girls will never be tolerated or excused.

We recognize that responses to conflict-related sexual violence vary greatly among states, which can impact efforts to hold perpetrators accountable. Thus, we urge the UN to put forward a singular, comprehensive international protocol that explicitly outlines the specific actions states must take in the event of conflict-related sexual violence.

We further urge the UN to adopt a resolution validating this international protocol and calling on nations to follow these provisions while cooperating with international mechanisms established to investigate and prosecute conflict-related sexual violence. This international protocol should outline guidance for ensuring survivors receive timely and appropriate medical and mental health care, as well as legal assistance. It should also delineate standard practices for gathering, documenting, and preserving evidence in a way that helps facilitate effective prosecution of perpetrators.

We urge you to take decisive action against gender-based and sexual violence in conflict by focusing your efforts on providing justice and accountability—including accountability for Hamas—to promote greater deterrence of gender-based violence in the future. Further, we ask you to work together to develop and adopt a strong international protocol and related resolution to improve country responses to conflict-related sexual violence worldwide. We remain committed to taking bold action against gender-based violence in all its forms.

Appendix B

RESEARCH BRIEF

Reducing Policy Barriers to SNAP Participation by Food-Insecure Veterans

Around 7.5 percent of all veterans—nearly 1.4 million—are food insecure, and they are consistently less likely than their nonveteran peers to be enrolled in the Supplemental Nutrition Assistance Program (SNAP). A RAND study sought to address gaps in understanding about veterans' need for food and nutrition resources, their rates of SNAP participation, and factors affecting their participation.

Although it is a national program, SNAP is administered by states. An analysis of state SNAP policies highlighted potential facilitators, barriers, and policy actions to boost food-insecure veterans' SNAP participation and long-term food security.

Addressing Veteran Food Insecurity Is a National Priority

After military service, veterans must find new housing, employment, and support networks—and they may be doing so while coping with service-related physical or mental health conditions, which increase their risk of food insecurity. Food insecurity is, in turn, associated with higher rates of depression, suicide, and homelessness. For these reasons, the U.S. Department of Veterans Affairs (VA) routinely screens veterans during primary care visits and connects those who are food insecure with SNAP and other nutrition resources.

However, food-insecure veterans who do not receive VA care may be unaware that they are eligible for SNAP. Others might resist participating in programs that they perceive as undermining their self-reliance or taking food away from people in need. The figure on the following page shows a decade of disparity in food-insecure veterans' and nonveterans' SNAP participation.

Older and Disabled Food-Insecure Veterans Are Least Likely to Get the Support They Need

Several demographic characteristics were associated with lower SNAP enrollment among food-insecure veterans in national survey data, but two differences stood out:

- Food-insecure veterans age 70 and older had a 29-percent estimated probability of being enrolled in SNAP, compared with 39 percent for similar nonveterans.
- Food-insecure veterans who were not in the labor force due to a mental or physical illness had a 45-percent estimated probability of being enrolled in SNAP, compared with 54 percent for their nonveteran peers.

Most VA benefits are included in SNAP eligibility income calculations. These benefits could be insufficient to prevent food insecurity while disqualifying veterans from SNAP; more research is needed to determine the extent to which they pose a barrier to SNAP participation. But the evidence indicates that food-insecure veterans who received VA disability payments and other VA benefits had lower SNAP participation than food-insecure veteran peers who did not receive VA benefits.

Syracuse University
D'Aniello Institute for Veterans & Military Families
JPMorgan Chase & Co., Founding Partner

Appendix B

RESEARCH & ANALYTICS

RESEARCH REVIEW | ISSUE 258

Food Insecurity Among Veterans Examining the Discrepancy Between Veteran Food Insecurity and Use of the Supplemental Nutrition Assistance Program (SNAP)

AUTHORS:
Tamara Dubowitz, Andrea Richardson, Teague Ruder, Catria Gadwah-Meaden

SOURCE: Santa Monica, CA: RAND Corporation

YEAR: 2023

LINK: https://doi.org/10.7249/RRA1363-2

KEYWORDS: Food Insecurity, Military Veterans, Nutrition, Poverty, Social Services and Welfare

SUMMARY:

*Food insecurity is linked to poorer physical and mental health, including an increased risk of suicide. Therefore, addressing the needs of food-insecure veterans is a national priority. The U.S. Department of Veterans Affairs conducts routine screenings to identify veterans at risk of food insecurity and refer them to sources of support. Nonetheless, food-insecure veterans are consistently less likely than their nonveteran peers to be enrolled in the Supplemental Nutrition Assistance Program (SNAP). This research adds to the evidence base on food-insecure veterans who do and do not enroll in SNAP, as well as differences between food-insecure veterans' and nonveterans' reasons for starting and ending — or losing — SNAP benefits and patterns in these groups' use of other safety-net programs. For example, veterans' benefits could push their income above the eligibility threshold for SNAP. Although it is a federal program, SNAP is administered by the states, and the RAND analyses highlighted potential policy options to facilitate SNAP access for food-insecure veterans.

Two groups of food-insecure veterans were much less likely to participate in SNAP than their nonveteran peers: older veterans and those who were not in the workforce because of a disability. Increasing SNAP access for food-insecure veterans who are falling through the cracks is one immediate step toward eliminating food insecurity, but there is also a need for early interventions to identify and support service members who are at risk of becoming food insecure as veterans.*

RESEARCH HIGHLIGHTS:

- This research employed three data sources to examine the participation of food-insecure veterans and nonveterans in SNAP.
- Findings showed that veterans are less likely than nonveterans to be food insecure. However, compared with similar nonveterans, veterans who are food insecure are consistently less likely to be enrolled in SNAP.
- The data also revealed that 7.5% of veterans, around 1.4 million individuals, experienced food insecurity, and 4.9% received SNAP benefits.
- Additionally, food-insecure veterans, especially those disabled and not in the labor force, exhibited lower SNAP participation rates than food-insecure nonveterans. Differences in SNAP enrollment were observed among older veterans and those receiving VA benefits. The primary reason for food-insecure veterans discontinuing or losing SNAP benefits was an increase in income.

Implications

FOR PRACTICE

Implications for practice include: (1) enhanced early intervention to raise awareness of Supplemental Nutrition Assistance Program (SNAP) among at-risk service members who may face food insecurity upon transitioning to civilian life, (2) expanded food insecurity screening efforts, with a particular emphasis on targeting disabled and older veterans to ensure timely assistance and education regarding SNAP eligibility, and (3) broadened screening efforts for hard to reach groups that target vulnerable veterans who are not under VA care, older veterans, and those with disabilities.

FOR POLICY

At the state and federal levels, reforms to SNAP that better support food-insecure veterans and address disparities compared to nonveteran counterparts are needed. Stronger federal guidance is recommended to ensure uniformity and consistency in SNAP eligibility criteria, especially for older and disabled veterans. Federal guidance can play a pivotal role in encouraging states to adopt policies that promote SNAP participation and foster a supportive environment for food insecure veterans nationwide. Interstate compacts that deconflict state-specific policies could foster a more streamlined, seamless, and equitable approach across regions. Broad-based categorical eligibility, which simplifies the application process and raises income eligibility thresholds, should also be among the policy considerations to improve equity and enhance the SNAP program's effectiveness. Specifically, policymakers should conduct a thorough review of SNAP eligibility criteria, with a focus on ensuring that policies adequately accommodate the unique circumstances of disabled veterans.

FOR FUTURE RESEARCH

Future research includes leveraging the quasi-longitudinal nature of the Current Population Survey (CPS) data to explore the intricate relationship between SNAP and U.S. Department of Veteran Affairs (VA) disability benefits among food-insecure veterans. To enhance veterans' food access, subsequent research should focus on monitoring and evaluating the effectiveness of initiatives that have proven successful as well as the social and economic precursors to food insecurity among veterans. This may be particularly important for those not under VA care and therefore not routinely screened. Further research is also encouraged reviewing collaborations between the U.S. Department of Defense and the VA to identify transitioning service members at risk of food insecurity. Addressing the lower SNAP enrollment rates among veterans necessitates research into the underlying factors, such as eligibility challenges, perceived ineligibility, social stigma associated with SNAP participation, and the influence of messaging on nutrition assistance. Additionally, longitudinal tracking of the implementation of these recommendations and their effectiveness in increasing veterans' utilization of nutrition assistance programs will provide insights into interventions that facilitate food-insecure veterans' access to essential support. Future research should also encompass investigating state-level variations in SNAP participation policies and assessing the influence of veterans' military service factors on their food security status. There is also a need for better understanding of how veterans' experiences as service members, such as their paygrade and years of service, affect their likelihood of becoming food insecure as veterans.

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Jewish War Veterans (JWV) of the United States of America
National Commander Gary I. Ginsburg (2024-2025)

Gary I. Ginsburg has been the JWV National Commander since September 12, 2024, and previously served as the JWV National Vice Commander during 2023 and 2024. He has also served as Department Commander and Post Commander in New York State. He is a life member of both the JWV and the National Museum of American Jewish Military History. He is part of a JWV family tradition that spans three generations in upstate New York.

As the JWV National Commander, he advocates for America's 18 million veterans, travels across the country, and represents the organization at local, state, and national events. He also leads the JWV effort to counter racism, bigotry, and antisemitism wherever the source and whomever the target. He has motivated and inspired many new members to join the JWV. He educates children about the value of veterans who served our nation in defense of freedom. He meets with elected officials, leaders of the U.S. Department of Veteran Affairs, other veteran service organizations, and leadership of Jewish organizations to promote the priorities of the JWV. He has also begun to address the interest of American veterans residing in Israel.

He serves on the Syracuse University Veterans Advisory Council and is the JWV representative in support of the local city-county Veterans Advisory Committee. In 2017 and 2018, he earned the President's Volunteer Service Award Gold level for assisting transitioning veterans at four locations: Rochester, Fort Drum, West Point, and Syracuse.

He served four years on active duty in the U.S. Army, both in the United States and overseas, and additionally served honorably for 29 years in the U.S. Army Reserve. His military experience culminated in three assignments as a battalion and brigade-level command sergeant major (CSM) or senior enlisted advisor, including medical, engineering, and personnel services units. He also served in four sergeant major staff assignments before his CSM appointment in 1999. He has earned numerous military and civilian awards and recognition for local, state, and national volunteer service.

He earned a Bachelor of Science degree from Syracuse University and a graduate degree (using his GI Bill educational benefits) from the University of Southern California. Gary Ginsburg resides in Webster, N.Y., near Rochester, N.Y.

As of February 17, 2025

Jewish War Veterans

of the United States of America

A Jewish Voice for Veterans;

A Veteran's Voice for Jews since 1896

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Legislative Priorities of Minority Veterans of America

For the 119th Congress

Prepared for:

Senate Veterans Affairs Committee
House Veterans Affairs Committee

February 26, 2025

Prepared by:

Lindsay Church (they/them), *Executive Director & Co-Founder*
Sarah Klimm (she/her), *Policy Analyst*

Minority Veterans of America
Legislative Priorities

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of the Committees,

We are Minority Veterans of America (MVA), an intersectional movement of minority veterans dedicated to creating community belonging and advancing equity for service members and veterans who are racial, gender, sexual, and religious minorities. MVA works on behalf of more than 9.5 million minority veterans and is home to 3,600 members across 49 states, four territories, three countries, and the District of Columbia. Through our suite of programs, we directly serve thousands of veterans, service members, and their families each year. On behalf of our dedicated staff, volunteers, and the communities we serve, we extend our gratitude for the opportunity to contribute to this Joint Hearing.

Since our inception in 2017, MVA has been at the forefront of advocating for the unique needs of minority veterans across the nation. In our work, we have witnessed firsthand the challenges faced by members of our community during their time in service that spill over into their existence as veterans. Minority veterans face significant barriers when accessing quality healthcare, benefits, housing, and employment opportunities through VA and other federal programs. These barriers are compounded by systemic inequities, discriminatory policies, and the politicization of our very existence.

Our legislative priorities reflect our commitment to addressing these critical issues. We advocate for improved access to VA healthcare and benefits, ensuring that minority veterans receive equitable support and services. We also emphasize the importance of mental health and suicide prevention initiatives tailored to the unique needs of minority veterans. Too often, our community faces barriers to accessing culturally competent care, exacerbating physical and mental health challenges and contributing to disproportionate rates of suicide among racial, gender, and sexual minority veterans.

In addition to these issues, we wish to stress that recent mass firings at the Department of Veterans Affairs pose a catastrophic threat to veteran healthcare and benefits administration. VA is the backbone of veteran care, and gutting its workforce by thousands of employees[1] will lead to longer wait times, reduced services, poorer quality of care, and increased barriers to care for millions of veterans. Additionally, veterans are disproportionately represented in the federal workforce, meaning mass layoffs will harm the very people who have already sacrificed for this nation. In any past Congress, firing more than one thousand VA employees overnight – many of whom are veterans themselves - would be a scandal worthy of dismissing a sitting Secretary, yet, there has been little effort

[1] U.S. Department of Veterans Affairs. (2025, February 14). *VA dismisses more than 1,000 employees*. VA News. Retrieved from https://news.va.gov/press-room/va-dismisses-more-than-1000-employees/

to seek answers to how the agency plans to ensure that veteran benefits and services are not impacted in the name of "government efficiency".

In addition to VA, veterans also rely on critical social safety nets, including Social Security, Medicare and Medicaid, and Supplemental Nutrition Assistance Program (SNAP) and Women, Infant, and Children (WIC) benefits, all of which are now under threat. Veterans rely on these programs to get by, to feed their families, and to bridge the gap when they need support. This Congress must recognize that these cuts are not just budgetary decisions — they are a direct betrayal of our commitment to those who have served.

As we confront these critical issues, we ask that Congress prioritize legislation that places the unique needs of minority veterans at the forefront, honoring the profound sacrifices our communities have made in service to our nation. The continued politicization of minority veterans, service members, and our families must end. Exploiting our lived experiences, identities, and struggles for political gain through divisive Executive Orders and riders on legislation that attack the communities we represent undermine the very essence of our collective sacrifices. Our honorable service should not be used for political spectacle and gamesmanship. Instead, Congress must honor the service of all veterans by fighting for policies that are worthy of the sacrifices we have made for this country.

Below, we outline our legislative priorities in detail, offering insight into the specific challenges faced by minority veterans and proposing actionable solutions. It is our sincere hope that this information will inform and inspire the work of your Committees in the months ahead as we fight for a future where every veteran is seen, heard, and valued.

1. Health Equity

Health equity is not a privilege — it is a necessity for all who have served our nation. Yet, systemic barriers and recent executive actions continue to undermine and erode access to quality healthcare for all veterans, especially the minority veterans we serve. Discriminatory executive orders, restrictive healthcare policies, and rollbacks of reproductive and gender-affirming care threaten the very foundation of VA healthcare. Addressing these disparities requires a commitment to data-driven and community-informed policy solutions, the preservation of inclusion, diversity, equity, and access initiatives, and the enforcement of critical protections that were designed to ensure every veteran receives the care they deserve.

Ensuring equitable access to healthcare and benefits is not just a moral imperative but a solemn commitment to care for those who have selflessly served our nation. For many minority veterans, accessing the vital resources provided by the Department of Veterans Affairs through the healthcare and benefits system is often hindered by barriers, many of which are insurmountable. These barriers result in delayed or deferred care which can

ultimately exacerbate health issues and diminishing overall well-being.[2] MVA advocates for policies that dismantle these obstacles and ensure that every veteran receives the timely and comprehensive care they require and deserve.

A. Executive Orders Targeting Transgender American Impacts on Veterans

The cumulative impact of anti-transgender executive orders[3] has been and will continue to be devastating to transgender veterans seeking care at VA. Veterans have reported encountering hostile environments, experiencing increased anxiety when accessing services, and are currently living in fear not knowing what healthcare services and protections will be stripped next. These policies have fostered a climate of fear and uncertainty, and are forcing transgender veterans to make impossible decisions about how and if they will seek the care they need.[4] The lack of protections and uncertainty around recourse if veterans experience discrimination in their care worsen mental and physical health risks that transgender veterans face, including significantly higher rates of suicidal ideations and suicide, homelessness, and unemployment compared to their cisgender counterparts. Without swift action to reverse these harmful policies, VA will continue failing in its duty to provide equitable care to all veterans.

MVA is deeply concerned that implementation of current and future Executive Orders will result in the categorical exclusion of gender-affirming care from the Department of Veterans Affairs medical benefits package which would create irreparable harm to those we serve and would force many transgender veterans into a cycle of delayed, denied, or inadequate treatment.

The Importance of Gender-Affirming Care Protections

Gender-affirming care is recognized as medically necessary by major medical organizations, including the American Medical Association, American Psychological Association, and the World Professional Association for Transgender Health.[5] Studies show that access to gender-affirming care significantly improves mental health outcomes, reduces suicide risk, and

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[2] Washington, D. L., Villa, V. M., Brown, A., Damron-Rodriguez, J., Harada, N., & Rubenstein, L. (2008). Racial and ethnic disparities in the VA healthcare system: A systematic review. *Journal of General Internal Medicine, 23*(5), 654–671. https://doi.org/10.1007/s11606-008-0521-4

[3] Anti-Transgender Executive Orders include: *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*, *Ending Radical and Wasteful Government DEI Programs and Preferencing*, *Restoring America's Fighting Force*, *Prioritizing Military Excellence and Readiness, Protecting Children from Chemical and Surgical Mutilation*, *Keeping Men Out of Women's Sports, and Ending Radical Indoctrination in K-12 Schooling.*

[4] Kheel, R. (2025, February 5). *How Trump's moves to end protections for transgender people could hurt veterans health care*. Military.com. Retrieved from https://www.military.com/daily-news/2025/02/05/how-trumps-moves-end-protections-transgender-people-could-hurt-veterans-health-care.html

[5] American Psychological Association. (n.d.). *Transgender and nonbinary-inclusive care*. Retrieved February 18, 2025, from https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care

enhances overall well-being for transgender individuals.[6] Despite this, federal policies restricting such care within VA facilities have prevented transgender veterans from receiving life-saving treatments, and further restrictions by the Department will unnecessarily threaten the lives of transgender individuals. Transgender veterans should not have to fight for the basic healthcare that is widely recognized as essential by the medical community.

VA must ensure that gender-affirming care, including hormone therapy, prosthetics, mental health support, and other critical care elements are protected from any restrictions in services or healthcare offerings. Transgender veterans have served honorably, and their healthcare should not be subject to political debate. Without these protections, transgender veterans will be forced to leave VA for portions or all of their care. Congress must act decisively to ensure that the VA upholds its obligation to provide comprehensive, affirming care to all veterans, regardless of their gender identity.

B. Comprehensive Reproductive and Family Planning Services for Veterans

Many veterans rely on VA for comprehensive family planning services, including access to in-vitro fertilization (IVF), maternal health, adoption support, contraception, and abortion counseling and care. However, there are ongoing efforts that seek to restrict access to many of these critical services, leaving veterans who turn to VA for care without the support they need to adequately plan their families. Veterans should be afforded a comprehensive suite of high-quality reproductive health services without unnecessary hurdles, regardless of their service-connected disabilities.

The 2022 Supreme Court decision in Dobbs v. Jackson Women's Health Organization has intensified the urgency of ensuring comprehensive reproductive healthcare access. The ruling unjustly overturned the federal constitutional right to abortion — leading to many states severely restricting or outright banning abortion access. For veterans who rely on VA healthcare, the Department's recent rulemaking furnishing abortion access to veterans and CHAMPVA beneficiaries is crucial to ensuring that veterans have access to dependable, reliable, and safe care no matter where they live.[7] [8] Newly appointed Secretary of Veterans Affairs, Doug Collins, stated in his confirmation hearing that he intends to revisit this rule and determine if the agency will maintain or overturn it based on the new administration's

[6] Shelemy, L., Cotton, S., Crane, C., & Knight, M. (2024). Systematic review of prospective adult mental health outcomes following affirmative interventions for gender dysphoria. *International Journal of Transgender Health*, 25(2), 125–144. https://doi.org/10.1080/26895269.2024.2333525

[7] Department of Veterans Affairs. (2022, September 9). *Reproductive health services*. Federal Register. Retrieved from https://www.federalregister.gov/documents/2022/09/09/2022-19239/reproductive-health-services

[8] Department of Veterans Affairs. (2024, March 4). *Reproductive health services*. Federal Register. Retrieved from https://www.federalregister.gov/documents/2024/03/04/2024-04275/reproductive-health-services

interpretation of the 1992 Veterans Healthcare Act, a law that has since been superseded.[9] It is critical that VA continue to furnish this care and that Congress pursue efforts to codify abortion protections in law.[10] [11] There are over 2 million women veterans in the U.S. and they are the fastest growing cohort of veterans; the percentage of women veterans is expected to grow by more than half in the next 15 years. Nearly 300,000 women veterans who rely on VHA for care are of reproductive age.[12] [13] Over one-third of women veterans identify as racial or ethnic minorities and Black women make up about 19% of the current population of women veterans. As abortion bans disproportionately impact people of color, this new pathway to accessing abortion care is essential for many of those most harmed by the overturning of Roe v. Wade.[14]

Access to assisted reproductive technologies, including IVF, remains another critical issue. Many veterans, especially women veterans, delay starting families until after their service or when it aligns with their military careers, meaning they often seek reproductive assistance at later ages when fertility challenges are more common.[15] VA must recognize these unique circumstances and provide comprehensive family-building services, including IVF, without restrictions.

For too long, veterans have been met with exclusionary barriers to IVF services when seeking care at VA, even for those with service-connected disabilities. While VA recently removed marriage requirements and approved the use of donated reproductive materials, it took organizations, service members, and veterans suing the Departments of Veterans Affairs and Defense to force the agencies to furnish this essential care.[16] Currently, IVF services through

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[9] National Women's Law Center. (2022, October 11). *NWLC's public comment in support of VA rule providing for abortion care and counseling*. Retrieved from https://nwlc.org/resource/nwlcs-public-comment-in-support-of-va-rule-on-abortion/

[10] Department of Veterans Affairs. (2024, March 4). *Reproductive health services: Final rule*. Federal Register. Retrieved from https://www.federalregister.gov/documents/2024/03/04/2024-04275/reproductive-health-services

[11] Sundlun, K. (2025, January 21). *VA can't provide abortions but he'll 'reexamine' law, Georgia's Doug Collins says in confirmation hearing*. Atlanta News First. Retrieved from https://www.atlantanewsfirst.com/2025/01/21/va-cant-provide-abortions-hell-reexamine-law-georgias-doug-collins-says-confirmation-hearing/

[12] U.S. Department of Veterans Affairs. (n.d.). *Women veterans: Facts and statistics*. Women Veterans Health Care. Retrieved from https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp

[13] U.S. Department of Veterans Affairs, Office of Inspector General. (2024, February). *Deficiencies in emergency department care for a veteran who died by suicide at the Tuscaloosa VA Medical Center in Alabama* (Report No. 22-03931-226). Retrieved from https://www.vaoig.gov/sites/default/files/reports/2024-02/VAOIG-22-03931-226.pdf

[14] Schultz, D., Hunter, K. M., Skrabala, L., & Haynie, J. G. (2022). *Improving support for veteran women: Veterans' issues in focus*. RAND Corporation. https://www.rand.org/pubs/perspectives/PEA1363-3.html

[15] Kroll-Desrosiers, A., Copeland, L. A., Mengeling, M. A., & Mattocks, K. M. (2023). Infertility services for veterans enrolled in Veterans Health Administration care. *Journal of General Internal Medicine, 38*(10), 2347–2353. https://doi.org/10.1007/s11606-023-08080-

[16] Yale Law School Veterans Legal Services Clinic. (n.d.). *National Organization for Women–NYC vs. VA and DoD*. Yale Law School. Retrieved from https://law.yale.edu/studying-law-yale/clinical-and-

VA are restricted only to veterans with service-connected infertility — a policy that disproportionately impacts women veterans who may require reproductive assistance but find challenges meeting the narrow eligibility.[17] Proving service connection for infertility can be particularly difficult, especially for women veterans, due to historical gaps in research, inability to furnish documentation of reproductive health issues during service, and lack of general understanding of the unique challenges facing women in uniform.[18]

Legislative Ask: H.R. 220 Veterans Infertility Treatment Act of 2025[19]

C. Maternal Health Care for Veterans

Maternal health is an essential component of comprehensive healthcare, yet veterans — particularly minority and underserved veterans — continue to face barriers to accessing high-quality maternal health services. Compared to civilians, veterans disproportionately experience service-related health conditions such as post-traumatic stress disorder (PTSD), toxic exposure, and musculoskeletal injuries, which can complicate pregnancy, childbirth, and postpartum recovery.[20][21] Additionally, a lack of obstetric and maternal care services at VA facilities means that most veterans must seek care through community providers or use outside insurance, creating gaps in care coordination and increasing the risk of poor maternal health outcomes.

Black, Indigenous, and other racial minority veterans experience higher rates of maternal mortality and morbidity compared to their white counterparts. The Government Accountability Office (GAO) has reported that Black veterans experience severe maternal complications at significantly higher rates than white veterans, underscoring the need for

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experiential-learning/our-clinics/veterans-legal-services-clinic/national-organization-women-nyc-vs-va-and-dod

[17] National Organization for Women–New York City v. Department of Defense and Department of Veterans Affairs, No. 1:23-cv-06750 (S.D.N.Y. Aug. 2, 2023). Retrieved from https://law.yale.edu/studying-law-yale/clinical-and-experiential-learning/our-clinics/veterans-legal-services-clinic/national-organization-women-nyc-vs-va-and-dod

[18] Katon, J. G., Zephyrin, L., Meoli, A., Hulugalle, A., Bosch, J., Callegari, L., Galvan, I. V., Gray, K. E., Haeger, K. O., Hoffmire, C., Levis, S., Ma, E. W., McCabe, J. E., Nillni, Y. I., Pineles, S. L., Reddy, S. M., Savitz, D. A., Shaw, J. G., & Patton, E. W. (2019). Reproductive health of women veterans: A systematic review of the literature from 2008 to 2017. *Seminars in Reproductive Medicine*, 36(6), 315–322. https://doi.org/10.1055/s-0039-1678750

[19] Brownley, J. (2025). *Veterans Infertility Treatment Act of 2025*, H.R. 220, 119th Cong. https://www.congress.gov/bill/119th-congress/house-bill/220

[20] Fitzgerald, L. F., Greathouse, K. L., Falvo, M. J., & Klimas, N. G. (2022). Preliminary findings from the Gulf War Women's Cohort: Health outcomes among female Gulf War veterans. *International Journal of Environmental Research and Public Health*, 19(14), 8483. https://doi.org/10.3390/ijerph19148483

[21] Miller, M. B., Kelly, U. A., & Vogt, D. (2024). The impact of military trauma exposures on servicewomen's perinatal outcomes: A scoping review. *Journal of Midwifery & Women's Health*, 69(2), 145–157. https://doi.org/10.1111/jmwh.13620

targeted interventions to reduce disparities in care.[22] [23] Additionally, LGBTQ+ veterans — including transgender, nonbinary, and gender-diverse individuals — face systemic barriers, harassment, and discrimination when seeking reproductive or maternal care.

The VA's Maternal Care Coordinator (MCC) program, established in 2012, plays a critical role in assisting pregnant and postpartum veterans. MCCs provide care coordination, education, and advocacy for veterans navigating prenatal, perinatal, and postpartum services within VA and community-based healthcare systems. However, MCCs lack consistent resources, training, and staffing levels to meet the growing needs of veterans – which will certainly be exacerbated by efforts to reduce the federal workforce and cut costs. Expanding this program and ensuring MCCs are equipped to address the unique challenges faced by women, minority, and LGBTQ+ veterans is crucial to improving maternal health outcomes.

VA must prioritize maternal health equity by increasing access to culturally competent care providers, expanding telehealth services, improving perinatal mental health screenings, and strengthening partnerships with community-based maternal health organizations. Addressing these issues requires a multifaceted approach that removes systemic barriers and ensures that all veterans—regardless of race, gender identity, or geographic location — have equitable access to high-quality maternal healthcare.

VA should also ensure equitable access to adoption assistance for veterans, recognizing that some veterans may choose or require adoption as their pathway to parenthood. A truly comprehensive reproductive healthcare system for veterans must include a full spectrum of family planning services, including IVF, adoption, contraception, and abortion care, ensuring that veterans can make the best decisions for themselves and their families without undue burden.

D. Demographic Data Preservation

The deliberate erosion of demographic data collection, reporting, and display within VA healthcare and benefits represents a broader and deeply concerning effort to erase the identities and lived experiences of specific marginalized veterans. The current administration has taken alarming steps to strip away critical protections and eradicate many of us from everyday life, effectively rewriting policies and history to diminish the visibility and humanity of transgender, nonbinary, and other minority veterans. These actions are not just bureaucratic decisions, they are deliberate attempts to erase and deny the realities of transgender and nonbinary veterans, and are already preventing providers from delivering informed, effective, and equitable care.

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[22] U.S. Government Accountability Office. (2023). *Veterans health: VA should improve its monitoring of severe maternal morbidity.* Retrieved from https://www.gao.gov/assets/gao-24-106209.pdf

[23] Katon, J. G., Gray, K. E., & Reddy, S. M. (2023). Ethnoracial disparities in perinatal outcomes among women veterans utilizing Veterans Health Administration maternity care. *Journal of Women's Health*. https://doi.org/10.1089/jwh.2023.0162

While those in power may attempt to erase transgender and nonbinary veterans from policy and public life, they will never succeed in erasing us from existence. Our communities have persisted through generations of exclusion, discrimination, and targeted attacks, and we will continue to resist efforts that seek to make us invisible. However, the harm caused by these policies is real — by making identity a political battleground, this administration has turned our fundamental rights and access to care into a subject of debate rather than a guarantee of equal dignity and humanity. It is imperative that Congress acts to safeguard the rights of all veterans and ensure that no administration can manipulate policy to erase those who have served.

By replacing gender identity with birth sex in patient health records, VA providers are being denied essential medical information that directly impacts patient outcomes. This information is critical to ensure that providers have the necessary tools to deliver accurate, safe, and affirming care to all veterans. Knowing a patient's gender identity allows the provider to understand key trends and indicators that have the ability to save the lives of veterans every day.

Demographic data — including race, ethnicity, gender identity, sexual orientation, disability, and socioeconomic status — plays an essential role in identifying systemic inequities in veteran healthcare. By tracking and analyzing these data points, VA can better understand which communities experience higher rates of chronic illnesses, mental health concerns, suicide, homelessness, and barriers to accessing benefits.

Without this information, disparities remain hidden, making it nearly impossible to implement effective, evidence-based policy solutions. Eliminating gender identity from health records, purging the data from the system, and limiting veterans' abilities to update this in our medical records actively limits providers' ability to treat transgender and nonbinary veterans appropriately, creating direct harm.

i. The Harmful Impact of Removing Gender Identity from Health Records

Forcing providers to rely on birth sex, even when doing so results in misdiagnosis, inappropriate screenings, and denied access to necessary care is unethical, harmful, and potentially deadly. This policy ignores the well-established medical consensus that gender identity is a fundamental component of patient health.

By withholding gender identity data from providers, transgender and nonbinary veterans face heightened health risks due to delayed care, incorrect treatment plans, and increased

mental health distress.[24] If a provider had access to gender identity data, they would be better equipped to:

- Identify the need for gender-affirming care and ensure appropriate referrals for hormone therapy, mental health support, and other critical services.
- Screen appropriately for health risks that differ from those associated with birth sex (e.g., a transgender woman may still require prostate cancer screening, while a transgender man may require cervical cancer screenings).
- Understand medication interactions that may be impacted by hormone replacement therapy, ensuring accurate prescriptions and dosage adjustments.
- Provide trauma-informed care by recognizing how medical mistreatment, discrimination, and stigma have shaped transgender veterans' past healthcare experiences.
- Ensure accurate mental health assessments by distinguishing gender dysphoria from unrelated mental health conditions and avoiding misdiagnosis.

Stripping this data from medical records does not create a neutral healthcare environment; it actively erases the existence and medical needs of transgender veterans. This policy is not about neutrality — it is an attack on the rights and dignity of transgender veterans and represents a dangerous step backward in medical equity and patient-centered care.

2. Housing & Homelessness: The Need for Equitable Solutions

Stable housing is a fundamental necessity for successful reintegration into civilian life and is a core component of a person's overall health and wellness in their post-service lives, yet too many veterans, particularly racial minorities, LGBTQ+, and women veterans, are at greater risk for housing insecurity and homelessness.[25] The reasons for these disparities are multifaceted, driven by socioeconomic challenges, systemic discrimination, and gaps in veteran support services. Addressing these issues requires tailored solutions that ensure all veterans — regardless of race, gender identity, sexual orientation, or background — can access safe and stable housing.

A. Socioeconomic Drivers of Housing Insecurity for Minority Veterans

Many minority veterans face a unique set of socioeconomic challenges that contribute to housing insecurity. A long history of discriminatory policies, such as redlining and unequal access to the GI Bill's housing and education benefits, have left generational scars that persist

[24] U.S. Department of Veterans Affairs. (n.d.). Nonbinary veterans. *LGBTQ+ Veteran Health Care Fact Sheet*. https://www.patientcare.va.gov/lgbt/docs/lgbtq-factsheet-nonbinary-veterans.PDF
[25] National Low Income Housing Coalition. (n.d.). *Housing instability and homeless program use among veterans: The intersection of race, sex, and homelessness.* Retrieved from https://nlihc.org/sites/default/files/Housing-Instability-and-Homeless-Program-Use-Among-Veterans-The-Intersection-of-Race-Sex-and-Homelessness.pdf

today. Racial minority veterans, particularly Black and Indigenous veterans, have historically been denied access to home loans and financial resources that could have provided long-term housing stability, trends that are documented and unaddressed.[26]

Black Veterans Project (BVP) has played a critical role in exposing the ongoing racial disparities within VA on the issue of disparities in veteran benefits and housing. Their work has demonstrated how Black veterans receive VA-backed home loans at significantly lower rates than their white counterparts, limiting access to homeownership and wealth-building opportunities. Additionally, BVP's reporting has highlighted the disproportionate rates of housing instability and homelessness among Black veterans, a trend that persists due to systemic inequities in VA programs and broader economic discrimination. Federal policies must eliminate racial barriers and ensure equal access to homeownership support for historically excluded veteran populations.

Beyond historical discrimination, minority veterans often face employment challenges due to systemic hiring biases and the failure of workforce programs to adequately support their transition from military service. These challenges are further compounded by the administration's efforts to roll back Equal Opportunity protections that ensure fair access to employment and career advancement for all veterans. Weakening these safeguards undermines workplace policies designed to remove barriers and promote hiring practices that recognize the unique skills and experiences of all people, including veterans transitioning to civilian employment. Veterans who face discrimination in the labor market struggle to achieve financial security, making it more difficult to secure and maintain stable housing.[27] Additionally, LGBTQ+ veterans are at higher risk of economic hardship, with many having been discharged under discriminatory policies like "Don't Ask, Don't Tell," which affected their access to VA benefits and long-term financial security.[28]

Furthermore, mental health conditions, including post-traumatic stress disorder (PTSD) and military sexual trauma (MST), contribute significantly to housing insecurity.[29] [30] These conditions often go untreated due to stigma or lack of culturally competent care within the VA system, leading to job loss, unstable housing situations, and an increased risk of

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[26] Onkst, D. H. (1998). "First a Negro... Incidentally a veteran": Black World War Two veterans and the G.I. Bill in the Deep South, 1944–1948. *Journal of Social History, 31*(3), 517–543. https://doi.org/10.1353/jsh/31.3.517

[27] National Institutes of Health. (2023). *Disparities in economic security among minority veterans: A review of systemic barriers. National Library of Medicine.* Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC10273202/

[28] Center for American Progress. (2021, May 25). *LGBTQ military members and veterans face economic, housing, and health insecurities*. https://www.americanprogress.org/article/lgbtq-military-members-and-veterans-face-economic-housing-and-health-insecurities/

[29] Brignone, E., Gundlapalli, A. V., Blais, R. K., Fargo, J. D., & Carter, M. E. (2016). Differential risk for homelessness among U.S. male and female veterans with a positive screen for military sexual trauma. *JAMA Psychiatry, 73*(6), 582–589. https://doi.org/10.1001/jamapsychiatry.2016.0101

[30] Tsai, J., & Cao, X. (2021). Association between posttraumatic stress disorder and homelessness among veterans. *Social Service Review, 95*(2), 294–318. https://doi.org/10.1086/712991

homelessness. Without adequate intervention, these issues become cyclical, leaving many minority veterans trapped in a system that fails to provide them with necessary resources.

B. Tailored Strategies to Address Housing Disparities and Ensure Equitable Support

To effectively combat veteran homelessness, solutions must be tailored to address the specific barriers faced by minority veterans. One of the most critical steps is increasing access to VA housing assistance programs and ensuring these resources are equitably distributed. VA's Supportive Services for Veteran Families (SSVF) and Housing and Urban Development-VA Supportive Housing (HUD-VASH) programs must be protected, preserved, and expanded to meet the needs of underserved veteran populations. This includes ensuring targeted outreach to minority veterans, who may not be aware of or have faced barriers in accessing these programs.

Another key strategy involves creating culturally competent housing initiatives that recognize the unique challenges faced by different veteran demographics. Housing programs that integrate mental health services, employment assistance, and legal support can provide holistic solutions to minority veterans who face structural barriers to stable housing. For example, transitional housing programs designed specifically for LGBTQ+ veterans can provide safe spaces free from discrimination, increasing their chances of achieving long-term housing stability.

Additionally, Congress must prioritize stronger oversight and accountability mechanisms to ensure that VA housing assistance programs are serving all veterans equitably. Data collection on racial, gender, and sexual identity disparities in veteran homelessness must be expanded, not retracted, to better inform policy solutions. By addressing the root causes of housing insecurity and ensuring that resources are distributed equitably, we can move toward a future where no veteran is left without a home.

3. Suicide Prevention: Addressing a National Crisis

Veteran suicide is a public health crisis that demands urgent, targeted, and continued action. Minority veterans, including racial minority and LGBTQ+ veterans, face even greater risks due to systemic barriers to care, discrimination, and a lack of culturally competent support systems. Trust in VA and other veteran services remains low among many minority veteran populations, leading to an underutilization of critical mental health and crisis intervention services.[31] We must implement tailored strategies to reach the most vulnerable veterans, ensuring they have access to life-saving support when they need it most.

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[31] Kulka, R. A., Schlenger, W. E., Fairbank, J. A., Hough, R. L., Jordan, B. K., Marmar, C. R., & Weiss, D. S. (1990). *Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study*. Routledge. https://doi.org/10.4324/9781315803753

A. Tailored Strategies to Prevent Suicide in Vulnerable Populations

The unique challenges faced by minority veterans contribute to a higher risk of suicide, yet VA suicide prevention efforts often fail to address these disparities adequately. Many minority veterans report mistrust in the VA system due to past experiences of discrimination, inadequate care, or the failure of providers to understand their lived experiences.[32] Addressing these gaps requires proactive outreach, culturally competent mental health care, and robust peer support programs that help veterans reconnect with their communities.

Additionally, programs such as the Veterans Crisis Line must be strengthened to ensure that they provide immediate and appropriate responses for all veterans, including those who face additional barriers in seeking care. Recent firings at VA Crisis Line should be monitored for overall impact on veteran wait time and quality of care. Additionally, training mandates for Crisis Line staff should include providing culturally appropriate care to all veterans.

B. Outdoor Recreation as a Suicide Prevention Tool

Nature and outdoor recreation have been shown to have profound mental health benefits, providing veterans with an alternative avenue for healing and community building. Access to nature has been linked to reduced stress, improved mood, and lower rates of depression and suicidal ideation.[33] [34] However, many minority veterans face significant barriers in accessing outdoor recreation, including financial constraints, geographic limitations, transportation, and the historical exclusion of marginalized groups from outdoor spaces.

VA must integrate outdoor recreation into its broader mental health and suicide prevention strategies through equity-based approaches. MVA is a proud member of the Task Force on Outdoor Recreation for Veterans, an interagency working group dedicated to expanding access to outdoor recreation opportunities for veterans by identifying barriers, fostering cross-agency collaboration, and developing policy recommendations that enhance the use of public lands, outdoor therapy, and nature-based programs to improve veterans' mental and physical well-being. The task force was set to release our final Congressionally Mandated Report with recommendations in accordance with Section 203 of the Veterans COMPACT Act which was nearing completion of the concurrence process at the end of 2024. On February 6, 2025, all members of the Task Force were notified via email that our report was being re-reviewed to assure that they are aligned with current administration and leadership

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[32] Spoont, M. R., Nelson, D. B., Murdoch, M., Rector, T., Sayer, N. A., Nugent, S., & Westermeyer, J. (2015). Barriers to initiation of mental health treatment among returning veterans with posttraumatic stress disorder. *Journal of Traumatic Stress*, 27(5), 484–492. https://doi.org/10.1002/jts.21947

[33] Bratman, G. N., Hamilton, J. P., Hahn, K. S., Daily, G. C., & Gross, J. J. (2015). Nature experience reduces rumination and subgenual prefrontal cortex activation. *Proceedings of the National Academy of Sciences*, 112(28), 8567–8572. https://doi.org/10.1073/pnas.1510459112

[34] Helbich, M., de Beurs, D., Kwan, M.-P., O'Connor, R. C., & Groenewegen, P. P. (2018). Natural environments and suicide mortality in the Netherlands: A cross-sectional, ecological study. *The Lancet Planetary Health, 2*(3), e134–e139. https://doi.org/10.1016/S2542-5196(18)30033-0

priorities.[35] This re-review will, no doubt, strip the several equity-based recommendations of the Task Force despite Section 203.d.1.B which required the task force to "identify barriers that exist to providing veterans with the delivery of the services for health and wellness." It is impossible to identify barriers without also identifying the inequities that exist to create them.

In our Congressionally Mandated Report, the task force provided over 25 recommendations that highlighted the need for increased funding for outdoor recreation and therapy programs that prioritize accessibility, inclusion, and cultural relevance, suggested physical space inventories that would allow for veterans across the identity spectrum to better access the outdoors, and recommended data collection efforts that would allow agencies to better understand who they serve. These recommendations were made to ensure that veterans, including those from historically marginalized groups, have equitable opportunities to participate in nature-based healing and Congress should be given access to the report in full without redactions or changes.

4. VA Sexual Assault & Gender Based Harassment Prevention

Sexual assault and harassment within the VA system continue to present serious threats to the safety and well-being of veterans, particularly women, LGBTQ+ veterans, and other racial minority veterans.[3637] VA has a duty to ensure that all veterans, staff, and visitors can access care and benefits in an environment free from gender-based violence, harassment, and discrimination. However, systemic failures in accountability and reporting mechanisms have left many veterans without justice, forcing them to navigate a system that is neither transparent nor equipped to address their experiences.

A. Oversight and Implementation of the Deborah Sampson Act Section 2303

The passage of the Deborah Sampson Act was a landmark achievement in addressing gender-based violence, including harassment and assault, within the VA system.[38] However, implementation of critical provisions — particularly Section 2303, which requires VA to establish a comprehensive policy on preventing sexual harassment and assault — has been slow and has fallen short of both the spirit and the letter of the law. Instead of reducing

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[35] Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020, Pub. L. No. 116-214, § 203, 134 Stat. 1026 (2020). Retrieved from https://www.congress.gov/bill/116th-congress/house-bill/8247/text

[36] Shipherd, J. C., Darling, J. E., Klap, R. S., Rose, D., & Yano, E. M. (2018). Experiences in the Veterans Health Administration and impact on healthcare utilization: Comparisons between LGBT and non-LGBT women veterans. *LGBT Health, 5*(5), 303–311. https://doi.org/10.1089/lgbt.2017.0179

[37] Rodriguez, B. (2023, August 14). VA hospitals were designed for men. A new federal effort aims to change that for women and LGBTQ+ veterans. *The 19th News*. https://19thnews.org/2023/08/va-hospitals-women-lgbtq-veterans/

[38] Deborah Sampson Act, H.R. 3224, 116th Cong. (2020). Retrieved from https://www.congress.gov/bill/116th-congress/house-bill/3224

incidents of gender-based violence at VA facilities, new reports indicate a dramatic rise in cases of sexual harassment and assault, demonstrating an urgent need for enhanced oversight, stronger enforcement, and systemic reform.

B. Key Data Points from 2024 Sexual Assault and Harassment Report

In 2024, VA combined two Congressionally Mandated Reports, the Annual Report to Congress on Reporting Harassment and Sexual Assault Incidents Occurring in Facilities of the Department and Annual Report to Congress on Reporting and Tracking Harassment, Sexual Assault Incidents, and Other Safety Incidents Occurring in Facilities of the Department, to release a single consolidated report without the consent of Congress.[39] Data from this report revealed an alarming increase in incidents:

- Sexual Assaults: A 103% increase from 2022 to 2023, with 608 assaults reported.
- Harassment Reports: An 81% increase in sexual harassment cases, rising to 1,336 reports in 2023.
- Facility Reporting Issues:
    - 91 assaults were referred, despite the sharp increase, representing a 133% increase in referred cases.
    - 1,183 reports of harassment were submitted through Disruptive Behavior Reports, a mechanism that may not fully capture the severity of incidents.
    - 4,354 total harassment reports were documented, highlighting the scope of the issue.
- Facility Remediation:
    - 43 VA facilities out of 172 (25%) are currently in remediation for ongoing failures in addressing sexual harassment and assault.
    - However, VA's current VISN tracking system does not fully disclose facilities under 10 cases, making it impossible to determine which locations should be in remediation.
- Safety Incidents:
    - Reports of safety incidents at VA facilities have increased 114% since 2018, reaching 23,984 incidents per year.
    - VA's inconsistent reporting system has resulted in data discrepancies between 2023 and 2024 reports, further complicating tracking efforts.

C. The Threat of Erasing Gender-Based Harassment Data

VA's ability to address gender-based harassment and assault is further compromised by the agency's recent efforts to eliminate gender identity data from medical records and reporting systems. Without this critical information, VA will be not just unlikely to, but will be unable

[39] Annual Report to Congress on Reporting and Tracking Harassment, Sexual Assault Incidents, and Other Safety Incidents Occurring in Facilities of the Department, March 2024

to, track and report on incidents of gender-based harassment and assault that disproportionately impact women, LGBTQ+, and racial minority veterans. If VA stops collecting gender identity data, it will create significant gaps in reporting compliance, making it impossible to determine the full scope of gender-based violence in VA facilities and weakening accountability measures designed to protect veterans.

By removing gender identity as a data point, VA risks undermining the very mechanisms that allow Congress and oversight bodies to track trends, identify problem facilities, and implement meaningful interventions. Without complete and accurate data, VA leadership will have no way to measure the effectiveness of policies intended to prevent harassment, creating a cycle of inaction and denial that leaves survivors continually without justice.

D. Addressing Gender-Based Harassment and Assault in VA Facilities

Section 2303 of the Deborah Sampson Act was designed to implement robust data collection efforts and hold VA leadership accountable for ensuring a safe and respectful environment for all veterans. However, these protections are undermined by poor enforcement mechanisms, lack of transparency, too many reporting systems that cannot communicate, and inconsistencies in case handling across VA facilities. As a result, many veterans experience harassment without meaningful recourse, forcing them to choose between enduring mistreatment or avoiding VA services altogether.

To ensure full implementation of the Deborah Sampson Act, Congress must:

- Demand greater oversight of VA leadership to enforce compliance with sexual harassment and assault prevention policies.
- Require VA to publicly disclose remediation efforts and continue providing annual reports tracking compliance, case resolutions, and disciplinary actions in a timely and complete manner.
- Ensure data collection systems provide reliable year-over-year tracking, preventing inconsistencies in safety incident reporting.
- Expand mandatory survivor-centered training for VA staff and leadership to create trauma-informed, supportive environments for reporting harassment.
- Mandate that gender identity data be restored and included in VA's reporting systems to ensure accurate tracking of gender-based violence.
- Require VA to report on gender-based harassment and sexual assault independent of reports on overall safety incidents.

E. Ensuring Safe and Inclusive Environments for All Veterans

Despite VA's stated commitment to addressing gender-based violence, systemic failures in accountability, reporting, and enforcement continue to make VA facilities unsafe for many

veterans. Women, LGBTQ+, and racial minority veterans disproportionately experience gender-based violence and harassment, making targeted interventions essential to creating inclusive spaces where all veterans can receive care without fear of harm.

Congress must ensure that VA facilities have clear, enforceable anti-harassment policies that provide immediate and meaningful consequences for violations. Veterans should never be expected to tolerate harassment or mistreatment when seeking the benefits and care they have earned through service.

Sexual harassment and assault remain serious barriers to care, and unless VA takes even more decisive action to create a culture and climate of zero tolerance, many veterans will continue to feel unsafe within the very system designed to support them. It is the responsibility of Congress and VA leadership to ensure that safety, dignity, and respect are non-negotiable in all VA facilities.

5. Department of Defense Priorities

Though not in the purview of this committee, MVA works on key issues within the Department of Defense as DoD policies do not just affect those currently serving — they have lasting consequences for veterans. When service members experience sexual violence, discriminatory policies, or barriers to healthcare, these harms follow them into their post-service lives, often contributing to higher rates of PTSD, homelessness, and suicide. Congress must take a long-term view of military and veteran policy by ensuring that service members are treated with dignity and have access to the resources they need — both during and after their time in uniform.

A. Ending Sexual Violence and Harassment in the Military

Sexual violence and harassment remain pervasive issues within the military, disproportionately impacting lower enlisted service members, women, LGBTQ+ service members, and racial minority service members. While DoD has taken steps to address these longstanding issues including the Independent Review Commission on Sexual Assault in the Military, the introduction of the Office of Special Trial Council, and improved data collection and reporting. In spite of these reforms, data indicates that instances of sexual assault and harassment persist at alarming rates. Despite the first signs of progress in reducing these numbers from the Fiscal Year (FY) 2023 Annual Report on Sexual Assault in the Military, there were still 34,875 instances of unwanted sexual contact in FY2021. In addition to the stubbornly high rates of sexual harassment and assault, survivors face systemic barriers to justice, retaliation, and a culture that often prioritizes institutional reputation over survivor

well-being.[40] This will no doubt be exacerbated by a Secretary of Defense reported to have credible allegations of sexual assault against him and a pattern of openly denigrating the service of women in the military.[41]

DoD must continue prioritizing the full implementation of military justice reforms that remove sexual assault prosecutions from the chain of command and establish independent prosecution pathways. Additionally, efforts must go beyond legal reforms to include mandatory prevention programs, survivor-centered reporting processes, and trauma-informed care for those impacted by military sexual trauma (MST). Ensuring that survivors receive timely and comprehensive support is critical to reducing long-term impacts, including higher rates of PTSD, depression, and suicide among veterans who have experienced MST.

MVA is alarmed by DoD's recent pause in sexual harassment and assault prevention trainings in order to redact critical information about identity-related factors that are now banned across the federal government. Though trainings in at least some branches have resumed, the information being redacted from trainings is crucial information for military personnel to best understand the epidemic that is sexual violence in the military.[42] Sexual assault and harassment are an ever-present danger to our service members - and we cannot afford to pause our prevention efforts.

B. Lifting Barriers to Transgender Service

The ability to serve one's country should be available to anyone who can meet the standards of military service, regardless of gender identity.

Policies that restrict or outright ban transgender individuals from military service are discriminatory, harmful, and contradict the military's core principles of readiness, cohesion, and inclusion. The recent Executive Order, Prioritizing Military Excellence and Readiness, does exactly the opposite of its stated goal.[43] Banning transgender individuals from serving does nothing to improve national security; rather, it forces out talented and dedicated service members solely based on their identity.

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[40] Department of Defense. (2024). *Fiscal year 2023 annual report on sexual assault in the military*. Sexual Assault Prevention and Response (SAPR). Retrieved from https://www.sapr.mil/sites/default/files/public/docs/reports/AR/FY23/FY23_Annual_Report.pdf

[41] Mulrine Grobe, A. (2025, January 14). *These women fought sexual assault in the military. They're wary of Pete Hegseth.* The Christian Science Monitor. Retrieved from https://www.csmonitor.com/USA/Politics/2025/0114/pete-hegseth-defense-secretary-hearing

[42] Taheri, M. (2025, February 8). *Military halts sexual assault prevention training post-Trump DEI order*. Newsweek. Retrieved from https://www.newsweek.com/military-halts-sexual-assault-prevention-training-post-trump-dei-order-2028259

[43] Trump, D. J. (2025, January 27). *Prioritizing military excellence and readiness* (Executive Order 14183). The White House. Retrieved from https://www.whitehouse.gov/presidential-actions/2025/01/prioritizing-military-excellence-and-readiness/

Research has consistently shown that allowing transgender individuals to serve openly does not disrupt unit cohesion, morale, or military effectiveness.[44] DoD itself recognized this fact when the agency lifted the ban in 2021, only for it to be reinstated under a renewed wave of political animus and exclusionary policies. Service members should be judged by their ability to perform their duties, not by their gender identity.

The ongoing climate of politically motivated attacks on transgender individuals has created unnecessary fear and instability for those who wear the uniform. Since 2012, DoD has held five different policies on transgender service, the proposed new ban would mark a sixth meaning that in one military career, a transgender service member will have had their lives unnecessarily upended in a back and forth game of political football nearly half a dozen times. Military leaders must reaffirm their commitment to an inclusive force by ensuring that transgender service members are fully protected from discrimination and have access to necessary healthcare, including gender-affirming care.

Congress must act to permanently protect transgender service members by codifying nondiscrimination protections into law, ensuring that no future administration can unilaterally reinstate a ban. The military cannot afford to lose highly skilled personnel due to politically driven discrimination.

Legislative Ask: H.R. 515 Ensuring Readiness Not Discrimination Act[45]

C. Ensuring Comprehensive Reproductive Healthcare for Service Members

The Supreme Court's decision in Dobbs v. Jackson Women's Health Organization and subsequent state-level abortion bans have had severe consequences for service members and their families. Unlike civilians, service members cannot choose where they are stationed. Additionally, service members face abortion bans in the military except under limited circumstances. As of late 2024, approximately 40% of service women are stationed in states where they face abortion bans or expanded abortion restrictions.[46] Everyone, including service members, deserve the freedom to decide if, when, and how to become a parent - but those serving in states with restrictive abortion laws are now forced to travel even further for the care they need.

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[44] Schaefer, A. G., Plumb, R. I., Kadiyala, S., Kavanagh, J., Engel, C. C., Williams, K. M., & Kress, A. M. (2016). *Assessing the implications of allowing transgender personnel to serve openly*. RAND Corporation. https://www.rand.org/pubs/research_reports/RR1530.html

[45] Jacobs, S. (2025). *Ensuring Military Readiness Not Discrimination Act*, H.R. 515, 119th Cong. https://www.congress.gov/bill/119th-congress/house-bill/515/text/ih

[46] Mulrine Grobe, A. (2024, October 29). *Facing obstacles to abortion, military women have built their own support network*. NPR. Retrieved from https://www.npr.org/2024/10/29/nx-s1-5162443/women-in-the-military-abortion-roe-v-wade

In response to this crisis, DoD implemented a critical travel and transportation policy to ensure that service members could access reproductive health care regardless of their duty station or conditions under which they need care. However, this policy was recently rescinded, and then amended several days later to single out those seeking abortion.[47] [48] This action leaves countless service members stranded without options in states without care. Service members should not have fewer reproductive rights than the civilians they protect.

Congress must act to codify DoD's abortion travel policy to ensure it remains intact, regardless of political changes, and ensure contraceptive access and reproductive healthcare are fully accessible under TRICARE without unnecessary restrictions.

6. Conclusion & Call to Action

The urgency of this moment cannot be overstated. The health, dignity, and well-being of our nation's veterans, service members, and their families are at stake, and Congress has a duty to act. Mass VA firings, attacks on inclusion efforts, restrictions on healthcare access, and the erosion of social safety nets are direct threats to the lives of the veterans we serve.

Minority veterans have fought and sacrificed for this country, often serving in times when they were denied full rights and recognition. It is our nation's duty to uphold their rights and ensure they have access to healthcare, benefits, housing, employment opportunities, and protections against discrimination. Gutting the very institutions designed to support veterans will only widen existing disparities and push more people into crisis.

We call upon this Committee to act decisively: protect VA staffing, defend against cuts to vital veteran services, and implement the policies outlined in this testimony to create an equitable and inclusive system for all veterans. We cannot afford to let political maneuvering endanger the lives of those who have sacrificed for this country.

Thank you for your time and consideration. I welcome your questions and the opportunity to work together to build a more just and equitable future for all veterans.

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[47] Per Diem, Travel, and Transportation Allowance Committee. (2025, January 29). *UTD for MAP 04-25(S): Remove travel for non-covered reproductive health care services*. Department of Defense. Retrieved from https://media.defense.gov/2025/Jan/29/2003634768/-1/-1/0/UTD_FOR_MAP_04-25(S)_REMOVE-TRAVEL-FOR-NON-COVERED-REPRODUCTIVE-HEALTH-CARE-SERVICES.PDF

[48] Per Diem, Travel, and Transportation Allowance Committee. (2025, February 4). *UTD for MAP 08-25(I): Reestablish travel for non-covered assisted reproductive technology (ART)*. Department of Defense. Retrieved from https://media.defense.gov/2025/Feb/05/2003637829/-1/-1/0/UTD_FOR_MAP_08-25(I)_REESTABLISH_TRAVEL_FOR_NON-COVERED_ASSISTED_REPRODUCTIVE_TECHNOLOGY_(ART).PDF

Lindsay Church (they/them) is the Executive Director and Co-Founder of the Minority Veterans of America, a non-partisan, non-profit organization dedicated to creating an equitable and just world for the minority veteran community--veterans of color, women, LGBTQ, and (non)religious minorities. Lindsay has nearly a decade of experience rooted in veteran's advocacy and grassroots organizations. They have facilitated agency-wide cultural competency trainings and assessments to ensure organizations and governmental entities are able to serve their minority and veteran constituencies effectively and efficiently. Lindsay received their graduate degree, with a focus in counterterrorism and international conflict, and their undergraduate degree, in near-Eastern language and civilization and comparative Islamic studies, from the University of Washington. They also attended the Defense Language Institute, where they received an associate degree in Persian-Farsi. Lindsay is a veteran of the U.S. Navy, where they served as a cryptologic technician interpretative and led the command-wide foreign language program for the Naval Information Operations Command in San Diego.

Prior to founding and leading the Minority Veterans of America, Lindsay served as the assistant director of student life and as a marketing and communications manager at the University of Washington. Previous appointments include a Commissioner for the City of Seattle, Co-Chair of Congresswoman Suzan Delbene's (WA-1) Veterans Advisory Council, and as a member of Congresswoman Pramila Jayapal's (WA-7) Armed Forces Academy selection committee.

NATIONAL ASSOCIATION OF

COUNTY VETERANS SERVICE OFFICERS

Hearing of the Joint Committee on Veterans' Affairs

Hearing on Pending Legislation

February 26th, 2025

Presented by

Mr. Michael McLaughlin

Legislative Director, National Association of County Veterans Service Officers

GVSO Blue Earth County, Minnesota

Chairmen Bost and Moran, Ranking Members Takano and Blumenthal, and distinguished members of the committee, on behalf of the National Association of County Veteran Service Officers, I extend our deepest gratitude for the opportunity to address this Joint session.

As you are aware, NACVSO is a unique organization in that all our leadership work as accredited VA representatives, advocating for veterans and their dependents in their local communities. We comprise the VA's biggest local partner resource as Governmental Veteran Service Officers (GVSO) that helps to ensure, as a nation, we continue to "care for those who have served". We understand the veteran's experience as well as how to better support VA. Furthermore, our members are often the first point of contact for your very own congressional offices as *you* assist your veteran constituents. It is through this lens that I offer this testimony in hopes that, together, we may all better support our nation's veterans.

NACVSO wishes to express our gratitude for the passage of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. This legislation includes several provisions aimed at improving services for veterans and their families. Notably, Section 302—the Commitment to Veteran Support and Outreach Act, or CVSO Act—marks a historic first step in providing funding for local GVSOs. This acknowledges what NACVSO has long known: delivering veteran services is most effective when it collaborates with experts at the community level.

While we appreciate this progress, funding alone isn't enough. Stronger partnerships between the VA and local advocates remains essential. One immediate step would be to ensure that the Veterans Benefits Improvement Act of 2024, Section 4, is completed expeditiously. This report can serve as a roadmap

for transforming veteran services into a "combined arms" approach by mobilizing all levels of government to meet veterans' needs efficiently and effectively.

As accredited VA representatives, our members work tirelessly to help veterans submit the best possible claims. However, there have been growing concerns about the overdevelopment of disability claims—an issue that delays decisions and wastes taxpayer dollars through the scheduling of unnecessary exams. We appreciate that VA leadership has engaged with stakeholders to address this. We recognize that these challenges stem from many complex factors and is not intentionally done. We encourage this body to amend how VA is required to implement toxic exposure risk activities, or TERA. For example, by ensuring that a confirmed TERA does not automatically trigger unnecessary examinations when other service connections are obvious, VA can reduce expenses while also streamlining a favorable outcome for the veteran. Similarly, we urge greater adherence to the Fully Developed Claim, or FDC, process, which was designed to improve efficiency and reduce the number of exams. NACVSO stands ready to work with VA and this body to improve TERA, and the restore the FDC process, to ensure claims decisions are timely, accurate, and fiscally responsible.

While not a matter immediately before this body, NACVSO strongly opposes any future policy or legislation that would seek to “means test” VA disability compensation. A veteran’s service-connected disability is not tied to exclusively to economic impediments but also considers social and familial impairments.

I am a veteran and the proud son of a Vietnam veteran who was disabled after he was severely wounded during the Tet Offensive. The wounds he sustained led to the amputation of his leg. With prosthetics provided by VA, my father was able to secure employment—all while waging daily battles to prepare himself physically and mentally for work each day. An economic means test would have penalized

my father for his decision to seek employment. My father paid the price for his country every day and this price lasted well after his service was over. What cost can we assign to his inability to teach my sister how to swim or ride a bike. Can we name the price for his 6-year-old son knowing what "phantom" pains are—for a leg that no longer exists?

In addition to disincentivizing veterans to seek vocational rehabilitation and participate in a robust economic society, any policy intending to means test these disabilities disregards the true price that veterans *and their families* paid; a price they will pay for the rest of their lives. Such means testing would break a sacred promise and shatter our commitment "To care for him who shall have borne the battle and for his widow, and his orphan." Which is why NACVSO stands firmly against any such proposals.

Lastly, NACVSO asks this body to continue working alongside VA to prevent—and hold accountable claims consultants who continue for-profit representation of initial VA claims. We believe that no person who has taken the oath of service should ever have to leverage their earned benefits to simply *gain access to those benefits*. As such, we humbly implore this body to look at every means to provide increased support-- and pro-bono access-- to these services.

Chairmen, Ranking Members, and members of the committees, on behalf of NACVSO, thank you for your attention to these important issues. I look forward to our continued work together to better serve our nation's veterans and their families.

Thank you.

National Association of County Veterans Service Officers (NACVSO)
www.nacvso.org

NACVSO Priorities for the 119th Congress

NACVSO members are comprised of Governmental Veteran Service Offices (GVSOs) at the State, County, Tribal and Municipal levels nationwide. GVSOs carry a significant workload for the federal government when it comes to implementing VA policies and programs and are commonly the first professionals veterans encounter when seeking VA services. GVSOs assist veterans and their dependents with filing of disability claims, appeals, health care advocacy, community care scheduling, transportation, educational benefits, death benefits, and much more. NACVSO members are the "tip of the spear" when it comes to assisting veterans with accessing Federal, State and local services which provides us with the unique ability to not only understand issues that veterans encounter but also what support VA needs to better serve veterans and their families.

Disability and Memorial Affairs:

- **NACVSO opposes ANY legislation/policy that would seek to means test or offset Veterans' disability benefits.**
  - Veterans' disability is an earned benefit, not a granted perk, period.
  - Means testing would undermine disabled veterans' ability to thrive despite disabilities.
- **NACVSO encourages VA to expeditiously complete the requirements of Section 4 of the Veterans Benefit Improvement Act (VBIA) of 2024.**
  - Section 4 of VBIA requires VA to report to Congress on who inter-governmental cooperation between VA and GVSOs can be improved/increased.
- **Crack down on over development and unnecessary development of claims.**
  - Re-evaluate the Fully-Developed-Claim Policy.
  - Re-instate a pre-decision review authority for claims representatives (proactive quality review).
- **NACVSO supports legislation to improve how VA is required to implement TERA.**
  - When a veteran has a confirmed TERA, it should not require VA to request a TERA examination if there are other apparent forms of service connection.
  - Unless a TERA is claimed exclusively, it should not supersede a claim for Direct, Secondary, Aggravation, Presumptive or 1151 service-connection.
- **Increase/improve Dependency Indemnity Compensation benefits.**
  - Pass S.410 Love Lives On Act of 2025.
- **NACVSO supports legislation that would restore criminal penalties on unaccredited claims consultants.**
  - Impose criminal penalties for soliciting or charging unauthorized fees with respect to **initial** claims representation before the Department of Veterans Affairs.
  - Options for private representation as VA certified Claims Agents and Attorneys already exist.
- **Reform the VA fiduciary determination process and reporting.**
  - Pass H.R. 1041/S. 478 the Veterans 2nd Amendment Protection Act.

Improve Access to VA Health Care Services:

- **Reduce barriers to enrollment with automatic health care enrollment at discharge.**
  - Allow transitioning service members to have a pre-discharge enrollment similar to Benefits Delivered at Discharge (BDD).
- **Increase the availability of inpatient residential rehabilitation treatment beds.**
  - Reduce the wait time for veterans to enter a Residential treatment program.
  - Includes looking at contracting with Community facilities.
  - Pass H.R. 740/S. 275 Veterans' ACCESS Act.
- **Increase Patient Advocates, implement "Care Coordinators".**
  - Patient Advocates play a pivotal role in advocating for veterans with in VHA.
    - NACVSO believes these vital positions are understaffed.
  - Implement "Care Coordinators" to assist veterans with coordinating specialty care referrals.
    - Referrals within or outside of VHA are very difficult to navigate, and veterans are often left "in the dark" regarding approvals, scheduling, extensions and payments.
- **Recertify or codify in law VHA Direct 1134.**
  - VHA Directive provides VHA providers guidance on assisting veterans with completing VA forms, including VA DBQs. Was supposed to be recertified November 2021.
  - Many VHA providers believe they are not cannot assist veterans with VBA forms.
    - Doing so penalizes veterans who choose to doctor with VHA.
- **Improve reproductive health care access for women veterans.**
  - Reproductive cancers including cervical, ovarian, uterine and breast are now presumptive conditions under PACT act for many toxic exposed women veterans.
  - Impacts to women veterans' reproductive systems can make it more difficult for them to conceive a child and start a family.
  - Pass H.R. 220 Veterans Infertility Treatment Act of 2025.
- **Modernize the CHAMP VA application Process.**
  - Overhaul intake and processing timelines.
    - Provide options for veterans' representatives to be able to direct upload.
    - Wait times for processing enrollment are currently several months.
- **Expand VHA dental care services.**
  - Pass H.R. 210 Dental Care for Veterans Act.
- **Remove VHA vaccine mandates for non-medical volunteers.**
  - Volunteers are currently required to have a variety of vaccines including COVD-19.
  - Impacts GVSOs ability to recruit volunteer to transport veterans to VHA appointments.

Michael McLaughlin serves as the County Veterans Service Officer for Blue Earth County assisting veterans and their dependents access their earned benefits. Michael grew up in Mankato and is the son of Theresa and Tom McLaughlin. His father Tom is Vietnam veteran who served as an infantryman with 2nd Battalion, 5th Marines before being severely wounded by enemy small arms fire during the Tet Offensive. After high school Michael enlisted in the Marine Corps as an infantryman serving with 1st Battalion, 1st Marines deploying in 2004 and 2006 in support of Operation Iraqi Freedom. Michael married his wife Megan in 2006. They returned home to Mankato, Minnesota in 2007 where Michael attended Minnesota State University. After he completed his bachelor's degree Michael worked in the private mining sector in southern Minnesota. He eventually decided to switch careers so he could work with his fellow veterans taking a job with Minnesota Assistance Council for Veterans (VA SSVF provider) as the only homeless veterans outreach worker for the lower 37 Counites of Minnesota. He started his current position as a County Veterans Service Officer in 2016. Michael was appointed the VA Secretary's Rural Health Advisory Committee in 2016 and served until 2022. He was the recipient of the 2017 Minnesota Humanities Center Veteran on the Rise award. In 2023, Michael was recognized by his peers across the country and received both the NACVSO's Distinguished CVSO and President's Award. He currently serves on the Mankato City Council representing Ward 1. Michael and Megan still reside in Mankato, and they have three children, Carly, Marcus, and Erin.

STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

For

VETERANS HEALTH CARE and BENEFITS

1st SESSION of the 119th CONGRESS

Before the

HOUSE and SENATE VETERANS' AFFAIRS COMMITTEES

February 26, 2025

Presented by

CDR René A. Campos, USN-Ret
Senior Director, Government Relations

EXECUTIVE SUMMARY

The Military Officers Association of America (MOAA) extends its sincere gratitude to the members of the House and Senate Veterans' Affairs Committees for upholding the tradition of these vital hearings, which provide a platform to address the needs of our nation's veterans, their families, caregivers, and survivors. Your unwavering commitment to improving the lives of those who have served is both commendable and essential to ensuring their sacrifices are honored.

We applaud the 118th Congress for the passage of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*[1]. This landmark legislation represents a significant step forward in addressing critical challenges facing veterans and their families. Its passage underscores the power of collaboration and bipartisan support in achieving meaningful reforms.

Despite this progress, much work remains. The 119th Congress has an opportunity to build upon this momentum by continuing to advance legislation that directly improves the lives of veterans and their loved ones. We encourage lawmakers to prioritize regular order and the passage of standalone bills. By advancing bills individually, Congress can ensure each initiative receives the attention it deserves, expediting the delivery of essential benefits and services to the veteran community.

MOAA stands ready to collaborate with the committees to advance key priorities this year that directly impact the veteran community. We are committed to working together to craft and pass meaningful legislation that enhances support for veterans and strengthens the Department of Veterans Affairs (VA). Our focus is on ensuring veterans receive high-quality, timely health care and the benefits they have earned without delay. By addressing these critical needs with urgency and dedication, we can uphold our nation's promise to those who have served and continue to honor their sacrifices. Something that is both a sacred duty and an essential element in ensuring the long-term viability of an all-volunteer force where potential recruits and family members evaluate the level of care our nation provides to its veterans when deciding whether or not to serve.

MOAA 2025 LEGISLATIVE PRIORITIES

VETERANS HEALTH CARE

- ***Veteran Caregiver Reeducation, Reemployment, and Retirement Act*** — Introduced in the 118th Congress[2], the bill seeks to extend health coverage, provide bereavement counseling upon a veteran's death, and support caregivers' transition into the workforce or retirement.

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[1] **Public Law 118-210, 118th Congress**: https://www.congress.gov/118/bills/s141/BILLS-118s141enr.pdf.
[2] **H.R. 9276 / S. 3885**: https://www.congress.gov/bill/118th-congress/house-bill/9276/text.

- ***Servicemembers and Veterans Empowerment and Support (SAVES) Act*** — Introduced in the 118th Congress[3], the bill expands health care and benefits for military sexual trauma survivors.
- ***Improving Menopause Care for Veterans Act***[4] — The bill directs a study on menopause care furnished by the VA.
- ***Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act***[5] — This bill aims to enhance veterans' access to care by establishing community care access standards, increasing availability of lifesaving treatments for mental health and addiction, and considering factors such as veteran preference and continuity of care when referring veterans to community providers.

VETERANS BENEFITS

- ***TAP Promotion Act***[6] — Introduced in the 118th Congress, the bill requires veterans service organization participation in the Transition Assistance Program process.
- ***Governing Unaccredited Representatives Defrauding VA Benefits Act*** **(GUARD VA Benefits Act)**[7] — Introduced in the 118th Congress, the bill imposes criminal penalties on those who seek to collect unreasonable and unauthorized fees for assisting with service-connected disability claims.
- ***Student Veteran Benefit Restoration Act***[8] — Introduced in the 118th Congress, the bill provides that an individual's VA educational assistance benefits must not be charged for a course or program if the VA determines the individual could not complete the course or program due to fraud.
- ***Student Veterans Transparency and Protection Act***[9] — Introduced in the 118th Congress, the bill addresses the maintenance of the GI Bill Comparison Tool and administration of VA educational assistance.
- ***Love Lives On Act***[10] — The bill allows a surviving spouse to retain the Survivor Benefit Plan and Dependency and Indemnity Compensation (DIC) at any age, regardless of whether they remarry.
- ***Caring for Survivors Act***[11] — The bill improves and expands eligibility for DIC to the survivors of servicemembers who die while serving on active duty, or of service-connected disabled veterans.

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[3] **H.R. 2441 / S. 1028**: https://www.congress.gov/bill/118th-congress/house-bill/2441.
[4] **H.R. 219**: https://www.congress.gov/bill/119th-congress/house-bill/219.
[5] **S. 275 / H.R. 740**: https://www.congress.gov/bill/119th-congress/senate-bill/275/.
[6] **H.R. 3933 / S. 2888)**: https://www.congress.gov/bill/118th-congress/house-bill/3933.
[7] **H.R.1139 / S. 740:** https://www.congress.gov/bill/118th-congress/house-bill/1139.
[8] **H.R. 1767**: https://www.congress.gov/bill/118th-congress/house-bill/1767/.
[9] **S. 1309**: https://www.congress.gov/bill/118th-congress/senate-bill/1309.
[10] **S. 410 / H.R.1004**: https://www.congress.gov/bill/119th-congress/senate-bill/410/text?s=2&r=12&q=%7B%22search%22%3A%22S.+410%22%7D.
[11] **H.R. 680**: https://www.congress.gov/bill/119th-congress/house-bill/680.

CHAIRMEN BOST and MORAN, RANKING MEMBERS TAKANO and BLUMENTHAL, and members of the committees, on behalf of the Military Officers Association of America (MOAA) and our more than 350,000 members, we sincerely appreciate the opportunity to once again present our legislative priorities for veterans' health care and benefits. MOAA is unwavering in its commitment to working alongside Congress and the Department of Veterans Affairs (VA) in the 119th Congress to safeguard and strengthen these well-earned benefits.

MOAA does not receive any grants or contracts from the federal government.

VETERANS HEALTH CARE PRIORITIES

IMPROVEMENTS TO VETERANS CAREGIVING SUPPORT

Veteran Caregiver Reeducation, Reemployment, and Retirement Act

The Military Officers Association of America (MOAA), in partnership with the Quality Life Foundation, joined forces with the Elizabeth Dole Foundation, and other veteran organizations last year to build support for the *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* (H.R. 9276/S. 3885). This bipartisan legislation seeks to address critical gaps in caregiver support and improve economic stability and quality of life for caregivers of veterans.

The need for enhanced support is increasingly urgent due to the exponential growth of the aging veteran population. Veterans aged 65 and older represent a significantly larger share of VA patients compared to other health care systems. Approximately 80% of veterans will require long-term support services as they age, according to VA projections.

Our nation's 14.3 million military and veteran caregivers represent 5.5% of the adult population, according to *America's Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows*, a September 2024 RAND report[12]. Notably, 74% of these caregivers provide care for servicemembers and veterans aged 60 or older. About 55,000 of these caregivers are enrolled in the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC), where they receive clinical support through the VA health system.

[12] **September 2024 RAND Report,** ***America's Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows,*** https://www.rand.org/pubs/research_reports/RRA3212-1.html.

America's Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows **| RAND**—
September 2024:

FIGURE S.1
Military and Veteran Caregiving Experiences Differ by the Age of the Care Recipient

- ***Veteran*** **Caregiver Reeducation, Reemployment, and Retirement Act Provisions**
  The proposed legislation recognizes the critical role of those in the PCAFC and aims to address the financial, professional, and emotional challenges they face, often over many years. It seeks to extend health coverage, provide bereavement counseling upon a veteran's death, and support caregivers as they transition into the workforce or retirement. Key provisions include:
  - *Reeducation*
    - Reimburse up to $1,000 for caregiver licensure fees and grant access to VA training modules for continuing education credits.
    - Study the feasibility of a "returnship" program to help caregivers reenter the workforce.
  - *Reemployment*
    - Offer employment assistance for those reentering the workforce.
    - Study barriers and incentives to hiring former caregivers within the VA.
  - *Retirement*
    - Provide retirement planning services.
    - Study the feasibility of establishing a retirement plan specifically for caregivers.

A Son Looks to Reenter the Workforce After Years of Caregiving for his Vietnam Veteran Father:

He cared for his father, a Vietnam veteran with Parkinson's disease linked to Agent Orange exposure, for nearly a decade. While grateful for the opportunity to support his father, the son struggled financially after his father's passing — he had been out of the workforce for years and found it difficult to secure employment due to outdated job skills and employment gaps. Despite having prior experience in IT, he was unable to obtain a job without additional certifications, which he couldn't afford. He applied for dozens of positions but faced hiring discrimination due to his long gap in employment. The proposed "returnship" program in this legislation would provide structured pathways for caregivers like him to reenter the workforce, with potential hiring incentives for VA and other federal employers to recruit experienced caregivers.

- **Caregiver-Veteran Needs**
  The 2011 legislation[13] establishing the PCAFC introduced a monthly stipend for primary caregivers providing personal care to veterans. Unique at its inception and still unmatched in U.S. health systems, Congress mandated the stipend be paid directly to caregivers as "unearned income."

  However, this designation prevents caregivers from contributing to Social Security or retirement accounts. This issue is compounded in many veteran households, where most income — from sources such as caregiver stipends, VA disability compensation, Social Security disability payments, Supplemental Security Income, and Combat-Related Special Compensation — is classified as "unearned."

  Veteran caregivers provide indispensable support to aging and disabled veterans, yet they face profound financial, emotional, and professional challenges. The RAND report sheds light on the gaps in services and unmet needs faced by caregivers and the veterans they serve:
  - *Veteran Demographics*: Caregivers supporting veterans aged 60 or older often are burdened by financial barriers to accessing care.
  - *Caregiver Costs*: Caregivers frequently incur significant out-of-pocket expenses to provide essential care.
  - *Mental Health Impact*: Among caregivers assisting veterans under age 60, 42% meet the criteria for depression.

[13] **Public Law 111–163, 111th Congress**: https://uscode.house.gov/statutes/pl/111/163.pdf.

The report underscores the critical role caregivers play, highlighting the personal sacrifices they make to meet veterans' needs. Many caregivers forgo career advancement, neglect retirement savings, and endure emotional and physical strain to fulfill their caregiving responsibilities.

A Spouse Caregiver to a Post-9/11 Veteran:

She became his caregiver, singlehandedly meeting their family's needs and tending to her husband's challenging mental and physical health conditions. She gave up her professional career in education to be a full-time family caregiver for her husband while raising their two young sons.

"I lost my professional identity, my personal income, and my access to contribute to Social Security and my personal retirement accounts," she said. "I suffered health issues because I would miss my appointments to take him to his appointments."

To address these challenges, comprehensive legislative action is needed to:

- Enhance caregivers' financial stability through targeted support programs.
- Provide reeducation and professional development opportunities to help caregivers reenter the workforce.
- Mitigate the long-term financial impact of caregiving through enhanced retirement and pension benefits.

Implementation of VA PCAFC Regulations

The 2018 MISSION Act[14] mandated expansion of the PCAFC to include pre-9/11 veterans, marking a significant advancement in supporting veteran families. However, since the program's official rollout on Oct. 1, 2020, its implementation has faced numerous challenges. High denial rates, inconsistent discharge practices, and administrative inefficiencies have hindered veterans and caregivers from accessing this essential support.

Over the past two years, the VA has collaborated with veterans service organizations (VSOs), advocacy groups, and other stakeholders to address these challenges and align the PCAFC with the MISSION Act's congressional intent. Efforts have centered on revising regulations, streamlining application and review processes, and enhancing transparency in eligibility determinations.

On Dec. 6, 2024, the VA published proposed amendments to PCAFC regulations in the *Federal Register*[15], inviting public comments through Feb. 4, 2025. These proposed changes aim to improve the program's effectiveness and better serve veterans and their families. This initiative

[14] **MOAA - Trump Signs MISSION Act Reforming VA Health Care:**: http://www.moaa.org/Content/Take-Action/Top-Issues/Currently-Serving/Trump-Signs-MISSION-Act-Reforming-VA-Health-Care.aspx.
[15] **Federal Register – Amendments to PCAFC**: https://www.federalregister.gov/documents/2024/12/06/2024-28079/amendments-to-the-program-of-comprehensive-assistance-for-family-caregivers.

underscores the VA's ongoing commitment to refining the PCAFC to address the evolving needs of veteran communities.

MOAA is actively working with VSOs and other stakeholder groups to ensure meaningful improvements to the PCAFC and other VA caregiving support programs by:

- **Monitoring the Regulatory Process**: Advocating for final regulations that address high denial rates, refine eligibility criteria, enhance caregiver services, and align with congressional intent.
- **Identifying Major Issues**: Collaborating with Congress, the VA, and external stakeholders to address unresolved challenges and propose legislative solutions when necessary.
- **Facilitating Dialogue**: Hosting MOAA-QoLF Roundtable forums to foster communication between government and nongovernment sectors. These forums aim to generate innovative insights and solutions to improve caregiving services for the veteran community.

MOAA Recommends:

- ***Congress enacts the Veteran Caregiver Reeducation, Reemployment, and Retirement Act*** — *Extends health coverage, provides bereavement counseling upon a veteran's death, and supports caregivers as they transition into the workforce or retirement.*
- ***Congress and the VA partner with MOAA and other VSO/stakeholder groups to improve the PCAFC and other caregiving services that enhance the lives of veterans, their families, caregivers, and survivors.***

STRENGTHEN SUPPORT SERVICES AND RESEARCH PROGRAMS FOR WOMEN, MINORITY, AND UNDERSERVED VETERANS

The VA has made commendable progress in expanding health care services to address the needs of women, minority, and other underserved veteran populations. However, challenges remain in ensuring equitable and comprehensive care, and in addressing the unique barriers that highlight the need for strengthened support services and research programs.

Current State of VA Services

The VA provides a range of health care services tailored to women veterans, including preventative and routine care, menopausal and life cycle care, mental health support, and other specialized programs. While these programs address critical needs, disparities in access, quality of care, and outcomes persist.

- **Barriers to Care**
  Women veterans often face obstacles when accessing VA health services, as noted in a 2024 VA report[16]:
  - *Limited Provider Availability*: Nearly 20% of women veterans cited distance to VA facilities as a barrier to care.
  - *Lack of Awareness of Benefits*: Many women veterans are unaware of the services available to them, leading to underutilization of VA health care.

[16] **February 2024,** ***Study of Barriers for Women Veterans to VA Health Care***: https://www.womenshealth.va.gov/WOMENSHEALTH/docs/Study-of-Barriers-for-Women-Veterans-to-VA-Health-Care.pdf.

- *Navigational Challenges*: Complex VA systems can deter women from seeking care, which emphasizes the need for improved understanding of these barriers.

- **Disparities in Care**
  - *Women Veterans*: Women make up about 9.4% of the veteran population. They face unique health challenges, including a high prevalence of mental health conditions and obesity, which increases the risk of chronic conditions like diabetes, high blood pressure, and heart disease. Women veterans may face barriers to accessing care, including limited availability of gender-specific services within the VA. The VA has implemented initiatives like the Whole Health for Women Workshop to address some of these disparities[17].
  - *Minority Veterans*: As of 2023, minority veterans constitute approximately 27% of the veteran population. This includes about 12% identifying as Black or African American and 8% Hispanic or Latino. A 2023 JAMA Network study found that Black and Hispanic veterans experience greater barriers to accessing care compared to their White counterparts. These disparities resulted in longer wait times and reduced availability of services[18]. Research also indicates that Black veterans have higher mortality rates, highlighting significant disparities in health outcomes.
  - *Underserved Veterans*: Veterans from potentially vulnerable populations, including racial and ethnic minorities, often face disparities in health care access and quality. Factors contributing to these disparities include income, education, social context, perceived discrimination, and patient-level preferences[19].
- **Data Collection Deficiencies**: The VA faces challenges in collecting comprehensive data on race, ethnicity, and gender**.** A 2024 VA report noted that inadequate data collection impedes efforts to identify and address disparities in care delivery[20].

Additionally, MOAA is grateful to our partners at Disabled American Veterans (DAV) for continuing their series on the women veteran's journey. *Women Veterans: The Journey to Mental Wellness* reports[21] bear serious review and action by the VA and Congress in addressing the mental health challenges facing women veterans.

A Woman Veteran's Experience at the Washington, D.C., VA Medical Center:

"I can't praise the emergent care I received at my VA medical center enough. During a deeply traumatic period, I turned to the VA for mental health support, and the compassion and professionalism I encountered made all the difference. From my initial consultation with my

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[17] **VA Office of Health Equity, Women Veterans Healthy Living**: https://www.va.gov/HEALTHEQUITY/Women_Veterans_and_Healthy_Living.asp.
[18] **January 2023 JAMA Network, *Disparities in Wait Times for Care Among U.S. Veterans by Race and Ethnicity***: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800706?utm_source=chatgpt.com.
[19] **VA Office of Research and Development**: https://www.research.va.gov/topics/health_equity.cfm.
[20] **August 2024 *Veterans Health Administration Patient Experience at the Intersection of Gender and Race-Ethnicity: Special Report from National Veteran Health Equity Report:***
https://www.va.gov/HEALTHEQUITY/docs/NVHER_WV_Intersectionality_Chartbook_508_08222024.pdf.
[21] **DAV Women Veterans Reports**: https://www.dav.org/get-help-now/veteran-topics-resources/women-veterans/.

primary care provider to the seamless handoff to the mental health clinic, every step of the process reassured me that my well-being was a priority. I'm incredibly grateful for the ongoing care and support I continue to receive — my counselor is truly phenomenal!"

As diversity among the veteran population evolves, it is essential for the VA to address the changing needs of the veteran community. By strengthening support services and research programs, the VA can ensure equitable access to care and improve outcomes for all veterans including women, minority, and the underserved.

MOAA Recommends Congress:

- ***Enacts the Servicemembers and Veterans Empowerment and Support (SAVES) Act*** — *Expands health care and benefits for survivors of military sexual trauma.*
- ***Enacts the Improving Menopause Care for Veterans Act*** — *Directs a study on menopause care furnished by the VA.*

IMPROVEMENTS TO VA MENTAL HEALTH CARE AND SUICIDE PREVENTION PROGRAMS

MOAA commends the committees for their collaborative efforts in the final days of 2024 to conclude two years of critical legislative work by passing the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*.

At that time, MOAA and other organizations pledged to prioritize expanding veterans' access to care through the VA mental health Residential Rehabilitation Treatment Program (RRTP)[22] as one of our highest priorities for this Congress. This commitment followed the failure to adopt the RRTP provision in the Dole Act. We are dedicated to identifying statutory and regulatory pathways to address this issue while holding the VA accountable for ongoing efforts to improve RRTP access. This includes implementing policies and ensuring clear communication with veterans who urgently need these vital services.

About a third of the 8.3 million veterans receiving VA health care reside in rural areas that lack accessible addiction and mental health treatment options. These veterans often face financial constraints and limited transportation options, further hindering their ability to access care. Audits of VA programs have highlighted several such barriers:

- **May 15, 2024, Government Accountability Office (GAO) Report, Veterans Health Care — *Opportunities to Improve Access for Veterans Living in Rural Areas*[23]:** Rural veterans often face challenges such as limited transportation options and longer travel distances to VA facilities, which can impede access to care. The VA has implemented measures like transportation services and mobile medical units to mitigate these issues.
- **Sept. 4, 2024, VA Office of Inspector General (OIG) Report — *A Hiring Initiative to Expand Substance Use Disorder (SUD) Treatment Needed Stronger Coordination, Planning, and Oversight*[24]:** The report found that the Veterans Health Administration (VHA)

[22] **VA Residential Rehabilitation Treatment Program**: https://www.mentalhealth.va.gov/get-help/va-residential-rehabilitation/locator.asp.
[23] **May 2024 GAO Report, *Opportunities to Improve Access for Veterans Living in Rural Areas***: https://www.gao.gov/assets/gao-24-107559-highlights.pdf.
[24] **September 2024 VA OIG Report, *A Hiring Initiative to Expand Substance Use Disorder Treatment Needed Stronger Coordination, Planning, and Oversight*** https://www.vaoig.gov/reports/review/hiring-initiative-expand-substance-use-disorder-treatment-needed-stronger.

fell significantly short of its hiring goals for expanding SUD treatment. By the end of fiscal year 2022, only 26% of the approved positions had been filled, hindering the VA's capacity to provide timely and comprehensive SUD services.

These reports underscore the ongoing challenges the VA faces in delivering SUD and other treatment services to veterans, especially those in rural areas, and highlight the need for continued efforts to improve access and address workforce shortages.

MOAA thanks Chairmen Moran and Bost for introducing the *Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act*[25], particularly the RRTP provisions in the bill, at a critical time for veterans' mental health care. More work is needed to expand and strengthen mental health and substance use treatment in communities, especially rural areas where VA services are limited. We look forward to collaborating with the committees and urge close cooperation with VSOs and stakeholders during the legislative process.

Further, we encourage the VA and Congress to expand access to and improve the services offered by VA Vet Centers, recognizing their critical role in supporting veterans' mental health and overall well-being. These centers provide free, community-based counseling and outreach services to veterans, active-duty servicemembers, and their families, addressing issues such as PTSD, substance use, and readjustment challenges after military service.

Vet Centers have grown in popularity due to their accessible, stigma-free environment and tailored support. Many veterans prefer Vet Centers because they often offer a more personal and informal atmosphere compared to larger VA hospitals. The need for enhanced infrastructure, technology, and outreach is driven by the increasing demand for these services as the veteran population evolves. In fiscal year 2023, 13% of the 300 Vet Centers monitored by the VHA's Readjustment Counseling Service Office had physical condition issues, according to a 2024 GAO report[26].

Investments in modern facilities and technology could expand telehealth services, allowing veterans in remote areas to access care. Outreach initiatives should increase awareness of Vet Center services, ensuring more veterans know about the support available to them.

MOAA Recommends Congress:

- ***Enacts the Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act*** (S. 275 / H.R. 740) — *Enhances veterans' access to care by establishing community care access standards, increasing availability of lifesaving treatments for mental health and addiction, and considering factors such as veteran preference and continuity of care when referring veterans to community providers.*
- ***Works with the VA to expand access to VA Vet Centers and improve infrastructure, technology, and outreach to veterans.***

[25] **S. 275 / H.R. 740**: https://www.congress.gov/bill/119th-congress/senate-bill/275/text.
[26] **November 2024 GAO Report,** ***VA Vet Centers: Opportunities Exist to Improve Asset Management and Identification of Future Counseling Locations:*** https://www.gao.gov/products/gao-25-106781.

MODERNIZATION OF VHA WORKFORCE AND FACILITY INFRASTRUCTURE MANAGEMENT

Workforce

The VHA continues to face significant staffing shortages in both critical medical and support positions — shortages which adversely affect the delivery of care to veterans. In a fiscal year 2024 report[27], the VA OIG highlighted that 86% of VHA facilities reported severe occupational staffing shortages for medical officers and 82% reported severe shortages for nurses. Psychology was the most frequently reported clinical shortage, with 61% of facilities indicating a severe deficit in this area. A shortage of custodial workers was the most commonly reported among nonclinical roles, noted by 59% of facilities.

These staffing deficits have tangible impacts on patient care. The GAO has also noted that recent legislative changes expanding veterans' eligibility for services have significantly affected VHA's staffing efforts. Persistent staffing shortages in both clinical and nonclinical roles, in addition to hiring pauses or freezes within the VHA, impact the organization's ability to deliver timely and effective care to veterans. Addressing these shortages is crucial to ensuring veterans receive the high quality health care they deserve.

It is vital that VHA staffing remains a priority. Having critical health care providers in place to coordinate and refer veterans, as needed, into the community will help ensure veterans are receiving timely access to high quality health care. The VA must remain the primary coordinator of outside care.

Nurses Organization of Veterans Affairs (NOVA):

"The VA workforce is facing shortages but continues to meet challenges every day. We encourage Congress and the administration to support the health care workforce so that VA can deliver timely access to the highest level of care our Veterans deserve." – NOVA President Cathy Giasson, DNP, MHA, RN, NE-BC, CPHQ

Facility Infrastructure

The department is also grappling with significant infrastructure challenges that impact its ability to provide optimal care to veterans. Recent reports indicate it is facing an infrastructure backlog exceeding $150 billion. The Independent Budget[28], a collaborative effort by Veterans of Foreign

[27] **August 2024 OIG Determination of Veterans Health Administration's Severe Occupational Staffing Shortages Fiscal Year 2024:** https://www.vaoig.gov/reports/national-healthcare-review/oig-determination-veterans-health-administrations-severe-0.
[28] **The Independent Budget (2026-2027):** https://independentbudget.org/wp-content/uploads/2025/02/IB_FY26_27_D7_w.pdf.

Wars (VFW), Disabled American Veterans (DAV), and Paralyzed Veterans of America (PVA), highlights this significant backlog and emphasizes the need for increased funding to address critical infrastructure projects.

Compounding the problem are staffing shortages in facilities management and construction roles. The lack of adequate staffing in these areas can lead to delays in maintenance and construction projects, further exacerbating infrastructure challenges.

The VHA's aging infrastructure, substantial maintenance backlog, and insufficient staffing in critical support roles pose significant challenges to delivering quality care to veterans. Addressing these issues requires substantial investment and strategic planning to modernize facilities and ensure adequate staffing for maintenance and construction projects.

Balance Between VA Direct Care and Purchased Care

The VHA is tasked with providing comprehensive health care to our nation's veterans. However, the current allocation of resources between VA direct care and purchased community care requires careful balancing to ensure the sustainability and effectiveness of the VA health care system.

According to VA officials, approximately 40% of veterans' care is provided through community care. This significant shift diverts funding from the direct care system to community care, often at higher costs compared to providing care within the VHA.

The MISSION Act[29] was designed to enhance veterans' access to care by integrating community care options. Congress intended for the VA to establish a high-performing integrated network that leverages community care as a relief valve, ensuring veterans receive timely care without undermining the VA's core capabilities. The goal is to supplement, not replace, the VA's direct care system.

To protect and preserve the VA's direct care system, MOAA believes it is crucial to strike a balance between direct and purchased care. The VHA does not operate in isolation. It is an integral partner in delivering essential health care throughout the United States. Few Americans fully understand the VA's important contributions to our nation's health system. It has four statutory missions[30] — to deliver health care; conduct research[31]; train and educate health professionals[32]; and respond to war, terrorism, national emergencies, and national disasters[33]. By ensuring the right balance of community care to supplement VA care, the department can execute its critical missions and provide veterans with the best possible care.

The VA is operating in fiscal year (FY) 2025 under a continuing resolution, meaning it is functioning at FY 2024 funding levels. It is essential for Congress to promptly pass funding for this fiscal year and ensure the VA is fully funded for FY 2026, including mandated advanced

[29] **Public Law 115-182, 115th Congress**: https://www.congress.gov/115/plaws/publ182/PLAW-115publ182.pdf.
[30] **VHA Partnerships Bridge Gaps for Veterans:** https://www.va.gov/HEALTHPARTNERSHIPS/docs/22NewsletterVol06Issue03.pdf.
[31] **VA Office of Research and Development:** https://www.research.va.gov/for_veterans/default.cfm.
[32] **VA Office of Academic Affiliations:** https://www.va.gov/oaa/.
[33] **VA's Fourth Mission:** https://www.va.gov/VHAEMERGENCYMANAGEMENT/docs/4TH-MISSION_FAQs_508.pdf.

appropriations for FY 2027, by the Oct. 1 start of the new fiscal year. The VA requires predictable funding to continue providing essential services, meet the growing demand for veterans' health care, and execute recent congressional mandates outlined in the:

- ***Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act***[34] — Provides significant relief to veterans and their families by expanding benefits, enhancing services, and improving long-term care solutions.
- ***Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act***[35] — Expands VA health care and benefits for veterans exposed to burn pits, Agent Orange, and other toxic substances.
- ***Deborah Sampson Act***[36] — Implements health care, readjustment assistance, legal, and supportive programs and services for women veterans.
- ***John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act***[37] — Expands veterans access to VHA, community care, and caregiver support programs.
- ***Commander John Scott Hannon Veterans Mental Health Care Improvement Act***[38] — Provides access to care and program improvements to VA mental health services and suicide prevention programs.

MOAA Recommends Congress:

- ***Appropriates funding to stabilize and modernize VHA's workforce and human resource support systems, and facility infrastructure, to meet current and future needs of veterans and VA staff.***
- ***Works with the VA to preserve VHA's direct care system to include its foundational missions and services.***
- ***Secures annual appropriations for the VA to execute at the start of each fiscal year, ending the use of stopgap measures preventing the department from implementing its congressional mandates.***

VETERANS BENEFITS PRIORITIES

TOXIC EXPOSURES

PACT Act Implementation

Following the passage of the *Sergeant First Class Heath Robinson Promise to Address Comprehensive Toxics (PACT) Act*[39], the VA made a commitment to open and transparent

[34] **Public Law 118-210, 118th Congress**: https://www.congress.gov/118/bills/s141/BILLS-118s141enr.pdf.
[35] **Public Law 117-168, 117th Congress**: https://www.congress.gov/117/plaws/publ168/PLAW-117publ168.pdf.
[36] **Public Law 116-315, 116th Congress**: https://www.congress.gov/116/plaws/publ315/PLAW-116publ315.pdf.
[37] **Public Law 115-182, 115th Congress:** https://www.congress.gov/bill/115th-congress/senate-bill/2372/text.
[38] **Public Law 116-171, 116th Congress**: https://www.congress.gov/116/plaws/publ171/PLAW-116publ171.pdf.
[39] **Public Law 117-168, 117th Congress**: https://www.congress.gov/bill/117th-congress/senate-bill/3373.

communication with the veterans' community. This is especially important during a time in which the department continues to develop new processes brought on by this historic legislation. As a member of the broader VSO community, MOAA has closely monitored the ways in which the VA develops regulations for the processes to examine future conditions, reviews pertinent research, and makes decisions for new presumptive conditions related to toxic exposures.

MOAA strongly supported the expansion of benefits to additional conditions affiliated with toxic exposures. For example, on Jan. 8, 2025, the VA announced[40] new measures that would expand benefits to veterans exposed to burn pits while serving in the military. The change expands the list of cancers presumed to be linked to burn pit exposure to include bladder cancer, ureter cancer, other genitourinary cancers, acute and chronic leukemias, and multiple myeloma. Veterans diagnosed with these conditions, along with their survivors, are now able to apply for access to VA care and benefits.

MOAA applauds continued efforts to expand benefits to toxic-exposed veterans and will continue to advocate on their behalf. To ensure the PACT Act is properly implemented so veterans can receive the care they need, we urge Congress to work with the VA to create the infrastructure, workforce, and funding required to support enterprise-wide efforts.

Ending the Wait Report

MOAA and DAV collaborated on *Ending the Wait for Toxic-Exposed Veterans*[41], a detailed report providing reforms and continued improvements to the presumptive process for toxic-exposed veterans following passage of the PACT Act. The purpose of this effort was to prevent veterans from suffering such neglect ever again. While the PACT Act was historic and benefited veterans of all generations, we believe important work remains.

We do not, however, want to minimize the impact of the PACT Act. MOAA acknowledges that this law represents the most significant expansion of benefits and services for toxic-exposed veterans in more than 30 years. We applaud the expansion of VA health care and benefits for veterans exposed to burn pits, Agent Orange, and other toxic substances. We also support the inclusion of several process reforms by the VA to recognize related conditions. While the PACT Act made major improvements to how toxic exposures are treated by the VA, MOAA believes additional measures are required.

There are far too many veterans still waiting for formal VA recognition of service-connected toxic illnesses that would make them eligible for benefits and essential health care services. A critical part of this problem is the amount of time it takes for the establishment of a presumptive following the first incidence of service-related toxic exposure.

As part of the *Ending the Wait* report, MOAA and DAV found that since World War I, the VA has acknowledged 30 toxic exposures, 16 of which resulted in the establishment of a presumptive.

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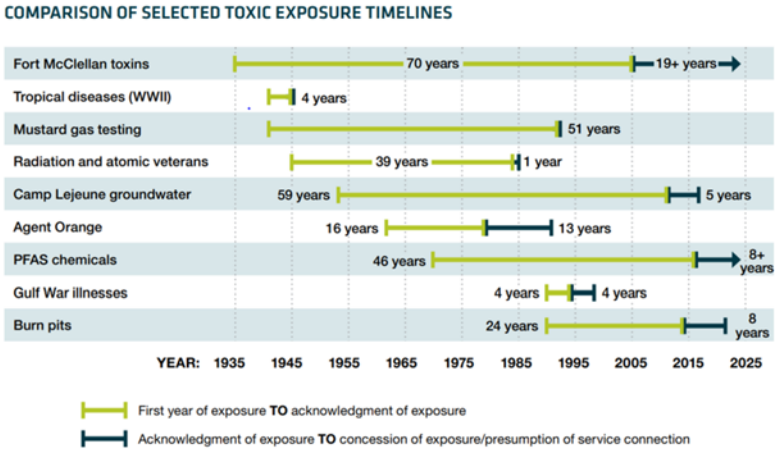
[40] **VA Press Release**: https://news.va.gov/press-room/va-makes-several-cancers-presumptive-for-service-connection-lowering-the-burden-of-proof-for-veterans-to-receive-no-cost-health-care-and-earned-benefits/.
[41] **DAV-MOAA Ending the Wait Report**: https://www.endingthewait.org/.

It takes approximately 34.1 years after the first incidence of military toxic exposure to the establishment of a presumptive. For all acknowledged exposures, it takes an average of 31.4 years from the first year veterans were exposed to an acknowledgment from the VA. With veterans facing that much time simply waiting for acknowledgement, it is clear where more work must be done.

Notable examples highlighting these wait times include:

- **Agent Orange**: Veterans were required to wait nearly 20 years following the last exposure and 30 years after the first use of Agent Orange until Congress created a presumptive.
- **Airborne Hazards and Burn Pits**: Veterans were required to wait nearly 20 years and 30 years after the Iraq/Afghanistan wars and the Persian Gulf War, respectively. The PACT Act created a new presumptive for burn pits and airborne hazards that added more than 20 diseases and illnesses.
- **Atomic Radiation**: Veterans exposed to ionizing radiation during atmospheric nuclear testing or the occupation of Hiroshima and Nagasaki were required to wait nearly 40 years before Congress enacted legislation providing a path to compensation for disabilities or deaths related to their exposure.



To help rectify this issue, the *Ending the Wait* report recommends Congress enact legislation to codify a new legal framework built around the three steps in creating a presumptive: acknowledgment, concession, and presumption of service connection.

Each step in this proposed framework should have specific timelines, thresholds, decisions, and triggers that move the process toward a final resolution.

Step 1: Acknowledgement of Possible Toxic Exposure Risk
Acknowledgment only confirms that an incident occurred which may have been a toxic exposure impacting a group of servicemembers. Once acknowledged, the VA would be required to begin collecting and analyzing all relevant information about that incident. This would help determine whether a confirmed toxic exposure that affected a group of servicemembers did indeed take place.

Within 90 days of an acknowledgment, the VA must decide whether to establish a concession of exposure, defer this decision for up to 90 days to analyze additional data, or close the decision process without a concession of exposure.

Step 2: Concession of Exposure to Toxic Substance
Within 90 days following a formal acknowledgment of a toxic exposure, the VA's next step, if justified, would be to establish a concession of exposure, which would legally concede exposure to a toxic substance for a group of affected veterans, typically based on the time and location of their service.

Step 3: Presumption of Service Connection Between Exposure and Disease(s)
Following a concession of exposure, the VA must adopt a formal research plan to determine whether the toxic exposures covered under that concession can be linked to diseases and other health conditions. Following the establishment of a presumptive, the VA would be required to create an outreach plan for all veterans covered under the concession of exposure and should retroactively review any claims related to the covered conditions.

Other recommendations to follow later in this process include:

- Expand scientific understanding of toxic exposures through research, monitoring, surveillance, and oversight.
- Eliminate legal barriers to receiving toxic-exposure benefits for veterans, their families, and their survivors.
- Establish a new classification system for toxic exposures and presumptives.

MOAA Recommends Congress:

- ***Continues its oversight to monitor effective implementation of the PACT Act.***
- ***Collaborates with MOAA, DAV, and the broader VSO community to implement the Ending the Wait report's recommendations. As a critical first step, we urge Congress to create a new legal framework structured around the three steps in creating a presumptive — acknowledgment, concession, and presumption of service connection.***

VETERAN REINTEGRATION AND SUPPORT

VSO Integration in the Transition Assistance Program (TAP)

For many veterans, a smooth transition to civilian life is largely predicated on financial stability. This is especially true for those with service-connected disabilities. The Benefits Delivery at

Discharge (BDD) program[42] is critical as it helps expedite access to VA care and compensation approximately 90 to 180 days prior to official separation. This is vital as it allows the VA to review service treatment records, schedule necessary exams, and evaluate claims. However, we believe omitting VSOs from this process creates an increased risk of incomplete or delayed claims.

For instance, MOAA is able to leverage our extensive expertise as both a VSO and a military service organization (MSO) to offer a nuanced perspective on transition-related issues. Our involvement in policy initiatives impacts both currently serving personnel and recently separated veterans, helping ensure there is comprehensive support for both the uniformed service and veteran communities.

Given the importance of these benefits for transitioning servicemembers, we believe Congress should mandate VSO inclusion in TAP. Early coordination among all parties involved has been shown to be more effective in streamlining approvals. No servicemember should navigate this critical juncture without an advocate's guidance to secure everything their service warrants. We therefore believe VSO inclusion merits formal codification into law.

In the 118th Congress, MOAA supported the *TAP Promotion Act*[43], which would require VSO involvement in the TAP process. We continue to support integration and believe it would result in a more effective process for servicemembers during an important period.

Ban Predatory Claims Companies

The PACT Act prompted a tremendous amount of progress involving the expansion of VA benefits. Similarly, initiatives such as the BDD and Solid Start[44] programs also have been beneficial. However, there are still too many veterans who remain susceptible to exploitation by predatory actors posing as advocates.

While accredited VSOs operate ethically, and within well-established legal guidelines, there also exists a more nefarious ecosystem. Within it are entities that manipulate search algorithms and dupe transitioning servicemembers or veterans who are seeking assistance. These aptly named "claims sharks" put profits before people and charge exorbitant fees to file claims, often through improper channels.

Veterans should be given robust protection from this type of dishonest behavior. If an organization genuinely seeks to provide valuable services to veterans, then they must adhere to existing rules. They should train their staff to abide by established VA standards and legally commit to serving the interest of the veteran community.

MOAA strongly urges Congress to eliminate the malleable regulatory environment that has enabled these predatory groups to thrive. In the 118th Congress, MOAA endorsed the *Governing*

[42] **Benefits Delivery at Discharge (BDD) Program**: https://www.benefits.va.gov/BENEFITS/benefits-delivery-discharge-program.asp.
[43] **H.R. 3933 / S. 2888**: https://www.congress.gov/bill/118th-congress/senate-bill/2888.
[44] **Solid Start Program**: https://benefits.va.gov/benefits/solid-start.asp?trk=public_post_comment-text.

Unaccredited Representatives Defrauding VA Benefits Act (GUARD VA Benefits Act)[45], which mandates accredited certification for any organization aiding disability claims — blocking claims sharks from financially exploiting those who served.

We urge Congress to take immediate action to stop the harm being inflicted upon veterans by claims sharks that illegally act to siphon away their earned benefits.

MOAA Recommends Congress:

- ***Enacts the TAP Promotion Act*** *— Mandates VSO inclusion in the TAP process. This would ensure servicemembers have additional advocates to assist during what can be a challenging time, both professionally and personally.*
- ***Enacts the GUARD VA Benefits Act*** *— Eliminates regulatory loopholes that have allowed claims sharks to prosper. Predatory behavior, especially that which impacts our nation's veterans, should be quickly shut down.*

GI BILL

Restoration of Benefits

The GI Bill is an important benefit that has allowed many servicemembers and veterans to pursue educational opportunities. However, when a student using GI Bill benefits is defrauded by a school, we believe mechanisms should exist to rectify the situation.

MOAA supports the restoration of veterans' education benefits in cases of fraud. Enabling the VA to do so, through measures such as the previously introduced *Student Veteran Benefit Restoration Act*[46], would not only help mitigate the damage of fraud but would place veterans in a comparable situation to traditional students. These individuals, using Department of Education resources, can recoup funds from schools in instances of fraud.

GI Bill Comparison Tool

The VA's GI Bill Comparison Tool[47] offers critical support for veterans who seek to best understand their earned benefits and plan for their next steps in the education process. MOAA believes it is important to build on the established success of this tool and expand the data it offers. This will help ensure student-veterans have the most complete and transparent information, which in turn will allow them to make the most informed decisions for their future.

To achieve greater transparency, MOAA encourages Congress to improve the GI Bill Comparison Tool with updated metrics to help support those considering a return to school.

Previously supported legislation, such as the *Student Veterans Transparency and Protection Act*[48], would help enhance transparency and enable those considering educational opportunities to make the best-informed decision possible.

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[45] **S. 5089**: https://www.congress.gov/bill/117th-congress/senate-bill/5089.
[46] **H.R. 1767**: https://www.congress.gov/bill/118th-congress/house-bill/1767/.
[47] **VA GI Bill Comparison Tool**: https://www.va.gov/education/gi-bill-comparison-tool/.
[48] **S. 1309**: https://www.congress.gov/bill/118th-congress/senate-bill/1309.

90/10 Rule

Federal law requires for-profit colleges to derive at least 10% of their revenue from areas other than government financial aid assistance. For many years, however, a loophole existed that directly impacted the veteran community. Earned benefits, such as the GI Bill, were not subject to the 90/10 delineation. As such, many for-profit colleges aggressively focused their recruiting on troops and veterans.

A Senate report[49] highlighted how "Servicemembers, veterans, spouses, and family members have become highly attractive prospects to for-profit colleges, and many schools have put significant resources into recruiting and enrolling students eligible for these benefits." As the report articulated, in many cases veterans became "dollar signs in uniform."

By closing this loophole and reclassifying GI Bill benefits as federal funding, Congress removed an incentive for for-profit educational institutions to target servicemembers. We urge Congress to let this regulation remain intact and oppose its repeal.

MOAA Recommends Congress:

- ***Enacts the Student Veteran Benefit Restoration Act*** *— Authorizes the VA to restore GI Bill benefits in instances of fraud.*
- ***Enacts the Student Veterans Transparency and Protection Act*** *— Improves the GI Bill Comparison Tool, thereby enabling students to make critical educational choices with transparent information available. Congress should build upon previous actions to further enhance transparency. For example, valid complaints addressed toward schools only date back six years; we believe this cap should be eliminated so potential students can view all relevant information. In addition, Congress should ensure that valid school criticisms cannot be removed solely due to an institution's objection.*
- ***Refrains from repealing the closure of the 90/10 rule loophole. Benefits such as the GI Bill should remain classified as federal funding.***

Survivors

In previous Congresses, MOAA has supported the following survivor bills: *The Love Lives On Act*[50], which allows a surviving spouse to retain the Survivor Benefit Plan and Dependency and Indemnity Compensation (DIC) at any age, regardless of whether they remarry; and the *Caring for Survivors Act*[51], which improves and expands eligibility for DIC to the survivors of servicemembers who die while serving on active duty, or of service-connected disabled veterans.

Current law penalizes surviving spouses if they choose to remarry before age 55. Most surviving spouses from the post-9/11 era are widowed in their 20s or 30s, which means the nation is asking them to wait more than 20 years to move forward in their lives. These survivors often have children they must now raise alone. As military spouses are among the most unemployed and underemployed populations in the United States, these survivors rely heavily on their survivor

[49] **Congressional Report**: https://www.help.senate.gov/imo/media/for_profit_report/ExecutiveSummary.pdf.
[50] **S. 1266**: https://www.congress.gov/bill/118th-congress/senate-bill/1266.
[51] **S. 414**: https://www.congress.gov/bill/118th-congress/senate-bill/414.

benefits to help offset the loss of pay from their late spouse and their own lost income as a result of a highly mobile military lifestyle.

If a surviving spouse's subsequent marriage ends in death, divorce or annulment, while most benefits can be restored, they lose TRICARE forever. If a surviving spouse was previously eligible for or insured through CHAMPVA, that benefit can be restored. The Love Lives on Act seeks to provide parity with other federal programs by restoring TRICARE benefits to survivors if a subsequent marriage ends.

Opting to remarry should not negatively impact a surviving spouse's financial security. They earned these benefits through the service and sacrifice of their servicemember or veteran and through their own sacrifice as a military family member.

Dependency and Indemnity Compensation (DIC) is a tax-free monetary benefit paid to eligible surviving spouses, children, or parents of servicemembers whose death was in the line of duty or resulted from a service-connected illness or injury. DIC is equal to 43% of what a 100% disabled veteran receives and has only increased due to cost-of-living-adjustments. MOAA seeks to increase DIC to 55% of the compensation rate paid to a 100% disabled veteran to enhance financial security for survivors.

MOAA Recommends Congress:

- ***Enacts the Love Lives On Act*** (S. 410 / H.R. 1004) — *Reverses penalties faced by surviving military spouses who remarry prior to age 55.*
- ***Enacts the Caring for Survivors Act*** (H.R. 680) — *Improves and expands eligibility for DIC.*

CONCLUSION

MOAA's 2025 veteran community priorities underscore the critical need for comprehensive support and advocacy for our veterans. These priorities are essential to ensuring the well-being of those who have served our nation. Collaboration between lawmakers and organizations like MOAA and other VSOs is vital. Such partnerships amplify the voices of veterans, ensuring their needs are met through effective legislation and policy changes. Thank you for your continued leadership and commitment to the veteran community. MOAA is eager to partner with the Congress to ensure our nation's promises to its veterans are fulfilled.

BIOGRAPHY

CDR René Campos, CDR, USN-Ret
Senior Director Government Relations
Military Officers Association of America

Commander René Campos, USN (Ret), began her 30-year career as a photographer's mate, enlisting in 1973, and later commissioned a naval officer in 1982. Her last assignment was at the Pentagon as the associate director in the Office of Military Community and Family Policy under DoD Personnel and Readiness.

Campos joined MOAA in October 2004, initially to develop and establish a military family program working on defense and uniformed services quality-of-life programs and readiness issues. In September 2007, she joined the MOAA health care team, specializing in veterans and defense health care systems, as well as advocating for wounded warrior care and servicewomen and women veteran policies, benefits, and programs.

Campos serves as vice president of The Military Coalition (TMC) — a consortium of nationally prominent uniformed services and veterans' organizations representing nearly 5.5 million current and former members of the uniformed services, including their families, caregivers, and survivors, serving as a member of the Veterans Committee and member of the Health Care, Guard and Reserve, Survivors, Personnel, and Membership and Nominations Committees.

The National Association of State Directors of Veterans Affairs

NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

Joint Hearing of the House and Senate Veterans Affairs Committees

February 26, 2025

Presented by

Timothy (Tim) Sheppard

President, National Association of

State Directors of Veterans Affairs (NASDVA)

Executive Director, Wyoming Veterans Commission

The National Association of State Directors of Veterans Affairs

INTRODUCTION

Chairman Moran and Chairman Bost, Ranking Member Blumenthal and Ranking Member Takano, and distinguished members of the Committees on Veterans Affairs, this written testimony is submitted on behalf of the National Association of State Directors of Veterans Affairs (**NASDVA**). I am Director Tim Sheppard, NASDVA President and Executive Director, Wyoming Veterans Commission.

Our association was founded in 1946 following the end of WWII to bring together the Directors of the Veterans Affairs' Agencies from all 50 States, five U.S. Territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands), and the District of Columbia. In the aftermath of the war, Veterans earned Federal and State benefits, which required coordinated efforts to ensure they received their earned entitlements.

State Directors, as leaders of government agencies, are tasked and held accountable by their respective Governors, State Boards, or Commissions to address the multi-faceted needs of our Veterans irrespective of age, gender, era of service, military branch, or circumstance of service. Although each State or Territory is unique with its organizational structure, programs, and resources, we are well-positioned to deliver effective, Veteran-focused services, and importantly, partner with the U.S. Department of Veterans Affairs (VA) with the common goal to make a difference in the lives of our nation's Veterans.

State Departments of Veterans Affairs (SDVA) are comprehensive service providers, second only to the U.S. Department of Veterans Affairs in providing earned services and benefits. As such, we serve as the primary intersection for Veterans between Federal and State governments, as well as local communities, Veteran Service Organizations (VSO), community partners, and non-government entities. We encourage communication, facilitate discussion, and promote "best practices" to successfully advocate for the nation's 18 million Veterans, their families, caregivers, and survivors. It is honorable work, and we are committed with purpose and passion to address the important needs of Veterans.

USDVA – NASDVA PARTNERSHIP

The collaborative relationship between the U.S. Department of Veterans Affairs (VA) and NASDVA was originally formalized through a Memorandum of Agreement (MOA) in 2012. It will be updated in September 2025 with a Memorandum of Understanding (MOU) with SECVA Doug Collins and NASDVA President Tim Sheppard signing its renewal at the 2025 NASDVA Annual Training Conference in Cheyenne, WY. The formal partnership between the VA and NASDVA continues to yield positive results for our Veterans across the nation. Since

NASDVA's incorporation, there has been a long-standing "government-to-government" cooperative relationship that shares a common mission to facilitate accessible, timely, and quality care for our Veterans.

To highlight our partnership, the MOU also provides the VA Secretary a forum to highlight "best practices" among the States and Territories through the presentation of the much-coveted *"Abraham Lincoln Pillars of Excellence Award."* It recognizes innovative programs that are transferrable for other States to emulate. The 2024 award recipients will be recognized at the annual conference in September 2025.

VA FUNDING

NASDVA is committed to working with Congress and VA leaders to ensure scarce resources are allocated to priorities that will meet our Veterans' most pressing needs in a Veteran-focused manner. NASDVA applauds Congress' concerted efforts to improve VA funding accountability while providing adequate funds for health care, processing claims and appeals, and addressing homelessness and suicide prevention. Likewise, continued emphasis is warranted on preparing for the Veteran aging population, increase in the Veterans' cohort, and support for caregivers and survivors.

We support Congress' efforts to hold VA's *Electronic Health Record Modernization Integration Office (EHRM)* accountable for transitioning to a new electronic health record system that tracks all aspects of patient care. The evolutionary upgrades to the VA's millennium software system will allow clinicians to access a Veteran's medical history in one location easily. It needs to address the operational concerns of the medical providers and enhance healthcare delivery for Veterans. Likewise, it is essential to address system deployment challenges and be prepared for future development issues.

As the VA continues its transformational journey, NASDVA supports the continuation of new initiatives and collaborative outreach. It will require careful observation throughout VA to ensure effective and efficient execution and a continued focus to deploy resources where Veterans can best be served.

VETERANS HEALTHCARE

NASDVA's priorities for the care of our nation's 18 million Veterans are consistent with those of VA. We fully support efforts to increase Veterans' access to VA Healthcare. This includes the continued collaboration of the State Department of Veterans Affairs (SDVA) with

Veterans Integrated Service Networks (VISN) and individual VA Medical Centers (VAMC) in enrolling Veterans and eligible family members in the VA healthcare system. This also includes expansion of Community Based Outpatient Clinics (CBOC) and Vet Centers, the deployment of mobile health clinics, and the expansion of the use of telehealth services. We applaud the VA's digital platform, which enhances a Veteran's access to their Health (appointments, messages, prescriptions, vaccine records, and COVID updates) and Benefits (disability rating and claims information).

NASDVA applauds recent VA initiatives involving mental health and Veteran suicide prevention. Veterans in acute suicidal crisis may now go to any VA or non-VA health care facility for emergency health care at no cost, including inpatient or crisis residential care for up to 30 days and outpatient care for up to 90 days. Veterans do not need to be enrolled in the Veterans Health Administration (VHA) to use this benefit. The expansion of care will help prevent Veteran suicide by guaranteeing no-cost care to Veterans in times of crisis. It will also increase access to acute suicide care for those 9 million Veterans not currently enrolled in VA.

The VHA must receive the funding required to care for the more than 9 million Veterans who are enrolled while the complexity of their care is increasing. They must have the resources necessary to recruit and retain doctors, nurses, and other professional staff. Under some circumstances, it is necessary and appropriate for Veterans to receive care at facilities and providers outside VA with community care, which currently accounts for 40% of the VA's total health care delivery. Lack of adherence to community care timeliness standards has been a source of contention by some Veterans. Referrals and appointments should be timely.

Reimbursements for community care services should also be prompt and meet industry standards. Slow reimbursements for care will discourage some healthcare providers from participating. The key is to focus on what is best for the Veteran and maintain a proper balance of in-house versus community care.

Telehealth services are mission critical to the service delivery of VA healthcare, and NASDVA applauds VA as a world leader in this practice. Telehealth is particularly critical to rural Veterans when timely access to mental health services is not available or when they must travel long distances to see a provider. SDVA can play an important role in connecting these Veterans to telehealth. Likewise, SDVA can provide outreach and connect our most vulnerable Veterans to life-saving programs. The collaborative outreach effort will help close the gap in access to mental health care in rural areas, American Indian/Alaska Native lands, and other underserved minority communities.

NASDVA supports VA as they seek legislative authorities regarding telehealth prescribing of controlled substances to ensure that Veterans retain access to critical treatments and health

care professionals. Telehealth use dramatically expanded during the COVID-19 public health emergency in both Federal and private sector health care. During the pandemic, Federal and State flexibilities included authority for the prescribing of controlled substances as part of a telehealth encounter in the absence of a prior in-person medical evaluation. These flexibilities enabled many qualified health care professionals, delivering care through VA's telehealth programs, to initiate and maintain effective treatment plans for Veterans with chronic pain, substance use disorder, mental health conditions, or other conditions that required use of controlled substances for management.

Oral health is an important factor in physical, emotional, psychological, and socioeconomic well-being. VA offers comprehensive dental care benefits to only 600,000+ qualifying Veterans, and their dental issues must be directly related to their military service to be eligible. A veteran must typically have a service-connected dental disability, be rated at 100% disabled due to other service-related conditions, or be a former Prisoner of War. Veterans who do not meet eligibility criteria have to acquire oral health care outside of the VA. For many, this is difficult due to out-of-pocket expenses, distance to travel, lack of transportation, or lack of dentists in their communities. Oral health issues have a direct connection to overall physical health and mental health. Maintaining good oral health can lead to a reduction in heart disease. Presumptive conditions such as diabetes from Agent Orange exposure can also negatively impact oral health. Veterans struggling with mental health challenges may eat more sugary foods, drink, smoke, fail to perform daily tasks like brushing their teeth, and even have dry mouths from medications they are taking. These compounding issues may cost the VA healthcare system more money because they then become secondary ailments to the initial mental health disorder. NASDVA supports efforts to expand the eligible pool of Veterans entitled to dental care services through the VA, which in turn may reduce other health care challenges associated with poor oral care.

STATE VETERANS HOMES

The State Veterans Home (SVH) Program is the largest and most cost-efficient partnership between Federal and State governments. SVHs provide more than 50% of total VA long-term care in the 50 States and the Commonwealth of Puerto Rico through **171 operational SVHs**. These homes provide a vital service to elderly and severely disabled Veterans with over 30,000 authorized beds of skilled nursing care, domiciliary care, and adult day health care.

NASDVA and the **NASVH** (National Association of State Veterans Homes) have a strong and collaborative working relationship. Both NASDVA and NASVH support a continued commitment to the significant funding of the VA's ***State Veterans Home Construction Grant***

Program. It is the largest grant program between Federal and State VAs. VA provides up to 65% of the cost of construction, rehabilitation, and repair, with States required to provide at least 35% in matching funds. The FY2024 Priority List includes 81 Priority Group 1 projects where States have already secured matching funds, which requires a federal share of ~ $1.3B. This is an increase of roughly 30% over the prior fiscal year. FY2024 at $171M appropriation was only enough for nine projects. VA's FY 2025 appropriation for State Veterans Home Grants is projected to be **only $147 million**. Veterans' needs for long-term care services are increasing. An estimated 8.4 million living Veterans are aged 65 or older, including approximately 2.6 million who are 80 or older and 1.3 million who are 85 or older. Thus, it is vitally important to our nation's senior Veterans to keep the existing backlog of projects in the Grant Program at a manageable level to assure life safety upgrades and new construction. To address the rising need and backlog and fund at least half of pending Priority Group 1 grant requests, Congress should appropriate **at least $650 million**.

NASDVA also has concerns about behavioral health and future incidences of PTSD, TBI, and other conditions in the aging Veteran population. While there are war-related traumas that lead to PTSD in younger OEF/OIF Veterans, aging Veterans can be exposed to various catastrophic events and traumas of late life that can lead to the onset of PTSD or may trigger reactivation of pre-existing PTSD. PTSD has been seen more frequently in recent years among World War II, Korean, and Vietnam War Veterans and has been difficult to manage. VA has limited care for Veterans with a propensity for combative or violent behavior , and the community expects VA or SVHs to serve this population. NASDVA and NASVH recommend a new Grant Per Diem scale that would reflect the staffing intensity required for psychiatric beds and medication management. SVHs and VA Community Living Centers are unable to serve intensive care psychiatric patients; therefore, VA cannot turn over hospital psychiatric beds because of a lack of community psychiatric step-down capacity. This level of care is critically needed in our States. VA is responsible for specialty care for Veterans in SVHs, particularly when the care is in response to a service-connected condition. Often, when the coverage requires specialized healthcare services such as psychiatric care, VA does not cover the cost. Psychiatric services are outside the scope of primary care provided to SVH residents; however, it should be treated as allowed specialty care similar to cardiology and urology.

The nationwide shortage of direct-care providers, including doctors, RNs, LPNs, and Certified Nursing Assistants, is well documented. COVID-19 exacerbated the decades-long decline while fewer health care professionals are recruited and providers are leaving the workforce or retiring in large numbers. The national competition for providers is also presenting an untenable situation, which is made worse by both burnout among nursing professionals from the rigors of care and the salaries offered by large, well-financed hospital

groups. SVH resident census is hard to maintain because of chronic staff shortages, resulting in fewer Veterans being served and providers unable to cope with financial losses due to lower reimbursement rates tied to a lower resident census. Vulnerable Veterans in need of care are being denied access because of insufficient staff to meet the demand. Meanwhile, CMS (Center for Medicare and Medicaid Services) is in the process of implementing staffing mandates at a time when many providers can't even fill staff vacancies to meet the needs of current operations. These shortages are projected to continue.

SVHs appreciate VA's ***Nurse Recruitment and Retention Grant Program*** that promotes the hiring and retention of nurses. However, this applies only for the positions of RNs, LPNs, Licensed Vocational Nurses, and Certified Nursing Assistants. An expansion of the grant program should include other critical staffing for Physicians, Physical Therapists, Dieticians, and Social Workers. This would help SVHs compete with private sector facilities that provide sign-on bonuses, higher salaries, and benefits. SDVA and VA must continue recruitment and retention efforts to have the quality and quantity of providers to care for eligible Veterans.

VA is authorized to cover up to 50% of the cost of care through per diem for residents receiving care in a SVH. However, the current basic rates cover less than a third of the costs. Many factors, such as labor costs in a competitive environment, higher cost for pharmaceuticals, increase in food costs, unfunded mandates, and overall medical inflation, have all diminished the value of per diem. Honorably discharged Veterans are eligible for a daily VA per diem payment. The FY2024 rates are as follows: Nursing Care $144.10 per veteran, per day; Adult Day Healthcare $114.81 per veteran, per visit; and Domiciliary Care $62.20 per veteran, per day. Both NASDVA and NASVH recommend a new Grant Per Diem scale; the rates need to be increased. Veterans who are 70% or higher service-connected disability are eligible for no-cost nursing care at the SVH; however, VA does not pay for high-cost medications for this cohort. Certain medications, such as chemotherapy, can cost thousands per month. Community contract nursing homes with VA are reimbursed when these costs exceed a certain percentage (typically 8.5%) of the per diem. Congress needs to legislate that SVHs receive the same reimbursement.

VA's ***Geriatrics and Gerontology Advisory Committee*** is established to provide advice to the Secretery of VA on all matters pertaining to geriatrics and gerontology. This committee is in a position to provide recommendations on procedures and policies that govern SVH. It would be beneficial to the committee to have a *"voting"* member who is a licensed nursing home administrator and is currently serving as a SVH Administrator or in a supervisory role over SVH.

SVHs are subject to duplicate inspections. VA performs an annual survey that reviews clinical practices and life safety protocols and conducts a financial audit. Likewise, many SVH

are certified by CMS to qualify for CMS reimbursements, which requires them to undergo a separate CMS inspection. The VA and CMS surveys are identical in addressing the clinical and life safety sections. NASDVA and NASVH recommend that the SVHs have a single annual survey conducted by VA that is acceptable to CMS.

NASDVA is seeking support from VA to take administrative action to provide waivers for the SVH construction projects submitted before the ***BABAA (Build America, Buy America* Act)** effective date. BABAA was enacted with an enforcement date of May 14, 2022, and requires federal grantees to use Buy America preferences on all iron and steel, manufactured products, and construction materials incorporated into an infrastructure project, including the SVH construction grant projects. The law included certain waiver provisions: *when applying the domestic content procurement preference would be inconsistent with the "public interest;" when there are "nonavailability" issues where products or construction materials are not produced in the United States in sufficient and reasonably available quantities; and when the inclusion of products or materials produced in the United States creates an "unreasonable cost" condition, increasing the cost of the overall project by more than 25 percent.*

NASDVA agrees that the intent of BABAA is good for our Nation and that it was intended to strengthen Made-in-America Laws and bolster America's industrial base. Unfortunately, American manufacturing has not caught up to the requirements of the law. It has also negatively impacted the SVH construction grant projects found on the VA's FY24 Priority List. SVH construction projects listed on VA's FY 2024 Priority List initiated design planning and grant budget submittal before BABAA's effective date. Therefore, States did not have the opportunity to properly plan for the requirements associated with this Act, resulting in approved grant project scopes, schematic designs, and budgets that do not consider any of the BABAA impacts or cost increases.

Additionally, it has been confirmed by the VA that the availability of domestic products is a significant issue, and a vast number of the SVH construction grant projects will be unable to meet BABAA compliance due to industry constraints. More specifically, it was verified by the VA that SVH will be unable to purchase BABAA compliant electrical gear and mechanical equipment since these components are not domestically manufactured, e.g., this includes, but is not limited to, HVAC systems, switch gear, generators, step down transformers, and light fixtures. Simply put, these types of industrial constraints will also result in many of the SVH construction projects not being completed without a BABAA waiver, which would deprive many aging and ill veterans from receiving care in these long-term care facilities. Without resolution to properly address this matter, the quantity, quality, and continuum of long-term care and services we provide to our Veterans and their families is diminished, and the overall cost of these projects will continue to increase.

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BURIAL AND MEMORIAL BENEFITS

NASDVA appreciates the National Cemetery Administration's (NCA) collaborative partnership with States, Territories, and Tribal governments through the ***Veterans Cemetery Grant Program (VCGP)*** and is the second largest VA grant program with States. VCGP-funded cemeteries complement NCA's 158 national VA-managed cemeteries for Veterans and their families and expand access to exceptional memorial benefits that meet "shrine" standards. Importantly, the program supports the NCA goal of increasing access to a burial option to more than 95% of all Veterans within a 75-mile radius of their home county. In FY2024, grant-funded cemeteries provided more **42,720** interments, which is **24%** of the total NCA and VCGP burials.

Since the establishment of the program in 1978, VA has awarded more than $1 billion grants to establish, expand, improve, operate, and maintain 122 Veterans cemeteries in 46 States, 14 Tribal trust lands Veterans cemeteries, and 3 Territorial cemeteries in Puerto Rico, Guam, and Saipan. Two (2) new cemeteries are currently under construction in Lubbock, TX, and Grand Island, NE, and a new grant is pending for Salcha, Alaska.

The **FY2025** budget proposal for the VCGP is **only $60 million**. This is insufficient to allow NCA to address all of Priority Group 1 applications (projects needed to avoid disruption in burial services within 4 years of the date of the preapplication) and have any sufficient funds for Priority Goup 2 to establish new cemeteries. The recently published FY2025 Priority List reflects Priority Group 1 (expansion) projects that total more than $100 million, and likewise, the Priority Group 2 (establishment) projects also total more than $100 million. This hinders achieving NCA's 95% coverage goal, particularly for underserved rural areas. It is vitally important to keep the existing backlog of VCGP projects at a manageable level. It is difficult for States to get new projects codified in the State budgets plus acquire the land for a new cemetery. Likewise, it is difficult to justify continued support for a project while remaining on VA's Priority Group 2 list year after year, waiting to receive the federal grant, as other expansion projects are being funded. Also, there are more expansion and improvement requests from the existing aging cemeteries, making it even harder to have funds for new cemeteries. NASDVA strongly recommends increased funding support for the **VCGP to $120 million**.

NASDVA also recommends that the FY2025 budget authorize appropriate funds to provide an increase of the **plot allowance to $978** and provide **plot allowance for family members**. The President's budget submission proposes providing this benefit, *"Expand plot allowance for certain individuals eligible for interment in a national cemetery: The proposal would amend 38 U.S.C. § 2303 to provide plot or interment allowances to VA grant funded State and Tribal Veterans' cemeteries for interments of certain individuals eligible for interment in national cemeteries. This proposal aligns eligibility for the plot allowance in grant-funded*

cemeteries with eligibility criteria for interment in national cemeteries." This increase of plot allowance funds will help offset the higher operational costs being experienced across all VCGP cemeteries. Also, it would allow the States to avoid charging eligible family members and maintain parity with National Cemeteries, where family members are not charged. Currently, States are in a position where they have to charge the equivalent plot allowance or an established flat fee for the Veteran's spouse or eligible family member. This fixes the inequity between the federal and state systems.

The Burial Equity for Guards and Reserves Act was incorporated as Division CC of *Public Law 117-103 (The Consolidated Appropriations Act for FY2022)*. The VA Office of General Counsel determined that the law allows VCGP-funded cemeteries to inter certain "non-veteran" individuals; however, it does not compel such interments. The consequence for those who elect to do so is that they must bear the costs of the headstone and outer burial container or niche cover. Since there will be no plot allowance to help cover the cost of the interment, VCGP cemeteries will have to appropriate additional funds. Again, it creates an inequitable situation with the Veterans vs. Non-Veterans who receive full memorial benefits interred in the same cemetery. Even though the numbers are small for those without federal active duty and thus qualify as "Veterans," it is desirable for States and Tribal governments to provide the interment. The local appreciation and respect are strong for the Guard/Reserve members who respond to natural disasters in the community. The average citizen is unaware of differences in eligibility and simply views them as military members worthy of the same memorial honors.

In summary, NASDVA strongly recommends the following in the FY2025 budget for the VCGP: Increase the funding from **$60M to $120M**, authorize the **plot allowance to $978**, and importantly, authorize **Plot Allowance for eligible family members**.

VETERANS BENEFITS SERVICES

VA continues to provide more care, more benefits, and more services to more Veterans than ever before. In 2023 alone, the Veterans Benefits Administration (VBA) completed more than 1.9 million disability compensation and pension (C&P) claims for Veterans, an all-time VA record that broke the previous year's record by 15.9%. This resulted in Veterans and survivors receiving over **$150 billion** in disability C&P benefits. NASDVA applauds VBA's **enhanced** claims processing, expanded C&P examination capacity, digitization of federal records, and the increase in hiring and training of new employees. VBA is also transparent in its up-to-date reporting of claims inventory, claims backlog, claims accuracy, and fully developed claims.

The National Association of State Directors of Veterans Affairs

SDVAs continue to take on a greater role in the effort to manage and administer claims processing. Regardless of whether the State or Territory uses accredited employees or nationally chartered VSO (Veterans Service Officer)/CVSO (County Veterans Service Officers), collectively, we have the capacity and capability to assist the VBA. NASDVA maintains a close working relationship with **NACVSO** (National Association of County Service Officers). VA should offer expanded virtual and in-person training opportunities to accredited Service Officers, particularly those newly accredited Tribal Veteran Service Officers, to improve the "inputs" (e.g., changes to forms, updated processes, and/or new policies) to the benefits systems. These opportunities should be at the national level and the Regional Office level. Additionally, as claims are processed through the National Work Que (NWQ) to better distribute caseloads, personnel staffing the Helpdesk Line need to have increased understanding of claims and access to the claim to better assist VSO/CVSO calling for assistance. Increased training opportunities and increased support from the Helpdesk Line will support a more efficient claims process.

The *PACT Act* was a monumental piece of legislation. It is the most significant step ever taken by Congress in addressing the ravages of toxic exposure. NASDVA supports continued emphasis on implementation. It requires expanding VA health care and benefits for Veterans exposed to burn pits, herbicides, and other toxic substances. Our Veterans and their families deserve no less. VAMC and VA clinics across the country continue to enroll Veterans every day for new toxic exposure screening as a result of the *PACT Act,* which has resulted in a marked increase in the number of disability compensation claims submitted as shown in the biweekly VA *PACT Act* Dashboard. Veterans do not need to join class action lawsuits to address potential disabilities from toxic exposures. We are concerned about consumer protection for those who do so. Alternatively, Veterans can file a claim for *free* using an accredited Service Officer. Submitting a claim through a VSO/CVSO will sharply increase the chances of an individual's claim being processed timely and adjudicated successfully. VA and NASDVA will continue their collaborative, in-person outreach efforts about the provisions of the *PACT Act* in 2025. SDVAs perform a vital role every day interfacing with Veterans where they live to inform and help them with their individual needs and prospective claims earned through their service.

NASDVA applauds VA's service-connection decisions that are a follow-on to the signing of the *PACT Act* of 2022. In June 2024, VA added male breast cancer, urethral cancer and cancer of the paraurethral glands to the list of illnesses presumed service-connected in conflicts since 1990. Additionally, VA recently determined to assume a service-connection for veterans facing leukemia, bladder cancer, and other cancers who served in Somalia or Southwest Asia during the Persian Gulf War (on or after Aug. 2, 1990), along with those who served in Afghanistan, Iraq, and seven other nations including at Karshi-Khanabad (K2) Air Base,

Uzbekistan during that war or after Sept. 11, 2001. Importantly, these Veterans will not need to prove their illness was related to service to receive disability benefits and are eligible for free VA health care for their conditions.

Over two-thirds of the 118th Congress supported the ***Major Richard Star Act***, but unfortunately, the bill was not considered for passage. It directly affects more than 52,300 combat-injured Veterans who were medically retired with less than 20 years of service. These Veterans are subject to an offset with their retirement pay being reduced for every dollar of VA disability received. Retired pay is for completed years of service paid by the DoD, while disability compensation is for lifelong injury paid by the VA. These are two different payments for two different purposes. Reducing retirement pay because of a disability is an injustice. NASDVA strongly recommends that the 119th Congress pass the *Major Richard Star Act*.

NASDVA appreciates Congress' support of an increased VA budget in expanding the number of VA health care personnel and staff members who adjudicate claims and supporting VA's efforts to recruit and train additional staff to handle the forecasted influx of additional claims. We acknowledge that the number of claims and appeals will increase until enough qualified VA staff are in place to handle the workload. It will take time to continue to reduce the expected backlog. NASDVA will work with VA to exhaust all efforts to lessen the time Veterans must wait to have their claim completed whether related or not to the *PACT Act* or the recently passed *Dole Act* as it is implemented.

WOMEN AND MINORITY VETERANS

There are more than 2.1 million (11.7%) women Veterans out of the 17.9 million total Veterans, according to the VA's VETPOP data. By 2030, VA projects that women Veterans will comprise 13.5% (16 million total), and by 2040, the percentage will increase to 16.3% (13.4 million total), making them the fastest growing group in the overall Veteran population. The numbers reflect the need for continued emphasis that they are eligible for the full range of Federal and State benefits, including special programs. NASDVA has made a concerted effort in outreach to inform women Veterans of their earned benefits and services. There are several areas NASDVA believes VA can close gaps in service, ensure continuity of care, and better address the needs of women Veterans.

Women Veterans are impacted by the nationwide provider shortage for the delivery of gender-specific healthcare. We encourage the VA to continue its aggressive recruiting and retention efforts for qualified health care professionals. In addition, VA priorities should include addressing the needs of all victims of Military Sexual Trauma (MST), especially women

Veterans, including those who served in the National Guard and Reserves. Due to an increasing volume of Veterans with MST, compatible care and provider alternatives need to be deliberately extended to all those Veterans who might otherwise be dissuaded from seeking treatment at the VA. Reconciliation of MST claims for PTSD should continue as recommended by the VA Inspector General.

VHA should also ensure women Veterans have access to and receive timely high-quality, gender-specific, and individualized prosthetic care that will allow them to improve their quality of life. Their healthcare needs to include infertility care, and NASDVA advocates support for Veterans with infertility issues caused by illness or injury while serving in the military. The *PACT Act* ensures that those eligible women Veterans who are experiencing infertility due to issues caused by toxic substance exposure are identified and eligible for care. The decision-making and planning for new clinics or renovation of existing clinics should be data-driven to ensure Veterans receive care commensurate with the population.

The largest emerging population of Homeless Veterans is women. Recent efforts across the country to end and prevent veteran homelessness are commendable and deserve recognition. The true numbers of this emerging population are underrepresented due to prescribed models of addressing homelessness. For example, a victim of domestic violence fleeing an abuser and living with a friend is not considered homeless. NASDVA will work with VA and HUD to allow flexibility in their definition of homelessness and revitalize transitional housing models to better serve women Veterans, especially those with children.

Currently, the VA does not have the authority to provide reimbursement for the costs of services for minor children of homeless women Veterans. The issue disproportionally impacts women Veterans as they often bear the primary responsibility of child raising. A GAO report found that this inequity led to financial disincentive for housing providers and, in turn, limits housing for Veterans with young children. Homeless women Veterans consistently identify childcare as a top unmet need. The cost is a common barrier for many as they try to seek employment and healthcare. In addition, women Veterans are more likely to die by suicide than non-Veterans. NASDVA recommends that VA develop a mechanism between VHA and VBA to identify at-risk Veterans at the time a claim is initiated or when a service is requested through the VBA. In short, any coordination gaps between VBA and VHA need to be mitigated to identify Veterans who could be at risk of death by suicide.

According to the U.S. Department of Veterans Affairs, minority Veterans is defined as those who are identified as African Americans, Asian American/Pacific Islander, Hispanic, Native American/Alaska Native, and Native Hawaiian. To serve this important cohort of Veterans, NASDVA applauds the U.S. Department of Veterans Affairs recent release of its 2024 Equity

Action Plan, which states, "to help ensure that VA delivers on its promise to provide world-class care and benefits to *all* Veterans, their families, caregivers, and survivors regardless of their age, race, ethnicity, sex, gender identity, religion, disability, sexual orientation, or geographic location."

Veterans in Island Territories have had significant issues with earned services and support due to their isolation. When there are natural disasters, such as hurricanes, VA can often be the only available provider. During catastrophic events, NASDVA recommends that all Veteran categories should be accepted for urgent medical care. Native American Veterans are chronically underserved on their reservations. NASDVA applauds the recent Memorandum of Understanding between the U.S. Department of Veterans Affairs and the U.S. Department of Health and Human Services' Indian Health Service, seeking to increase access and improve the quality of health care and services for eligible American Indians and Alaskan Natives.

NASDVA supports the successful implementation of the January 2023 rule by the VA, waiving copayments incurred for eligible American Indian and Alaska Native Veterans. Eligible American Indian and Alaska Native Veterans who have submitted appropriate documentation to VA will no longer be required to pay copays for health care services. Funding Veterans in local native clinics puts resources back into their networks to provide care to all. This worked across Alaska, where VA clinics were closed several days a week. The IHS network is working well and very robust when the VA pays for the care for our Veterans in the Alaska Native Healthcare system. The limited funds they receive from IHS tend to go much further.

Native Veterans would much rather be cared for by IHS and have VA reimburse IHS. This appears to be a working model and should be continued. This is especially true on the large reservations and in Alaska, where distances are vast. We are aware that there are Veterans who are dual users of IHS, VA tribal health, or both. This allows the Veteran to choose the most convenient for his or her care. NASDVA wants to make sure that our Veterans and the systems that they access have the resources available continually. Should there be a government shutdown, IHS should continue as the VA does with medical care for our Tribal Veterans.

VETERANS HOMELESSNESS AND SUICIDE PREVENTION

NASDVA commends VA's effort and continued emphasis on ending homelessness among Veterans. States will continue to develop and support outreach programs that assist VA in this high-priority effort, particularly in further identifying those Veterans that are homeless and programs to prevent homelessness. As partners with VA at the nexus of local communities,

we are focusing on addressing the multiple causes of Veterans' homelessness, e.g., medical issues both physical and mental, legal issues, limited job skills, work history, and high-cost rent.

NASDVA recommends continued funding for specialized homeless programs such as *Homeless Providers Grant and Per Diem, Health Care for Homeless Veterans, Domiciliary Care for Homeless Veterans, Supportive Services for Veteran Families (SSVF) Shallow Subsidies, and Compensated Work Therapy.* It is vital to continue VA's partnership with community organizations to provide transitional housing and the VA/HUD partnership with public housing authorities to provide permanent housing for Veterans and their families. We know that many stages of homelessness exist and likewise, we know that many factors contribute to homelessness among Veterans. Contributing factors are alcohol and drug abuse, mental health issues, PTSD, lack of employment, and involvement with the justice system. To eliminate chronic homelessness, we should continue to address the root causes. They need to receive attention and action by providing the necessary mental health and drug treatment programs in conjunction with job skills training and employment. Case management is imperative in these instances. These collective programs must be adequately staffed and fully funded in the current and future budgets.

NASDVA commends VA and HUD for their collaboration in increasing the number of Veterans Affairs Supportive Housing (VASH) vouchers. Unfortunately, in cities with high costs of living, the voucher value is insufficient to allow the Veteran to secure adequate housing. Some cities need cost-of-living adjustments to ensure the VASH voucher will cover most of the cost of affordable housing. NASDVA recommends vouchers be tied to local markets to ensure they can support Veterans with secure permanent housing.

NASDVA recommends additional attention for older homeless veterans, particularly those Vietnam Veterans who are now experiencing issues with injury or disease and can no longer care for themselves. These Veterans are very vulnerable and require long-term care but may not have filed for service-connected disabilities nor can navigate the system, which also may include Medicare. NASDVA recommends Congress review changing policy to allow these veterans to use HUD/VASH vouchers for long-term care. We owe these senior veterans the care they deserve for serving our nation.

VA continues to place strong emphasis on Veteran suicide prevention, but it still lingers as a societal crisis. We recommend increased collaboration between the VAMC, VARO, and SDVA to impact all facets of prevention. Data indicates that 70% of Veterans who take their own lives do not engage with VA. Access to VA has improved, but outreach to inform Veterans about their health benefits needs continued emphasis.

The entire Veterans community must take on the critical task of suicide prevention. Engaging community coalitions through the Governor's Challenge and Mayor's Challenge on Veterans' Suicide Prevention can support the VA's effort. The Governor's Challenge advances a public health approach by bringing together key state leaders to develop strategic action plans focused on Veteran suicide prevention. Teams receive support from VA and SAMHSA that includes technical assistance, consultation with subject matter experts, and sharing of best practices and innovations with other teams across the nation. NASDVA applauds these VA community-based Interventions, which reach Veterans through multiple touchpoints, cross-agency collaborations, and community partnerships.

TRANSITION ASSISTANCE PROGRAM (TAP)

Department of Defense reports that approximately 200,000 Service Members (SM) leave the military each year and transition to civilian life. They face the challenges of employment and education, finances, housing, health and new relationships. NASDVA strongly encourages the most effective national and state-level transition programs possible to ensure success during this stressful time. It is important for their emotional well-being and getting a good start in establishing the next phase of living a productive life.

SM are required to participate in the multi-day Transition Assistance Program (TAP) at their military installation before separation or retirement. Spouses are also encouraged to attend as appropriate. TAP is a mandated, standardized workshop across all services and components and primarily delivered by the Department of Defense, Labor, and Veterans Affairs. It focuses on earned benefits, employment opportunities, and education. Depending on the service members' plans, the TAP process can be inadequate to meet individual needs and it can be a challenge to absorb the amount of information. As a result, many see TAP as something they need to get through to leave the service rather than a helpful resource. Regardless, NASDVA recommends increased emphasis on mandatory participation in TAP.

It is often challenging for Transitioning Service Members (TSM) to connect with available earned State services, benefits, and support. Likewise, it is difficult for SDVA to make service members aware of these benefits and services, especially in their new communities. This lack of connectivity between TSM and the States contributes to significant barriers to employment and increases the mental stress associated with their transition. NASDVA applauds the recent change allowing pre-discharge documents to provide for "opt-out" (instead of "opt-in") for the sharing of email addresses and contact information to the States. States are in a unique position to provide critical information to access earned Federal and State services, benefits, and support. As well, post-service contact information on the electronic DD Form 214

discharge remains important to engage and inform those retiring or separating service members with the States and community-based organizations.

Likewise, NASDVA applauds recent coordination and efforts by the Veterans Benefit Administration to allow for a 45-minute block of instruction in their 8-hour curriculum for representatives from the States and VSOs to participate. We believe this important initiative taken by the VBA Under Secretary allows SDVA and VSO to provide information on the types of additional services and benefits available for those staying in their current location or moving elsewhere, further allowing TSM to make the best decision on their post-service careers. In the end, an effective TAP, across all partners at the federal, state, and local levels, makes a significant difference for the Veteran and their family to experience a smooth transition.

CONCLUSION

NASDVA respects the important work Congress has done and continues to do to improve the well-being of our nation's Veterans. As stated, we are "government-to-government" partners (Federal-to-State) and are second only to federal VA in delivery of earned benefits and services to those who have served our great country, particularly State Veterans Nursing Homes and State Veterans Cemeteries. State VA agencies serve as a vital link to Veterans where they reside. We are an integral part of the "whole of government" in serving our nation's Veterans, their families, caregivers, and survivors. With your continued support, we can ensure that the needs of our Veterans remain a national priority. In doing so, we are fulfilling the promise to take care of those who "have borne the battle" and are demonstrating a commitment to the nation's future Veterans.

Timothy (Tim) Sheppard

Tim retired from the U.S. Army after a distinguished 40-year career, during which he served as the Chief of Staff for the Wyoming Army National Guard and the Commander of Camp Guernsey, Wyoming. As an Army Engineer, he took great pride in completing construction projects throughout Wyoming and across the globe. While leading Camp Guernsey, he developed and implemented a strategic plan that transformed the camp into a world-class training facility.

Currently, Tim serves as the Executive Director of the Wyoming Veterans Commission. In this role, he is especially proud to have established impactful initiatives such as the Veterans Talking to Veterans program (VTTV) and the Veterans Feeding Veterans Program (VFV).

Tim is deeply involved in his community and holds leadership roles in several organizations. He is a distinguished Past Governor for the Rocky Mountain District of Kiwanis and serves as president of the Board of Directors for Raising Readers in Wyoming. Additionally, he is the Vice President of the board for the Cheyenne After School for Kids program and a Past President of the Board for the Cheyenne YMCA. Tim also contributes as a Regional Director for the First Lady's Wyoming Hunger Initiative (WHI).

A graduate of Leadership Wyoming in 2007, Tim currently serves as its immediate Past Chairman of the Board. He also participated in the Wyoming Academy 2024, a collaborative effort between Leadership Wyoming and the Wyoming Business Council.

Tim is a dedicated family man, married with seven children, including two sets of back-to-back twins. He has a deep love for the Green Bay Packers, cycling, general fitness, and reading. His life’s work reflects a commitment to service, community, and continuous personal and professional growth.

Syracuse University
D'Aniello Institute for Veterans & Military Families
JPMorgan Chase & Co., Founding Partner

Testimony

Senate and House Committees on Veterans' Affairs:

2025 Veteran Service Organization Hearings

Prepared by:

D'Aniello Institute for Veterans and Military Families (IVMF) at Syracuse University

February 26, 2025

Introduction: Our Work and Policy Priorities

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and distinguished Members of the Committees, thank you for the opportunity to provide testimony today, related to the 2025 programmatic and policy priorities of the D'Aniello Institute for Veterans and Military Families' (IVMF) at Syracuse University.

About the IVMF

The IVMF was founded in 2011, as higher-education's first interdisciplinary academic institute singularly focused on advancing economic, social, and wellness outcomes on behalf of the nation's military, veterans, and their families. In support of that mission, the IVMF team designs and delivers class-leading programs and supportive services to the military-connected community, positioning them for a successful transition from military to civilian life. Each year, more than 20,000 service members, veterans, and family members engage IVMF programs and services, which are provided at largely no cost to participants. Our offerings span a variety of categories, from entrepreneurship and career training to connecting individuals with local resources in their communities. The IVMF's programs are underpinned by the Institute's sustained and robust data collection, applied research on the most pressing issues impacting veteran well-being, and evaluation services for public and private partners who also serve the military-connected population.

Accordingly, the IVMF's policy priorities are directly informed by insights from our programmatic, research, and evaluation efforts, as well as from engagements with the IVMF's

many external partners including from the public sector, higher education, national and community nonprofits, philanthropy, and the private sector. We remain committed to contributing to the effort to knit together the patchwork of support greatly needed to improve how veterans and their family's access and navigate care and resources.

We appreciate the invitation to testify and commend the Committees' efforts in years past on efforts that emphasize the importance of cross-agency and public-private collaboration, enabled by landmark legislation such as the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act (PACT Act), the Commander John Scott Hannon Veterans Mental Health Care Improvement Act (Hannon Act), and others. These collaborations are beginning to bear fruit and remain essential. We stand ready to reinforce and improve these efforts for the future, and to contribute actionable solutions positioned to support and empower our nation's veterans and their families.

Summary of Policy Priorities and Legislative Areas of Focus

Below, we offer specific areas for legislative focus that align with each of the Institute's broader policy priorities: *Integrate Health and Non-Clinical Care*, *Improve the Military to Civilian Transition, and Expand Economic Opportunity for Veterans and Military Spouses*. In summary, they are as follows:

1. **Integrate Health and Non-Clinical Care**
    - Sustain, improve, and expand recent collaborative efforts that involve communities in suicide prevention upstream from crisis.
    - Establish standards for data and outcome capture to reduce bureaucratic barriers and improve accountability and efficiency.
2. **Improve the Military to Civilian Transition**
    - Ensure accountability and sustainability for evidence-based employment programs at the point of transition.
    - Provide tailored, upstream support for transitioning service members as well as their families.
    - Facilitate stronger coordination between the DoD, VA, states, and communities for benefits and services.
3. **Expand Economic Opportunity for Veterans and Military Spouses**
    - Increase support for public-private partnerships that leverage the talent and skills veterans bring to our nation's workforce.
    - Build on efforts to collaborate across agencies to ease navigation of and access to the entrepreneurship ecosystem.

Moving the needle on these difficult challenges requires upstream interventions and integrated approaches that reduce barriers between agencies and champion public-private partnerships. They also require investment in ongoing evaluation and oversight to keep our efforts aligned with the specific and evolving needs of the military-connected population, to ensure our efforts are efficient and effective at meeting those needs, and to scale the efforts that work best.

In order to maintain and strengthen our nation's all-volunteer force, we must implement policies that enable the public, private, and nonprofit sectors to contribute to and remain accountable for ensuring veterans and their families are equipped to thrive in their post-service lives.

Considerations for Legislative Focus

Policy Priority: Integrate Health and Non-Clinical Care

Background:
It is evident from the Department of Veterans Affairs' (VA) most recent National Veteran Suicide Prevention Annual Report that the rate of death by suicide is still unacceptably high, still exceeds the rate for civilians, and still does not fully encompass the rate among the National Guard and Reserve population.

It is also well documented in research and practice that health, economic, housing, and other needs rarely emerge in isolation. A 2019 study by VA researchers found that the presence of an adverse stressor such as unemployment, housing, or financial instability was related to a 64% increase in the likelihood of suicidal ideation. With each additional issue, this likelihood only intensified.

For ten years, the IVMF has played a key role in creating, sustaining, and evaluating networks of health and wraparound services—originally as part of our AmericaServes initiative working alongside 18 communities across the country. AmericaServes and other public-private partnership models have demonstrated that helping veterans navigate to the full scope of services and resources they need—beyond clinical and crisis interventions alone—is an integral component of suicide prevention efforts.

Additionally, we know from a pilot study the IVMF conducted with VA researchers that approximately 70% of veterans receiving support via AmericaServes were enrolled in VA healthcare. The study also found that the level of collaboration between VA Medical Centers (VAMCs) and AmericaServes varied widely, but that *veterans' stressors were better addressed when community organizations and VAMCs worked together*. Further, it is clear from this evidence that *communities are reaching veterans yet to be connected to the VA*, which data has shown is associated with a lower risk of suicide.

Consequently, addressing the upstream, non-medical drivers of mental health that contribute to a veteran's overall health outcomes and risk of suicide requires far more than just the VA and other interagency partners. Solutions necessitate comprehensive, cross-sector coordination with the tens of thousands of organizations that serve veterans and their families across the country.

Legislative Focus: Sustain, improve, and expand recent collaborative efforts that involve communities in suicide prevention upstream from crisis.
Established in 2020 with the passing of the Hannon Act, the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) plays a vital role in addressing the persistent issue of veteran suicide in the United States. By providing funding to military- and veteran-serving organizations (MSOs and VSOs) to address underlying causes of veteran suicide *in*

addition to facilitating referrals for clinical care, the SSG Fox SPGP recognizes the complex nature of factors leading to veteran suicide and takes meaningful action to partner with and support communities in the prevention effort.

As the SSG Fox SPGP is considered for reauthorization, we are grateful to the Committees for their commitment to strengthening the program based on feedback from grantees and advocates. In 2023, the IVMF testified on this topic and submitted a brief for the record containing feedback from 11 grantees. We have continued to support our grantee partners and affirm our collective position: with enhancements, the SSG Fox SPGP can live up to its potential as a critical way to reach veterans in communities and connect them to support—before they are in crisis, before it is too late. Key areas we have identified for improvement are: 1) adjustment of allowable expenses to support higher enrollment, 2) examination of the screening process for efficiencies and eligibility assessment, 3) streamlining of pathways into care at the VA and for emergencies, and 4) appropriate data collection that supports program improvement and performance monitoring.

In addition to the SSG Fox SPGP, there have been other concerted efforts by the VA to recognize the value of networks of community organizations that help veterans, their families, caregivers, and survivors with non-clinical needs. For example, the VHA Innovation Ecosystem is piloting a non-clinical care network platform to improve referral and communication efficiencies between VA and trusted wrap-around services. If successful, new and better approaches to non-clinical care for our most vulnerable veterans could be scaled.

Legislative Focus: Establish standards for data and outcome capture to reduce bureaucratic barriers and improve accountability and efficiency.

With this expansion of more comprehensive interventions also comes the need for enhanced standards for data collection and evaluation. From IVMF research and evaluation data, we know that establishing accountability and transparency *within* the VA and *between* the VA and communities is both achievable and necessary if we want veterans to thrive.

VSOs and federal agencies face challenges of tracking and measuring across multiple systems, data collected in slightly distinct ways, limited accountability, and other constraints. Research has documented the need for data standards and interoperability to make accountability more feasible and efficient.

The federal government, including VHA, has recognized this issue and begun to take important steps forward to meet these challenges. For example, the inclusion of VBA data in the last five annual suicide prevention reports adds a crucial element to our understanding of those at risk. This type of analysis would be made easier with better internal alignment between VHA and VBA, so that it is the norm that we are able to bring the full scope of data available when addressing health and suicide challenges.

A number of communities have also demonstrated success with establishing common metrics and shared tracking systems. From the evaluation of AmericaServes data in Pittsburgh, we know that hundreds of veterans are referred between the VA and the community annually. Because these cases are meticulously documented, we know that individuals referred by the VA are most in need of household goods and transportation. We know how many individuals are provided

with their DD-214s to smooth the way for assessing eligibility and enrollment in benefits. We know that referrals are typically matched to an appropriate wraparound service within 24 hours and that their needs are successfully resolved around 90% of the time once they connect with the organization. The VA has full access to the information about the patients they refer for these services. Places like North Carolina, Texas, and others have proven it is possible to achieve this level of transparency and monitoring.

Therefore, we encourage Congress to explore legislative opportunities to incorporate standards for data collection practices and measurement of interventions both inside the government and in partnership with the private and nonprofit sectors. These standards should be informed by the current evidence base of programs and systems that demonstrate the most effective outcomes. They should be broad enough that multiple existing interventions could adapt and conform to meet them, but prescriptive enough to ensure that VSOs and providers are beholden to a minimum level of performance. Importantly, they should be both crafted and implemented in partnership with agency staff, VSOs, and experts to ensure feasibility.

IVMF Policy Priority: Improve the Military to Civilian Transition

Background:

Every year, an estimated 200,000 service members transition out of the military. Many face challenges during the critical first three years outside the service, and surveys show that more than half of veterans find the transition to civilian life difficult. The gap between the time of military discharge and civilian employment can have enormous financial, social, and personal costs. An ability to secure meaningful employment and financial stability is critical to a service member's successful transition from active duty to civilian life.

Data shows that most veterans are seeking employment after service, even those also interested in school or starting a business. Further, about 62% of veterans are underemployed after 6.5 years. Yet, a recent report from RAND found that the federal government spends more than $13 billion a year on military-to-civilian transition programs, mostly focused on education, even when removing the approximately $9 billion of expenditures on the Post-9/11 GI Bill.

Per RAND and the U.S. Government Accountability Office (GAO), this spending is allocated to 45 federal programs overseen by 11 federal agencies that help veterans transition—now 46 with the addition of the new Veteran and Spouse Transitional Assistance Grant Program. RAND found that *almost none of these programs have been rigorously or independently evaluated*, and that 27 programs have released no performance data.

Further, transitioning out of the military is also more than a moment in time; veterans and their families have different needs before, during, and after the point of transition. Despite the abundance of programs, navigation to the right program at the right time continues to be a challenge.

Therefore, our collective approach to transition requires us to consider interventions further upstream and downstream, move beyond the Transition Assistance Program (TAP) and

government alone, and—critically—implement more oversight and evaluation of our current system of supports to put resources to their first best use.

Legislative Focus: Ensure accountability and sustainability for evidence-based employment programs at the point of transition.

In addition to the many federal programs, nonprofits have also created programs that provide essential training, credentialing, job placement, and other career preparation services. For example, eight years ago the IVMF launched the Onward to Opportunity (O2O) program. O2O provides career exploration and employability skills training, along with access to industry-recognized certifications to over 10,000 transitioning service members, veterans, and spouses every year at no cost. The program operates on 19 military communities, reaching over 70 installations across the country and provides virtual training to participants in all 50 states.

Veteran-serving, employment-focused nonprofit and private sector programs like O2O fill the gaps that federal programs are not well-suited to address. While a second report from RAND noted challenges nonprofits face with measurement of their employment services, some programs do track spending and performance to a fair extent. Notably, O2O is the only program that has undergone a rigorous third-party evaluation to prove its efficacy at helping transitioning service members—especially those in lower enlisted ranks—secure better salaries. Other nonprofits are beginning to follow suit, and data suggests there are organizations that deliver evidence-based programs more efficiently than the government. It takes substantial contribution from these organizations in the form of time, finances, and personnel to produce this value.

Further, the best available data about transition outcomes is from a national longitudinal study of post-9/11 veterans called The Veteran Metrics Initiative (TVMI), managed by the Clearinghouse for Military Family Readiness at Pennsylvania State University. This type of information must be prioritized for collection by the government, and existing efforts such as the VA's Post-Separation Transition Assistance Program Assessment should better align with the validated metrics from TVMI.

Overall, it is time to standardize metrics for transition programs inside and outside government, increasing oversight and helping us improve the overall system of supports. Congress should ensure that existing federal programs are evaluated individually and collectively, so that we can restructure and enact holistic, systemwide reforms to better reach veterans. This system should also include ways to allocate more resources to effective, evidence-based nonprofit programs that deliver positive outcomes—outcomes that currently are primarily being delivered and measured because of philanthropic support.

Legislative Focus: Provide tailored, upstream support for transitioning service members as well as their families.

We appreciate increased efforts to bring more focus to and improve how we manage transition for the entire family unit. To continue this work, Congress should consider a range of options to address these evolving needs, including offering specific support for military families and finding ways to help service members and their families prepare for transition beyond TAP alone.

At the point of transition, service members are presented with a wealth of resources available to them. While some of these resources are open to their spouses and family members, none are specifically designed for these individuals. For example, while there have been efforts to integrate spousal support into existing TAP components, there may be room for improvement.

Preliminary, unpublished data from our most recent collaboration on the Blue Star Families Lifestyle Survey (MFLS) showed that 32% of spouses of veteran respondents that went through the military transition process utilized TAP and found it helpful. However, 17% said they used TAP but found it unhelpful, and 51% said that they did not engage with TAP during their family's military transition. Anecdotally, spouses of veterans and separating service members have cited numerous reasons for not engaging with TAP, including scheduling difficulties, lack of understanding about what TAP is, and/or little to no knowledge that their attendance is encouraged.

At the same time, 36% of military spouses did indicate they found resources through information provided at TAP. So, while spouses of veterans deploy many informal networks (such as friends, coworkers, neighbors, etc.) in their transition information-seeking process, formal channels such as TAP remain important and relevant, particularly for those who may not necessarily have a robust informal network of supports.

To provide tailored and more useful support, Congress might explore options to work with MSOs and VSOs to develop a separate transition program for spouses and family members. A program specifically for this population—not a duplication of TAP—would improve awareness of and connection to resources, both at the point of separation and beyond. Congress might also consider legislative solutions that make it easier for military spouses to navigate to resources, as they are often the ones managing household finances and their children's education goals.

Finally, we recognize that being able to adequately prepare for military transition may positively impact both the transition experience and long-term outcomes for veterans. For example, data from MFLS shows that veteran respondents who felt "unprepared" for military transition also perceive the overall process to be "difficult." Additionally, preliminary results suggest that being prepared for military transition has implications for veterans' general sense of satisfaction and belonging to a local community. Further, those who felt prepared also endured fewer relocations. Taken together, these community factors—satisfaction, belonging, fewer relocations—may be connected to general well-being for veterans.

Overall, shifting from a reactionary to a long-term preparation mindset for economic stability and integration into communities will mitigate problems before they arise and prevent individuals from having to navigate through crises. Planning is critical to achieving this goal, as are partnerships with civilian companies and organizations.

Legislative Focus: Facilitate stronger coordination between DoD, VA, states, and communities for benefits and services.

The VA, states, and communities also have a need to prepare for transitioning service members and their families. Connecting individuals to services as soon as possible is integral to crisis prevention. Without being aware of a veteran's presence, government and community services

cannot effectively address needs in a timely manner. To do this efficiently and effectively, we need to decrease barriers for the individual, which requires decreasing barriers between DoD and VA, DoD and states, and government and community entities.

States recognize that veterans and their families are assets to their communities and economy, and they are actively striving to be great places for this population to transition and live. We encourage Congress to come to an agreement on recent legislative proposals that would support efforts to ensure warm handoffs and enrollment in benefits and services at the state and local level. Additionally, we encourage Congress to consider ongoing legislative efforts that reduce the barrier to enrollment in benefits and healthcare for those that choose to do so once they officially separate from the military.

IVMF Policy Priority: Expand Economic Opportunity for Veterans and Military Spouses

Background:
As previously mentioned, individuals may choose to pursue many avenues after transitioning out of the service, often concurrently—including entering the workforce, exploring entrepreneurship, and pursuing higher education. We should ensure that no matter the pathway, veterans and their families are equipped to thrive.

Legislative Focus: Increase support for public-private partnerships that leverage the talent and skills veterans bring to our nation's workforce.
Veterans bring value to the workforce across many industries vital to America's economic prosperity. In the energy sector, which employs a large share of veterans, nonprofits such as Common Defense and the Clean Grid Alliance recognize that military skills translate well to energy jobs. In the semiconductor industry, memory chip giant Micron Technology is investing in a military talent pipeline in partnership with the IVMF through our O2O program to fill roles in what will become the largest semiconductor manufacturing facility in the country. Similarly, we have partnered with Google to offer free access to their AI Essentials Course and their cybersecurity certificate for O2O participants. These examples highlight opportunities for transitioning service members to both build meaningful post-service careers and strengthen our nation's energy and technology infrastructure.

As the administration and Congress work to reinvigorate American manufacturing and other key industries, we have a powerful opportunity to recognize the assets of veterans and apply their considerable skills in a meaningful way post-service. Government, education, nonprofits, and the private sector must work together to ensure these pipelines exist so that veterans can access high-quality work opportunities essential to our nation.

Legislative Focus: Build on efforts to collaborate across agencies to ease navigation of and access to the entrepreneurship ecosystem.
Entrepreneurship is another viable pathway for many transitioning service members, veterans, and their families. The IVMF contributes to the entrepreneurship ecosystem with more than a dozen national training programs and three tailored information hubs, each designed to meet veteran entrepreneurs where they are in their business journey. The IVMF has provided business ownership training to more than 80,000 military-connected entrepreneurs and navigation services

to 37,500 individuals. Additionally, last year the IVMF acquired Bunker Labs, whose program participants have created nearly 9,000 jobs, raised over $300 million in capital, and generated over $2.3 billion in revenue. Together, our two organizations are even better positioned to make it easier for aspiring military-connected entrepreneurs to succeed in small business ownership.

We also know from our research, including our National Survey of Military-Affiliated Entrepreneurs (NSMAE), that the challenges faced by veteran entrepreneurs typically revolve around three central themes: access to capital, navigation of entrepreneurial resources, and leveraging human and social capital. The IVMF has submitted previous testimony to the Small Business Committees, encouraging Congress to consider several options for addressing these challenges and acknowledging the critical role of the Small Business Administration (SBA) in empowering veteran entrepreneurs.

As with other government efforts, the SBA cannot address all barriers and challenges alone, and we appreciate collaborative efforts by the VA to support improved processes and programs. Your collective work to enhance access to and navigation of resources through public-private partnerships continue to help create a responsive ecosystem. At the same time, we need to continue to make it easier for veterans who wish to start and grow a business—from empowering connections between veteran business owners to streamlining and standardizing the quality of current government offerings. We welcome the opportunity to provide input based on the findings from our surveys and experience working closely with veteran entrepreneurs across industries and phases of growth.

Conclusion

Ensuring that our veterans and their families not only survive but truly thrive after service is essential to the strength and sustainability of our nation's all-volunteer force. This vital mission demands a comprehensive, whole-of-nation approach—one that cuts through bureaucratic hurdles and forges robust partnerships with nonprofit organizations and the private sector to deliver services with precision and impact.

At the D'Aniello IVMF, we are convinced that the focus areas outlined above represent some of the most critical priorities during this pivotal time. We deeply appreciate the Committees' steadfast commitment to serving those who have served our nation. In return, we reaffirm our own dedication to sharing our latest insights, backed by rigorous research and proven practice, to ensure that every veteran receives the support they deserve.

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Raymond Toenniessen is the Deputy Executive Director at the D'Aniello Institute for Veterans and Military Families. As Deputy Executive Director, Toenniessen leads the more than 100 IVMF employees located both on campus in Syracuse, NY and in military communities across the country. He is responsible for leading and growing the D'Aniello Institute's national training programs and community services, its research and evaluation capabilities, its coalition for veteran owned businesses, the IVMF alumni and engagement network, and the institutes policy work in Washington D.C.

Over the last fifteen years at the D'Aniello Institute he was instrumental in managing the cultivation and development of new projects, programs, and strategic initiatives for the IVMF. He served as a member of the IVMF senior leadership team and led the institute's advancement and development efforts ensuring that the institute was resourced to deliver on its mission. Toenniessen has forged trusted partnerships with private sector firms, foundations and individuals interested in impacting the concerns of the military-connected community through philanthropy which has led to the institute empowering more than 225,000 service members, veterans, and military family members since 2011.

Toenniessen graduated from Syracuse University and commissioned from its ROTC program as a Second Lieutenant. He served four years on active duty including a combat deployment to Iraq in 2008 in support of Operation Iraqi Freedom. He was awarded a Bronze Star for his service. Upon his transition from active duty in 2010 he returned to Syracuse University as the first National Program Manager of the Entrepreneurship Bootcamp for Veterans (EBV), expanding the program across the country to a partnership with ten world-class business schools while launching additional small business programs for veterans and their families out of the Whitman School of Management.

In 2011 he assisted Vice Chancellor Haynie in launching the D'Aniello IVMF initially serving as its director of programs and operations where he was responsible for launching the initial infrastructure of the institute.

Raymond holds a bachelor's degree in international relations from Syracuse's College of Arts and Sciences and an MBA from the Saunders College of Business at the Rochester Institute of Technology.

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WOUNDED WARRIOR PROJECT

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Statement of
Walter E. Piatt
Chief Executive Officer

Legislative Hearing Presentation of Wounded Warrior Project

February 26, 2025

Chairmen Bost and Moran, Ranking Members Takano and Blumenthal, distinguished members of the House and Senate Committees on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit the following written statement that highlights our legislative priorities for 2025. Our commitment to keeping the promise by rebuilding the lives of warriors impacted by war and military service remains as strong as ever. We are grateful for this opportunity to share how our experience serving veterans across the country has shaped our recommendations to improve their lives through public policy.

Building upon 21 years of service to America's post-9/11 wounded warriors, today we are proud to serve over 226,000 veterans and more than 56,000 of their family support members. Recently we have surpassed 2.3 million program transactions focused on connection, mental health and wellness, physical health, financial wellness assistance, and long-term support for the critically wounded; launched the MyWWP mobile app and web portal to provide more opportunities for registered warriors and family members to connect, stay in touch, and sign up for WWP services, events, and programs; and just this week, released our *Warrior Survey - Longitudinal: Wave 3* (hereinafter "2025 Warrior Survey") which is the most extensive study of post-9/11 wounded veterans. In just the last year (October 1, 2023, to September 30, 2024), WWP:

- Provided warriors and family members with more than **68,600** hours of treatment for post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), substance use disorder (SUD), military sexual trauma (MST), and other mental health conditions;
- Placed more than **19,700** emotional support calls to warriors and their families to help mitigate psychological stress and improve quality of life and resilience;
- Delivered over **266,000** hours of in-home and local care through our Independence Program to the most severely injured warriors, helping them live more independent lives for as long as possible;
- Helped place over **1,250** warriors and family members with new employers;

- Secured over **$223 million** in Department of Veterans Affairs (VA) disability compensation benefits for warriors;

- Facilitated over **1,240** warrior-only peer-to-peer support group meetings; and

- Hosted more than **5,250** virtual and in-person events and programming engagements, keeping warriors and their families connected and out of isolation.[1]

Since 2012, WWP has supported 215 military and veteran-connected organizations through grants, reinforcing our programmatic efforts and expanding impact in alignment with our mission to honor and empower wounded warriors. Through these targeted investments, WWP helps reduce duplicative efforts across the community and grow a comprehensive network of support. In FY 2023 alone, WWP grants extended our reach to more than 51,000 post-9/11 veterans, caregivers, family members, military-connected children, and members of the Special Operations community. These grants aim to strengthen essential resources by investing in programs that enhance overall quality of life, reduce suicide risks, and support high-need populations; focusing in areas of connection, family resiliency and caregivers, financial wellness and wrap-around services; and addressing the needs of those with visible and invisible wounds.[2]

Together, WWP's direct programs, advocacy efforts, and partnerships with best-in-practice veteran and military organizations bring our mission to life – ensuring that wounded, ill, or injured post-9/11 veterans, families, and caregivers are supported at every step of their journey. Through these collective efforts, WWP remains steadfast in its commitment to keeping the promise to those we serve, continuously adapting to meet their evolving needs and providing the resources and support necessary to empower them for the future. Our success is rooted in helping every warrior find a new path in life – one of hope and renewed purpose – and that each warrior's path becomes a road home.

Congress plays a critical role by shaping our nation's policies which support wounded warriors, and WWP is committed to helping your committees identify, develop, and pursue public policy changes that will have the biggest impact on the wounded warriors we serve. Just as the 118th Congress answered our call to pursue initiatives we identified during this annual hearing in 2024, we hope that the perspectives offered today will inform the pursuits of the 119th Congress and help deliver large scale impact in the areas below. The list that follows represents our seven priority areas for 2025 and includes some of the most impactful data to illustrate why these topics are significant to the post-9/11 wounded, ill, and injured community that we serve.

- ***Mental Health & Suicide Prevention***: Almost 2 in 3 warriors (62.7%) responding to WWP's 2025 Warrior Survey reported symptoms of one or more mental health conditions. The top three reported issues were anxiety (80%), depression (77%), and post-traumatic stress disorder (PTSD, 77%). While not limited to mental health, just over half of WWP warriors (55.4%) experienced some degree of difficulty accessing health care through VA. (More on page 4)

[1] For more information on WWP's programming impact, please see Appendix.
[2] Please visit the Appendix at the end of this statement for a list of WWP's community partners.

- ***Brain Health and Traumatic Brain Injury***: VA has more than 185,000 actively enrolled veterans in their system identified with some form of a brain injury. Recent literature suggests that TBI results in excess mortality (predominantly from suicides or accidents) in the post-9/11 military and veteran population.[3] (More on page 8)

- ***Women Veterans***: In a recent poll of 7,000 VA health care users, 82% of women veterans reported being pleased with their VA provider – a notable increase over a period of years where gender-specific care has been a focus for VA. Even so, 37% reported not understanding benefits, and 27% reported not having enough information on how to use VA health care.[4] (More on page 11)

- ***Economic Empowerment***: Warriors completing WWP's 2025 Warrior Survey reported unemployment (12.4%) at a higher rate compared to the country's general population with a disability (7.4%) and overall veteran population (3.6%). Approximately 2 in 3 (67%) of all warriors reported that they did not have enough money to make ends meet at some point in the past 12 months. (More on page 14)

- ***Transition Support***: Every year approximately 200,000 Service members transition out of the military.[5] According to research from Blue Star Families, more than half find the transition from military to civilian life "difficult."[6] (More on page 17)

- ***Toxic Exposure***: Since the *PACT Act* was signed on August 10, 2022, 9% of warriors responding to our 2025 Warrior Survey reported receiving treatment at VA for toxic-exposure related illness, with an additional 14.4% who have tried but not received such treatment. (More on page 18)

- ***Severely Wounded Service Members and Veterans***: Nearly 8 in 10 (78.8%) of warriors responding to our 2025 Warrior Survey reported a service-connected disability of 70% or higher. Among all responding warriors, about one in four (26.0%) reported needing aid and/or assistance from another person due to service-connected injuries or health problems. (More on page 21)

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[3] Jeffrey Howard et al., *Association of Traumatic Brain Injury With Mortality Among Military Veterans Serving After September 11, 2001*, 5(2) JAMA NETW. OPEN (2012), *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788974.
[4] Press Release, U.S. Dep't of Vet. Affairs, The Barriers for Women Veterans to VA Health Care 2024 (Dec. 2024), *available at* https://news.va.gov/136796/va-raises-the-bar-on-care-for-women-veterans/.
[5] *See, e.g.*, U.S. GOV'T ACCOUNTABILITY OFF., GAO-24-107352, TRANSITION TO CIVILIAN LIFE: BETTER COLLECTION AND ANALYSIS OF MILITARY SERVICE DATA NEEDED TO IMPROVE OVERSIGHT OF THE SKILLBRIDGE PROGRAM 1 (2024).
[6] BLUE STAR FAMILIES, 2023 COMPREHENSIVE REPORT: TRANSITION AND VETERAN EXPERIENCES 5 (2023), *available at* https://bluestarfam.org/wp-content/uploads/2024/03/BSF_MFLS_Comp_Report_Transition_Veteran_Experience.pdf

Mental Health & Suicide Prevention

I. ***Community coordination & training***: Advocate for funding and alignment of new and ongoing efforts like VA's Fox Suicide Prevention Grant Program, the Governor's and Mayor's Challenges to Prevent Suicide, and Mission Daybreak to ensure a robust public health approach.

- **Oversight**: *Senator Elizabeth Dole 21st Century Veterans Benefits and Health Care Improvement Act* (P.L. 118-210 § 149) (hereinafter, the "*Dole Act*"); *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (*Hannon Act*) (P.L. 116-171 § 201)

- **Legislation**: *No Wrong Door for Veterans Act* (H.R. 9438, 118th Cong.); *Building Resources and Access for Veterans' Mental Health Engagement (BRAVE) Act of 2024* (S. 5210 § 401, 118th Cong.); *PFC Joseph P Dwyer Peer Support Program Act* (H.R. 438, 119th Cong.)

Federal support and coordination for upstream suicide prevention services: Launched in 2022, VA's Fox Suicide Prevention Grant Program is a groundbreaking initiative that empowers community-based organizations to provide targeted mental health and crisis intervention services to veterans. The program was established through the *Hannon Act* (§ 201), with over 93 organizations awarded grants in FY24 that provide or coordinate a range of suicide prevention programs for veterans and their families.[7] WWP is supportive of efforts to reauthorize the program for an additional three years, including the *BRAVE Act* (§ 401) and the *No Wrong Door for Veterans Act*. Both efforts would reauthorize the program, with the *No Wrong Door Act* also seeking to establish clear standards and measurable objectives of the program for grantees to help track and ensure success.

VA reporting on veteran suicide: Since it was first published in 2016, VA's National Veteran Suicide Prevention Annual Report has been a valuable source of data and insights about the landscape of veteran suicide and prevention efforts. The report has become a critical tool to guide community efforts and federal investments. WWP and others have come to rely on the report, and we have witnessed the report mature over the years to provide fresh insights. For example, the 2024 edition included new analysis of suicide rates among veterans receiving care through the Veterans Health Administration (VHA) as well as in the community. As suicide continues at alarming rates in communities across the country, it remains vital that this report continues to improve and be published on a consistent basis.

We applaud the passage of the *Dole Act* (§ 149), which requires VA to publish the annual report no later than September 30 of each year (the 2024 report was delayed until December; in 2023 it was released in November) and to ensure that VA includes specific information like Veteran Benefits Administration (VBA) benefits and use of veteran treatment courts. This information is pivotal to the greater veteran community, including individuals as well as stakeholders and organizations who work with veterans, especially those impacted by suicide or

[7] Press Release, U.S. Dep't of Vet. Affairs, VA Awards $52.5 Million in Veteran Suicide Prevention Grants, Announces Key Updates in the Fight to End Veteran Suicide (Sep. 2023), *available at* https://news.va.gov/press-room/va-awards-veteran-suicide-prevention-grants/.

mental health. We encourage the committees to remain vigilant in their oversight of VA suicide reporting and to continue prioritizing prevention until we end the scourge of veteran suicide.

Support peer-based programs to building community: Community organizations often have the cultural competency and grassroots connections necessary to reach veterans who may otherwise go unnoticed. To this end, WWP supports the *PFC Joseph P. Dwyer Peer Support Program Act*, which would provide grants to states and local entities to help fund peer support programs. Peer support and peer-led activities have been critical to our veteran outreach and engagement strategies – and have helped create a model for others to follow in communities we do not always reach. Warriors report feeling heard and accepted by their peers and the veteran community, and our organization has witnessed an increase in attendance and consistency of attending across the spectrum of peer support offerings (both virtual and in person). Peer encouragement can also drive veterans to other critical support, and we have seen that participation in peer-based programs has led to increased engagement in other community support offerings of all varieties.

II. ***Access to care and workforce improvements***: Pursue policies that help place veterans into high quality care with minimal wait times and optimal continuity between providers and health systems.

- **Oversight**: *Dole Act* (§ 101)
- **Legislation**: *Veterans' Accessing Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025* (H.R. 740/S. 275, Title II, 119th Cong.); *Expedited Hiring for VA Trained Psychiatrists Act* (H.R. 5247, 118th Cong.); *Mental Health Professionals Workforce Shortage Loan Repayment Act* (H.R. 4933/S. 462, 118th Cong.); *Better Mental Health Care, Lower-Cost Drugs, and Extenders Act* (S. 3430, 118th Cong.)

Culture of community care network referrals at VA: In 2018, Congress passed the *VA MISSION Act* (P.L. 115-182) to consolidate a mosaic of VA community care programs and ultimately streamline the process of referring veterans into the community for their health care when VA cannot provide it within specific times and distances. Notably, the law also permits veterans to seek care in the community when they and their VA health provider believe it would be in the veteran's best medical interest. However, according to our 2025 Warrior Survey, veterans still express challenges accessing care in the community.

We appreciate the efforts of Congress to ensure that VA is meeting the health care needs and expectations of veterans across the country. This includes committing to a process that more clearly places the veteran and their health care providers at the center of decisions regarding where to receive care – whether in the community or within VA. We encourage that work to continue, and we look forward to informing your committees about the impact of *Dole Act* Section 101, which took particular interest in affirming the finality of medical decisions made between a veteran and their VA physician about whether being referred into the community for care is in their best medical interest.

Mental health workforce shortages: WWP recognizes that we simply need more providers in the field regardless of whether they choose to practice at VA or in the community. To that end, we supported several bills in the 118th Congress that will help develop and sustain a mental health workforce that can begin to close the gap with demand for services. For example, the *Mental Health Professionals Workforce Shortage Loan Repayment Act* would authorize the federal government to repay up to $250,000 in eligible student loan repayment for mental health professionals who provide substance use disorder care in mental health shortage areas. Similarly, the *Better Mental Health Care, Lower-Cost Drugs, and Extenders Act* would provide incentives under Medicare and Medicaid to health care providers to provide mental health and substance use disorder treatment in health professional shortage areas.

VA Mental Health Residential Rehabilitation Treatment Programs (RRTPs): Assisting veterans who seek help and timely access to RRTP programs continues to be a challenge and a top priority for WWP. While a solution to this challenge was not ultimately included in the *Dole Act*, we thank the committees for making this a top priority in the 119th Congress.

VA's mental health RRTP provides residential rehabilitative and clinical care to eligible veterans who have a wide range of problems, illnesses, or rehabilitative care needs. Currently, VA offers inpatient acute stabilization for veterans experiencing a crisis or struggling with severe mental illness. RRTPs acts as a transition from acute care, providing a more intense treatment option in a residential setting once a warrior has been stabilized. RRTPs serve a small but high-need, high-risk population of veterans – approximately 32,000 veterans received RRTP treatment at VA or in the community in 2023.[8] For many of these veterans, RRTP provides life-changing and potentially life-saving care.

Despite the logical association between RRTP and mental health care, the access standards contemplated by the *VA MISSION Act* (P.L. 115-182 § 104) do not, in practice, apply to RRTP care. Unlike outpatient mental health care, for example, VA has no legal obligation by statute or regulation to offer RRTP care to veterans for whom it cannot provide the care within a defined time or distance. As a result, veterans are left without any meaningful recourse to receive this care within a defined time or distance, even after a VA provider has determined RRTP to be clinically appropriate. Passing the *Veterans' ACCESS Act of 2025* would remove the legal ambiguities that have allowed this practice to persist by creating new and clear access standards for RRTP care. As this bill continues through the legislative process, we encourage careful consideration of the fact that VA operates fewer than 150 RRTP facilities nationwide, and that not all of these access points provide each of the five varieties of RRTP that exist. This type of care is not abundant in the community either, so a long-term solution must contemplate how this type of care will be available on a timely basis to all who need it now and in the future.

[8] Jennifer Burden, U.S. DEP'T OF VET. AFFAIRS, PARTNERSHIP STAKEHOLDER MEETING JANUARY 2024: MENTAL HEALTH RESIDENTIAL REHABILITATION TREATMENT PROGRAM (digital slide deck) (2024).

III. ***Substance use disorder (SUD), chronic pain, emerging treatments***: Highlight key intersections in health care and innovation that offer opportunities to deliver effective mental health care interventions.

- **Legislation**: *Veterans CARE Act* (H.R. 3584; 118th Cong.); *Douglas 'Mike' Day Psychedelic Therapy to Save Lives Act* (H.R. 3684; 118th Cong.)

Integrated care, innovative approaches, & oversight: Veterans often face overlapping challenges with mental health conditions, SUD, and chronic pain, which require integrated and innovative approaches to treatment. In our recent Warrior Survey, we found that 44.6% of warriors reported a problem related to drug abuse. Nearly half (46.9%) of warriors screened positive for potential hazardous drinking or active alcohol use disorder. Additionally, SUDs and alcohol use disorders have both been correlated to be contributing factors for suicidality.[9][10] Emerging treatments, such as precision medicine, non-opioid pain management strategies, and psychedelic-assisted therapy, offer new possibilities for treating SUD and chronic pain while addressing comorbid mental health conditions.

Explore alternatives & non-opioid choices in pain management: Non-opioid medications have become more prevalent as options in pain management in recent years, but many of those medications are not included in all formularies. Efforts such as the *NOPAIN for Veterans Act*, which would require VA to cover non-opioid medication options for pain management, would empower veterans to navigate options that have a lower risk of addiction. Such reforms are already underway for Medicare patients (*see* P.L. 117-328 § 4135). We encourage Congress to work with VA to determine the most appropriate strategies moving forward to ensure that VA's veteran patients have better access to treatments that are both effective and less likely to become addictive, including innovative and holistic strategies. Such an approach could build off the success of VA's Opioid Safety Initiative, which has had several positive outcomes, including reducing opioid use in patients within VA

Increase research on innovative & emerging therapies: Veterans deserve access to the highest quality, cutting-edge, and evidence-based treatment. Within the context of PTSD, cognitive processing therapy, prolonged exposure, and eye movement desensitization and reprocessing (EMDR) are among the most widely deployed evidence-based treatments. While effective for many, others – particularly veterans – can struggle to commit to a full course of treatment. Some veteran patients view prescription medications skeptically due to a range of factors including side effects, dependency concerns, and perceived ineffectiveness.

Emerging treatment modalities for PTSD, such as psychedelic assisted therapies, have the potential to advance PSTD treatment from a "one-size fits all approach" – which has been proven to not be effective for all – to an individualized model of care where the treatment plan is tailored to the needs of each unique veteran and augmented based on symptomology and responsiveness to treatment. MDMA-assisted psychotherapy for PTSD in particular has shown

[9] Gabriela Kattan Khazanov et al., *Access to Firearms and Opioids Among Veterans at Risk for Suicide*, 8(1) JAMA Network Open (2025), *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2829659.
[10] *See, e.g.*, Vignesh Kuppusamy et al., *Suicidality in Patients with Substance Use Disorders: A Narrative Review*, 29(2) J. MENTAL HEALTH AND HUMAN BEHAV. 62-68 (2024), *available at* https://journals.lww.com/mhbh/fulltext/2024/07000/suicidality_in_patients_with_substance_use.4.aspx.

great promise in multiple studies and is safe when used in clinical trials. However, access to those seeking these types of emerging modalities is extremely limited – forcing veterans to pursue care outside of the country, and at times, using unsafe avenues. VA can and should be a leader in this space.

VA recently announced the first VA-funded study for psychedelic-assisted therapy since the 1960s, which would focus on MDMA-assisted therapy for PTSD and alcohol use disorder among veterans. This research is vital to forwarding research and access to innovative therapies; however, the field still has fundamental questions to answer. Based on multiple factors like veteran demand, provider availability, and cost, the Veterans Health Administration (VHA) will not be able to provide care to all who seek MDMA-assisted therapy after FDA approval. While several VA locations are primed to provide this modality of treatment on a limited basis as potential psychedelic treatment centers, we know the need for treatment has the potential to overwhelm the system, further straining capacity. As such, we are committed to helping advance further research to help bring safe, effective treatments to market – and scale.

Legislatively, bipartisan efforts such as the *Douglas 'Mike' Day Psychedelic Therapy to Save Lives Act*, which would direct the Department of Defense (DoD) to conduct and support research into the use of psychedelics to treat individuals diagnosed with a traumatic brain injury (TBI), PTSD, or chronic traumatic encephalopathy, could be expanded to include VA. Furthermore, efforts such as the *Veterans CARE Act* would require VA to conduct research on the efficacy and safety of medicinal cannabis for veterans experiencing chronic pain or diagnosed with PTSD. WWP is invested and engaged in this area and encourages support for these efforts and others of their kind.

Brain Health

I. ***Prevention, Tracking, Treatment***: Traumatic Brain Injury (TBI) is the signature wound of the post-9/11 generation. Promote policies across the lifespan of military service to ensure brain health and safety among the Active duty and veteran populations.

- **Legislation**: *Veterans National Traumatic Brain Injury Treatment Act* (H.R. 3649, 118th Cong.)

Pursue innovative TBI treatments: We encourage the ongoing advocacy of congressional leaders with legislative initiatives that direct the research for evidence-based treatments and the subsequent outcomes for veterans living with the residual symptoms of TBI. As one example over the last three sessions of Congress, legislators have introduced bills to study TBI and affiliated PTSD symptoms through VA directed pilot programs utilizing hyperbaric oxygen therapy (HBOT). HBOT treatments involve a patient entering a special chamber where they breathe pure oxygen in air pressure levels 1.5 to 3 times higher than average. This helps fill the blood with enough oxygen to repair brain tissue and restore normal body function. Currently this treatment is approved by the Food and Drug Administration (FDA) for treatment of inflammation in the body, and some doctors believe that both TBI and PTSD are

the result of brain inflammation due to trauma.[11] WWP is encouraged by the science behind these alternative treatments and looks forward to engaging with Congress on promoting any research and longitudinal studies examining these treatments.

II. ***Research***: Commit to research that explores the course of neurological and cognitive functioning after TBI and build evidence to help expand access to effective treatments and community-based supports.

- **Legislation**: *Precision Brain Health Research Act of 2024* (S. 5460, 118th Cong.)

Invest in TBI research: As the post-9/11 generation continues to age, the need to overcome the barriers to accessing targeted care will only continue to grow. TBI remains a complex injury with a wide spectrum of short and long-term conditions. Medical evidence calls attention to the importance of tailoring treatments and interventions to support effective psychological, cognitive, and occupational outcomes. This is critical in expanding an understanding of the injury biomarkers that can be included in the research, treatment, and care protocols for brain injuries. We applaud the work of the House and Senate Veterans' Affairs Committees and numerous congressional leaders who are proactively pursuing legislation to study multidisciplinary evidence-based treatment regimens to address the symptoms affiliated with brain injuries.

In the closing days of the 118th Congress, Senators Jerry Moran (R-KS) and Angus King (I-ME) introduced the *Precision Brain Health Research Act of 2024*, which would direct the VA and other research partners to comprehensively study the impacts of repetitive low-level blast injuries on veterans' mental health. WWP recognizes the importance of this legislation in providing a science-based look into the effects that repeated low-level blasts have had on our veterans. Based on the input of many of our warriors, we also would highlight the need to pay particular attention to those Service members who serve in occupational specialties that place them in direct contact with prolonged and repeated exposure to blasts. There is a need to study the effects upon these cohorts and to change the culture in which there is no longer fear in reporting physiological conditions for concerns with losing flight status or the ability to operationally deploy.

[11] *See, e.g.*, Victoria Risbrough, *Role of Inflammation in Traumatic Brain Injury – Associated Risk for Neuropsychiatric Disorders: State of the Evidence and Where Do We Go From Here*, 91(5) BIOL. PSYCH. 438-48 (2022), available at https://www.biologicalpsychiatryjournal.com/article/S0006-3223(21)01792-3/abstract.

III. ***Long-term care***: Support policies to promote the utilization and success of VA's long-term care programs for younger veterans, including those who have suffered TBIs in service.

- **Oversight**: *Dole Act* (§ 127); 38 U.S.C. 1710D ("Traumatic brain injury: comprehensive program for long-term rehabilitation"); 38 U.S.C. 1710E ("Traumatic brain injury: use of non-Department facilities for rehabilitation")

Expand assisted living services: Section 127 of the Dole Act delivered on one of WWP's recurring requests for Congress – the need to begin planning for expanded assisted living services for younger veterans with TBI who cannot live independently. The three-year pilot program to allow VA to pay for assisted living in two Veteran Integrated Service Networks (VISNs) is not limited to veterans with the most severe cases of TBI; however, the intent to assess care quality and patient outcomes should provide helpful data to inform future action for this narrower population who may require long-term services and supports for months, years, or even their lifetime. For these reasons, we urge Congress to ensure that this pilot is launched on time, and we look forward to understanding the results of this pilot as they will no doubt inform how we can best support veterans with TBI.

Additionally, Congress can pursue legislation for assisted living services directly targeted at veterans with TBI. As observed in a 2022 report, the National Academies of Sciences, Education, and Medicine noted that "funding and infrastructure for post-TBI rehabilitation and community services vary widely by state, and the need for services to help patients and families meet long-term needs after TBI is not well addressed in many areas of the country.[12]" VA can and should be a pioneer in serving this community, but efforts to create a clear vision for how those with the greatest needs will be supported as caregivers age have tapered off. VA's Assisted Living for Veterans with TBI (2009-18) helped place veterans with moderate to severe TBI with long term neurobehavioral rehabilitation needs in private-sector TBI rehabilitation facilities.[13]

VA found that AL-TBI participants realized improvements in physical and emotional health, TBI symptoms, and other outcomes, and veterans and family members were highly satisfied with the care received.[14] After this program sunset, VA has not filled the gaps in care and support that were left. Currently, VA facilitates such care through the Traumatic Brain Injury – Residential Rehabilitation program but does not pay the full cost. Veterans must pay for room and board, which can be a considerable out-of-pocket expense, often $800–$1,200 per month.[15] Long-term care for TBI can create significant financial barriers for many veterans, and VA may need more regulatory authority to pay for long-term rehabilitation; otherwise, a supplementary disability benefits may need to be considered for these veterans.

[12] NAT'L ACADEMIES OF SCI., ENG'G, AND MED., TRAUMATIC BRAIN INJURY: A ROADMAP FOR ACCELERATING PROGRESS 122 (2022), *available at* https://nap.nationalacademies.org/catalog/25394/traumatic-brain-injury-a-roadmap-for-accelerating-progress.
[13] ERIN BAGALMAN, CONG. RSCH. SERV., R40941, HEALTH CARE FOR VETERANS: TRAUMATIC BRAIN INJURY (2015).
[14] U.S. DEP'T OF VET. AFFAIRS, ASSISTED LIVING PILOT PROGRAM FOR VETERANS WITH TRAUMATIC BRAIN INJURY (AL-TBI): JULY 1, 2017, TO SEPTEMBER 30, 2017, QUARTERLY AND FINAL REPORT (2018)
[15] *Id*.

Women Veterans

I. ***Gender-specific care***: Pass legislation that would expand access to gender-specific services at VA and through Community Care Network providers, as well as empower women veterans in decision-making processes related to health care.

- **Oversight**: *Deborah Sampson Act* (P.L. 116-315 § 5101)
- **Legislation**: *Maternal Health Care for Veterans Act* (H.R. 3303/S. 2026, 118th Cong.); *Improving Menopause Care for Veterans Act* (H.R. 219, 119th Cong.); *Service Women and Women Veterans Menopause Research Act* (H.R. 7596, 118th Cong.)

Improve access to services & care: Gender-specific care for women refers to medical, psychological, and social services tailored to address the unique health needs and challenges faced by women. Women are the fastest-growing segment of the veteran population, yet health care systems often fall short in meeting their unique medical needs. Women veterans face significant barriers when seeking care, including a lack of specialized providers, inadequate training among general practitioners, and inconsistent availability of gender-specific services in rural areas. Oversight of the *Deborah Sampson Act,* specifically section 5101 which established the Office of Women's Health within VA to oversee Women's Health Programs, is vital to ensure in-house care is available and accessible, as well as partnerships with Community Care providers for gender-specific care.

To expand gender-specific care, WWP has supported efforts including the *Maternal Health Care for Veterans Act*, which would require VA to report on maternity health care services and evaluate efforts to improve care and coordination of care. The *Improving Menopause Care for Veterans Act* would ensure that there is a better understanding of specific health care services that are needed to support women veterans as they age. Investing in more research can also ensure that care delivery is in line with best practices and gold standard models. The *Service Women and Women Veterans Menopause Research Act* would require that both DoD and VA conduct research into perimenopause, menopause, and post-menopause periods of life. We urge the committees to prioritize access to gender-specific care and to continue to modernize care delivery models to meet the needs of all veterans.

Continue VA's WHISE initiative: Women veterans experience unique health needs that require medical support. The Women's Health Innovations and Staffing Enhancements (WHISE) initiative was launched in 2021 to mitigate gaps in care and support the continuation of improvements to VHA women's health services. We support continued investment in WHISE, as women veteran enrollment in VA has been anticipated to grow by 50 percent between 2020 and 2030. Since the initiative was launched, it has supported over 1,000 women's health care positions across the country and helped improve administrative efficiencies and expand care delivery. With continued commitment, we are hopeful that positive trends, including increased veteran satisfaction and fewer community referrals, continue.

II. ***Financial wellness***: Promote policies to assist with employment, financial obligations, food security, housing stability, and childcare.

- **Legislation**: *Edith Nourse Rogers STEM Scholarship Opportunity Act* (H.R. 5785, 118th Cong.), *Disabled Veterans Housing Support Act* (H.R. 224, 119th Cong.); *Fair Housing for Disabled Veterans Act* (H.R. 9788, 118th Cong.); *Housing Unhoused Disabled Veterans Act* (H.R. 965, 119th Cong.)

Expand employment & education: In our 2023 WWP Women Warriors Report, we found that women warriors reported being more highly educated than their male peers, but more likely to report being underemployed. Furthermore, financial strain is an issue that women warriors reported experiencing at rates slightly higher than their male counterparts (65.4% v. 64.0% reported experiencing financial strain in the prior 12 months). One way to address these gaps is through careers in Science, Technology, Engineering, and Math (STEM).

Women are underrepresented in STEM careers, comprising just 26% of the STEM workforce,[16] yet are more likely to pursue STEM careers, potentially at double the rate of their civilian counterparts.[17] To this end, educational programs and benefits can help women veterans access engaging and sustainable employment, especially in STEM fields. Efforts such as the *Edith Nourse Rogers STEM Scholarship Opportunity Act* would seek to increase outreach and engagement for the Edith Nourse Rogers STEM Scholarship within VA. WWP was supportive of this effort in the 118th Congress, as well as efforts to allow the scholarship to be used for graduate education programs.

Modify financial support criteria for homelessness: While incidences of homelessness are decreasing for veterans overall, incidences of women veterans experiencing homelessness have increased steadily since 2021, comprising 39% of the homeless veteran population counted in 2024 nationwide.[18] During our 2023 WWP Women Warrior Initiative focus groups, where we discussed issues on housing stability, women warriors reported a lack of financial education as being a main topic related to their financial wellness. Legislation and policies are needed to ensure outreach and engagement with veterans at risk for homelessness, including women veterans.

While not specific to women veterans, WWP supports legislative efforts such as the *Disabled Veterans Housing Support Act* and the *Fair Housing for Disabled Veterans Act*, which would instruct the Department of Housing and Urban Development (HUD) to exclude disability compensation from VA from the formula that is used to calculate low-income eligibility for HUD-VASH programs or tax credits. These efforts would address one driver of housing challenges for veterans – the difficulty of accessing HUD-VASH because of service-connected disability income. WWP is grateful for the recent House passage of the *Housing Unhoused Disabled Veterans Act* and encourages the Senate to move quickly to pass this important effort.

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[16] Jenny Tucker, *Ten Years of International Women and Girls in Science Day: Progress and Barriers to Equal Representation*, PLOS (Feb 2025), https://everyone.plos.org/2025/02/11/ten-years-of-international-women-and-girls-in-science-day-progress-and-barriers-to-equal-representation/.
[17] INST. FOR VET. AND MIL. FAMILIES, SYRACUSE UNIV., ENHANCING VETERANS' ACCESS TO STEM EDUCATION AND CAREERS: A LABOR MARKET ANALYSIS OF VETERANS IN THE STEM WORKFORCE (Dec. 2018), *available at* https://ivmf.syracuse.edu/wp-content/uploads/2019/10/IVMF_Veterans-in-STEM_Tech-Full-Report_Dec-2018_FinalV2.pdf.
[18] DEP'T OF HOUSING AND URBAN DEV., POINT-IN-TIME COUNT AND HOUSING INVENTORY COUNT (2024) *available at* https://www.hudexchange.info/programs/hdx/pit-hic/#2024-pit-count-and-hic-guidance.

III. ***Cancer***: Increase access and supports for mammography, screening, and surveillance services, particularly for breast, cervical, ovarian, endometrial/uterine, or other gynecological cancers.

- **Oversight**: *SERVICE Act* (P.L. 117-133); *MAMMO Act* (P.L. 117-135)
- **Legislation**: *Women Veterans Cancer Care Coordination Act* (H.R. 10153, 118th Cong.)

Access to mammography screening and services: Expanding access to mammography and other gynecological screening services within the VA healthcare system is critical. Women who have served in the military are estimated to be at a 40% increased risk of developing breast cancer than their civilian counterparts.[19] As such, we urge the Committees to support enhanced access and resources for cancer-related healthcare services and screenings, particularly for breast, cervical, ovarian, endometrial/uterine, and other gynecological cancers.

Women warriors often encounter barriers to timely cancer screenings, including gaps in awareness of eligibility, limited access to services, geographic challenges, and insufficient outreach. While VA offers mammogram screenings at over 78 facilities, approximately 40% of screenings take place through Community Care.[20] To help manage transitions between VA and the community, the *Women Veterans Cancer Care Coordination Act* would increase the quality of care provided for women veterans by requiring Regional Breast Cancer Coordinators and Gynecologic Cancer Care Coordinators throughout VA. Additionally, oversight of existing mammography screenings and services ordered through the *SERVICE Act* and the *MAMMO Act* are needed. Furthermore, mobile screening units (Mobile Mammography Units) and partnerships with community healthcare providers can help ensure women warriors living in rural or underserved areas receive the preventive care they need.

Outreach and awareness on eligibility for cancer screenings and care: To further support women veterans, VA can bolster its outreach efforts to promote awareness of cancer screening and eligibility benefits. Targeted communication campaigns and personalized navigation services can guide women veterans through complex healthcare systems and connect them to essential care. One potential avenue to leverage is the statutorily-mandated outreach required for the Office of Women's Health (*see* 38 U.S.C. § 7310(e)). Cancer screenings and associated services would make suitable topics for townhalls and focus groups, and reporting on VA's agenda for these forums could elucidate whether this information is being distributed on a national scale.

To that end, we applaud VA's Center for Women Veterans for their efforts to increase outreach and communication throughout the community, such as hosting the Quadrennial Women Veterans Summit in fall of 2024, which brought together women veterans and key stakeholders, supportive organizations, researchers, and subject matter experts from around the country to discuss topics important to the women veteran population, including cancer screenings and care. We believe that continuous and consistent communication with this

[19] NAT'L BREAST CANCER FOUND., *Military Women's Patient Relief Fund* (2024), https://www.nationalbreastcancer.org/nbcf-programs/military-womens-patient-relief-fund/
[20] Elizabeth Depompei, DISABLED AM. VETS., *3D Mammograms for Women Veterans' Health Care* (Sep. 2024), *available at* https://www.dav.org/learn-more/news/2024/what-veterans-should-know-about-mammograms-at-the-va/.

population will have lasting impacts through increased trust, connection, and community. Additionally, while not solely a VA-centric solution, we believe VA and DoD can improve outreach and better educate women warriors about VA gender-specific care and resources as they are transitioning from Active Duty to veteran status.

Economic Empowerment

I. ***Major Richard Star Act***: In 2004, Congress passed a law allowing military retirees with at least 20 years of service who are rated at least 50 percent disabled to collect their full DoD retired pay and their full VA disability compensation benefits with no offset. The Major Richard Star Act would allow veterans who were retired for combat-related injuries with under 20 years of service to do the same.

- **Legislation**: *Major Richard Star Act* (H.R. 1282/S. 344, 118th Cong.)

When Service members retire from the military, they are entitled to both retired pay from the DoD and disability compensation from VA if they were injured while in service. Unfortunately, only military retirees with a minimum of 20 years of service and a disability rating of at least 50 percent can collect both benefits at the same time. For all other retirees, current law requires a dollar-for-dollar offset of these two benefits, meaning they must forfeit a portion of the benefits they earned from their military service.

Under the *Major Richard Star Act*, former Service members who were medically retired from the military with less than 20 years of service due to a chapter 61 medical discharge, and who are eligible for Combat-Related Special Compensation (CRSC), would no longer have their compensation reduced by the offset. This includes those who were medically retired for injuries sustained during combat operations and combat-related training.

DoD retirement pay and VA disability compensation are two distinct benefits established by Congress for differing reasons. Retirement pay is calculated to compensate the retiree for the years of service already sacrificed in defense of the nation, while VA disability compensation is calculated to make up for the loss of future earning potential due to the retiree's service-connected disabilities.

The *Major Richard Star Act* will expand concurrent receipt policy to more than 54,000 military retirees whose careers were cut short due to combat related injuries, allowing them to collect the full compensation that they have been denied up until now. WWP strongly believes that receiving both benefits should never be considered "double dipping" and no retiree should be subject to the offset. Many congressional leaders agree as well. In the 118th Congress there was overwhelming support for this legislation as the House bill received 326 co-sponsors and the companion bill in the Senate received 74 co-sponsors. WWP will continue to support legislation to eliminate the offset for all military retirees, and we consider the *Major Richard Star Act* one step toward achieving that goal. We look forward to the reintroduction of this legislation in both chambers in the 119th Congress.

II. ***Veteran Readiness & Employability (VR&E)***: Pass legislation that would allow VR&E to operate at its highest potential and expand access to more disabled veterans. These improvements should include veteran-friendly policies for when the program can be used, transparency about eligibility determinations, and more consistent training for VR&E counselors.

Wounded Warrior Project is committed to helping veterans seamlessly transition back into the civilian workforce. The VR&E program offers comprehensive support to veterans with service-connected disabilities, including job training, employment assistance, resume development, and job-seeking skills coaching. These services are designed to assist veterans facing challenges in preparing for, obtaining, or maintaining employment due to their disabilities.

According to our 2025 Warrior Survey, 77.4% of warriors reported utilizing VA or government benefits, with VR&E being one of the most used benefits at 21.1%. Beyond the veteran community, vocational training initiatives have proven to yield significant economic benefits. The Social Security Administration highlights the substantial return on investment in these programs, noting that every one dollar spent on vocational rehabilitation generates ten dollars in tax revenue from the re-employed individuals.[21]

Eliminate the VR&E delimiting date: Under current regulations, a veteran is only eligible for VR&E for 12 years from the date of their military discharge or the date they received a compensable disability evaluation (*see* 38 CFR § 21.41). The regulations do not consider whether a veteran's condition deteriorates after the initial rating or whether additional service-connected conditions have been recognized.

This issue was partially addressed by the enactment of *the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* (P.L. 116-315 § 1025), which removed this delimiting date for all veterans who were discharged after January 1, 2013. To bring parity across all generations of service, we ask that the 12-year delimiting date be removed for all veterans. VA already has the authority to waive the 12-year rule on a case-by-case basis if the veteran is determined to have a "serious employment handicap" (*see* 38 U.S.C. § 3103(c)). However, the standards used to make that determination are not clear and, without specific guidance to follow, a Vocational Rehabilitation Counselor (VRC) is left to make a subjective decision whether to grant the veteran eligibility to the program. Wider and more predictable participation should be the goal.

Improve the relationship between Total Disability based on Individual Unemployability (TDIU) ratings and VR&E: Another avenue to improve VR&E is to ease access for veterans who have been found unable to secure and follow gainful employment due to their service-connected disabilities – those veterans with TDIU ratings. While the TDIU benefit is critical for many veterans, there are some who aspire to return to work as their conditions improve. One common example is a warrior with mental health challenges who seeks gainful employment to help with feelings of isolation and being an unproductive member of their

[21] Jody Schimmel Hyde & Paul O'Leary, *Social Security Administration Payments to State Vocational Rehabilitation Agencies for Disability Program Beneficiaries Who Work: Evidence from Linked Administrative Data*, 78(4) SOCIAL SECURITY BULLETIN (2018), *available at* https://www.ssa.gov/policy/docs/ssb/v78n4/v78n4p29.html.

community. In this example, the warrior becomes concerned about the support in place to help them reintegrate into employment and the financial impact it will have on meeting financial obligations.

Our experience has taught us that veterans would benefit from clearer communication about what returning to work – even in a limited capacity – means for the TDIU benefit, and what services are available to help manage that transition. VR&E can help veterans return to work as they become ready, and the ramp down from TDIU should be easier to manage. As the findings needed to establish TDIU generally exceed the eligibility criteria for VR&E, our focus shifts to the benefit of making services easier to find and use. By creating a smoother system of referral and eligibility for VR&E for veterans with TDIU ratings, these individuals can receive the comprehensive support they need to transition into the workforce, even if their initial evaluation deems them ineligible due to the severity of their disabilities.

Consider VR&E Resource Hubs: Current VR&E staffing initiatives are crucial in supporting veterans' needs. Staff training and resources are not uniform around the country and as a result, the same opportunities are not available to all veterans seeking VR&E support. WWP recommends exploring solutions to help ensure that all veterans, regardless of where they live, have equal opportunity to leverage VR&E resources in their pursuit of long-term employment. The VHA has found success utilizing Clinical Resource Hubs (CRH) to reduce gaps in services. These are Veteran Integrated Service Network (VISN)-owned and -governed programs that provide support to increase access to VHA clinical services for veterans when local facilities have gaps in care or service capabilities. Leveraging the power of telehealth, CRHs provide care to veterans at their local VA health care facilities through telehealth technology or in-person visits. When paired with telehealth technology CRHs allow veterans to connect with distant primary care, mental health, and specialty care teams to improve access to health care. If the CRH model can be adapted to VR&E, veterans stand to benefit from increased access to service and potentially lower wait times for services that are in demand but not uniformly available across the country.

III. **Employment**: Create opportunities throughout the federal government to help place veterans in positions that leverage skills and experience developed in the military.

- **Oversight**: *Dole Act* (§ 212)
- **Legislation**: *Service Member Equal Recognition and Transition Support (SERTS) Act* (H.R. 8511, 118th Cong.)

Continue to fund the VET-TEC program: Maximizing the effectiveness of VA employment programs and services is crucial to the success of post-9/11 veterans who are wounded, ill, or injured. Despite their high levels of education (42% possess a bachelor's degree or higher), over a quarter of warriors responding to our Warrior Survey (36.6%) report being employed but not earning sufficient wages. To address this challenge, Congress can play a vital role by focusing its oversight on programs designed to help veterans secure higher-paying jobs. One such success is the reauthorization of the Veterans Employment Through Technology Education Courses (VET-TEC) program, included at Section 212 of the *Dole Act*. VET-TEC has

been a successful pilot program, yielding more than 14,000 beneficiaries with an average starting salary of $65,000 and we are pleased to see the VET-TEC program reauthorized. Congress should take steps to make sure this vital program meets the demand signals of the community and ensure that the program has the funding resources it needs to be successful for our veterans.

Translating Military Skills to Civilian Employment: While DoD has developed the Credentialing Opportunities On-Line (COOL) portal to assist Service members and their civilian counterparts with credentialing, some transitioning Service members with specialized and marketable skills continue to struggle in finding suitable civilian employment. To address this, WWP recommends Congress consider passing the *Skills and Employment Readiness for Transitioning Service Members Act (SERTS) Act*, which proposes that DoD, VA, and the Department of Labor collaborate to submit a report to Congress assessing the number of veterans who successfully transfer their eligible professional credentials to civilian jobs; which certifications were most commonly used for post-military civilian employment, such as airplane mechanics; and any other barriers veterans face to transferring military mechanical skills to State certifications. A similar provision was included in the House-passed *National Defense Authorization Act (NDAA) for Fiscal Year 2025* but was omitted from the final conference agreement.

Transition Support

I. Promote policies to support warriors while they are still in the military and at or near their transition point to prepare them for the changes they will face when trying to adjust to civilian life. Help coordinate efforts across VA, DoD, and the community to ensure that the process is seamless across all critical areas related to health care, benefits, and career readiness.

- **Legislation**: *Combat Veterans Pre-Enrollment Act* (H.R. 683, 119th Cong); *Enhancing the Transitioning Servicemember's Experience Act* (H.R. 7732, 118th Cong.)

Provide seamless VA healthcare enrollment: Combat veterans who were discharged or released from active service on or after January 28, 2003, are eligible to enroll in the VA healthcare system for 10 years from the date of their discharge or release, regardless of their disability claim status. Research suggests that an interruption in healthcare access that many reintegrating veterans experience, along with other suicide risk factors, may contribute to increased suicidal thoughts and behaviors following separation from the military.[22] Additionally, many combat veterans separating from the military served in areas that are listed under the *PACT Act* as having a higher likelihood of toxic exposures that could cause life threatening illnesses and diseases.

Recognizing that warriors face challenges when making this transition, WWP supports legislative efforts such as the *Combat Veterans Pre-Enrollment Act*, which would create a

[22] Claire Hoffmire et al., *Contribution of Veterans Initial Post-separation Vocational, Financial, and Social Experiences to Their Suicidal Ideation Trajectories Following Military Service*, 53(3) SUICIDE AND LIFE THREATENING BEHAV. 443-56 (Mar. 2023), *available at* https://onlinelibrary.wiley.com/toc/19432778x/2023/53/3.

mechanism for Service members who are within 180 days of transitioning out of the Armed Services and who have been in combat theatres to begin pre-enrollment into the VA healthcare system.

Improve the Transition Assistance Program (TAP): The Transition Assistance Program (TAP) was established to assist Service members who were separated due to forced withdrawal. TAP has since grown to offer pre-separation counseling to all Service members and is now a pre-separation requirement. However, a U.S. Government Accountability Office (GAO) report found that 70% of Service members started TAP later than the legally mandated timeline of one year before their separation date, and that nearly 25% of Service members who needed maximum support did not attend the mandatory 2-day class.[23] This data is concerning, considering that part of the TAP program includes a financial literacy session. Research suggests that managing or taking on too much debt can affect an individual's stress level, mental health, and overall quality of life.[24] Additionally, 75.3% of WWP warriors reported that their debts (excluding the mortgage on primary residence) were either "somewhat unmanageable" or "very unmanageable." We believe and highly recommend that to prepare Service members for stability before transitioning to civilian life, financial management training should be implemented in the transitioning process. Legislation like the *Enhancing Transition Servicemember's Experience Act* would assist by establishing TAP counseling regarding financial planning. WWP supports this legislation.

Toxic Exposure

I. ***Presumptive decision-making process***: We will continue to work with all U.S. government and VSO stakeholders to ensure the VA's presumptive decision-making process established by the PACT Act has the capacity and resources to reach timely decisions on conditions that may be exposure related. WWP encourages VA to consider burn-pit related conditions beyond cancer-related conditions to include respiratory ailments and health issues potentially related to exposures not explicitly covered by the PACT Act, both known and emerging.

- **Oversight**: *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics* (*PACT*) *Act of 2022* (P.L. 117-168)

Federal collaboration: We support VA's collaboration with the National Academies of Science, Engineering, and Medicine (NASEM) in proactively identifying the root causes, prevalence, and rates of cancer among the veteran population as part of a comprehensive framework of education, prevention, and treatment. We believe in a science-based and data-driven approach to identifying and linking conditions to service-related toxic exposure and expanding the list of presumptive conditions accordingly. This process should be deliberate, transparent, and driven by a sense of urgency as many of our veterans are in a race for their lives fighting the most aggressive and virulent forms of cancer and other toxic-related diseases.

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[23] U.S. GOV'T ACCOUNTABILITY OFF., GAO-23-104538, SERVICEMEMBERS TRANSITION TO CIVILIAN LIFE: DOD COULD ENHANCE THE TRANSITION ASSISTANCE PROGRAM BY BETTER LEVERAGING PERFORMANCE INFORMATION 22 (2022).
[24] Gillian Marshall et al., *The Price of Mental Well-being in Later Life: The Role of Financial Hardship and Debt*, 25(7) AGING & MENTAL HEALTH 1338-44 (2020), *available at* https://doi.org/10.1080/13607863.2020.1758902.

Stakeholder collaboration: WWP and likeminded stakeholders continue to engage directly with VA's PACT Act Enterprise Program Management Office Working Group. We appreciate the communication and request a more formalized tempo of engagement so that all stakeholders can remain informed as to what conditions are studied and advanced through the presumptive decision process. While this process is understood by the agencies who participate in the decision cycle, it remains confusing and opaque for those stakeholders who reside outside of the federal government. Our community continues to stress the importance of this transparency as we seek updates on the studies of numerous conditions from *PACT Act*-covered veterans afflicted with a variety of complex conditions.

When conducting future studies, WWP encourages the Working Group to expand the types of conditions it considers for post-9/11 exposures beyond the two categories of presumptive conditions established by the PACT Act – respiratory conditions and cancers. In our most recent Annual Warrior Survey, veterans most frequently cited neurological problems as the condition most likely to be related to their toxic exposures (35.1%). Hypertension (33.2%), chronic multi-symptom Illness (24.4%), immune system problems (10.5%), and liver conditions (7.8%) are conditions that survey respondents commonly believe are associated with in-service exposures. We also anticipate that ongoing research mandated by the *PACT Act*, specifically studies on the mortality of veterans who served in Southwest Asia (§ 503), health trends of post-9/11 veterans (§ 504), and cancer rates among veterans (§ 505), will further inform which conditions the Working Group should prioritize in the future.

II. ***Cancer among high risks populations***: Ensure VA has the staff and resources it needs to be able to provide every exposed veteran with the "Gold Standard" in cancer care, to include early detection through exposure-informed screening, treatment, and care.

- **Oversight**: *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics* (*PACT*) *Act of 2022* (P.L. 117-168)

- **Legislation**: *Aviator Cancer Examination Study (ACES) Act* (H.R. 530/S. 201, 119th Cong.)

Investigate cancer incidence in military aviators and others: In recent years numerous veterans' groups and Service members have called attention to the prevalence of certain types of cancer with higher rates of occurrence than that of the general U.S. population. One such population is former Air Force and Naval fixed wing aviators. To that end, a January 2023 DoD report mandated by the *William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021* (Public Law 116–283) found that military aircrew with service dating back to 1992 had an 87% higher rate of melanoma, a 39% higher rate of thyroid cancer, and a 16% higher rate of prostate cancer when compared to a demographically similar sampling of the general U.S. population.[25] While these numbers are alarming, the scope of the study did not include an examination of whether potential exposures that are unique to military aviators are linked to elevated cancer risks.

[25] DEF. HEALTH AGENCY, U.S. DEP'T OF DEF., CANCER STUDY: CANCER DIAGNOSIS AND MORTALITY AMONG MILITARY AVIATORS AND AVIATION SUPPORT, https://health.mil/Reference-Center/Technical-Documents/2023/08/11/Military-Aviator-Cancer-Study-Infographic.

We support legislation that would address this research gap. If enacted, the *ACES Act* would require VA to contract with the National Academies of Science, Engineering, and Medicine (NASEM) to conduct a study on the prevalence and mortality of cancers among military aircrew. Specifically, it would identify the agents, chemicals, and compounds to which they may have been exposed and determine any scientific associations between those exposures and the increased incidence of cancer. This information will enable VA to establish presumptive service connection for that population if warranted, ensuring that the military aviation community has access to the health care and benefits they deserve. This legislation also lays the groundwork for the expansion of these scientific studies into other potentially high-risk populations, including rotary wing aviators, missileers, fire, crash and rescue crews, and other ground related military occupational specialties.

Research cancer incidence in missileers: One area of growing exposure concern in the military and veterans' community is among those who operate and support the operation of intercontinental ballistic missiles (ICBMs). The United States Air Force operates missile silos across the United States that are an integral component to the national security strategy. Many missileers and their family members have voiced concerns about health-related issues that they believe are attributed to environmental exposures at the missile silos.

Recently, members of the missile community have come forward reporting unusually high rates of cancer diagnoses, particularly Non-Hodgkin's Lymphoma (NHL). Although early studies between 2001-2005 by the U.S. Airforce School of Aerospace Medicine (USAFSAM) have found no link between missile service and cancer, this renewed concern among missileers prompted the U.S. Air Force to approve a new study to reexamine this potential relationship. The Missile Community Cancer Study[26], led by the Department of Defense (DOD), is a multi-phase study to evaluate environmental factors at three intercontinental ballistic missile (ICBM) wings and ICBM facilities at Vanderberg Space Force Base. This study compares cancer rates for 14 common cancers – including non-Hodgkin's lymphoma – in the general population compared to service members working in missile-related careers. WWP remains interested in the results of the full study as it continues to study the possible linkages of cancer to the missileer population, and we will track any legislation that is generated from its findings.

[26] Press Release, Air Force Global Strike Command Public Affairs, AFSG Hosts Virtual Town Hall to Discuss MCCS Phase *1B Results* (Nov. 2024), https://www.airforcemedicine.af.mil/News/Display/Article/3960115/afgsc-hosts-virtual-town-hall-to-discuss-mccs-phase-1b-results/.

III. ***Expand access to care***: Many military exposures are recorded in DoD's Individual Longitudinal Exposure Record (ILER) system and help qualify veterans for care under the PACT Act. Efforts focused on missileers, aviators, and per- and polyfluoroalkyl substances (PFAS) have potential to close the gaps that remain.

- **Legislation**: *Veterans Exposed to Toxic (VET) PFAS Act* (H.R. 4249/S. 2294, 118th Cong.)

Domestic exposures: WWP will continue to endorse legislation in the 119th Congress which explores scientific studies that identify conditions related to military duty for any veteran who served at a military base where individuals were exposed to PFAS substances. Per-and polyfluoroalkyl substances (PFAS) are a group of chemicals used to make fluoropolymer coatings and products that resist heat, oil, stains, grease, and water. Due to its highly effective nature as a fire suppressant, the Department of Defense (DoD) began using PFAS-containing firefighting foam (i.e., Aqueous Film Forming Foam, AFFF) in the 1970s. However, over time, risks associated with PFAS have been documented. These chemicals have been linked to serious health problems, such as cancer, liver damage, thyroid disease, obesity, fertility issues, and harm to the immune system.

Severely Wounded Service Members and Veterans

I. ***Complex case management***: While the number of Service members catastrophically injured in service has decreased in recent years, the needs of severely injured Service members and veterans – including those challenged by comorbid disabilities – have not diminished over time and will, in many cases, grow. Support policies to help these individuals navigate the health system and promote a broad community effort to address overlapping resources and nonuniform availability of federal, state, and local resources.

- **Oversight**: VA's Care Coordination and Integrated Case Management program; VA's Federal Recovery Consultation Office

Federal Recovery Coordination: In a pair of 2007 memorandums of understanding, DoD and VA launched the Federal Recovery Coordination Program (FRCP) and designated Federal Recovery Coordinators as the "ultimate resource" for monitoring the implementation of services for wounded, ill, and injured Service members. At the time, these actions recognized that because of the dramatic changes in military battlefield medicine and rapid evacuation from the combat theatre, many returning Service members, and subsequently veterans, have multiple complex medical and mental health problems, including TBI, spinal cord injury (SCI), amputations, burns, and PTSD. Due to the complex nature of their benefits and health care needs, these warriors may receive care from many providers in multiple facilities, including Military Treatment Facilities (MTFs), VA Medical Centers (VAMCs), private hospitals, rehabilitation facilities, or through home health agencies. Transitions among these facilities and providers, absent coordination, can result in care and benefits gaps.

The challenges that existed then persist to this day, and health systems must remain committed to uniform training for recovery coordinators and medical and non-medical care/case managers, efficient tracking systems, and commitments to comprehensive plans for the seriously injured. As time has passed however, the FRCP was consolidated into the Federal Recovery Consultant Office (FRCO) in February 2018 in response to the Presidential Executive Order, "Comprehensive Plan for Reorganizing the Executive Branch." While this shift may have created some efficiencies, WWP encourages a fresh assessment of whether the FRCO is sufficiently resourced to address the reforms that have not been fully realized. Additionally, we believe that similar efforts can be undertaken to support a broader population of veterans with complex needs and should include steps to ensure central oversight of policy implementation.

Elevated case management services at VA: During its June 2023 testimony before the House Veterans' Affairs Subcommittee on Health, VA testified that it was deploying an overarching framework called Care Coordination and Integrated Case Management (CCICM), which coordinates the work between various programs within the enterprise so veterans have one point of contact to assist with their care needs within the Veterans Health Administration (VHA). Part of the process included the establishment of an integrated project team (IPT) between CCICM and the Office of Integrated Veteran Care (IVC) to enhance operations between those entities and to increase VHA's ability to offer collaborative, coordinated and seamless care experiences for veterans. A series of recommendations were put into practice over the year that followed.

The success of initiatives like this are critical to developing and delivering on a long-term strategy to ensure that veterans with the most complex care needs receive the best care in the quickest possible timeframe. While we currently lack insight about what changes have been put in place, we continue to emphasize that a successful approach should include a mechanism to help proactively identify those most in need of assistance with care coordination and a process for veterans and caregivers to self-identify as in need of these services. Lessons learned from the process implemented by VA can help inform ways to improve how we serve this community and what additional policies are required to ensure that the most severely injured – or veterans with highest complex care needs – receive the care and support needed to live a more independent and fulfilling life.

III. ***Prosthetics + adaptive devices***: Drive for improvement that can further strengthen VA prosthetic care to help veterans rebuild function and reintegrate back into the community more quickly and effectively, and ultimately improve their quality of life.

- **Oversight**: *Veterans Expedited TSA Screening Safe Travel Act* (P.L. 118-238)
- **Legislation**: *Veterans Supporting Prosthetics Opportunities and Recreational Therapy Act* (*Veterans SPORT Act*) (H.R. 9478, 118th Cong.)

Accessible air travel: WWP appreciates all the work Congress has done to improve the lives of our amputee population, to include the passage of *the Veterans Expedited TSA Screening Safe Travel Act*, which provides TSA Pre-Check at no cost to severely disabled veterans who are amputees, paralyzed, blind, or require an assistive mobility device. This benefit is already

offered to Active Duty, Reserve, and National Guard Service members. WWP believes this will allow veterans a more dignified travel experience and improve safety and efficiency at airport security checkpoints. We request that Congress continue to closely follow the coordination between TSA and VA to ensure the law is implemented correctly no later than January 2026.

Holistic health maintenance: According to our most recent Warrior Survey, 42.7% of responding warriors reported using physical activity to deal with stress, emotional challenges, and mental health concerns. As more warriors continue to experience these benefits, we are concerned that these opportunities may be less accessible for those who utilize a prosthetic device and adaptive equipment. Current law allows VA to provide prosthetics and adaptive equipment; however, regulations limit this availability by requiring that the veteran is receiving medical treatment and enrolled in a rehabilitation program (*see* 38 C.F.R. § 17.3230(a)(1)(ii)). WWP has seen firsthand the positive and life-changing effects of adaptive equipment on a veteran's quality of life and mental health. The *Veterans SPORT Act* would add adaptive prostheses and terminal devices for sports and other recreational activities to its definition of "medical services" and effectively obviate current VA guidelines that do not recognize adaptive sports and recreation prosthetic limbs as clinically necessary for veterans living with limb loss.

Prosthetics services at VA: WWP believes prosthetics services should be a core-competency in how we care for our veterans. To accomplish that goal, we recommend Congress consider legislation that would establish a dedicated amputee prosthetics Center for Excellence at VA; increase hiring of prosthetist within VA; and fabricate amputee prosthetic devices in-house.

- *Establish a dedicated amputee prosthetics Center for Excellence at VA:* Without a Center for Excellence dedicated to amputee prosthetics services and independently led by VA, veterans often choose or are even encouraged to seek care elsewhere, such as at DoD or out in the community. These options to receive amputee prosthetic care outside VA provide a less holistic care experience, are less convenient, and for veterans who must use community care, are often more expensive.

- *Increase hiring of prosthetists within VA:* The lack of funding for and attention to clinical care often results in long wait times and an inconsistent standard of care, often leading to a perception among veterans that VA is neither knowledgeable nor prepared to meet their needs. WWP's 2025 Warrior Survey revealed that 2.7% of warriors report that they need a prosthesis but do not have one.

- *Fabricate amputee prosthetic devices in-house:* Veteran amputees often face significant wait times for VA prosthetic services, including appointments, approvals, fittings, and repairs, sometimes waiting 90 days or more. Experiences of WWP Alumni reveal that warriors who utilize both VA and DoD systems of care receive new, repaired, or replaced prosthetics faster from DoD. Currently, the process to acquire a prosthetic device is cumbersome and lacks standardization. VA should be able to produce the necessary prosthetics in-house which will improve efficiency, reduce delays, and help ensure timely provision of needed items.

IV. ***Caregivers***: Advocate for caregivers providing assistance to those with the highest needs, including support for efforts related to the Program of Comprehensive Assistance for Family Caregivers and planning for retirement or life after caregiving.

- **Oversight**: *Dole Act* (§§ 122-23)
- **Legislation**: *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* (H.R. 9276/ S. 3885, 118th Cong.)

Mental health support for caregivers: Caregivers make immense sacrifices every day to ensure that our nation's most severely injured Service members and veterans are taken care of, which, in turn, places a heavy toll on the mental health of our caregivers. In a recently published report, RAND found that caregivers to disabled Service members and veterans who are age 60 or under are at higher risk of depression and are less likely to seek care than non-caregivers.[27] It is essential that caregivers are provided the opportunity and given the resources to seek mental health care. We were encouraged to see that the authority to provide grants to organizations to help improve the mental health of family caregivers of veterans was included in the *Dole Act* and encourage Congress to ensure VA is provided the necessary resources to deliver on that promise.

Investing in home-based care: Research has shown that caregivers benefit from home-based care and reported less caregiver burden.[28] The *Dole Act* included a provision that would expand the availability of VA's existing home and community-based services, including Veteran Directed Care (VDC) and the Home Maker and Home Health Aide Program, to all VA medical centers. It would also codify VA's existing Home-Based Primary Care Program and Purchased Skilled Home Care Program to better furnish in-home health care for veterans. As younger veterans with the most complex health care needs continue to age in home-based settings with the assistance of caregivers, investment in the expansion and success of these programs will be particularly critical to the health and wellbeing of both populations.

Planning for caregivers' secure financial future: Caregiving duties can also greatly impact the caregiver's ability to maintain a career, placing them in even deeper financial uncertainty. According to RAND, 70% of military and veteran caregivers to those 60 and under reported difficulty in paying their bills, nearly double the proportion of non-caregivers. One underlying factor is that caregivers face challenges finding employment that allows for the flexibility that caregiving requires – 27% of caregivers polled by RAND reported at least one work disruption, and of those, the top work disruption was "cutting back hours" (16%). Caregivers provide services worth at least $119 billion but incur about $8,500 in out-of-pocket expenses, forgo $4,522 in earnings, and largely fail to access benefits to which they are entitled.

With the many financial challenges that our caregivers face, Congress should continue to look for ways to address these issues to ensure that caregivers can establish better financial security, such as the *Veteran Caregiver Reeducation, Reemployment, and Retirement Act*. This bill would allow caregivers to acquire new skills and education, helping them improve their

[27] Rajeev Ramchand et al., RAND, AMERICA'S MILITARY AND VETERAN CAREGIVERS: HIDDEN HEROES EMERGING FROM THE SHADOWS vii (2024), *available at* https://www.rand.org/pubs/research_reports/RRA3212-1.html.
[28] *Id*. At 103.

employment prospects or transition into new careers, particularly if their caregiving role has limited their ability to pursue traditional job opportunities. It would also require VA to provide retirement planning services and/or assistance which would help ensure that caregivers can secure long-term financial security, which is often overlooked as they focus on caregiving responsibilities. Lastly the bill would require VA to conduct several important studies to identify additional solutions to empower caregivers to help alleviate their economic and emotional burdens.

Concluding Remarks

Wounded Warrior Project thanks the House and Senate Committees on Veterans' Affairs, their distinguished members, and all who have contributed to a robust discussion of the challenges – and the successes – experienced by veterans across our great nation. Your actions over the remainder of the 119th Congress will have a significant impact on the next steps VA, and the greater community, take to better serve veterans while considering questions related to its care, programming, assets and infrastructure, workforce, technology, and more. WWP stands by as your partner in meeting the needs of all who served – and all who support them. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.

Appendix

WOUNDED WARRIOR PROJECT®

COMMUNITY PARTNERSHIPS

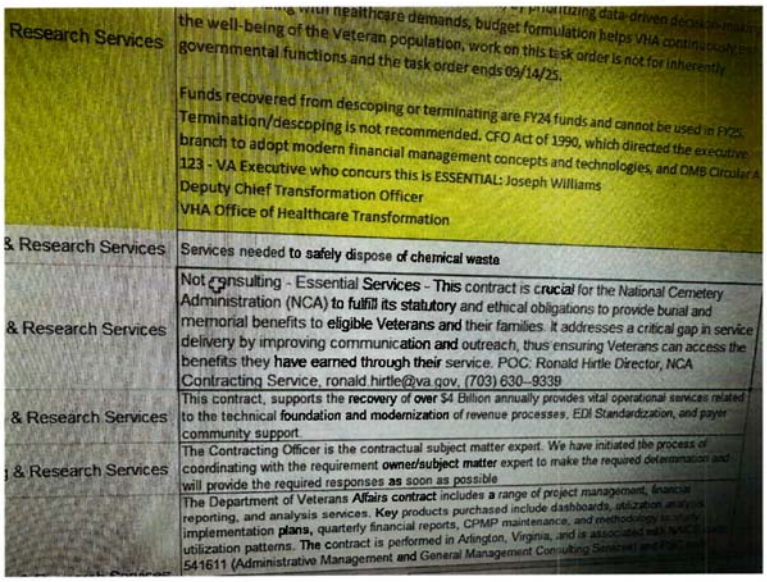
Wounded Warrior Project (WWP) believes that no one organization can meet the needs of all wounded, injured, or ill veterans alone. Our Community Partnerships team reinforces our programmatic efforts and expands our impact by investing in like-minded military and veteran support organizations. Please refer to this list of current partners as you seek out resources beyond WWP:

Wondering which of our partners might best suit your current needs?

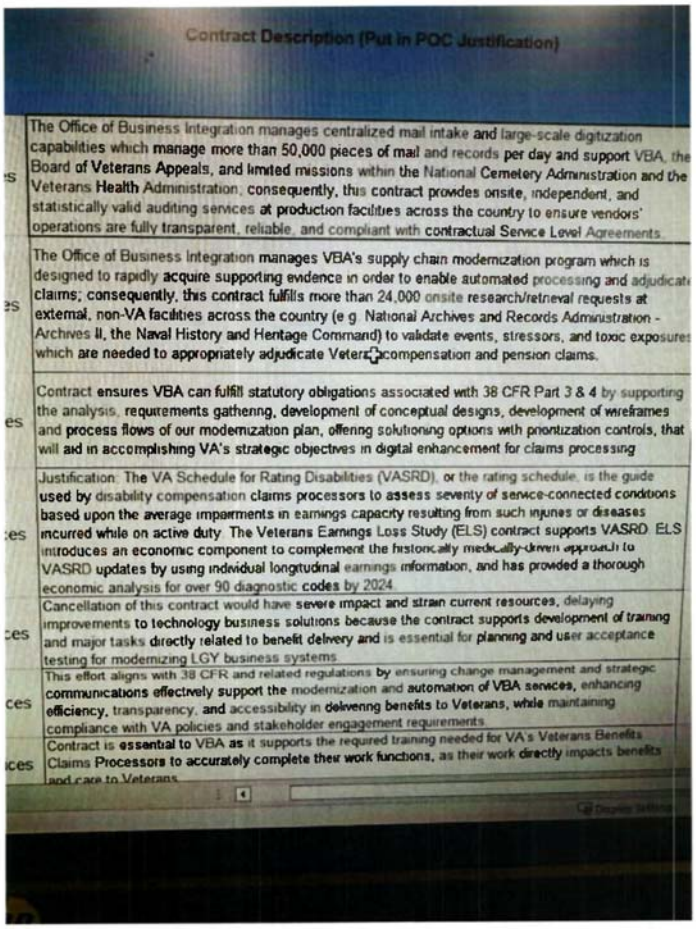
The WWP Resource Center can help! Call 888.WWP.ALUM (997.2586)

Current List Of Partner Organizations (10.1.24)

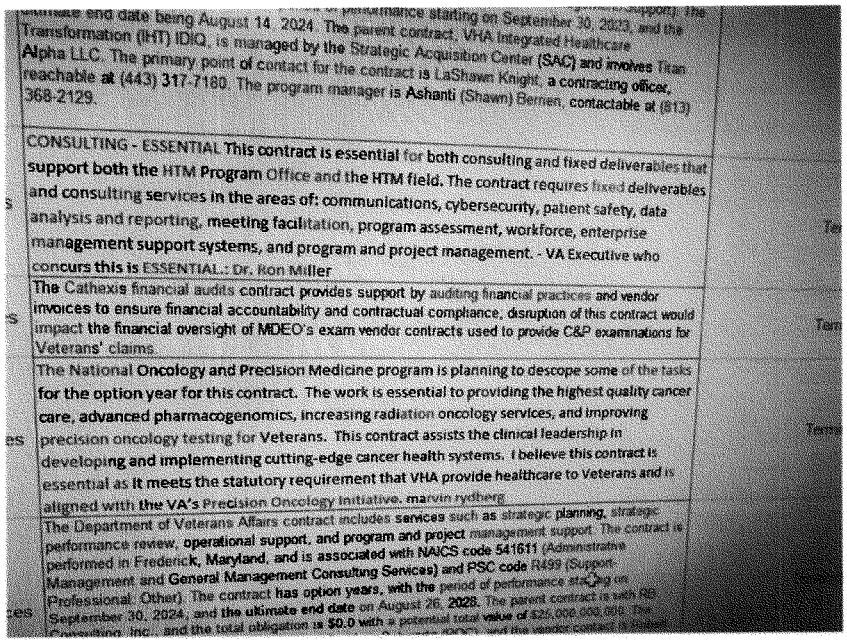
Submission for the Record



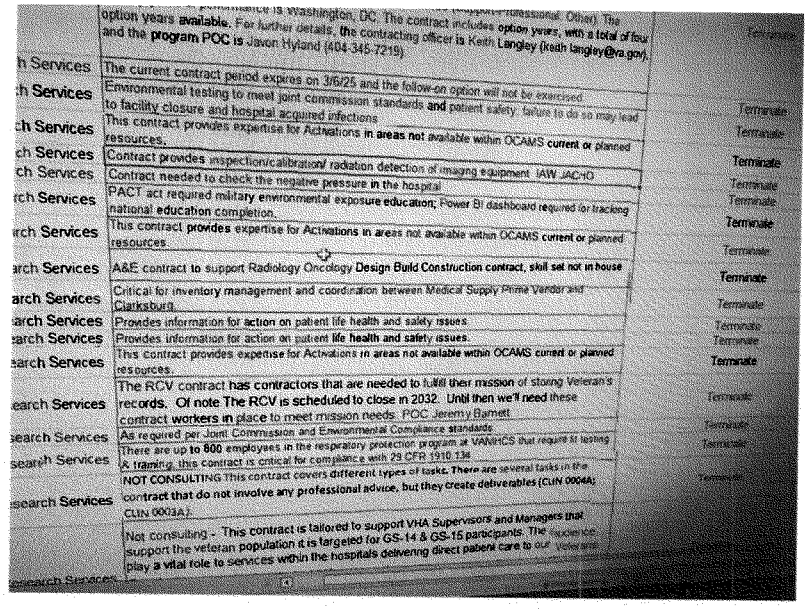
Research Services	...with healthcare demands, budget formulation helps VHA continuously ... the well-being of the Veteran population, work on this task order is not for inherently governmental functions and the task order ends 09/14/25. Funds recovered from descoping or terminating are FY24 funds and cannot be used in FY25. Termination/descoping is not recommended. CFO Act of 1990, which directed the executive branch to adopt modern financial management concepts and technologies, and OMB Circular A-123 - VA Executive who concurs this is ESSENTIAL: Joseph Williams Deputy Chief Transformation Officer VHA Office of Healthcare Transformation
& Research Services	Services needed to safely dispose of chemical waste
& Research Services	Not consulting - Essential Services - This contract is crucial for the National Cemetery Administration (NCA) to fulfill its statutory and ethical obligations to provide burial and memorial benefits to eligible Veterans and their families. It addresses a critical gap in service delivery by improving communication and outreach, thus ensuring Veterans can access the benefits they have earned through their service. POC: Ronald Hirtle Director, NCA Contracting Service, ronald.hirtle@va.gov, (703) 630--9339
& Research Services	This contract, supports the recovery of over $4 Billion annually provides vital operational services related to the technical foundation and modernization of revenue processes, EDI Standardization, and payer community support.
& Research Services	The Contracting Officer is the contractual subject matter expert. We have initiated the process of coordinating with the requirement owner/subject matter expert to make the required determination and will provide the required responses as soon as possible
	The Department of Veterans Affairs contract includes a range of project management, financial reporting, and analysis services. Key products purchased include dashboards, utilization ... implementation plans, quarterly financial reports, CPMP maintenance, and methodology ... utilization patterns. The contract is performed in Arlington, Virginia, and is associated ... 541611 (Administrative Management and General Management Consulting Services) and ...



Contract Description (Put in POC Justification)
The Office of Business Integration manages centralized mail intake and large-scale digitization capabilities which manage more than 50,000 pieces of mail and records per day and support VBA, the Board of Veterans Appeals, and limited missions within the National Cemetery Administration and the Veterans Health Administration; consequently, this contract provides onsite, independent, and statistically valid auditing services at production facilities across the country to ensure vendors' operations are fully transparent, reliable, and compliant with contractual Service Level Agreements.
The Office of Business Integration manages VBA's supply chain modernization program which is designed to rapidly acquire supporting evidence in order to enable automated processing and adjudicate claims; consequently, this contract fulfills more than 24,000 onsite research/retrieval requests at external, non-VA facilities across the country (e.g. National Archives and Records Administration - Archives II, the Naval History and Heritage Command) to validate events, stressors, and toxic exposures which are needed to appropriately adjudicate Veteran compensation and pension claims.
Contract ensures VBA can fulfill statutory obligations associated with 38 CFR Part 3 & 4 by supporting the analysis, requirements gathering, development of conceptual designs, development of wireframes and process flows of our modernization plan, offering solutioning options with prioritization controls, that will aid in accomplishing VA's strategic objectives in digital enhancement for claims processing
Justification: The VA Schedule for Rating Disabilities (VASRD), or the rating schedule, is the guide used by disability compensation claims processors to assess severity of service-connected conditions based upon the average impairments in earnings capacity resulting from such injuries or diseases incurred while on active duty. The Veterans Earnings Loss Study (ELS) contract supports VASRD. ELS introduces an economic component to complement the historically medically-driven approach to VASRD updates by using individual longitudinal earnings information, and has provided a thorough economic analysis for over 90 diagnostic codes by 2024.
Cancellation of this contract would have severe impact and strain current resources, delaying improvements to technology business solutions because the contract supports development of training and major tasks directly related to benefit delivery and is essential for planning and user acceptance testing for modernizing LGY business systems.
This effort aligns with 38 CFR and related regulations by ensuring change management and strategic communications effectively support the modernization and automation of VBA services, enhancing efficiency, transparency, and accessibility in delivering benefits to Veterans, while maintaining compliance with VA policies and stakeholder engagement requirements.
Contract is essential to VBA as it supports the required training needed for VA's Veterans Benefits Claims Processors to accurately complete their work functions, as their work directly impacts benefits and care to Veterans.



ultimate end date being August 14, 2024. The parent contract, VHA Integrated Healthcare Transformation (IHT) IDIQ, is managed by the Strategic Acquisition Center (SAC) and involves Titan Alpha LLC. The primary point of contact for the contract is LaShawn Knight, a contracting officer, reachable at (443) 317-7180. The program manager is Ashanti (Shawn) Bernen, contactable at (813) 368-2129.	
CONSULTING - ESSENTIAL This contract is essential for both consulting and fixed deliverables that support both the HTM Program Office and the HTM field. The contract requires fixed deliverables and consulting services in the areas of: communications, cybersecurity, patient safety, data analysis and reporting, meeting facilitation, program assessment, workforce, enterprise management support systems, and program and project management. - VA Executive who concurs this is ESSENTIAL.: Dr. Ron Miller	
The Cathexis financial audits contract provides support by auditing financial practices and vendor invoices to ensure financial accountability and contractual compliance, disruption of this contract would impact the financial oversight of MDEO's exam vendor contracts used to provide C&P examinations for Veterans' claims.	
The National Oncology and Precision Medicine program is planning to descope some of the tasks for the option year for this contract. The work is essential to providing the highest quality cancer care, advanced pharmacogenomics, increasing radiation oncology services, and improving precision oncology testing for Veterans. This contract assists the clinical leadership in developing and implementing cutting-edge cancer health systems. I believe this contract is essential as it meets the statutory requirement that VHA provide healthcare to Veterans and is aligned with the VA's Precision Oncology Initiative. marvin rydberg	
The Department of Veterans Affairs contract includes services such as strategic planning, strategic performance review, operational support, and program and project management support. The contract is performed in Frederick, Maryland, and is associated with NAICS code 541611 (Administrative Management and General Management Consulting Services) and PSC code R499 (Support-Professional: Other). The contract has option years, with the period of performance starting on September 30, 2024, and the ultimate end date on August 26, 2028. The parent contract is with RE Consulting, Inc., and the total obligation is $0.0 with a potential total value of $25,000,000,000. The	


option years available. For further details, the contracting officer is Keith Langley (keith.langley@va.gov),
and the program POC is Javon Hyland (404-345-7219).
The current contract period expires on 3/6/25 and the follow-on option will not be exercised.
Environmental testing to meet joint commission standards and patient safety; failure to do so may lead to facility closure and hospital acquired infections
This contract provides expertise for Activations in areas not available within OCAMS current or planned resources.
Contract provides inspection/calibration/ radiation detection of imaging equipment IAW JACHO
Contract needed to check the negative pressure in the hospital
PACT act required military environmental exposure education; Power BI dashboard required for tracking national education completion.
This contract provides expertise for Activations in areas not available within OCAMS current or planned resources.
A&E contract to support Radiology Oncology Design Build Construction contract, skill set not in house
Critical for inventory management and coordination between Medical Supply Prime Vendor and Clarksburg
Provides information for action on patient life health and safety issues.
Provides information for action on patient life health and safety issues.
This contract provides expertise for Activations in areas not available within OCAMS current or planned resources.
The RCV contract has contractors that are needed to fulfill their mission of storing Veteran's records. Of note The RCV is scheduled to close in 2032. Until then we'll need these contract workers in place to meet mission needs. POC Jeremy Barnett
As required per Joint Commission and Environmental Compliance standards
There are up to 800 employees in the respiratory protection program at VAMHCS that require fit testing & training, this contract is critical for compliance with 29 CFR 1910.134
NOT CONSULTING This contract covers different types of tasks. There are several tasks in the contract that do not involve any professional advice, but they create deliverables (CLIN 0004A; CLIN 0003A).
Not consulting - This contract is tailored to support VHA Supervisors and Managers that support the veteran population it is targeted for GS-14 & GS-15 participants. The [illegible] play a vital role to services within the hospitals delivering direct patient care to our [illegible]
Terminate

Questions for the Record

Senator Maggie Hassan
Questions for the Record
Senate Veterans' Affairs Committee
Legislative Presentation of The American Legion
& Multi VSOs: Jewish War Veterans of the U.S.A., Minority Veterans of America, National Association of County Veterans Services Officers, Military Officers Association of America, National Association of State Directors of Veterans Affairs, D'Aniello Institute for Veterans and Military Families, and Wounded Warrior Project
February 26, 2025

Question for James LaCoursiere, Jr. – National Commander of the American Legion

1. Can you please describe some of the concerns you have about the current Compensation & Pension exam process, and how you believe it could be improved so that it better meets the needs of our veterans?

The Compensation & Pension (C&P) exam process is a critical step in determining a veteran's eligibility for earned disability benefits. Unfortunately, the system in its current form is plagued by inconsistencies, delays, and a lack of transparency—challenges that too often leave veterans frustrated and underserved. At the heart of these problems is an overreliance on private contractors, who have taken on nearly all the examination workload without the necessary oversight and quality control.

For decades, the Veterans Health Administration (VHA) served as the primary provider of these exams, leveraging its deep institutional knowledge, experience with veteran-specific conditions, and familiarity with military service-related health issues to deliver thorough and accurate evaluations. However, as the VA shifted toward outsourcing exams to private contractors, quality has become inconsistent, wait times remain a persistent issue, and veterans often feel like just another number in a for-profit system.

The American Legion strongly supports increasing the VHA's role in conducting C&P exams to improve quality and increase choice for veterans.

Key Concerns with the Current C&P Exam Process:

1. **Loss of VHA Institutional Knowledge and Exam Quality**
    a. The VHA is uniquely equipped to evaluate service-connected conditions, yet its role in the C&P process has been greatly diminished in favor of private contractors.
    b. Private contractors often lack expertise in military and veteran-specific health conditions, leading to incorrect or incomplete assessments that veterans must fight to overturn.
    c. Veterans frequently report rushed or impersonal exams, where examiners do not take the time to fully understand their conditions.
2. **Lack of Oversight for Contractors**
    a. While outsourcing was intended to speed up the process, contractors prioritize efficiency over accuracy, leading to high rates of appeals and exam rework.

   b. The VA lacks a public, standardized system for measuring contractor performance, leaving veterans without recourse when they receive poor-quality exams.
   c. Private examiners are often unfamiliar with VA rating criteria, resulting in flawed medical opinions that do not align with the disability rating system.
3. **Accessibility Challenges and Scheduling Issues**
   a. Many veterans—especially those in rural areas—must travel long distances for their exams, as private contractors are not evenly distributed nationwide.
   b. The current scheduling process lacks transparency, leaving veterans in the dark about when and where their exams will take place.
   c. Veterans often face last-minute cancellations and rescheduled appointments, causing unnecessary delays in receiving benefits.
4. **Lack of Protections and Transparency**
   a. Veterans are not provided with copies of their exam results, preventing them from identifying and correcting errors before decisions are made.
   b. There is no clear process for disputing an inadequate or unfair exam, forcing veterans into lengthy appeals rather than allowing them to request a second opinion upfront.
   c. Many veterans are left feeling disempowered and frustrated, caught in a bureaucratic system that does not prioritize their needs.

Recommendations for Improvement:

1. **Increase the VHA's role in C&P Exams**
   a. Reinvest in the VHA's capacity to conduct C&P exams, ensuring that veterans are examined by providers who understand military service-related conditions.
   b. Increase the number of VHA-employed examiners.

2. **Strengthen Oversight and Quality Control for Contractors**
   a. Establish public performance metrics for all contractors, including accuracy rates, veteran satisfaction, and rework percentages.
   b. Enforce financial penalties and contract termination policies for underperforming contractors who consistently produce flawed exams.
   c. Implement third-party quality control reviews to ensure that exam findings align with VA standards before claims decisions are made.
3. **Enhance Transparency and Protections**
   a. Require the VA to automatically provide veterans with copies of their exam results, allowing them to address discrepancies before claim decisions are made.
   b. Improve veteran communication by ensuring that examiners explain the purpose and findings of the exam in clear, accessible language.

The American Legion believes that the C&P exam process should be centered on the veteran, not on corporate efficiency metrics. By restoring the VHA's role as the primary provider of these critical exams, we can improve exam quality, reduce errors, and ensure that every veteran receives the fair and accurate evaluation they deserve. We urge Congress and the VA to take decisive action to bring this essential function back under the purview of the very institution created to serve veterans: the Department of Veterans Affairs.

○