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**STATEMENT OF  
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BEFORE THE  
COMMITTEES ON VETERANS' AFFAIRS  
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES  
WASHINGTON, D.C.  
MARCH 7, 2024**

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

Thank you for providing me the opportunity to present the 2023–2024 Legislative Program of DAV—Disabled American Veterans—an organization of more than 1 million members, all of whom were injured or became ill as a result of wartime service. We are proud to have helped millions of veterans, their families, caregivers and survivors since our founding over a century ago.

I am a service-connected disabled Army, Army Reserve and National Guard veteran of the Gulf War era with a family legacy of military service.

My father, Joe Espinosa, enlisted in the Army during World War II and served four tours in Germany over his 20-year career. My Uncle Fred was a tough Marine who earned his Purple Heart after being shot during the Battle of Saipan. Uncle Benny is a 93-year-old Korean War veteran who volunteered for years at his local Department of Veterans Affairs (VA) hospital and provided military honors for service members until he was over 80-years old. My son, Ian, is a Navy veteran and my other son, Eric, served in the Air Force.

But the reason for sitting before you today can be attributed to my mother, Eleanor Espinosa. She was a tough lady who got things done in the face of adversity. She became a widow at a young age and had to raise two daughters on her own. She instilled in us the value of independence and hard work. “Have a roof, have a car, have a job,” she’d always say.

So, when mom told me I needed to get a part-time job to help pay for school clothes, I responded to an ad for a clerk typist that said “no experience necessary.” The position turned out to be with the Army Reserves and it launched my 15-year military career. Ten years later, I went on active duty. But my service in the Army was marked by obstacles and loss.

In 1987, I was serving on active duty when I had my son. After his birth, I was

diagnosed with endometriosis—a painful condition of the reproductive system that required me to have an emergency hysterectomy and a bowel resection. To make matters worse—doctors also told me they found an aggressive cancer that could leave me with just six months to live. Needless to say, it was a traumatic experience and I was devastated.

Fortunately, they were able to operate and successfully remove the cancerous tissues, but my months long recovery was quickly followed by the heart wrenching loss of my sister, Margaret. It was so unexpected, and even though it's been more than 30 years, I miss her more than I can put into words.

Soon after, my young stepdaughter died unexpectedly. The combined losses and health issues left me in a deep depression, so I decided, with the support of my family, to take a hardship discharge from the Army and transitioned into the New Mexico National Guard in 1989 in order to continue my military career.

When I separated from the National Guard in 1990, I turned to the VA for health care. Unfortunately, I found that my local VA medical center was ill-equipped to address my health care needs because there was very little support for women veterans at that time, especially women suffering from reproductive health issues. They simply didn't know how to deal with me, so I went outside of the VA for the gender-specific care I needed.

As far as mental health, I didn't even realize that was an option with the VA. But I figured if they couldn't handle my medical care, they weren't prepared to help treat my depression either. So, I went outside the VA health care system for that too.

The experiences of feeling dismissed and misunderstood by the very system that promised to take care of me is not unique. While every veteran will inevitably face challenges navigating an imperfect system, women veterans have historically been overlooked and underserved by the VA. That said, I am thankful for DAV's efforts to right this wrong and to see the tremendous progress that has been made in recent decades. But now is a critical time with more women than ever serving in the military and turning to VA for help with post-deployment mental health challenges following service. And particularly now—with rates of suicide skyrocketing among women veterans—lives are at stake and more must be done.

DAV has always been a champion of women veterans fighting for equity in the delivery of health care and benefits they have earned. We must continue to raise awareness about the increasing suicide rates among women veterans and focus on what we can do as a community to address this complex problem. I am pleased to inform you that just last week, DAV released a new special report entitled, *Women Veterans: The Journey to Mental Wellness. Supporting women veterans' mental health and preventing suicide through gender-tailored care.*

It is the third report focused on women veterans' issues released by DAV in

the last 10 years, and one of the most comprehensive assessments of the unique factors contributing to the staggering rate of suicide among women veterans.

According to the VA, between 2020 and 2021, the suicide rate among women veterans increased 24.1%—nearly four times higher than the 6.3% increase among male veterans and vastly higher than the 2.6% increase among nonveteran women. Women are also two times more likely than male veterans to attempt suicide and three times more likely than non-veteran women to choose a firearm as a means of suicide. These findings call for action.

We are pleased to share a copy of our new report with Committee members and hope you will take the time to read it and consider our more than 50 policy, research and legislative recommendations to help save lives.

Messers Chairman, being part of DAV is a point of extraordinary pride for me, in large part because this organization and its members understand the importance of making sure *all* of our voices are heard and *all* of our needs are represented.

Shortly after becoming President in April 1945, Harry Truman addressed our armed forces still engaged in World War II, telling them that:

*“Our debt to the heroic men and valiant women in the service of our country can never be repaid. They have earned our undying gratitude.”*

Nearly 80 years later, our nation is still working to repay that sacred debt, which includes modernizing the VA so it can meet the needs of all of our nation’s veterans today and in the future. Together, we have the opportunity—and the obligation—to do so. I am honored to be here today to help underscore these and other areas in further detail by presenting DAV’s 2023–2024 Legislative Program.

## **BOLSTER MENTAL HEALTH RESOURCES TO REDUCE VETERAN SUICIDE**

One of DAV’s key critical policy goals for 2024 is to ensure service-disabled veterans have timely access to the VA’s specialized mental health care, services, and supports to address post-deployment readjustment issues and mental health challenges.

The *2023 National Veteran Suicide Prevention Annual Report* reflects the complexity of suicide inherent in the veteran population, and the United States as a whole, which entails numerous and complex risks and protective factors across individual, community, and societal levels. The report reflects data through 2021 and found increased rates of suicide among veterans—noting that the entire U.S. population faced health, mental health and mortality effects due to the COVID-19 pandemic.

The report confirmed that in 2021 there were 6,392 veteran suicide deaths

(approximately 18 per day)—114 more deaths than in 2020. The increase was significantly higher for women veterans, for whom there was a 24.1% increase compared to an increase of 6.3% among male veterans, and 2.6% increase among non-veteran women. According to the VA, distress increased among veterans aged 18 to 44 and among women veterans, which was associated with increasing socioeconomic concerns, greater problematic alcohol use and decreased community integration. The report also noted that suicide deaths among veterans were more likely to involve firearms than suicide deaths among non-veteran adults. Specifically, firearms were involved in 73.4% of suicide deaths among male veterans, and 51.7% of women veterans.

To address this issue, the Veterans Health Administration (VHA) created a multifaceted campaign in partnership with the National Shooting Sports Foundation (NSSF) to highlight the importance of lethal means safety counseling for veterans at risk for self-harm or suicide. While there is still more work to do to reduce the concern among veterans who believe their firearms will be confiscated if they seek mental health help from the VA, this partnership appears to be building trust among the veteran population.

Veterans access to timely, high quality, evidence-based mental health services is essential in reducing suicide. In 2023, VHA experienced net increases in overall clinical staffing, but continued to report severe shortages of mental health providers throughout most of the country. A 2023 Office of Inspector General (OIG) report (OIG-23-00659-186) notes that 91 of 139 VA facilities identified a severe shortage of psychologists, and 73 facilities identified a severe shortage of psychiatrists.

As newly established grant programs and community-based benefits to promote suicide prevention for veterans are implemented, it is vital to ensure that existing programs within VHA remain properly staffed with well-trained providers using evidence-based treatments for veterans who need specialized care. According to the 2023 suicide prevention annual report, among veterans receiving care through VHA, when comparing those solely receiving VA Community Care services versus those receiving VHA direct care services, veterans who “received Community Care services only” had higher suicide rates than those who “received VHA direct care alone.” This highlights the importance of the VA being the primary provider and coordinator of veterans care and ensuring veterans have access to VA’s specialized care and supportive wrap-around services even when they are receiving services through VA’s community care network (VCCN).

All community care providers can assist in the national effort to reduce veteran firearm suicide by taking this critical training about how to incorporate discussions with their patients about the importance of secure firearm and medication storage, especially among at-risk veterans. Unlike VA providers, VCCN providers are not required to take available training in suicide prevention and competence in lethal means safety counseling for at-risk veterans. In fact, only a very small percentage of these community providers have completed this evidence-based, life-saving training. Understanding the

veteran experience and common mental health conditions among this population, along with training in evidenced-based treatments, is essential for delivery of quality care, preventing suicide and successful health outcomes.

We urge Congress to enact legislation that requires specific training protocols for all VCCN mental health providers to ensure they meet the same quality and access standards as VA mental health providers. Mandating training in evidence-based therapies is vital to ensuring community partners develop core competencies for addressing veterans' unique mental health and readjustment needs—particularly for conditions frequently associated with military service.

Finally, through integrated clinical and community strategies, the VHA must continue to proactively identify and improve interventions for at-risk veterans, for both veterans using VHA care and those using other care systems, to prevent suicide and overdose death. The VA must continue to increase the implementation of its Safety Planning in Emergency Departments initiative and continue its partnership and collaboration with other federal and state agencies and community partners to develop statewide plans to end veteran suicide. DAV calls on Congress to ensure the VA is provided sufficient resources for mental health and suicide prevention efforts and that the department maintains a strong suicide prevention research portfolio that includes interagency collaboration.

DAV looks forward to continuing our work with Congress on oversight of the implementation of mental health legislation already enacted and to collaborating on meaningful and innovative new legislation this year to eliminate access barriers to mental health care that can help reduce suicide among veterans.

### **EXPAND THE VA'S CAPACITY TO DELIVER TIMELY, HIGH-QUALITY HEALTH CARE TO VETERANS**

Over the past decade, the veterans health care system has experienced unprecedented growth and stress, while also undertaking historic reforms to ensure that veterans have timely access to comprehensive, high-quality health care. However, an increasing number of veterans have no choice but to use non-VA care due to their inability to access VA care in a timely manner.

Service-disabled veterans are prominent users of the VA health care system, a system designed to meet their unique medical, mental health and rehabilitative needs. Most indicate they want to receive care at the VA whenever possible due to its comprehensive and specialized veteran-centric care and wraparound services. But, for the VA to remain the primary provider of care, and veterans' first choice in care, the department must improve its internal capacity to deliver timely, convenient and high-quality care. Specifically, VHA must address staffing needs, aging infrastructure and challenges with its electronic health record (EHR) modernization efforts.

## **Vacancies and Staffing Shortages**

The VA's workforce shortages and hiring challenges mirror those of the private sector and the country as a whole due to a lack of clinical providers. Workforce shortages are prevalent across the country and competition is high to attract the best and brightest medical professionals. According to an August 2023 OIG report, VA facilities reported 3,118 severe occupational staffing shortages across 282 occupations in fiscal year (FY) 2023; 88% of facilities reported severe occupational staffing shortages for medical officers, and 92% of facilities reported severe shortages for nurses. Every facility the OIG surveyed reported at least one severe occupational staffing shortage, with VHA vacancies reported at approximately 75,000 at the end of FY 2023. The VA must continue to accelerate its recruitment and retention efforts and expedite its hiring and onboarding processes to expand its capacity to deliver high-quality health services to our nation's veterans. At the same time, Congress must enact legislation and increase funding to address recruitment, education, expansion and retention efforts that will improve VA's workforce.

## **Aging Health Care Infrastructure**

According to the VA, while private sector health facilities' median age is about 11-years old, VA facilities' median age is nearly 60-years old, which makes them difficult to renovate since they were not designed to accommodate the technological and design innovations that support modern health care delivery. For the VA to continue to be the primary health care provider and care coordinator of choice for veterans, it must improve its internal capacity by building or modernizing facilities to better meet the needs of current and future veterans. To achieve these goals, the VA needs to create a strategic plan to modernize its infrastructure and improve its project management of VA capital asset programs. We call on Congress to significantly increase construction funds for health care facilities to increase the VA's internal capacity to care for veterans.

## **Information Technology and Electronic Health Record Modernization**

In June 2017, the VA initiated plans to replace its existing electronic health record system (VistA) because of its technical complexity, cost to maintain and lack of interoperability with other private health organizations. The VA's ongoing transition to a new EHR hit some stumbling blocks during its initial rollout and again in 2022 as reports of problems surfaced regarding patient safety and employee user dissatisfaction with the new system. Following a reassessment of its efforts in 2023, the VA released a revised national rollout plan to improve training and address implementation problems. The success of this new EHR system is critical to the future of the entire VA health care system, including truly seamless scheduling and clinical care coordination. Congress must provide rigorous oversight of the VA's IT modernization efforts to ensure that patient care, safety and other mission-critical work, including data collection and research, are not negatively affected. The VA must oversee contracts with vendors and hold them accountable to meet standards, expectations and timely delivery of services

while maintaining compliance with all security protocols for protection of personal identification and medical information.

### **Expanding access to VA care through telehealth and virtual health services**

As the largest provider of telehealth services in the country, the VA is leading the nation in telemedicine and virtual health care advancement. In FY 2022, more than one-third of veterans who received care from the VA did so using virtual health care services, which has helped to expand access to VA care, especially in rural and remote locations. The VA must continue to leverage and build its infrastructure for virtual health services to fill gaps created by provider shortages; address long travel distances to health care facilities in certain states; and help veterans overcome limited transportation options that often keep them from obtaining timely, quality care. The VA must carefully study the efficacy of virtual health care to determine its optimal use to ensure the best health outcomes for the veterans it serves.

### **VA Fourth Mission**

VA's primary mission is to care for our nation's ill and injured veterans, followed by educating and training our nation's health professionals and conducting veteran-related research to ensure veterans have access to high-quality care and specialized services. A lesser-known responsibility of the department, though critically important, is VA's fourth mission—to improve the nation's preparedness for response to war, terrorism, national emergencies and natural disasters. This support is carried out through plans and actions to support national, state and local emergency management, public health, safety and homeland security efforts. In recent years, we learned just how important a role the VA played during the global COVID pandemic, not only in continuing care for enrolled veterans but also supporting our nation's medical system. The VA must continue to maintain sufficient health care capacity to meet its fourth mission functions during national emergencies while also ensuring that veterans continue to have uninterrupted and timely access to VA health care.

## **ENSURE FULL FUNDING FOR HEALTH CARE AND BENEFITS**

Messers Chairmen, none of the reforms and improvements to veterans health care and benefits we are proposing can be accomplished unless the VA has full and timely funding. Unfortunately, Congress and the Administration once again failed to enact the federal budget on time this fiscal year, instead passing a series of stopgap continuing resolutions (CRs) that leave the final budget yet to be resolved. While much of VA is cushioned from the harm of government shutdowns due to advance appropriations, the use of short- or long-term CRs still has the effect of delaying new and expanded veterans programs and services from operating at full capacity. Congress must work to enact VA appropriations legislation before the start of each fiscal year.

To assure adequate funding, DAV, in partnership with Paralyzed Veterans of America (PVA) and Veterans of Foreign Wars (VFW), annually produces VA budget recommendations through publication of *The Independent Budget* (IB); with the FY 2025 budget recommendations being released last month. For more than three decades, the Independent Budget Veterans Service Organizations (IBVSOs) have provided independent, unbiased, needs-based estimates of the total resources VA requires to provide veterans with the benefits and health care services they have earned.

For FY 2025, the IBVSOs are recommending significant increases to improve VA's internal capacity to directly provide medical care. For FY 2025, we are recommending an increase for total medical care of approximately \$10 billion over the projected FY 2024 level, almost a 10% increase. This level of funding would allow the VA to fill approximately 19,000 health care vacancies and expand care to more than 130,000 new unique patients. The IB recommendations would also allow the VA to expand dental care eligibility to all enrolled veterans, and to increase resources for long-term care by more than \$1 billion for VA's aging veteran population. To support expanded health care delivery, the IBVSOs are recommending that the VA exponentially increase funding for VA health care infrastructure, which would include \$5 billion for major construction projects, \$900 million for minor construction, and \$900 million for nonrecurring maintenance.

In order to improve the timeliness and accuracy of benefits claims processing, particularly with the increased workload from the PACT Act, the IBVSOs are recommending a \$500 million (+9%) increase for the Veterans Benefits Administration (VBA) and a \$40 million (+14%) increase for the Board of Veterans' Appeals in FY 2025. The IBVSOs are also calling for a historic \$146 million (+30%) increase for the National Cemetery Administration to cover the costs of its expanded operations; to fully fund the National Shrine Initiative and Legacy Memorial programs; and to increase awareness of and utilization by eligible veterans.

Together with our IB partners, DAV will continue advocating for sufficient, timely and predictable funding for all VA programs, services, and benefits for the men and women who served.

### **IMPLEMENT THE PACT ACT AND ADDRESS GAPS IN TOXIC-EXPOSURE BENEFITS**

Messers Chairmen, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act, or PACT Act, signed into law on August 20, 2022, provides benefits and health care to veterans exposed to burn pits, radiation, Agent Orange and other toxins.

From August 10, 2022 through January 27, 2024, VA received over 1.3 million PACT Act-related claims and decided over 967,000 of them with an average of 159



days pending. There were some miscues along the way, which is why proper implementation by the VA and continuous oversight by Congress is key to ensuring veterans can access their benefits and key services.

It is imperative that Congress monitors the number of claims filed related to the PACT Act, how these claims affect the overall workload, and how many are approved or denied—and why. The VA should also provide data on the quality and number of exams conducted, and transparency regarding quality assurance. The PACT Act addresses a number of long-standing issues associated with environmental and toxic exposures but there are still veterans who are waiting for help.

While the PACT Act recognizes those veterans who served at Karshi-Khanabad Air Base (K2) in Uzbekistan as being exposed to burn pits, it did not address the other known and Department of Defense (DoD)-recognized toxic exposures at K2. Between 2001 and 2005, more than 15,000 service members deployed to K2 in support of military operations into northern Afghanistan following 9/11. This former Soviet air base contained residuals of chemical weapons, radioactive depleted uranium, and jet fuel, among nearly 400 other chemical compounds. The DoD knew that service members deployed there were exposed to these dangerous toxins, and a 2015 Army study found that K2 veterans have a 500% greater chance of developing certain cancers.

The PACT Act includes K2 veterans in the burn pit presumptive diseases; however, the VA has still not recognized the other toxic exposures and potential diseases unique to K2. Because of these gaps, many veterans will be denied access to life-changing health care and benefits. DAV urges Congress to enact legislation that concedes exposures to radiation, jet fuel and chemical weapons at K2; provides for studies; and recognizes presumptive diseases related to them. Additionally, K2 veterans should be provided eligibility to health care based on toxic exposures, per section 1710, title 38, United States Code.

The PACT Act also recognizes additional locations of radiation risk activities for veterans who participated in the cleanup operations in Thule, Greenland; Enewetak Atoll; and Palomares, Spain. However, there currently exists an inequity between the VA radiation-exposed presumptive process and another federal government program.

First, for VA claims where it is contended that disease developed as a result of exposure to ionizing radiation during service, service incurrence may be presumed for veterans who participated in defined radiation risk activities and have certain diseases. The second approach—to substantiate a radiation exposure-related service connection claim—requires proof of not only the veteran's on-site participation but also radiation dose estimates from the Defense Threat Reduction Agency and then a medical opinion assessing whether that dose estimate caused the claimed presumptive disease.

By comparison, the Department of Justice's Radiation Exposure Claims Act (RECA) program establishes compensation for individuals who contracted specified diseases related to atmospheric nuclear weapons development tests in the American

Southwest. The RECA program is available to uranium workers and miners, civilians exposed in downwind areas and veterans. A lump sum is payable to veterans who were on-site participants at the atmospheric nuclear weapons tests. RECA does not require claimants to prove causation of the diseases related to the radiation exposure, nor does it require dose estimates of exposures. Veterans who were exposed on-site can receive compensation from the government without dose estimates and without proving that the claimed disease is directly caused by the dose estimate of radiation exposure.

The PACT Act does recognize three new locations of radiation risk activities; however, within the first year of the PACT Act, the VA said that of the roughly 4,100 processed radiation-related claims, it denied more than 3,500 and granted about 570 from Aug. 10, 2022, to Aug. 10, 2023. That means the VA rejected 86% of those claims based on radiation exposure.

We urge Congress to enact H.R. 4655, the PRESUME Act to remove the VA dose estimate requirement for radiation exposure. This legislation will provide parity with the governmental RECA program and treat veterans' radiation exposure claims on equal footing with civilians who were not participants but only downwind from nuclear testing.

Messers Chairmen, the PACT Act originally included a requirement for a registry study on the impacts of water contamination with Perfluoroalkyl and polyfluoroalkyl substances (PFAS). Unfortunately, the provision was removed prior to final passage of the bill. We are greatly concerned about the long-term health impact of PFAS exposure as, according to DoD data, more than 700 U.S. military sites are known or likely to have discharged PFAS in the water supplies.

In 2022, the National Academies of Science, Medicine and Engineering report *Guidance on PFAS Exposure, Testing, and Clinical Follow-Up* found sufficient evidence of an association between PFAS exposure and decreased antibody response; dyslipidemia; and increased risk of kidney cancer. Additionally, it found limited or suggestive evidence of an association between PFAS exposure and increased risk of: breast cancer; liver enzyme alterations; pregnancy-induced hypertension; testicular cancer; thyroid disease and dysfunction and ulcerative colitis.

In August 2022, a large clinical study found that people with high levels of PFAS in their blood are more likely to develop hepatocellular carcinoma, the most common form of liver cancer. In October 2023, a systematic review and meta-analysis associated PFAS exposure to kidney cancer and testicular cancer.

As noted, the PACT Act originally included provisions to create a PFAS registry and authorize studies; however, those provisions were removed prior to the final passage. It is clear that the existing science has associated PFAS exposure with many lethal conditions and yet the VA does not concede PFAS exposure nor provide any presumptive diseases.

We urge Congress to enact H.R. 4249/S. 2294, the Veterans Exposed to Toxic PFAS Act (VET PFAS Act), which will add presumptive diseases for PFAS exposure and provide critical health care for veterans and their families. We need swift legislative action to address the negative long-term health impact based on exposure to these toxic chemicals.

Messers Chairmen, millions of veterans now and in the future will benefit from the monumental enactment of the PACT Act; however, Congress must provide rigorous oversight of its implementation. Further, to provide true equity to all toxic-exposed veterans, Congress must also enact legislation to recognize the specific exposures and related diseases at K2, ensure parity for radiation-exposed veterans and remove the dose estimate requirement, as well as address the exceptionally wide-spread PFAS water contamination.

In addition, the VA must become better at recognizing and granting benefits and health care to veterans exposed to toxic and environmental hazards in the future. Building on the success of the PACT Act, DAV and the Military Officers Association of America (MOAA) have been engaged in a toxic exposure research project, and will soon release a report, *Ending the Wait for Toxic Exposed Veterans*, with detailed findings and policy recommendations.

In brief, we found that, on average, it takes more than 30 years for Congress or VA to establish presumptive diseases such as those for Agent Orange and in the PACT Act. These presumptions help to ensure that all exposed veterans receive their earned benefits and get access to VA health care.

No veteran should have to wait three decades to receive care and benefits for injuries and illnesses caused by their service. We look forward to presenting this report and briefing these committees with our findings and recommendations.

## **STRENGTHEN AND IMPROVE VETERANS' AND SURVIVORS' BENEFITS**

Messers Chairmen, despite significant progress and improvement over the past decade, wounded, ill and injured veterans and their survivors still face barriers and inequities in maintaining financial security due to unjust practices and failures to provide parity with similar government-provided civilian benefits.

Currently, there are two groups of veterans that are allowed to receive both their full military retirement pay and VA compensation benefits: those under the concurrent retirement plans and those longevity military retirees with at least a 50% VA disability rating. However, veterans with a 40% or lower VA disability rating and those forced to medically retire under Chapter 61 have their military retirement pay offset for every dollar of VA disability compensation received. These men and women are essentially funding their VA compensation with part of their own retirement pay. These are two separately earned benefits, and any offset between longevity military retired pay and VA compensation is completely unjust.

DAV urges Congress to enact H.R. 1283/S. 344, the Major Richard Star Act, to repeal the inequitable offset between rightfully earned military retirement pay and VA disability compensation for *all* eligible veterans, including Chapter 61 medically-retired veterans.

Similarly, veterans who were provided separation pay from the DoD are required to pay back those funds if they become eligible for VA disability compensation benefits. However, the lump-sum separation payment is not based on or due to disabilities incurred in service, and therefore withholding a veteran's VA disability compensation based on receipt of a non-related military separation benefit is unfair and must end.

DAV urges Congress to enact H.R. 3489, the Restore Veterans' Compensation Act, which would afford justice for these veterans by allowing them to keep military separation payments based on their military service, which differs from VA disability compensation.

While the VA focuses most of its attention on veterans, and rightfully so, we cannot forget those who share in the burden of sacrifice: their families, caregivers and survivors.

Created in 1993, Dependency and Indemnity Compensation (DIC) is a benefit paid to surviving spouses of service members who die in the line of duty or veterans whose death is due to a service-connected injury or disease. DIC provides surviving families with the means to maintain some semblance of economic stability after the loss of their veteran spouse. However, the current DIC benefit paid to survivors is insufficient. Today, married veterans who are receiving 100% disability compensation through the VA are being paid approximately \$3,946 a month, whereas DIC payments for survivors are set at \$1,613 a month. This difference is approximately 41% of the compensation paid to the service-disabled veteran who was rated at 100% with a spouse. As a result, surviving spouses have to not only deal with the heartache of losing their loved one, but also contend with the loss of approximately \$28,000 a year. This particularly affects survivors who depend on that compensation as a primary source of income.

In contrast, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55%. This is a difference between 41% and 55% and presents a significant inequity for survivors of our nation's heroes compared with survivors of federal employees.

To ensure survivors of disabled veterans receive a meaningful benefit, DAV urges Congress to enact S. 414/H.R. 1083, the Caring for Survivors Act, legislation that would index the rate of compensation for DIC payments to 55% of a 100% service-disabled veteran with a spouse, and adjust it annually for inflation. These unsung heroes need to be assured that their nation also recognizes their sacrifices, cherishes

their legacy of service, and will support them both now and in the future.

Another challenge for survivors is the financial penalty for remarrying. For decades, surviving spouses were no longer eligible for DIC benefits if they remarried prior to the age of 57. Then in 2021, the remarriage age was lowered to 55, an improvement, but there still remains a penalty for those who remarry before turning 55.

DAV urges Congress to pass H.R. 3651/S. 1266, the Love Lives On Act, legislation that would eliminate the remarriage age for survivors in receipt of DIC payments. Surviving spouses, especially those widowed at a young age, that are currently in receipt of DIC should not have to worry about losing their benefits if they remarry before the age of 55.

### **PROVIDE A FULL SPECTRUM OF LONG-TERM CARE OPTIONS FOR SERVICE-DISABLED AND AGING VETERANS**

Another key legislative priority for DAV is ensuring that our nation's service-disabled veterans have access to a full continuum of care, including a full spectrum of long-term care (LTC) options and supportive services to address these veterans' unique needs.

The VA's program of Geriatric and Extended Care includes a broad range of long-term supports and services for aging and disabled veterans. As part of the VA medical benefits package, enrolled veterans are eligible for homemaker and home health aide care services; skilled home health care; home based primary care; veteran-directed care; adult day health care; respite care; telehealth; and palliative and hospice care. Unfortunately, funding for home and community-based services in recent years has not kept pace with population growth, an aging veterans cohort, or inflation. For non-institutional care to work effectively, these programs must focus on prevention and engage veterans before they have a devastating health crisis that requires more intensive inpatient care. To meet the exploding demand for LTC for veterans in the years ahead, Congress must provide VA increased resources to significantly expand home and community-based LTC programming.

VA's institutional LTC services are provided through 134 VA-operated community living centers (CLCs), 162 VA-supported State Veterans Homes (SVHs), and hundreds of community-based skilled nursing facilities under contract with the VA. Through its CLCs, SVHs and contracts with community nursing homes, the VA provides care directly to around 9,000 veterans each day in VA-operated CLCs, and approximately 40,000 LTC beds in SVHs, VA domiciliaries and in community-based skilled nursing facilities, combined.

VA projects demand for LTC will continue to increase, driven by the growing numbers of aging veterans and veterans with service-connected disabilities. The VA faces three key challenges meeting the growing demand for LTC: workforce shortages,

veterans' needs for specialty LTC and access challenges due to geographic alignment of care—particularly for veterans living in rural areas.

While the overall veteran population is decreasing, the number of older veterans with the highest use of LTC services is increasing significantly. For example, the number of veterans with VA disability ratings of 70% or higher (which guarantees mandatory LTC eligibility for any reason) who are at least 85-years old is expected to grow by almost 600% by 2037. Based on this estimate, costs for LTC services and supports will need to be doubled over the same period just to maintain current services. In addition, there are tens of thousands of aging veterans with disability ratings of 50% and 60% who may need extended inpatient skilled care services but do not currently have mandatory eligibility for such services under the law.

There is also a growing population of aging women veterans who will require extended care services in the near future. It is incumbent upon the VA to ensure that institutional care settings meet appropriate environment of care standards, including those for safety and privacy to accommodate their needs. While some VA CLCs are equipped for the specialized care needs of seriously-disabled veterans with traumatic brain and spinal cord injuries, these services are not readily available in most private nursing homes in the community. Finally, placement and care of veterans with serious neurobehavioral issues or those who need intensive memory or dementia care continues to be a challenge for all LTC facilities.

We urge Congress to increase resources for expansion of home-based services and supports, as well as the modernization and expansion of VA community living centers and State Veterans Homes to meet the specialized needs of seriously-disabled veterans. We also call on Congress to enact legislation that would expand mandatory eligibility for long-term nursing home care to service-connected veterans rated 50% and 60%.

## **IMPROVE THE PROGRAM PROCESS FOR CAREGIVERS**

Many of our nation's veterans who suffered serious physical or psychological injuries rely on their caregivers, who are often family members or close friends. These family caregivers provide their loved ones the ability to live with dignity and have a better quality of life in their homes rather than being placed in an institution. However, this service and sacrifice often comes at a price to our nation's caregivers through lost income, limited earning potential and an impact on their own physical and emotional health.

While we appreciate that Congress has enacted thoughtful caregiver legislation and the VA has tried to improve supportive services for seriously injured and disabled veterans and their caregivers, more needs to be done to ensure veterans have access to these vital services and that ample support is provided to their caregivers.

The expansion of eligibility to caregivers of veterans from all eras made by Congress through VA's Program of Comprehensive Assistance for Family Caregivers was life-changing for many veterans. In 2020, VA adopted new eligibility regulations concurrent with the expansion of the program to veterans of all eras, which unfortunately had the adverse impact of making it dramatically harder for too many veterans and caregivers to be admitted to or remain in the program. In March 2021, VA announced that all expulsions from the department's caregiver support program would be halted until officials could review and revise existing regulations to better fulfill the program's intent.

DAV urges Congress to continue working with the VA, DAV and other veterans' organizations supporting caregivers by ensuring that the VA promulgates new regulations to create fair, consistent, transparent, and equitable eligibility criteria and reassessment rules for the program. The VA must focus on providing detailed explanations on how standards are measured and applied in each decision notification that is sent to veterans and caregivers.

## **ADVANCE EQUITY IN HEALTH SERVICES AND BENEFITS**

The VHA is responsible for caring for an increasingly diverse veteran population and must ensure equity in services, benefits, and health outcomes for *all* veterans whom it serves. Black, Latino and other ethnic minorities now comprise about 20% of VA's patient population—a figure projected to increase to 34% by 2040. Women veterans make up around 10% of VA patients with this number projected to increase to 18% by 2040. An estimated one million veterans identify as LGBTQ+.

Research shows that racial and ethnic minorities experience disparities in medical treatment and health outcomes. For example, Black veterans using VHA care are more likely to die of breast cancer, colorectal cancer and HIV than their white peers. Hispanic veterans are more likely to die of colorectal cancer and HIV. Women and LGBTQ+ veterans are at higher risk for suicide when compared to their nonveteran peers. The VA must work to identify common factors and biases that contribute to health inequities and disparate health outcomes for minority veterans, and develop educational tools and training protocols to ensure equitable, high-quality care for all veterans. If disparate health outcomes for these groups are identified, they must be thoroughly evaluated and resolved.

All veterans should feel welcome, safe and supported from the moment they walk into a VA facility. Certain groups of veterans, including some women and LGBTQ+ veterans, perceive VA health care environments as unwelcoming or threatening. Stranger harassment is a barrier to VA care and deters many women, LGBTQ+ and other minority veterans from seeking the medical care and specialized services they need and deserve. The VA must continue to promote its Stop Harassment and White Ribbon campaigns to eliminate sexual assault and harassment at all VA facilities. VA leadership must provide strategic, comprehensive plans to effectively address these

long-standing issues and hold medical facility directors responsible for upholding the tenants of these important campaigns to end veterans' harassment. The VA must dedicate the proper resources and staff necessary to achieve its stated anti-harassment goals and complete a successful culture change throughout the department. Ensuring safe and accommodating care environments is an essential element to providing effective health care.

The Veterans Experience Office is unique in its ability to collect information on the customer experience within the VA. Surveys to the population as a whole show gaps in meeting the unique needs of women, LGBTQ+ and minority veterans. By better understanding the needs of these veterans and increasing the use of minority peer specialists, there is an opportunity to improve cultural sensitivity and personalize veterans' care experiences within the system.

Research plays a key role in addressing gaps in programs and services for smaller subpopulations of veterans. Researchers must continue to recruit women and other minority veteran populations to ensure they are adequately reflected in research findings. DAV urges VA's Office of Research and Development to work in collaboration with the White House's new Initiative on Women's Health Research. The Million Veteran Program—VA's genomic research initiative to collect data and samples from all veterans to look at unique factors that may affect their health and personalize treatments for them—has struggled to find enough women and certain minority groups to ensure clinically significant research findings for these populations. While we are pleased the program has reached its milestone of collecting samples from one million veterans, the VA must continue outreach efforts to the underserved cohorts to ensure the data shows an accurate picture that accounts for the diversity within our veteran community.

## **DAV NATIONAL SERVICE PROGRAM**

### **Claims Assistance**

Messers Chairmen, while much of our focus in Washington, D.C., is on advocacy, DAV's core mission around the country involves providing direct services to America's ill and injured veterans and the families who care for them. DAV fulfills the mandate of service most prominently through our National Service Program by directly employing a corps of national service officers (NSOs), all of whom are wartime service-connected disabled veterans who successfully completed our 16-month formal on-the-job training program. DAV NSOs' own military, personal claims and VA health care experiences not only provide a significant knowledge base, but also help promote their passion for helping other veterans through the labyrinth of the VA system. These benefits advocates are situated in spaces provided by the VA in its regional offices, as well as in other VA facilities throughout the nation.

With our national, department, chapter and transition service officers, as well as



county veteran service officers, over 3,600 DAV benefits experts represent claimants around the country. They serve on the frontlines providing much-needed benefits advocacy to our nation's veterans, their families and their survivors. With the generous support of a grateful American public and patriotic businesses, DAV is proud to provide these services, without cost, to any veteran, dependent or survivor in need.

In 2023, DAV's service program took more than 2.8 million actions to advocate for veterans and their families, such as representing claimants in hearings and appeals for benefits, reviewing and developing records, providing professional advice and responding to inquiries, and establishing new claims for earned benefits.

I can proudly state that DAV has the largest and most well-trained service program in the country. No other organization has more impact on empowering disabled veterans to become even more productive members of society. We have over 1.1 million powers of attorney to represent veterans and their survivors before the VA. During 2023, DAV national and transition service officers interviewed over 300,000 veterans and their families, and filed more than 200,000 new claims for over 600,000 specific injuries and/or illnesses. Thanks to the great work of our service officers, claimants represented by DAV obtained more than \$28 billion in earned benefits in 2023.

### **Appellate Representation of Denied Claims**

In addition to our work at VA regional offices, DAV employs national appeals officers who serve appellants in the preparation and presentation of written briefs for Board of Veterans' Appeals review. These elite advocates also represent appellants in formal hearings before veterans law judges. The Board is the highest appellate level within the VA, responsible for the final decision concerning entitlement to veterans benefits. More than 80% of the claims before the Board involve disability compensation issues.

In FY 2023, DAV appeals officers provided representation in more than 16% of all appeals decided by the Board, which is a caseload of 16,323 appeals. Of appeals represented by DAV at this level, 82% of original decisions were overturned or remanded to the regional office for additional development and readjudication.

DAV also has a pro bono representation program for veterans seeking review in the United States Court of Appeals for Veterans Claims. DAV currently works with two of the most accomplished law firms in the country dealing with veterans' issues at the Court. Each of the cases acted upon by our national appeals office in calendar year 2023 was reviewed to identify claims that were improperly denied. Thanks to DAV and our relationship with private law firms and our pro bono program, 990 of these cases previously denied by the Board were appealed to the Court.

These partnerships have allowed this program to grow exponentially over the past few years, and would not have been possible without the coordinated efforts of

DAV and two top-notch law firms, Finnegan, Henderson, Farabow, Garrett & Dunner LLP of Washington, D.C., and Chisholm, Chisholm & Kilpatrick of Providence, Rhode Island. Since the inception of DAV's pro bono program, our attorney partners have made offers of free representation to more than 21,000 veterans and have provided free representation in over 16,000 cases.

### **Transition Services for New Veterans**

DAV continues to provide direct, on-site assistance to ill and injured active-duty military personnel through our Transition Service Program, which provides benefits counseling and assistance to separating service members seeking to file initial claims for benefits administered through the VA. Our transition service officers (TSOs) are trained specifically to give transition presentations, review military service treatment records and initiate claims activities at nearly 100 military installations throughout the country.

DAV currently employs 26 TSOs who also provide free assistance to those in need. In 2023, DAV TSOs conducted over 680 briefing presentations to groups of separating service members, with more than 33,000 participants attending those sessions. They also counseled in excess of 45,000 people in individual interviews and electronic communications, reviewed 36,670 military service treatment records and presented over 16,000 benefits applications.

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

### **Information Seminar Program**

Another important outreach program for veterans is DAV's Information Seminars, which educate veterans and their families on specific veterans benefits and services. With the support of DAV's network of state-level departments and local chapters, DAV NSOs conduct these free seminars across the country.

During 2023, DAV held over 400 seminars, briefing over 17,000 veterans and their families about benefits they may be entitled to as a result of their military service. Service officers interviewed veterans and their families at these seminars and assisted in filing new claims for benefits as well.

### **Disaster Relief Program**

DAV's Disaster Relief Program provides grants and supply kits to help veterans and their families secure temporary lodging, food and other necessities in the aftermath of natural disasters and emergencies in various areas around the nation. During 2023,

DAV provided over \$725,000 to more than 1,000 veterans affected by natural disasters, including hurricanes, tornadoes, floods and fires throughout 21 states.

In the last 10 years, DAV disbursed 17,375 checks totaling \$8,857,420 in relief.

## **Caregiver Program**

In October 2023, we launched a new DAV Caregivers Support program that provides tailored support and resources to friends, family members and loved ones who provide care to those who served. Not only do caregivers share in the sacrifices veterans incurred in service, but their contributions also enhance our veterans' quality of life. DAV believes the caregivers of our country's veterans deserve their own support.

Through DAV Caregivers Support, caregivers can access online resources and risk screening to better understand their role as a caregiver; digital tools to support their caregiving responsibilities; and, receive personalized care plans with one-on-one support from a trained specialist whom has experience supporting veterans and their loved ones. All caregiver support and resources—including individual support from a trained specialist—is at no cost. They can be found at [davcaregiver.org](https://davcaregiver.org).

## **VOLUNTARY SERVICES**

A vital part of DAV's success is the more than 17,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist DAV's mission of empowering veterans to lead high-quality lives with respect and dignity. By enlisting the support of volunteers, DAV helps ensure that ill and injured veterans are able to attend their medical appointments and receive care in VA medical centers, clinics and Community Living Centers. Volunteers also visit and support veterans within their communities and, in some cases, go beyond the current scope of government programs and services. Simply stated, they provide a special thanks to our nation's heroes.

If the VA had to pay federal employees for the nearly 550,000 hours of essential services to hospitalized veterans that DAV volunteers provide at no cost, the cost to taxpayers would have been more than \$17.4 million last year.

## **DAV Transportation Network**

The DAV Transportation Network is the largest program of its kind for veterans in the nation. This unique initiative provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed care and services. The program is operated by 149 hospital service coordinators and more than 3,200 volunteer drivers at VA medical centers across the country.

During FY 2023, DAV volunteers donated over 575,000 hours of their time transporting veterans to their VA medical appointments. With most VA medical facilities

returning to full operation, volunteers logged more than 9.2 million miles and provided more than 245,000 rides to VA health care appointments, saving taxpayers more than \$18.2 million. Since our national Transportation Network began in 1987, nearly 20 million rides have been provided, with volunteers transporting veterans more than 752 million miles.

We are also very pleased to report that in 2023, DAV donated 98 new vehicles to VA facilities to use for transporting veterans, at a cost of more than \$4.1 million. In 2024, we plan to donate 70 additional vehicles to the VA, at a cost of more than \$3.2 million. DAV's efforts were again supported by Ford Motor Co., with the presentation of eight new vehicles to the DAV Transportation Network. To date, Ford donations have exceeded more than \$6.2 million toward the purchase of 264 vehicles to support this critical transportation program. DAV is very thankful for Ford Motor Co.'s collaboration and its continued support and commitment to the men and women who have served our nation.

DAV's commitment to ensuring veterans can access the care they earned is strong and lasting. Since 1987, we have deployed DAV vehicles in every state and nearly every congressional district in order to serve our nation's ill and injured veterans, many of whom are your constituents. With a value of more than \$90.7 million, DAV has donated a total of 3,763 vehicles to the VA since the program began transporting veterans to their medical appointments.

### **DAV Local Veterans Assistance Program**

DAV created the Local Veterans Assistance Program (LVAP) to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, professional abilities, and time in ways that benefit veterans residing within a volunteer's local community. DAV and DAV Auxiliary volunteers have answered that call in full measure. From July 1, 2022, to June 30, 2023, LVAP volunteers performed buddy checks, delivered groceries, and provided help to our nation's heroes in a variety of ways. Overall, they donated more than 1.9 million hours of service to ensure that no veteran in need of help was left behind. We see examples of this each and every day, highlighting the principal objective of our organization: keeping our promise to America's veterans.

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

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

To date, LVAP volunteers have donated more than 16.3 million volunteer hours in their local communities. We believe this important program makes a difference in the lives of all of those we serve.

## **Mentorship and Rehabilitation**

Another innovative program offered by DAV is our mentorship program, which operates in collaboration with the Boulder Crest Foundation at locations in Virginia and Arizona. Boulder Crest is committed to improving the physical, emotional, spiritual, and economic well-being of our nation's military members, veterans, first responders and their family members. DAV, in partnership with the Gary Sinise Foundation, participates in annual retreats for ill and injured veterans. DAV also sponsors all-female veteran cohorts. In 2023, 40 veterans were a part of these life-changing retreats. Since 2015, 294 veterans have participated in this alternative program that offers new and holistic ways to help veterans who are struggling to overcome the challenges that often follow military service.

DAV leaders, including DAV past national commanders, national service officers, and other DAV members, have served as mentors at these retreats to the latest generation of seriously injured veterans. Spouses of many of these leaders have also served as mentors to the caregivers of participants and imparted the knowledge and understanding that comes with decades of serving as caregivers.

## **Adaptive Sports**

Messers Chairmen, DAV is especially proud of our adaptive sports programs and associated events that directly improve the lives and well-being of our most profoundly injured veterans. Working in cooperation with the VA's Adaptive Sports Program, DAV is proud to co-present the annual National Disabled Veterans Winter Sports Clinic and the National Disabled Veterans Golf Clinic.

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

After lowered participation due to the COVID pandemic, the 37th National Disabled Veterans Winter Sports Clinic was hosted in a full capacity on March 27–31, 2023. This year's event is scheduled for April 1–7, 2024 in Snowmass, Colorado.

The National Disabled Veterans Golf Clinic provides legally blind and other

eligible disabled veterans opportunities to develop new skills and strengthen their self-confidence through adaptive golf, bowling, cycling and other activities. Attending veterans participate in therapeutic adaptive sports activities that demonstrate that a visual, physical or psychological disability need not be an obstacle to an active and rewarding life. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan. DAV has proudly co-presented this event since 2017. We are happy to report that the 30th anniversary event near Iowa City, Iowa, September 10–15, 2023, was also at full capacity. This year's event is scheduled for September 8–13, 2024.

Both of these exceptional physical rehabilitation programs have transformed the lives of some of America's most severely injured and ill veterans. These unique programs help them rebuild their confidence, compensate for their injuries, and regain balance in their lives. I invite all members of these committees to come and experience these events with DAV leaders this year.

### **The Next Generation of Volunteers**

Each year, DAV awards scholarships to deserving youth volunteers. These outstanding young people, who participate as DAV volunteers in the VA Voluntary Service Program and/or our Local Veterans Assistance Program, donate their time and provide compassion and support to ill and injured veterans. They represent not just our next generation of volunteerism but also the future of our nation.

We are excited to present 10 scholarships annually for a total of \$110,000, with the top scholarship of \$30,000. The top award will be presented at the 2024 DAV National Convention later this year.

Since the scholarship program's inception, DAV has awarded 231 individual scholarships valued at more than \$1.8 million, enabling exceptional young people to pursue their goals in higher education and experience the significant rewards of volunteering. DAV is very proud of this program, and we are honored to award these scholarships to worthy student volunteers.

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

### **EMPLOYMENT AND ENTREPRENEURSHIP**

The journey from injury to recovery cannot be completed until veterans are able to find meaning in life and regain purpose after injury or serious illness. For those who are able, working to care and provide for themselves and their families is a fundamental principle. Each year, thousands of men and women make the transition from military to civilian life, and DAV remains dedicated to providing our services to all who have served

and their spouses. Specifically, DAV remains fully committed to ensuring that they gain the tools, resources and opportunities they need to competitively enter the job market and secure meaningful employment, or pursue their own paths to success through entrepreneurship.

DAV's National Employment Program was established in 2014 and has firmly positioned itself at the forefront of veterans organizations in providing assistance to veterans and their spouses seeking new or better careers. One primary component of this mission was DAV forming a strategic partnership with RecruitMilitary, a veteran-operated, full-service military-to-civilian recruiting firm. In addition to hosting nearly 100 traditional and virtual career fairs with RecruitMilitary annually, DAV uses a multitude of online and offline resources to connect employers, franchisers and educational institutions with active-duty service members, Guard and Reserve personnel, veterans and their spouses.

DAV's efforts to connect veterans with careers have made a significant impact on reducing the number of unemployed and underemployed veterans, contributing to the historically low veteran unemployment rate of approximately 2.8% that our nation arrived at just before the dramatic, adverse effects of the COVID pandemic. In fact, from June 2014 through December 2023, DAV hosted almost 1,000 in-person and virtual career fairs, resulting in over 180,000 job offers extended to over 300,000 participants. During 2023 we supported both in-person and virtual job fairs across the country, with 62 in-person and 23 virtual events. In 2024, we will be hosting over 100 job fairs for active-duty service members, Guard and Reserve personnel, veterans and their spouses. We encourage you to share with your constituents our full schedule of job fairs, which can be found at [davjobfairs.org](http://davjobfairs.org). You can let them know that companies are aggressively recruiting and hiring military veterans because they know the value veterans and their spouses bring to their organization.

In addition to our sponsored veteran career fairs each year, DAV works directly with more than 380 companies seeking the many talents and skills they know only veterans possess. Moreover, DAV provides a multitude of resources that veterans can easily access within our employment resources webpage, [jobs.dav.org](http://jobs.dav.org), including a job search board offering more than 269,000 current employment opportunities around the world, direct links to companies, resources for employers and other helpful information.

Additionally, DAV expanded our efforts to recognize outstanding companies that are not only veteran-friendly but veteran-ready—companies that fully understand the value and importance of veterans in their workplace and demonstrate solid recruiting, hiring and retention efforts. DAV's Patriot Employer recognition program provides well-deserved recognition to many outstanding companies. We invite you to visit [patriotemployers.org](http://patriotemployers.org) and nominate one or more companies in your respective districts and states.

Furthermore, DAV continued our partnership with "Hiring America," the foremost voice in televised programs, such as the American Forces Network (AFN), dedicated

solely to helping veterans secure meaningful employment opportunities. Each episode features companies with outstanding veteran-hiring initiatives and shares insights from business leaders, career counselors and human resource specialists. With the program's projected reach of nearly 3 million viewers, we are very excited about this addition to the growing number of tools and resources that DAV provides to veterans seeking employment and companies that want to hire them.

DAV has expanded our published resource, [\*The Veteran Advantage: DAV Guide to Hiring and Retaining Veterans With Disabilities\*](#), for employers to provide companies, hiring managers or other human resources professionals with a solution-oriented, practical and strategic approach to hiring and retaining veterans with disabilities. We are pleased with the ongoing positive response to our hiring guide, and we will keep this valuable information up to date and available to companies who visit our employment resources every day. We encourage you and your staff to visit [jobs.dav.org](https://jobs.dav.org) to download a copy of our hiring guide, or we would be happy to provide you with copies of the printed version.

In 2021, DAV took a dramatic leap forward in assisting entrepreneurs in the veteran- and military-connected community, including spouses, with the acquisition of DAV Patriot Boot Camp, which was formerly an independent 501(c)(3) charity. In doing so, DAV absorbed a community of thousands of entrepreneurs, supporters and mentors who participate in formal and informal training to make the business world more accessible to those who served.

DAV hosted two significant in-person training events in DAV Patriot Boot Camp's inaugural year, three events in 2022, and four events in 2023, including an accelerator program. DAV Patriot Boot Camp also provides a monthly webinar series, known as Caffeine Connect, and additional resources to empower founders to succeed. This initiative complements DAV's ongoing efforts to support and advocate on behalf of service-disabled veteran-owned small businesses (SDVOSB).

In 2024, our organization plans to host at least three in-person cohorts, a pitch competition, and launch additional education initiatives for earlier stage entrepreneurs while continuing to work with business leaders who are eager to help entrepreneurs succeed. As founders achieve their business goals, we know they will grow and hire more of their fellow veterans and spouses as well as continue to help one another succeed in their careers and/or as entrepreneurs.

## **DAV CHARITABLE SERVICE TRUST**

DAV is committed to ensuring veterans and their families do not fall through the cracks. But there remain unmet needs and creative solutions that deserve our support. Organized in 1986, the DAV Charitable Service Trust is a tax-exempt, nonprofit organization serving primarily as a source of grants for qualifying organizations throughout the nation. As an affiliate of DAV, the Trust strives to meet the needs of ill



and injured veterans through financial support of programs and services that provide direct support to veterans and their families.

DAV established the Trust to advance initiatives, programs and services that may not easily fit into the scheme of what is traditionally offered through VA programs or by DAV departments and other veterans organizations in the community. Nonprofit organizations meeting the direct service needs of veterans, their dependents and their survivors, are encouraged to apply for financial support. Since the first grant was awarded in 1988, over \$166 million has been invested to serve the interests of our nation's heroes.

To fulfill the Trust's mission of service, support is offered to ensure quality care and support are available for veterans with post-traumatic stress disorder, traumatic brain injuries, substance use challenges, amputations, spinal cord injuries and other combat-related injuries. It also fuels efforts to combat hunger and homelessness among veterans, and priority is given to long-term service projects that provide meaningful support to unserved and underserved veterans. Initiatives for evaluating and addressing the needs of veterans from every service era and conflict are encouraged.

Typically, grants are awarded to programs offering:

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

In 2020, a \$1 million grant was awarded to Save A Warrior, a nonprofit organization committed to ending the staggering suicide rate plaguing veterans, active-duty military and first responders. The grant was used to support the construction and development of Save A Warrior's National Center of Excellence for Complex Post-Traumatic Stress presented by DAV in Hillsboro, Ohio, to provide a healing outlet for ill and injured veterans combating suicide and mental health issues. In 2021, another \$200,000 grant was provided for programming and the center opened in June 2022. Save A Warrior received an additional \$1 million grant in November 2022 to offer trauma-focused cognitive behavioral therapy, relevant 12-step programs, cognitive processing therapy, mindfulness-based stress reduction techniques and resources to participants. The Trust continued its partnership with the organization in 2023 by awarding a \$2 million grant for general operating costs and construction expenses for lodging at the S/SGT Dick Wood Warrior Village. The lodges are located in a peaceful, wooded area near the National Center of Excellence and amenities include comfortable sleeping quarters, communal areas for group interactions, dedicated meditation rooms and expansive outdoor spaces ideal for both physical activities and quiet contemplation.

DAV has also provided more than \$1 million to Boulder Crest retreats, where DAV leaders and spouses serve as mentors for the latest generation of seriously-injured veterans and their caregivers.

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

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

## **LEGISLATION**

Messers Chairmen, DAV's stance on legislation is approved by our members in the form of adopted resolutions, calling for program, policy and legislative changes to improve health care services and benefits for wartime service-disabled veterans, their dependents and their survivors. Outlined below is a partial list of DAV's legislative resolutions approved at our 2023 national convention. On behalf of DAV, I ask members of the House and Senate Veterans' Affairs Committees to consider the merit of these proposals and use them to draft and enact legislation.

The complete text of DAV's 2023-2024 Legislative Program is available on DAV's website, to review [click here](#).

### **Disability Compensation and Other Benefits**

- Support legislation to remove the prohibition against concurrent receipt of military retired pay and veterans' disability compensation for all veterans.
- Support meaningful claims and appeals reform.
- Support legislation to increase disability compensation.
- Increase the grant and specially adaptive equipment rates for automobiles and other conveyances for eligible disabled veterans.
- Oppose reduction, taxation or elimination of veterans' benefits.
- Support legislation to provide service connection for disabling conditions resulting from toxic and environmental exposures.
- Support legislation to protect total disability based on Individual Unemployability benefits and ensure it remains available for all eligible veterans regardless of age or receipt of any other federal benefits.
- Support legislation for studies and presumptive diseases related to PFAS exposure.
- Support legislation to improve and reform Dependency and Indemnity

- Compensation.
- Support legislation to improve the Department of Veterans Affairs Fiduciary Program.
  - Support legislation to reform and improve Service-Disabled Veterans Life Insurance.
  - Increase the Home Improvement and Structural Alterations Grant.
  - Support legislation that prohibits Special Separation benefit payments from being withheld from Department of Veterans Affairs disability compensation payments.
  - Support an increase in the Department of Veterans Affairs burial allowance for service-connected veterans and provide automatic annual adjustments.

### **Medical and Health Care Services**

- Support program improvement and enhanced resources for VA mental health programs and suicide prevention.
- Support enhanced medical services and benefits for women veterans.
- Support equity in access to services and benefits for racial and ethnic minority service-connected disabled veterans.
- Provide comprehensive dental care to all service-connected disabled veterans within the VA health care system.
- Enhance long-term services and supports for service-connected disabled veterans.
- Strengthen and protect the VA health care system.
- Ensure a safe, secure and effective electronic health record for veterans that allows the VA to fulfill core missions of patient care, research and training.
- Support effective recruitment, retention and development of the VA health care system workforce.
- Ensure timely access to quality VA health care and medical services.
- Support legislation to provide comprehensive support services for caregivers of severely wounded, ill and injured veterans from all eras.
- Support VA research into the medical efficacy of cannabis for treatment of service-connected disabled veterans.
- Support humane, consistent pain management programs in the veterans' health care system.
- Support VA medical and prosthetic research programs.
- Support legislation to eliminate or reduce VA and Department of Defense health care copayments for service-connected disabled veterans.

### **General Issues**

- Support sufficient, timely and predictable funding for all VA programs, benefits and services.
- Support elimination of employment licensure and certification barriers that impede the transfer of military occupations to the civilian labor market.
- Provide adequate funding and permanency for veterans' employment and training programs.
- Protect veterans from employment discrimination when receiving health care

- for service-connected conditions.
- Account for those still missing and the repatriation of the remains of those who died while serving our nation.
  - Support legislation to strengthen and protect service-disabled veteran-owned small businesses.
  - Support legislation to create, improve and reform federal programs for service-disabled veteran entrepreneurship.
  - Support the continued growth of Veterans Treatment Courts for justice-involved veterans.
  - Support veterans' preference in public employment.
  - Support fair air travel for disabled veterans.

## CONCLUSION

Messers Chairmen, DAV has been serving veterans for more than 100 years. Our organization has come before these distinguished committees for decades to highlight the challenges veterans face across the nation. We appreciate your continued efforts and commitment to these issues—and to the men and women who served—particularly since many of the challenges veterans face are not quickly or easily resolved.

Before I conclude, I'd like to share an inscription on the southeast portico of the Thomas Jefferson Memorial from a letter he wrote arguing against societal stagnation. It reads:

*"I am not an advocate for frequent changes in laws and constitutions, but laws and institutions must go hand in hand with the progress of the human mind. As that becomes more developed, more enlightened, as new discoveries are made, new truths discovered and manners and opinions change, with the change of circumstances, institutions must advance also to keep pace with the times."*

That stance remains as true today as it did more than 200 years ago.

If ever there was a need for us to focus our efforts and collaborate to create a VA for today and tomorrow, this is it. Our veterans need us. They need you. And they are worth the fight.

Messers Chairmen, thank you for the opportunity to present DAV's legislative priorities and highlight the many services we provide to America's ill and injured veterans. As always, my heart remains with DAV, the men and women who have served our great nation, their families, caregivers, and survivors—and, of course, the United States of America.

Thank you. This concludes my statement.