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**STATEMENT OF
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BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
FEBRUARY 26, 2019**

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

Thank you for providing me the opportunity to present the 2019 legislative program of DAV—Disabled American Veterans—an organization of more than one million members, all of whom were injured or became ill during wartime service.

Ever since I was 4 years old, I knew I wanted to be a Marine. In 1964, when I turned 17, with my mother's consent, I enlisted in the Marine Corps. Less than a year later I began my first tour in Vietnam as a combat engineer. I was a proud Marine and might have spent my career in the Corps if fate had not intervened. However, during my second tour in 1969, while on patrol in Danang, I tripped a "booby trap" and was severely wounded. I underwent numerous surgeries, ultimately losing my left leg and was medically retired in 1970. It was a devastating personal blow, as my only plans in life were to serve my beloved Corps, but this ending was also a new beginning for me.

During my extensive recovery period at the VA hospital in Big Spring, Texas, I learned about DAV and the free assistance our organization offers veterans and their families. With the advocacy of a DAV service officer, I was able to obtain all my earned benefits, which allowed me to focus on my recovery and to begin planning a new direction for my future. I was so personally moved by the help I received from DAV that, just a couple of years later, I entered DAV's on-the-job training program, became a service officer myself, and spent the next 36 years assisting my fellow veterans. Since my retirement in 2008, I have continued volunteering for DAV, helping to train and mentor a new generation of ill and injured veterans who will continue to serve as benefits advocates.

I strongly agree with my fellow Texan and Hall of Fame coach of the Dallas Cowboys Tom Landry, who said, *"I've learned that something constructive comes from every defeat."*

From my decades working with veterans, I saw firsthand how critical VA benefits and services are, not just to disabled veterans but also to their families and caregivers who sacrifice so much. I know how important my wife, Maxine, has been to me and every success I have achieved. I want to ensure that she continues to have adequate support when I am gone. As this new 116th Congress considers ways to strengthen and expand support for veterans, I implore you to also consider how to empower and support our families and survivors.

Messrs. Chairmen, 100 years ago in 1919, in the aftermath of World War I, millions of America's doughboys left Europe's trenches and began returning to their country, their homes and their families, seeking to restart lives that were so dramatically interrupted by what was once called The Great War. Over 4 million American soldiers, sailors and Marines were mobilized during World War I. All were forever changed by what they had done and seen. More than 116,000 lost their lives and another 200,000 were wounded, many bearing visible and invisible wounds of war that would last a lifetime.

To ease their transition back home, Congress established a new system of benefits—including disability compensation, life insurance and vocational rehabilitation. It authorized the leasing of hundreds of private hospitals and began building new hospitals for thousands of returning injured war veterans. However, limited funding and bureaucratic red tape left too many seriously injured and disabled veterans without the support they needed and had earned.

Today, we are once again approaching a critical point in time—a crossroads that will determine how well our nation fulfills its promises to veterans. As we move forward, we should keep in mind the words of another Texan, former President and World War II veteran Lyndon Johnson, who once said, *"We can draw lessons from the past, but we cannot live in it."*

Strengthening and Reforming Veterans Health Care

Over the past couple of years, Congress has approved several landmark laws that will make historic changes in how VA delivers health care, benefits and transition services. The most important of these is the VA MISSION Act, which will expand veterans' access to health care through a new integrated community care program and make major investments to increase VA's internal capacity to provide care. The law also establishes a comprehensive process to modernize and realign VA's physical infrastructure of hospitals and outpatient clinics. In addition, the MISSION Act will expand VA's caregiver support program to include seriously injured veterans from all military service eras.

The origins of the VA MISSION Act can be traced back to the access crisis and waiting-list scandals that exploded in 2014, leading to enactment of the Veterans Access, Choice, and Accountability Act, which provided veterans with a new way to access community care. This new "Choice" program offered veterans the option to use specified community providers when VA care could not be scheduled within 30 days or if a veteran would be forced to travel more than 40 miles to a VA facility to receive needed care. However, the short and unrealistic 90-day implementation period hindered the program from the outset, creating almost as many new problems for its veteran patients and VA as it resolved.

The Choice Act also created a "Commission on Care" to study and propose recommendations on how to strengthen VA health care and expand access for enrolled veterans. In June 2016, the Commission released its final report and recommendations, calling for establishment of "high-performing, integrated community-based health care networks" to replace the Choice program. The Commission envisioned a system in which VA was the coordinator and primary provider of care, and recommended that community providers be used to expand access only when VA was unable to meet local demand for care. VA, DAV and other veterans service organizations offered similar plans that would keep VA at the center of veterans' care, while integrating community providers to expand timely access.

Over the past two years, DAV and other VSOs have worked closely with the House and Senate, VA and the Administration to find common ground on a replacement for the Choice

program that addresses all major stakeholders' concerns. The final result, the VA MISSION Act, represents a consensus and compromise to expand access to and improve the quality of health care provided to enrolled veterans, while strengthening the VA health care system. With provisions of the law beginning to take effect this year, it is now up to the 116th Congress to ensure that the MISSION Act is fully, faithfully and effectively implemented. However, if the law is not implemented as intended, particularly if expanded community care is funded by diverting money out of the VA health care system, there could be millions of ill and injured veterans who lose access to VA hospitals and clinics they choose and rely on for their care.

The VA MISSION Act consolidates several existing community care programs, including the current Veterans Choice Program, into a single Veterans Community Care Program (VCCP), using local integrated networks of community providers, including the Department of Defense and VA's academic affiliates. By June 6, 2019, VA must complete market area assessments, develop strategic plans to provide care to enrolled veterans in each market and promulgate all regulations necessary to operate the VCCP. VA will remain the primary provider of care and be responsible for coordinating care, including scheduling appointments.

VA is also required to develop new access standards to replace the current 30-day, 40-mile standards, as well as new quality standards. It is important that new access standards are realistically achievable and clinically appropriate. VA must establish standards that take into account both VA's capacity to meet these standards as well as that of community providers, using comparable measures between VA and private-sector access. It does not help veterans to offer them a community care option if those community providers are unable to meet their clinical needs in a timely manner.

Ultimately, the new Veterans Community Care Program will be judged on how well it meets the needs and preferences of veterans. It is essential that veterans, their representatives and leaders are fully engaged from the outset, particularly when VA begins developing market area assessments and strategic plans. Unless veterans and other stakeholders have input and confidence in this process, it is unlikely to be successful in the long run. Therefore, VA must develop these assessments and plans in a fully open and transparent process with opportunities for meaningful participation from veterans at every key decision point.

Unfortunately, the development of the VA access standards has not been an open or collaborative process up to this point. The access standards that VA recently announced must be carefully analyzed to determine whether they will lead to better health care for enrolled veterans, and what level of funding increases will be needed. While all enrolled veterans should have access to care as quickly as medically necessary, we are concerned that the time and distance standards VA is considering could require tens, if not hundreds of billions of dollars to pay for care in the community in the coming years. At a time when the Administration is calling for budget reductions across all federal agencies, we have concerns about whether the only way to pay for expanded community care will be to cut funding for VA's hospitals and clinics, and thereby take away access and choice for injured and ill veterans who rely on VA, particularly for the specialized services VA offers. Congress must use all of its oversight tools, including the power of the purse, to ensure that no veteran loses access to VA-provided care that they choose and rely upon.

As VA makes critical decisions about how best to deliver medical care to veterans in each geographic market, there must also be a fundamental understanding that VA is more likely to produce better health care outcomes for veterans than community providers, even those selected for integrated networks. For this reason, preference must be given to maintaining a full

continuum of care within VA health care facilities, whenever and wherever feasible. While at times there may be unique circumstances or justifiable exceptions, VA must seek to maintain all foundational services in all locations to assure its long-term viability to provide comprehensive care for veterans. This requires a robust VA health care system. Cost should never be the sole determinant for dropping a foundational service in a market area unless there is a very high degree of certainty that the private sector will offer at least the same level of quality and veteran-centric expertise that VA is capable of providing.

In developing and managing the new community care program, it is critical that non-VA providers who wish to be part of the integrated networks demonstrate a high level of expertise in veteran and military medicine, significant cultural competency about the veteran and military experience, and a commitment to improving and maintaining their skills and expertise. Unfortunately, numerous studies – including by RAND Corp. – have found that most private health care providers have limited experience and lack cultural competency in treating military veterans. VA must carefully manage the new community care network to ensure that the overall quality of care provided to veterans remains high.

Perhaps most importantly, VA must request, and Congress must provide, sufficient and timely funding to meet the full demand for care by enrolled veterans within VA facilities and through non-VA providers through the VCCP, including full funding for advance appropriations. As DAV and our partners have testified for years, and the Commission on Care agreed, the primary reason for the 2014 access crisis was *insufficient funding provided to VA to meet the rising demand for care by enrolled veterans*. The Choice program also demonstrated that when access to care is improved, more veterans enroll in VA and overall utilization rises, both necessitating additional resources. It is imperative that Congress be prepared to fund the full demand for care that will likely be generated by increased access through integrated networks.

Additionally, with VA reporting over 45,000 vacancies in its August 31, 2018, report to Congress, it is imperative that VA be provided adequate resources and additional tools to make VA the preferred employer for medical professionals. The VA MISSION Act contains numerous provisions to strengthen, expand and create new programs, including the VA Health Professional Scholarship Program; Education Debt Reduction Program; VA Specialty Education Loan Program; Veterans Healing Veterans Medical Access and Scholarship Program; Recruitment, Relocation, and Retention Bonuses; and a Pilot Program on Graduate Medical Education and Residency. The law also expands VA's authority to operate telehealth programs across state lines and requires VA to develop new health care programs specifically targeted to rural and underserved areas, both of which must remain priorities for VA. VA must fully and faithfully implement these new programs, as well as provisions to expand VA care to rural and underserved areas.

The MISSION Act also establishes a multiyear Asset and Infrastructure Review (AIR) process to examine VA's existing health care infrastructure and develop a long-term plan to realign and modernize it. The plan must be reviewed and approved by VA, an independent Commission, the President and Congress. The Commission will consist of nine members chosen by the President, including three specifically representing major veterans service organizations.

Although the AIR process will not begin to take effect until 2021, Congress and VA can take several steps now to ensure a smooth and successful outcome. Prior attempts by VA to realign its infrastructure have been significantly hampered and curtailed due to public and congressional opposition based on local and parochial concerns. The AIR process will be most

effective if the process is open, transparent and well understood by veterans who will be affected by changes. In addition, Congress should enact legislation to align and harmonize the two different “market assessments” in the VA MISSION Act—one for the VCCP and one for the AIR—to eliminate any confusion. As part of this legislation, Congress should further emphasize the importance of performing market assessments in an open and transparent manner in collaboration with veterans groups and other veteran stakeholders.

Improving and Expanding Caregiver Support for Severely Disabled Veterans of All Eras

The fourth major section of the VA MISSION Act is the expansion of VA’s caregiver program to support severely injured veterans of all eras. When the very first severely injured veterans were returning home from the wars in Iraq and Afghanistan, DAV immediately recognized the critical role family caregivers played in veterans’ successful recovery and reintegration into civilian life. We also helped identify their need for support services and worked with both the House and Senate Veterans’ Affairs Committees to develop legislation that was eventually enacted as the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163).

This groundbreaking law, passed in May 2010, required the establishment of the Program of Comprehensive Assistance for Family Caregivers (Caregiver Support Program) to provide respite, peer support, mental health care, medical training and caregiving education, a modest stipend and health insurance through CHAMPVA to mitigate the greatest impact the caregiving role has on family members of veterans and service members seriously injured in the line of duty on or after September 11, 2001.

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

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

While we are extremely appreciative of the inclusion of caregiver program improvements and expansion of supports, we are concerned that VA has already missed the October 1, 2018, deadline set forth by Public Law 115-182, which requires VA to implement an information technology system that fully supports the Caregiver Support Program and allows for data assessment and comprehensive monitoring. Despite this setback, we are cautiously optimistic as VA continues to work on meeting the October 1, 2019, deadline to certify that the required information technology system has been implemented prior to expansion of access to family caregivers of veterans severely injured before 9/11.

Today, there are thousands of family caregivers struggling to maintain physically demanding duties such as lifting and transferring their loved ones in addition to maintaining the household. Some of these caregivers have now assisted their loved ones for up to four decades. Caregivers in our survey report that there is a significant impact related to caregiving, particularly on their relationships with other family members and friends. They indicate that their healthful habits of preventive care, exercise and diet are often delayed or sacrificed for their loved ones. Help for them is long overdue. For these reasons, we urge both Committees to conduct strong and transparent oversight to hold VA accountable to the October 1, 2019, deadline.

As with all cutting-edge programs, strong management and oversight is essential to ensure it is achieving its intended purpose. DAV applauded VA's decision in April 2017 to suspend, for eight weeks, all Caregiver Support Program revocations and tier reductions of family caregivers and their veterans due to reporting that some VA medical centers were removing and reducing family caregivers at alarmingly high rates.

On December 21, 2018, VA once again decided to temporarily suspend revocations and decreases in tier assignment due to inconsistent application of eligibility and evaluation requirements. It is imperative that VA fix these systemic and serious problems with all deliberate speed to improve this important and unique program.

Since the program's inception, DAV has provided VA several important recommendations to make program operations efficient, transparent and accountable to ensure effective program management, consistency in decision-making, and meaningful communication with veterans and their family caregivers. Unfortunately, most of our recommendations have yet to be implemented. As staunch advocates for our nation's ill and injured veterans, their families and survivors, we stand ready to work with VA and Congress as we did during the previous suspension of all revocations and tier reductions. We will continue to press VA to implement our recommendations, provide suggestions to improve the program for current participants and successfully implement VA MISSION Act of 2018 requirements for expanding eligibility to family caregivers of veterans severely injured before 9/11.

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

Women Veterans Deserve Equitable Services

Messrs. Chairmen, another priority for DAV is ensuring our women veterans have equitable access to VA health care services and benefits. Today, women are serving in greater numbers in the U.S. military and likewise, the number of women veterans seeking VA health care services continues to increase—more than doubling over the past decade. While VA continues to make progress in meeting the needs of this rapidly growing population, there is far more to be done to ensure that programs and services are designed to meet their unique needs

and that women veterans have access to timely, comprehensive health care services at all VA points of care, including its network of community providers.

For these reasons I am proud to follow in the footsteps of my immediate predecessor, Delphine Metcalf-Foster, the first woman to hold the position of DAV National Commander. I have pledged to continue her commitment to address the health care, benefits and transition needs of women veterans. Last year in September, DAV released a second report on women veterans, *Women Veterans: The Journey Ahead*. This publication, a follow-up to our 2014 report *Women Veterans: The Long Journey Home*, looks back to see what progress has been made and identifies remaining gaps in federal programs and the challenges women still face in accessing VA health care and benefits. *The Journey Ahead* includes 45 recommendations to improve VA health care and specialized services for women veterans of all service eras.

VA researchers have been key to identifying barriers to providing care to women veterans by looking at the specific demographic characteristics, health care utilization patterns and medical conditions of women veteran patients to help policymakers determine how they can improve health outcomes and better serve this population. VA research indicates women veterans are more intensive users of VA outpatient and mental health services compared to their male veteran counterparts, and are at higher risk for homelessness and suicide relative to nonveteran women peers. Notably, 63 percent of women veteran patients in the Veterans Health Administration (VHA) have a service-connected disability, and are eligible for a lifetime of medical treatment, compensation, education and other VA benefits. VA has dedicated significant resources to train hundreds of designated women's health providers. To ensure these clinical providers have the necessary skills and are proficient in women's health, VA holds mini-residencies that afford hands-on training and mentoring.

Wartime deployments and the recent integration of women into all military occupations have also resulted in a number of new transition and reintegration challenges for women veterans and new challenges for VA. Because women are now eligible to serve in all military occupations, they have increased exposure to combat and hazardous duties and thereby are at increased risk for serious war-related injuries such as limb loss, including amputations and traumatic brain injury, as well as the consequent risks of developing post-traumatic stress or other post-deployment behavioral health issues.

As VA is evolving to meet the needs of a more diverse patient population, it is also making critical changes to its community care program under the VA MISSION Act. These changes may be particularly impactful for women veterans since they are often required to leave VHA to receive gender-specific care such as genitourinary care or maternity services in the community. Based on the complex health needs of many women veterans, it will be essential that care coordinators, policies and best practices are in place to carefully coordinate and monitor women veterans' care, especially for women veterans with service-connected conditions that place them at higher risk for complications during pregnancy.

However, despite more access to services in the community, one study found that only about 2 percent of private-sector medical practices in the area surveyed felt they were prepared to meet the needs of service members and veterans. Women have special needs within the veteran population that may not be commonly understood outside of VHA, such as the high prevalence of PTSD due to military sexual trauma and intimate partner violence. Therefore, it will be essential for VA to develop specific training modules to help ensure community providers are aware of specific issues women veterans experience during military service and subsequent

transition issues they commonly confront, as well as supportive VA resources available for helping them.

As VA moves forward with its modernization efforts in the years ahead, it must ensure women veterans have equitable access to the same health care services and programs as male veterans, including VA's specialized services for substance-use disorders, homelessness and treatment for PTSD related to combat or military sexual trauma. Most importantly, these programs must be tailored to meet their unique needs. VA must also ensure proper coordination of care for women patients with complex care needs who must frequently access gender-specific health care services in the community and especially for women veterans with war-related injuries and/or service-related conditions who may routinely split their care between VA and community providers.

Hundreds of thousands of women have answered the call of duty and put themselves at risk to preserve our nation's security. They have kept their promise and served faithfully; now it is time we keep our promise to them. We can do this by acknowledging and celebrating their contributions in military service, by treating them with the respect and dignity they deserve and by providing equal access to high-quality health care tailored to meet their unique needs. It is imperative for VA to proactively conduct women veteran health-related research as appropriate; periodically review, adjust and improve its women's health programs; and seek innovative methods to address known barriers to care, thereby better ensuring women veterans receive the quality treatment and specialized services they so rightly deserve.

We strongly encourage Congress to increase its oversight of the VA's Women Veterans' Health Program and dedicate appropriate resources specifically to help the Department address identified deficiencies and improve programs and services for our nation's women veterans.

Justice for Blue Water Navy Vietnam Veterans and Burn Pit Exposure

Another critical issue for DAV this year is Blue Water Navy veterans. Like all 2.7 million men and women who served in Vietnam, "Blue Water Navy" veterans answered the call of their nation and put themselves in harm's way. Tragically, many of them became sick or died from cancers and other illnesses caused by their exposure to Agent Orange.

When the VA implemented the Agent Orange Act of 1991, they determined that veterans who received the Vietnam Service Medal, to include those who served in the waters offshore, were exposed to Agent Orange. In 1993, a VA General Counsel Opinion held that veterans with service in the waters offshore were exposed to Agent Orange.

The Veterans Benefits Improvements Act of 1996 extended the wartime period for service in Vietnam. Subsequently, a VA General Counsel opinion in 1997 misinterpreted that statute and determined only veterans who physically served in Vietnam were exposed to Agent Orange. In 2002, the VA updated its manual reiterating that exposure to Agent Orange was conceded only to those physically in Vietnam. The decision to exclude Blue Water Navy veterans from exposure to Agent Orange was not based on medical or scientific evidence, law, or actual Congressional intent; it was based on a misinterpretation.

In 2006 the Court of Appeals for Veterans Claims held that VA's interpretation was incorrect; however, the VA subsequently appealed that decision to the U.S. Court of Appeals for the Federal Circuit. In 2008 the Federal Circuit upheld VA's decision to exclude Blue Water Navy Vietnam veterans.

Lawmakers began introducing legislation in 2008 to clarify their intent of including Blue Water Navy Vietnam veterans as exposed to Agent Orange. During the 115th Congress, H.R. 299, Blue Water Navy legislation, passed the House of Representatives with a vote of 382 to 0 in June 2018. However, the bill was not successful in the Senate. Senate leadership tried to pass the bill by unanimous consent, but due to the objections of two Senators, the bill failed as the 115th Congress closed in December 2018.

We are pleased to see that House Veterans' Affairs Committee Chairman Mark Takano and Ranking Member Dr. Phil Roe have reintroduced legislation—H.R. 299 and H.R. 203—the Blue Water Navy Vietnam Veterans Act of 2019. These bills contain the same essential language as was introduced in the 115th Congress.

Subsequently, the U.S. Court of Appeals for the Federal Circuit (Federal Circuit), made a landmark decision on January 29, 2019. In *Procopio v. Wilkie*, the Federal Circuit overruled the VA's previous misinterpretations and held that it was Congress's intent to include the territorial seas as serving in Vietnam. The Court defined the territorial seas as 12 nautical miles from the coast of Vietnam.

VA now has an important decision to make about whether it will attempt to overturn *Procopio v. Wilkie* by appealing the decision to the U.S. Supreme Court, or whether it will allow this long and overdue justice to be delivered to aging Vietnam War veterans and their survivors. We have urged VA not to appeal this decision and instead begin implementing it immediately by reviewing and readjudicating every incorrect decision going back to 1997 when the error was made. It is the right thing to do for Blue Water Navy Vietnam veterans.

However, if VA does decide to appeal this decision, DAV calls on the House and the Senate to quickly move forward and pass H.R. 203/299 or similar legislation to protect and codify the *Procopio* decision. And even if VA does not appeal the decision, it is still imperative for Congress to take action to ensure the Court's correct interpretation and application is applied for all affected veterans back to the date when VA misinterpreted the law. Therefore, we call on Congress to enact H.R. 203/299 or similar legislation to protect and codify the Federal Circuit Court decision, to ensure all Blue Water Navy Vietnam veterans receive the benefits earned through their service.

Messrs. Chairmen, Agent Orange is just one of the many environmental hazards military personnel are exposed to during deployments to combat zones. These hazards include a variety of toxins such as herbicides, pesticides, chemicals, solvents and the burning of waste products. Exposure to many such hazards has been associated with long-term adverse health outcomes. In particular, DAV is deeply concerned about possible health risks associated with emissions from open-air waste burning, commonly called burn pits, that can be traced back as far as Operations Desert Storm/Desert Shield in 1990–1991. In fact, during Operations Desert Shield/Desert Storm, burn pits were utilized not only in Iraq but also in Kuwait, Oman, Qatar, United Arab Emirates, Saudi Arabia, and Bahrain. In response to a constellation of unexplained symptoms and illnesses reported by returning Persian Gulf War veterans, the Department of Defense (DOD), the VA and Congress sponsored a series of studies. These studies indicated that exposures to smoke from oil-well fires and from other combustion sources, including waste burning, were stressors for troops.

During Operation Joint Endeavor in Bosnia in 1995–1996, military preventive-medicine personnel recognized that open burning of waste might be an operational necessity during

combat operations. They recommended that burning should be limited and open-air waste burning in Bosnia and Kosovo was eventually replaced with incinerators.

In the past couple of years, almost all burn pit legislation has been specific to post 9-11 veterans, those who served in Afghanistan after September 11, 2001, and those who served in Iraq after March 20, 2003. However, since veterans of Operations Desert Storm/Desert Shield and Operation Joint Endeavor and veterans who served in Djibouti after September 11, 2001, have also been acknowledged by the DOD as being exposed to burn pits, we call on Congress to include veterans from all eras and conflicts who served in areas where burn pits were known to have operated when considering legislation for burn pits exposures.

We are also troubled that many veterans exposed to toxins from burn pits may not have access to VA health care or the ability to obtain service-connected benefits for diseases or illnesses related to those toxins. In October 2018, the VA announced they are contracting with the National Academy of Medicine to provide a comprehensive study of burn pit effects. The study findings are expected to be issued in 2020. This means that we are still years away from potentially establishing presumptive diseases related to conceded burn pit exposures.

In the interlude, Congress should enact legislation to concede burn pit exposure. A concession of burn pit exposure will not establish presumptive service connection; however, it will remove the obstacles to veterans proving their individual exposure to burn pits and the types of toxins emitted for claims based on direct service connection. The concession of exposure should include the same veterans currently eligible to join the VA Airborne Hazards and Open Burn Pit Registry, which includes those exposed prior to 9/11.

Accessing VA health care for symptoms, illnesses and diseases related to toxic exposures remains a major concern for those veterans exposed to toxins. Although combat veterans who were discharged or released from active service on or after January 28, 2003, are eligible to enroll in the VA health care system for five years from the date of discharge or release, this does not address many of the illnesses or diseases that may develop after the five year period, such as cancers and multisystem diseases. Veterans exposed to burn pits, in many cases, have no alternatives for health care beyond the established period.

Therefore, we urge Congress to enact legislation to either extend or eliminate the five-year period for VA health care for combat veterans or to amend title 38, United States Code, Section 1710 to include VA health care for veterans exposed to burn pits.

Improve Benefits for Disabled Veterans' Spouses and Survivors

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

Dependency and Indemnity Compensation (DIC) is a monthly benefit paid to eligible survivors of veterans who pass away due to a service-connected condition or from a nonservice-connected condition if the veteran had a totally disabling service-connected

condition for a period of time, generally 10 years before their death. The value of the current benefit, however, is insufficient to provide meaningful support to survivors of severely disabled veterans. A veteran who is receiving 100 percent disability compensation today would receive approximately \$3,227 a month, whereas the current DIC benefit is \$1,283 a month.

When a veteran receiving compensation passes away, not only does the surviving spouse have to deal with the heartache of losing their loved one, but they also have to contend with the loss of approximately \$24,000 a year. This loss of income to a survivor's budget is often devastating, especially if the spouse was also the veteran's caregiver and dependent on that compensation as their sole income source. For these reasons, DAV calls on Congress to adjust the DIC benefit to a more equitable 55 percent of the amount provided for disability compensation to a veteran rated totally disabled, and then index it annually for inflation.

If the veteran passes away due to a non-service-connected condition before that 10-year period, their dependents are not eligible for any DIC benefit, even though many of these survivors were caregivers who sacrificed their own careers to take care of the veteran and could potentially be left destitute. The DIC program would be more equitable if survivors were eligible for a partial DIC benefit based on the number of years they were married to a totally disabled veteran.

Another questionable aspect of the existing DIC law is that surviving spouses lose their benefit if they remarry before the age of 57. By contrast, federal employee survivors in receipt of Civil Service Retirement System benefits and veterans who are signed up for the Survivor Benefit Plan (SBP)—which is an out-of-pocket insurance purchased by military retirees—are able to remarry at age 55 without penalty. Congress should enact legislation that is comparable to these other plans and allows surviving spouses to remarry at age 55 whilst maintaining their eligibility for full DIC benefits.

Congress should also correct the longstanding inequity in law that offsets DOD SBP payments against VA DIC benefits. Upon the death of a military retiree who was enrolled in SBP, the SBP payments to their survivors would be reduced by the amount of DIC that the survivor was already entitled to receive, thereby removing any financial benefit from enrolling in the plan. It is important to point out that SBP is not a government gratuity benefit; rather, it is an out-of-pocket insurance that is purchased by service members for their survivors' protection in case of their death. Thousands of survivors are adversely affected by this unfair offset every year.

Another aspect of the law that negatively affects dependents and survivors is the lapsing of education benefits under Chapter 35. This program, similar in function to the Montgomery G.I. Bill, gives an eligible dependent or survivor a 10-year period to apply for and complete these programs of education beginning either from the date the veteran is evaluated by VA as permanently and totally disabled from service-connected disabilities or the date of the veteran's death due to a service-connected condition. However, in many instances, most notably in the cases of caregivers' family obligations or the need to provide care for the veteran, dependents, spouses and surviving spouses must defer using these benefits for years, leaving many unable to apply in a timely manner resulting in a loss of earned educational opportunities. Congress should remove the 10-year delimiting date for spouses and surviving spouses to use their educational benefits provided under Chapter 35, Title 38, United States Code.

Messrs. Chairmen, just as we must fulfill the promises to the men and women who served, we must also meet our obligations to those who did not wear the uniform but have

served our nation as the daughters, sons, mothers, husbands, wives and fathers of a service member. So many men and women gave up their financial stability to take on the role of caregiver to ensure that their veteran could be cared for by the loving hand of a family member. These unsung heroes need to be assured that our nation recognizes their sacrifices as well and will cherish their legacy of service and support them now and in the future.

Sufficient Funding for Veterans Benefits and Health Care

VA has generally enjoyed strong bipartisan support in the Congressional appropriation process resulting in the Department's budget being enacted before the start of the fiscal year (FY). Such bipartisanship will be needed to ensure VA's budget for FY 2020 and FY 2021 advance appropriation is sufficient to support daily operations, sustain significant reform efforts and meet any new requirements imposed on the Department.

As part of *The Independent Budget*, DAV recommends for FY 2020 a total of \$103.3 billion to ensure VA fully and faithfully implements the VA MISSION Act of 2018, makes needed improvements contained in the law, and is able to deliver timely benefits and services to ill and injured veterans, their families and survivors. Congress should also provide \$90.8 billion in FY 2021 advance appropriations for VA's medical care accounts.

We estimate VA will require \$88.1 billion for veterans' medical care for FY 2020. Of this amount, \$56.1 billion would go towards the Medical Services Account, which includes \$75.8 million designated for gender-specific health care for women veterans, \$253 million for implementing a phased eligibility expansion of VA's comprehensive caregiver support program to severely injured veterans of all eras, and \$534 million to meet the significant demand from veterans in need of long-term services and supports. VA's Medical Facilities and Medical Support and Compliance should be funded at \$6.6 and \$7.4 billion, respectively.

DAV also recommends \$18.1 billion for the Medical Community Care account for FY 2020, which includes \$8.5 billion to meet related requirements in the VA MISSION Act of 2018 as the Veterans Choice Program is completely phased out at the start of FY 2020 to be replaced by the Veteran Community Care Program, implementation of the new Urgent Care benefit, and Veteran Care Agreements.

For Medical and Prosthetic Research, DAV proposes \$840 million to avoid stagnant overall purchasing power, for VA research to maintain current research efforts, address emerging research needs in areas such as chronic pain, gender-specific health needs, behavioral health and leverage the only known integrated and comprehensive caregiver support program in the U.S. to help inform policy makers and other health systems looking to support informal caregivers. In total, funding for the Veterans Health Administration for FY 2020 amounts to \$89 billion.

For FY 2020, DAV and the *IB* recommends approximately \$3 billion for all Veterans Benefits Administration (VBA) operations, an increase of approximately \$79 million over the estimated FY 2019 appropriations level, which reflects maintaining current services with increases for inflation and federal pay raises. Until the full impact is understood of the Veterans Appeals Improvement and Modernization Act (AMA), Public Law 115-55, which is to take full effect this month, we believe it is too early to make projections about changes in full-time employee (FTE) levels needed. Accordingly, the *IB* is not recommending any FTE increases for VBA.

In addition, the Vocational Rehabilitation and Employment (VR&E) program is hiring an additional 174 Vocational Rehabilitation Counselors (VRC) this fiscal year to meet the recommended ratio of 125:1 veterans to VRC. Until we are able to determine the effect of this hiring initiative on the ratio and eventual caseload, we do not make any recommendations for additional staffing increases for VR&E.

To continue VA's modernization efforts of its electronic health record (EHR) system, DAV recommends \$1.8 billion for FY 2020 during which initial operating capability will be completed, deployment of the new EHR throughout the remainder of VISN 20 will continue, and the deployment in much larger VISNs 22 and 21 will be initiated. We urge Congress to make such funds available for three years to provide VA the necessary flexibility to meet its deployment schedule.

In total, we recommend \$6.14 billion for FY 2020 for VA's Information Technology account to sustain the existing Veterans Information Systems and Technology Architecture (VistA) during EHR modernization. This amount includes EHR modernization funding and an additional \$230 million in development funding to address emerging needs in VBA, the Board of Veterans' Appeals, and VA Medical Research.

DAV NATIONAL SERVICE PROGRAM

Claims Assistance

Messrs. Chairmen, while much of our focus in Washington is on advocacy, DAV's core mission around the country involves providing direct services to veterans, most prominently through our National Service Program. To fulfill our mandate of service to America's injured and ill veterans and the families who care for them, DAV directly employs a corps of more than 260 professional national service officers (NSOs), all of whom are wartime service-connected disabled veterans who successfully completed their training through the VA's Vocational Rehabilitation and Employment (VR&E) Service. The military experience, personal claims and treatment experiences of our benefits advocates through military and VA health care not only provide a significant knowledge base but also help promote their passion for helping other veterans through the labyrinth of the VA system.

With the addition of our chapter service officers, department service officers and transition service officers, DAV has a total of 3,942 service officers, including county veteran service officers accredited by DAV, all of whom are on the front lines providing much-needed claims services to our nation's veterans, their families and survivors. With the generous support of a grateful American public and public-spirited businesses, DAV is proud to provide these services, without cost, to any veteran, dependent or survivor in need. DAV national service officers reside in office space provided by VA in all its regional offices as well as other VA facilities throughout the nation.

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 are the only veterans service organization that holds more than one million powers of attorney (POAs) to represent veterans and their survivors. During 2018, DAV service officers interviewed over 330,000 veterans and their families, filed over 203,000 new claims for benefits and obtained more than \$20 billion in benefits for the injured and ill veterans we represented before VA.

Appellate Representation of Denied Claims

In addition to our work at VA regional offices, DAV employs national appeals officers (NAOs) who serve appellants in the preparation of written briefs for Board of Veterans' Appeals (BVA/Board) review and represent appellants in formal hearings before Veterans Law Judges. The BVA is the highest appellate level within VA, responsible for the final decision concerning entitlement to veterans' benefits. More than 96 percent of the claims before the Board involve disability compensation issues.

In FY 2018, DAV appeals officers provided representation in 26.5 percent of all appeals decided by the Board, which is a caseload of approximately 22,600 appeals. Of appeals represented by DAV at this level, 72 percent 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 (Court). DAV currently works with two of the most accomplished law firms in the country dealing with veterans' issues at the Court. Of the cases on which our national appeals office took action in calendar year 2018, each was reviewed to identify claims that were improperly denied. Thanks to DAV and our relationship with private law firms and our pro bono program, 1,718 of these cases previously denied by the BVA were appealed to the Court.

These partnerships have allowed this program to grow exponentially over the past few years, and it would not have been possible without the coordinated efforts of DAV and two top-notch law firms—Finnegan, Henderson, Farabow, Garrett & Dunner, LLP of Washington, D.C., and Chisholm, Chisholm & Kilpatrick of Providence, Rhode Island. Since the inception of DAV's pro bono program, our attorney partners have made offers of free representation to more than 12,736 veterans and have provided free representation in over 10,640 cases.

Appeals

As a longtime advocate of appeals reform, we are very pleased that the Appeals Modernization Act became effective on February 14, 2019. In fact, DAV has continuously been working with VA, veterans service organizations and other stakeholders to develop commonsense reforms to the appeals system. DAV helped lead a workgroup in 2014 to help build consensus for commonsense ways to improve appeals processing. Building on the progress made, in 2016 VA reconstituted a workgroup comprised of DAV, other veterans groups, stakeholders and the Board to develop a new framework that would streamline and reform the appeals system. After months of intensive collaboration, legislation was introduced and passed in both the House and Senate, and on August 23, 2017, the Veterans Appeals Improvement and Modernization Act of 2017 became law. We thank the Senate and House Veterans' Affairs Committees for your dedicated efforts to make this legislation a reality. This is an example of true collaboration and partnership among Congress, VA and leaders in the veterans community.

We are pleased that under the new appeals framework, claimants may choose the option that best meets their needs. This new framework will reduce the time it takes to process, review and make a final determination on appeals, all while ensuring veterans receive a fair decision. Additionally, the new framework includes safeguards to ensure claimants receive the earliest effective dates possible for their claims. Injured and ill veterans, their dependents and

their survivors will have more options and a streamlined process to receive more expeditious decisions on their appeals.

With the law now fully implemented, we urge Congress to join us in providing vigilant oversight of these new appeals and claims processes. This includes monitoring the processing of decisions on legacy appeals, timely processing under the new appeals system and monitoring the appeals system with metrics and goals to ensure that sufficient resources are provided proactively when needed.

Transition Services for New Veterans

Messrs. Chairmen, DAV also provides services to military members as they transition back to civilian life. DAV currently employs 32 transition service officers who also provide free services through direct on-site assistance to injured and ill active-duty military personnel through our Transition Service Program, now in its 18th year. This program provides benefits counseling and assistance to separating service members seeking to file initial claims for benefits administered through VA. 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. It is through this program that DAV is able to advise service members of their benefits and ensure that they know about the free services DAV is able to provide during every stage of the claims and appeals process.

Our transition service officers have been trained specifically to provide transition presentations, review military service treatment records and initiate claims activities at nearly 100 military installations within the continental United States and Hawaii. In 2018, these advocates conducted over 1,268 briefing presentations to groups of separating service members, with 44,014 total participants in those sessions. They also counseled 25,432 persons in individual interviews, reviewed the military service treatment records of 18,467 individuals and presented 24,649 benefits applications to DAV national service officers for filing with VA.

DAV Mobile Service Office Program

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

DAV also uses its mobile offices for outreach to veterans at other public events, including Native American reservation events, military retiree conventions, homeless veterans “stand downs,” community fairs and parades, Veterans Day and Memorial Day activities, veterans’ job fairs and various information seminars. During 2018, the mobile offices traveled 45,242 miles and visited 494 cities and towns. DAV benefits advocates interviewed 6,086 veterans and other potential claimants during these visits, which resulted in 2,881 claims being filed with VA.

Service Seminar Program

Another important tool to provide outreach to veterans is DAV’s information seminars, which are held to educate veterans and their families on specific veterans benefits and services. With the support of DAV’s network of state-level departments and local chapters, these free

seminars are conducted by DAV national service officers across the country. During 2018, we conducted 130 seminars with 8,726 attendees and interviewed a total of 1,132 veterans and other potential claimants. These seminars also resulted in 334 claims for benefits being filed through VA.

College and University Outreach

We are in our fourth year of deploying mobile service offices to colleges and universities and conducting service seminars for student veterans on campuses throughout the nation. In calendar year 2018, our efforts with these programs resulted in more than 63 events being conducted throughout 38 states and Puerto Rico, where many of your constituents are attending institutions of higher education.

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

Disaster Relief Program

Another service DAV is very proud of is our Disaster Relief Program. When natural or manmade disasters strike, our national service officers, along with departments and local chapters, deploy into devastated areas enabling DAV to provide much-needed monetary assistance; conduct benefit counseling; and offer referral services for veterans, service members and their families in need. Our Disaster Relief Program provides grants and supply kits in the aftermath of natural disasters and emergencies in various areas around the nation, to help veterans and their families secure temporary lodging, food and other necessities. Our supply kits include backpacks, blankets and hygiene kits to provide an additional resource for safety, comfort and self-sufficiency in an extended emergency, disaster or evacuation. The hygiene kit includes basic necessities like a toothbrush and toothpaste, razors and shaving cream, hand sanitizer, deodorant, shampoo and soap.

During 2018, a total of 3,569 drafts totaling in excess of \$1.2 million were granted and 305 supply kits were provided to hurricane, tornado, flood, volcanic eruption and fire victims throughout Alabama, California, Colorado, Florida, Georgia, Hawaii, Iowa, Kansas, North Carolina, Oklahoma, Puerto Rico, South Carolina and Texas. Since the program's inception in 1968, over \$12.7 million have been disbursed to veterans in need.

DAV NATIONAL VOLUNTARY SERVICES PROGRAM

Equally vital to the success of DAV's service mission are the activities of more than 23,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist America's injured and ill veterans. Our Voluntary Services Program ensures that sick and injured veterans are able to attend their medical appointments and that they receive the comfort, companionship and care they need and deserve. Our volunteers are at their posts in VA medical centers, clinics and community living centers. They also visit and provide services to veterans within their communities and, in some cases, go beyond the current scope of government programs and services. Simply stated, they empower veterans to lead high-quality lives and provide a special thanks to our nation's heroes.

DAV and DAV Auxiliary volunteers serve our nation by providing more than 1.3 million volunteer hours of essential services to hospitalized veterans in VA facilities, saving taxpayers more than \$33.5 million in costs if federal employees had been required to provide similar services. Many DAV members serve as hospital service coordinators and drivers in DAV's nationwide Transportation Network or volunteer to help veterans in their homes and in the community. In addition, DAV chapters and Auxiliary units have donated items valued at more than \$3.3 million to their local VA facilities.

DAV Local Veterans Assistance Program

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

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

- Chapter and department service officer work.
- Outreach at events, such as the DAV 5K, homeless stand downs and a volunteer presence at National Guard mobilization and demobilization sites.
- Direct assistance to veterans, their families and survivors, including home repairs, maintenance and grocery shopping, among many other supportive activities.

Since its inception in 2007, 18,683 volunteers have participated in DAV's LVAP for a total of nearly 8.4 million hours of voluntary service. We believe this important program makes a difference in the lives of all of those we serve.

DAV National Transportation Network

DAV relies on 178 hospital service coordinators at VA medical centers across the country to oversee the DAV Transportation Network. This program provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed VA health care services.

In 2018, volunteer drivers spent over 1.4 million hours transporting veterans to their VA medical appointments. These volunteers logged nearly 17.7 million miles and provided more than 625,000 rides to veterans to VA health care facilities, saving taxpayers more than \$34.6 million. Since our national transportation program began in 1987, nearly 19 million veterans have been transported over 734 million miles.

I am very pleased to report that in 2018, DAV donated 124 new vehicles to VA facilities to use for transporting veterans, at a cost of nearly \$3.8 million. In 2019, we plan to donate an additional 161 vehicles to VA, at a cost of over \$4.8 million.

DAV's efforts were again supported by Ford Motor Company with the presentation of eight new vehicles to DAV for the Transportation Network. Since 1996, Ford has donated nearly \$5.2 million toward the purchase of 223 vehicles to support this critical program. DAV is very

thankful for Ford Motor Company's collaboration and its continued support and commitment to the men and women who have served our nation in uniform.

DAV's commitment to our national Transportation Network is lasting. We have deployed DAV vehicles in every state and nearly every congressional district serving our veterans, many of whom are your constituents. Since 1987, a total of 3,517 vehicles have been donated to VA for transporting veterans to their medical appointments, at a cost of over \$80.1 million.

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

Boulder Crest Mentoring Retreat

Another innovative program we offer is our mentorship program in collaboration with Boulder Crest Retreat in Bluemont, Virginia. Boulder Crest is committed to improving the physical, emotional, spiritual and economic well-being of our nation's military, veterans, first responders and their family members. In 2017, DAV funded our first all-female veteran retreat, and Boulder Crest expanded its efforts with a second location in Sonoita, Arizona. DAV is proud to explore and collaborate on new and holistic ways to help the veterans we serve overcome the challenges that often follow military service.

Among many programs designed to help military members, veterans and their families deal with the challenges they face after illness or injury is the Warrior PATHH (Progressive and Alternative Training for Healing Heroes). Warrior PATHH is the nation's first nonclinical program designed to cultivate and facilitate growth among those struggling with post-traumatic stress disorder. Warrior PATHH enables these remarkable men and women to transform times of deep struggle into profound strength and growth. They deliver short-duration, high-impact programs based on the science of post-traumatic growth. Since its inception, this program has helped severely injured veterans through a weeklong program where they are introduced to yoga, meditation, equine therapy, archery and career-building exercises.

DAV leaders, including Past National Commanders James Sursely, Roberto "Bobby" Barrera, Dennis Joyner, Richard Marbes, Dave Riley and Ron Hope, have served as mentors to the latest generation of seriously injured veterans. Their spouses, Maricelia Barrera, Donna Joyner and Yvonne Riley, have also served as mentors to the caregivers of participants, and imparted the knowledge and understanding that comes with decades of service as caregivers to their spouses.

Adaptive Sports

Messrs. Chairmen, all of us at DAV are especially proud of our adaptive sports programs that directly impact the lives and well-being of our most profoundly injured veterans. Working in cooperation with VA's Adaptive Sports Program, DAV is proud to be the longtime co-host of the National Disabled Veterans Winter Sports Clinic. Since 2017, DAV has also served as co-host of the National Disabled Veterans TEE (Training, Exposure, Experience) Tournament.

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

Often referred to as "Miracles on the Mountainside," the Winter Sports Clinic promotes rehabilitation and restoration by coaching and encouraging veterans with severe disabilities to conquer adaptive skiing, curling, ice hockey and other sports. It shows them by example that they are not barred from adaptive recreational activities and sports of all kinds. Often, this event offers veterans their very first experience in winter sports and gives them motivation to take their personal rehabilitation to a higher level than they may ever have imagined. Participants have included veterans with multiple amputations, traumatic brain and spinal cord injuries, severe neurological deficits and even total blindness.

DAV also has a robust adaptive sports program for veterans with other interests. The TEE Tournament provides legally blind and eligible disabled veterans an opportunity to develop new skills and strengthen their self-confidence through adaptive golf, bowling, horseback riding and other events. Attending veterans participate in therapeutic adaptive sports activities that demonstrate having a visual, physical or psychological disability need not be an obstacle to an active and rewarding life. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan.

For anyone who has attended these events and observed our participants and their efforts, it is an inspiring moment, unlike anything you will experience anywhere in the world. Through adaptive sports programs, these injured heroes' lives are forever changed, as are all the inspired observers, family members and volunteers who participate.

I invite all members of these Committees to come and experience these miracles with DAV leaders this year. The 33rd National Disabled Veterans Winter Sports Clinic is scheduled for March 31 through April 5, 2019, in Snowmass Village, Colorado. The 26th National Disabled Veterans TEE Tournament will take place near Iowa City, Iowa, from September 8 to 13, 2019. If you want to believe in miracles, please join us for these awe-inspiring events.

The Next Generation of Volunteers

Sadly, Messrs. Chairmen, over the past decade as the veteran population has declined, DAV and other veterans organizations are witnessing a significant loss of veteran volunteers. We are constantly seeking new ways to recruit and engage DAV members and volunteers, and have begun identifying and developing a new generation of younger VA volunteers. As part of that effort and in remembrance of former VA Secretary and former DAV Executive Director Jesse Brown, we launched a memorial scholarship program. Annually, the DAV Jesse Brown Memorial Youth Scholarship Program honors outstanding young volunteers who participate in the VA Voluntary Service Program and/or through DAV's Local Veterans Assistance Program, donating their time and providing compassion to injured and ill veterans.

Since its inception, DAV has awarded 187 individual scholarships valued at over \$1.4 million, enabling these exceptional young people to pursue their goals in higher education and experience the significance of volunteering. We at DAV are very proud of the Jesse Brown Memorial Youth Scholarship Program, and we thank the Ford Motor Company for its support in helping us to continue awarding these scholarships to worthy student volunteers.

Another corporation that has stepped forward to help veterans of all eras is Golden Corral, which this past November opened its doors again to all veterans for Military Appreciation Night, serving more than 300,000 free meals to veterans as a means to thank them for their military service. Golden Corral events also yielded more than \$1.3 million in donations to support DAV chapters and departments. Since 2001, Golden Corral restaurants have served more than 5.7 million thank-you meals to our nation's veterans and raised more than \$15.7 million in donations for DAV chapters and departments to use in outreach and service programs in their communities.

This year, DAV began its latest initiative, VolunteerforVeterans.org, to give veterans and volunteers a new platform to request and give assistance. VolunteerforVeterans.org is a nationwide resource designed by DAV to connect volunteers with initiatives, veterans, their families, caregivers and survivors. It creates a database to match opportunities with civic-minded individuals and organizations. The opportunities are as limitless and varied as the needs of our nation's veterans, particularly those changed by wartime service, from basic assistance around the house to unique opportunities that require special skills and services to improve the lives of veterans. Veterans, caregivers and survivors in need of assistance or mentoring can post opportunities based on their needs. Individuals who know veterans, caregivers and survivors who are in need of help can act as coordinators to populate opportunities on their behalf. There are no age restrictions. Volunteers can choose opportunities based on their abilities and skills. Within its first year, VolunteerforVeterans.org has had over 1,500 new registrants participate.

DAV NATIONAL EMPLOYMENT PROGRAM

Messrs. Chairman, DAV understands that the journey from injury to recovery cannot be completed until a veteran is able to find meaning in life and regains purpose after injury or serious illness. For those who are able, working to care and provide for themselves and their families is a fundamental principle. Thousands of men and women continue to make the transition from military to civilian life, with more than 200,000 expected to enter the workforce again this year. DAV is fully committed to ensuring that these new veterans gain the tools, resources and opportunities they need to competitively enter the job market and secure meaningful employment.

Realizing the challenges that many veterans, especially our service-disabled veterans, continue to face in the employment marketplace, be it unemployment or underemployment, DAV's National Employment Program was established in 2014 and has firmly positioned itself at the forefront of veterans service organizations in providing assistance to veterans and their spouses seeking a new or better career. One primary component of this program was DAV forming a staunch strategic partnership with RecruitMilitary, a veteran-operated, full-service military-to-civilian recruiting firm. In addition to co-hosting more than 125 traditional and 15 virtual career fairs with RecruitMilitary annually, DAV uses a multitude of online and offline resources to connect employers, franchisers and educational institutions with active-duty, Guard and Reserve members, veterans and their spouses.

In less than five years, our National Employment Program has already made a huge impact toward helping veterans obtain employment opportunities and new careers. In fact, from June 2014 through December 2018, DAV sponsored 463 traditional and virtual career fairs with nearly 172,000 active-duty, Guard and Reserve members, veterans and their spouses attending and nearly 132,000 receiving job offers. In 2019, DAV will continue our efforts by sponsoring

more than 140 traditional and virtual career fairs, including 20 events on military bases such as Joint Base Lewis-McChord, Fort Bragg, Fort Hood, Camp Lejeune and Camp Pendleton. Virtual career fairs afford active-duty, Guard and Reserve members, veterans and their spouses who cannot attend our traditional career fairs the opportunity to connect with employers without the need to travel.

DAV's National Employment Department also works directly with companies who are seeking the many talents and skills possessed by veterans. Our program provides a multitude of resources that veterans can access within our employment resources webpage, www.jobs.dav.org, including a job search board boasting more than 200,000 current employment opportunities around the world and direct links to company website job boards. We are very happy to report that our employment resources website has grown in content and resources with nearly 14,000 views monthly, which is indicative of veterans and employers recognizing DAV as a valuable resource in the employment sector. Online or digital resources are always evolving, so we will continue to update and retool our website on a constant basis in order to feature an array of highly useful employment and educational resources.

Additionally, DAV has partnered with "Hiring America," which is the foremost voice in televised programs dedicated solely to helping veterans secure meaningful employment. Each episode features companies with outstanding veteran hiring initiatives; shares insights from CEOs, career counselors, and human resource (HR) specialists; and gives valuable information to help ease the transition for veterans entering the civilian workforce. With a reach of nearly 3 million viewers, we are very excited about this particular addition to the growing tools and resources that we are providing to veterans seeking employment and companies who want to hire them.

One of the resources we added last year, both digitally and in published version, was [*The Veteran Advantage: DAV Employer Guide to Hiring and Retaining Veterans with Disabilities*](#) (Hiring Guide). The genesis for this project was a four-year study involving interaction with hundreds of companies who were asking questions about best practices for hiring veterans with disabilities. Our resulting Hiring Guide is aimed at providing companies, hiring managers or other HR professionals a solution-oriented practical and strategic approach to hiring and retaining veterans with disabilities. We are pleased to share that we have had an overwhelmingly positive response to the guide since its official release. In fact, in October 2018 as part of DAV's recognition of National Disability Employment Awareness Month, we set out to ensure employers were aware of our newly released Hiring Guide, which resulted in an astonishing 54,616 views of the online version. We are certainly pleased with the initial response to the *DAV Guide to Hiring and Retaining Veterans with Disabilities* and committed to keeping this valuable information up to date and available to companies who visit our employment resources every day. We encourage you and your staff to visit www.jobs.dav.org to download a copy of our Hiring Guide, or we would be happy to provide you with copies of the published version.

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

DAV CHARITABLE SERVICE TRUST

Finally, DAV also has a charitable arm that works to improve the lives of veterans, their families and survivors. Organized in 1986, the DAV Charitable Service Trust (Trust) is a tax-exempt, not-for-profit organization serving primarily as a source of grants for qualifying organizations throughout the nation. As an affiliate of DAV, the Trust strives to meet the needs of injured and ill veterans through financial support of direct programs and services for veterans and their families.

DAV established the Trust to advance initiatives, programs and services that might not fit easily into the scheme of what is traditionally offered through VA programs, DAV departments and other veterans service organizations in the community. Not-for-profit organizations meeting the direct service needs of veterans, their dependents and survivors are encouraged to apply for financial support. Since the first grant was awarded in 1988, more than \$112 million has been invested to serve the interests of our nation's heroes. In an effort to fulfill the Trust's mission of service, support is offered to ensure quality care is available for veterans with post-traumatic stress disorder, traumatic brain injury, substance-use challenges, amputations, spinal cord injuries and other combat-related injuries. It also supports efforts to combat hunger and homelessness among veterans, and priority is given to long-term service projects that provide meaningful support to unserved and underserved veterans. Initiatives for evaluating and addressing the needs of veterans from every service era and conflict are encouraged.

Typically, grants are awarded to programs offering:

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

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

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

DAV NATIONAL LEGISLATIVE PROGRAM

Messrs. Chairmen, every summer, DAV's members assemble at our national convention to determine future direction and policies for the organization. During convention, our membership considers and adopts a number of resolutions, calling for public policy changes for wartime service-disabled veterans, their dependents and survivors. Outlined below is a partial list of DAV's legislative priorities approved at our 97th annual convention in Reno, Nevada, last July. On behalf of DAV, I ask the members of these Committees and your staffs to consider the

merit of these proposals and use them to enact legislation to help improve the lives of injured and ill veterans.

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

Disability Compensation and Other Benefits

- Support legislation wherein service in the waters offshore Vietnam establishes a presumption of exposure to Agent Orange.
- Support legislation to remove the prohibition against concurrent receipt of Survivor Benefit Plan and Dependency and Indemnity Compensation.
- Support legislation to provide service connection for disabling conditions resulting from toxic and environmental exposures.
- Oppose reduction, taxation or elimination of veterans benefits.
- Support legislation to increase VA disability compensation rates.
- Support legislation to remove prohibition against concurrent receipt of longevity retired pay and veterans disability compensation for all longevity retired veterans.
- Support oversight of VA practices in evaluating disability claims for residuals of military sexual trauma.
- Support legislation to provide realistic cost-of-living adjustments.
- Expand presumptions for service connection for former prisoners of war.

Health Care Services

- Strengthen, reform and sustain the VA health care system for service-disabled veterans.
- Support legislation to provide comprehensive support services for caregivers of severely wounded, injured and ill veterans from all eras.
- Enhance medical services and benefits for women veterans.
- Improve program and enhanced resources for VA mental health programs.
- Support enhanced treatment for survivors of military sexual trauma.
- Support VA research into the efficacy of cannabis for service-connected disabled veterans.
- Support humane, consistent pain management programs in the veterans health care system.
- Improve the care and benefits for veterans exposed to military toxic and environmental hazards.
- Enhance long-term services and supports to service-connected disabled veterans.
- Support sustained and sufficient funding to improve services for homeless veterans.

Employment and General Issues

- Support veterans' preference for service-disabled veterans in public employment.
- Protect veterans from employment discrimination when receiving health care for service-connected conditions.
- Create an Economic Opportunity Administration within VA.
- Support the elimination of employment barriers for veterans that impede the transfer of military occupations to the civilian labor market.

- Eliminate the 12-year rule to request VA vocational rehabilitation benefits, leaving the date to apply open-ended.
- Support for the Defense POW/MIA Accounting Agency.
- Seek the immediate release of any Americans who may still be held captive following any war and the return and identification of the remains of any Americans who died during these wars.
- Extend eligibility for mortgage protection life insurance to service-connected veterans rated permanently and totally disabled.
- Increase the face value of Service Disabled Veterans' Insurance (RH).

CONCLUSION

Messrs. Chairmen, next year in 2020, DAV will celebrate its 100th anniversary, marking a century of service to America's veterans, their families and survivors. Having dedicated my entire adult life to service—first for our nation in uniform and then in support of the men and women who wore the uniform—I am extremely proud of DAV's legacy of service.

A century ago, Judge Robert S. Marx, who was wounded in the final days of World War I, together with a number of other distinguished disabled veterans, began talking about how they could play a role in making the government keep its promises to those who served. Within a year, this led to the establishment of DAV in Cincinnati, Ohio, beginning a long and unbroken line of service to the men and women who served.

I am proud to continue this noble legacy, as someone who was helped by DAV when I was down and later worked for DAV to help others who served, suffered and sacrificed. I know firsthand that it's not about how far down you fall but how high you rise afterward.

Finally, Messrs. Chairmen, we have a saying in Texas: *"You should never miss a good chance to shut up."* So let me conclude with the words of another fellow Texan, Roger Staubach, a Navy veteran who served in Vietnam and began his legendary career for the Dallas Cowboys 50 years ago:

"All of us get knocked down, but it's resiliency that really matters. All of us do well when things are going well, but the thing that distinguishes [us] is the ability to do well in times of great stress, urgency and pressure."

To me, those words describe the men and women I have had the honor and privilege to serve with and provide service to throughout my career. I am proud to have spent my life in service to them and to DAV. And it is on their behalf that I call on everyone here today to work together to fulfill all of our nation's promises to the men and women who served, their families and survivors.

May God bless all who have stood, are standing and will stand in defense of this great nation. And may God bless the United States of America. This concludes my statement. Thank you for the opportunity to testify and provide information about DAV's mission of service to our nation's wartime disabled veterans and their families.
