



National Service & Legislative Headquarters
807 Maine Avenue SW
Washington, DC 20024-2410
Phone: 202-554-3501
Fax: 202-554-3581

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

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

Thank you for providing me the opportunity to present the 2020 legislative program of DAV—Disabled American Veterans—an organization of more than 1 million members, all of whom were injured or became ill during wartime service.

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

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

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

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

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

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

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

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

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

BLUE WATER NAVY VETERANS

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

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

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

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

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

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

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

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

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

Another toxic exposure DAV is deeply concerned about is emissions from open-air waste burning, commonly called burn pits, which can be traced back as far as Operations Desert Storm and Desert Shield from 1990 to 1991. I know firsthand how exposure to toxic substances from burn pits can impact your health. I was based at Camp Scania in Iraq, which had a major burn pit just a mile away. I personally took several trips to this burn pit, where everything from tires and batteries to medical and human waste was burned. Since my return from Iraq, I have had a number of new medical challenges—including respiratory, cardio-vascular and thyroid issues—as did a number of my fellow soldiers. I'm very proud that DAV has taken the lead on this important issue and was responsible for bringing it to the public's attention.

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

We are troubled that many veterans exposed to toxins from burn pits may not have access to VA health care or the ability to obtain service-connected benefits for diseases or illnesses related to those toxins. In January 2019, the National Academy of Medicine started a study of burn pit exposure and respiratory effects. It is to last for 21 months, so we may be years away from potentially establishing respiratory presumptive diseases related to burn pits.

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

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

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

To ensure veterans exposed to burn pits are eligible for health care, we also urge Congress to enact H.R. 4137, or similar legislation, that will either extend the five-year period for VA health care for combat veterans or provide specific health care eligibility criteria for veterans exposed to burn pits.

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

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

The men and women who serve are often placed in situations that have long-term health effects that will impact their individual functioning, provide industrial impairments, and require physical rehabilitation and future health care. When service members are subjected to toxins and environmental hazards during military service, our sense of duty to them must be heightened as many of the illnesses and diseases due to these toxic exposures may not manifest for years, even decades, after they have completed their service.

VA HEALTH CARE AND THE VA MISSION ACT

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

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

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

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

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

THE INDEPENDENT BUDGET VSO ANALYSIS OF MISSION ACT IMPLEMENTATION

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

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

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

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

SUFFICIENT FUNDING FOR VETERANS BENEFITS AND HEALTH CARE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IMPROVING SURVIVOR BENEFITS

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

We applaud the House and the Senate for including the provision in the 2020 National Defense Authorization Act that started the process of phasing out the Survivor Benefit

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

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

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

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

Another issue faced by dependents and survivors is the lapsing of educational benefits under Chapter 35, title 38, U.S. Code, after a 10-year period. This period begins either from the date the veteran is evaluated by the VA as permanently and totally disabled from service-connected disabilities or the date of the veteran's death due to a service-connected condition. However, in many instances, most notably in the cases of caregivers, family obligations or the need to provide care for the veteran results in the inability for eligible dependents, spouses and surviving spouses to apply for these benefits in a timely manner. This has led to the loss of important benefits and educational opportunities for many eligible family members. Therefore,

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

Messrs. Chairmen, DAV urges Congress to remember those noted by Lincoln, who have served our nation by supporting a service member or veteran. The men and women who gave up their financial stability to take on the role of caregiver to ensure that their veteran could be cared for by the loving hand of a family member. These unsung heroes need to be assured that their nation recognizes their sacrifices, cherishes their legacy of service, and will support them, too, both now and in the future.

STRENGTHEN VETERANS MENTAL HEALTH CARE AND SUICIDE PREVENTION PROGRAMS

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

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

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

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

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

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

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

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

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

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

NATIONAL SERVICE PROGRAM

Messrs. Chairman, while much of our focus in Washington, D.C., is on advocacy, DAV's core mission around the country involves providing direct services to veterans, most prominently through our National Service Program.

Claims Assistance

To fulfill our mandate of service to America's injured and ill veterans and the families who care for them, DAV employs a corps of 247 national service officers (NSOs), all of whom are wartime service-connected disabled veterans who successfully completed their training through our 16-month on-the-job training program. The military experience, personal claims and treatment experiences of DAV NSOs through military and VA health care not only provide a significant knowledge base but also help promote their passion for helping other veterans through the labyrinth of the VA system. DAV NSOs are situated in space provided by the VA in all its regional offices as well as other VA facilities throughout the nation.

With the addition of our chapter service officers, department service officers and transition service officers as well as county veteran service officers accredited by DAV, all totaled, DAV has 3,872 trained benefits advocates on the front lines providing much-needed claims services to our nation's veterans, their families and survivors. With the generous support of a grateful American public and public-spirited businesses, DAV is proud to provide these services, without cost, to any veteran, dependent or survivor in need.

I can proudly state that DAV has the largest, most well-trained team of benefits advocates in the country. No other organization has more impact on empowering injured and ill veterans to become even more productive members of society. DAV is equally proud that over 1 million veterans have chosen DAV to represent them and assist with their VA claims for benefits.

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

Appellate Representation of Denied Claims

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

In fiscal year 2019, DAV NAOs provided representation in more than 19.5% of all appeals decided by the Board, which is a caseload of approximately 18,259 appeals. Of appeals represented by DAV at this level, 74% of original decisions were overturned or remanded to the regional office for additional development and readjudication.

DAV also has a pro bono representation program for veterans seeking review in the United States Court of Appeals for Veterans Claims. DAV currently works with two of the most accomplished law firms in the country dealing with veterans' issues at the Court. Of the cases acted upon by our national appeals office in calendar year 2019, each case was reviewed to identify claims that were improperly denied. Thanks to DAV and our relationship with private law firms and our pro bono program, 1,355 of these cases previously denied by the BVA were appealed to the Court.

These partnerships have allowed this program to grow exponentially over the past few years, and it would not have been possible without the coordinated efforts of DAV and two top-notch law firms—Finnegan, Henderson, Farabow, Garrett & Dunner, LLP of Washington, D.C., and Chisholm, Chisholm & Kilpatrick of Providence, Rhode Island. Since the inception of DAV's pro bono program, our attorney partners have made offers of free representation to more than 14,600 veterans and have provided free representation in over 11,900 cases.

Transition Services for New Veterans

DAV continues to provide direct on-site assistance to injured and ill active duty military personnel through our Transition Service Program, now in its 19th year. This program provides benefits counseling and assistance to separating service members seeking to file initial claims for benefits administered through the VA. DAV currently employs 31 transition service officers (TSOs) who also provide free assistance to those who need it.

Our TSOs have been trained specifically to give transition presentations, review military service treatment records and initiate claims activities at nearly 100 military installations within the continental United States and Hawaii. In 2019, DAV TSOs conducted over 1,150 briefing presentations to groups of separating service members, with 41,121 total participants in those sessions. They also counseled 27,493 persons in individual interviews, reviewed the military service treatment records of 25,930 individuals and presented 24,206 VA benefits applications.

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

DAV Mobile Service Office Program

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

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

Information Seminar Program

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

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

College and University Outreach

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

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

Disaster Relief Program

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

Our Disaster Relief Program provides grants and supply kits in the aftermath of natural disasters and emergencies in various areas around the nation to help veterans and their families secure temporary lodging, food and other necessities. Our supply kits include backpacks, blankets and hygiene kits that provide additional resources for safety, comfort and self-sufficiency in an extended emergency, disaster or evacuation. The hygiene kit includes basic necessities like a toothbrush and toothpaste, razors and shaving cream, hand sanitizer, deodorant, shampoo and soap.

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

DAV NATIONAL VOLUNTARY SERVICES PROGRAM

A vital part of DAV's success is the more than 31,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist DAV's mission of empowering veterans to lead high-quality and fulfilled lives. Our Voluntary Services Program ensures that ill and injured veterans are able to attend their medical appointments and receive assistance in VA medical centers, clinics and community living centers. Volunteers also visit and support veterans within their communities and, in some cases, go beyond the current scope of government programs and services. Simply stated, they provide a special thanks to our nation's heroes.

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

DAV Local Veterans Assistance Program

DAV created the Local Veterans Assistance Program (LVAP) to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, professional abilities and time in ways that benefit veterans residing within a volunteer's local community. DAV and Auxiliary volunteers have answered that call in full measure, donating more than 2.3 million hours last year alone. We see examples of this each and every day, highlighting the principal objective of our organization: fulfilling our promises to the men and women who served.

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

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

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

DAV National Transportation Network

The DAV Transportation Network is the largest program of its kind for veterans in the nation. This unique initiative provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed VA health care services. The program is operated by 174 hospital service coordinators and more than 9,200 volunteer drivers at VA medical centers across the country.

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

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

DAV's efforts were again supported by Ford Motor Company, with the presentation of eight new vehicles to DAV for the Transportation Network. Since 1996, Ford has donated over \$5.4 million toward the purchase of 231 vehicles to support this critical program. DAV is very thankful for Ford Motor Company's collaboration and its continued support and commitment to the men and women who have served our nation.

DAV's commitment to our national Transportation Network is lasting. We have deployed DAV vehicles in every state and nearly every congressional district serving our veterans, many of whom are your constituents. Since 1987, a total of 3,678 vehicles have been donated to the VA for transporting veterans to their medical appointments, at a cost of nearly \$85 million.

Boulder Crest Mentoring Retreat

Another innovative program offered by DAV is our mentorship program in collaboration with Boulder Crest Retreat in Virginia and Arizona. Boulder Crest is committed to improving the physical, emotional, spiritual and economic well-being of our nation's military members, veterans, first responders and their family members. DAV, in partnership with the Gary Sinise Foundation, participates in five retreats annually for ill and injured veterans, including one all-female veteran retreat. DAV is proud to explore and collaborate on new and holistic ways to help the veterans we serve overcome the challenges that often follow military service.

DAV leaders, including several DAV Past National Commanders, have served as mentors at these retreats to the latest generation of seriously injured veterans. Their spouses have also served as mentors to the caregivers of participants and imparted the knowledge and understanding that comes with decades of service as caregivers to their injured heroes.

Adaptive Sports

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

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

For nearly 35 years DAV and the VA have teamed up for the National Disabled Veterans Winter Sports Clinic, often referred to as "Miracles on the Mountainside." The clinic promotes rehabilitation and restoration by coaching and encouraging veterans with severe disabilities to conquer adaptive skiing, curling, ice hockey and other sports. It shows them by example that they are not barred from adaptive recreational activities and sports of all kinds. Often, this event offers veterans their very first experience in winter sports and gives them motivation to take their personal rehabilitation to a higher level than they may ever have imagined. Participants have included veterans with multiple amputations, traumatic brain and spinal cord injuries, severe neurological deficits and even total blindness.

DAV has also teamed up with the VA to offer a vigorous adaptive sports program for veterans with other interests. The National Disabled Veterans TEE Tournament provides legally blind and other eligible disabled veterans opportunities to develop new skills and strengthen their self-confidence through adaptive golf, bowling, horseback riding and other activities. Attending veterans participate in therapeutic adaptive sports activities that demonstrate having a visual, physical or psychological disability need not be an obstacle to an active and rewarding life. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan. DAV has proudly co-presented this event since 2017.

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

The Next Generation of Volunteers

In order to identify and develop a new generation of VA volunteers, and in remembrance of former VA Secretary and former DAV Executive Director Jesse Brown, we launched a memorial scholarship program in his name. The DAV Jesse Brown Memorial Youth Scholarship Program honors outstanding young volunteers who participate in the VA Voluntary Service Program and/or through DAV's Local Veterans Assistance Program, donating their time and providing compassion to injured and ill veterans.

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

Finally, a lot of veterans across the country could use a helping hand from someone, and plenty of people want to help but don't quite know how. Connecting veterans with those who want to help is the reason DAV developed VolunteerforVeterans.org. This important program crowdsources opportunities for veterans and nonveterans alike, to help veterans and their families in their local communities.

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

NATIONAL EMPLOYMENT PROGRAM

DAV understands that the journey from injury to recovery cannot be completed until veterans are able to find meaning in life and regain purpose after injury or serious illness. For those who are able, working to care and provide for themselves and their families is a fundamental principle. Each year, thousands of men and women make the transition from military to civilian life, and DAV remains dedicated and vigilant with our services to all the men and women who have served. DAV remains fully committed to ensuring that these new veterans gain the tools, resources and opportunities they need to competitively enter the job market and secure meaningful employment.

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

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

Each year, DAV's National Employment Department also works directly with more than 350 companies who are seeking the many talents and skills possessed by veterans. Our program provides a multitude of resources that veterans can access within our employment resources webpage, www.jobs.dav.org, including a job search board offering more than 200,000 current employment opportunities around the world and direct links to company website job boards.

Additionally, DAV has partnered with Hiring America, which is the foremost voice in televised programs dedicated solely to helping veterans secure meaningful employment. Each episode features companies with outstanding veteran-hiring initiatives and shares insights from business leaders, career counselors and human resource specialists. With Hiring America's projected reach in of nearly 3 million viewers, we are very excited about this addition to the growing number of tools and resources that we are providing to veterans seeking employment and companies who want to hire them.

In 2018, DAV published *[The Veteran Advantage: DAV Guide to Hiring and Retaining Veterans with Disabilities](#)* for employers to provide companies, hiring managers or other HR professionals with a solution-oriented, practical and strategic approach to hiring and retaining veterans with disabilities. While we are pleased with the tremendous response to our hiring guide, we know that there is much work ahead to keep this valuable information up to date and available to companies who visit our employment resources every day. We encourage you and your staff to visit www.jobs.dav.org to download a copy of our hiring guide, or we would be happy to provide you with copies of the printed version. We also encourage you to share with your constituents our full schedule of job fairs, which can be found at www.davjobfairs.org.

Messrs. Chairmen, although DAV's National Employment Program is still fairly new for our century-old organization, we are extremely proud of our progress in implementing this vital program and we remain optimistic about our mission of providing vital employment assistance, not only to ill and injured veterans but to all veterans and their spouses, as well as active-duty, Guard and Reserve members.

DAV CHARITABLE SERVICE TRUST

DAV also has a charitable arm that works to improve the lives of veterans, their families and survivors. Organized in 1986, the DAV Charitable Service Trust is a tax-exempt, nonprofit organization serving primarily as a source of grants for qualifying organizations throughout the nation. As an affiliate of DAV, the Trust strives to meet the needs of injured and ill veterans through financial support of direct programs and services for veterans and their families.

DAV established the Trust to advance initiatives, programs and services that might not fit easily into the scheme of what is traditionally offered through VA programs, DAV departments and other veterans service organizations in the community. Nonprofit organizations meeting the direct service needs of veterans, their dependents and survivors are encouraged to apply for financial support. Since the first grant was awarded in 1988, more than \$121 million has been invested to serve the interests of our nation's heroes.

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

Typically, grants are awarded to programs offering:

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

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

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

DAV NATIONAL LEGISLATIVE PROGRAM

Messrs. Chairmen, every summer, DAV's members assemble at our national convention to determine future direction and policies for the organization. During convention, our membership considers and adopts a number of resolutions, calling for public policy changes for wartime service-disabled veterans, their dependents and survivors. Outlined below is a partial list of DAV's legislative resolutions approved at our 98th annual convention in Orlando, Florida, last July. On behalf of DAV, I ask the members of these Committees and your staffs to consider the merit of these proposals and use them to enact legislation to help improve the lives of wartime injured and ill veterans.

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

Disability compensation and other benefits

- Support legislation to provide for service connection for disabling conditions resulting from toxic and environmental exposures.
- Oppose reduction, taxation or elimination of veterans benefits.
- Support legislation to increase disability compensation.
- Support legislation to provide for realistic cost-of-living allowances.
- Support legislation that recognizes presumptive service connection for hypertension, bladder cancer, hypothyroidism and Parkinson-like tremors as related to exposure to Agent Orange and herbicides.
- Support legislation to remove the prohibition against concurrent receipt of military retired pay and veterans disability compensation for all longevity-retired veterans.
- Support oversight of the VA practices in evaluating disability claims for residuals of military sexual trauma.
- Support legislation for the VA to provide child care services/assistance to veterans attending VA health care, employment services and rehabilitation programs.

Medical and health care services

- Strengthen, reform and sustain the VA health care system for service-disabled veterans.
- Support legislation to provide comprehensive support services for caregivers of severely wounded, injured and ill veterans from all eras.
- Enhance medical services and benefits for women veterans.
- Improve service and enhance resources for VA mental health programs and suicide prevention.
- Support enhanced treatment for survivors of military sexual trauma.
- Support VA research into the efficacy of cannabis for treatment of service-connected veterans.
- Support humane, consistent pain management programs in the veterans health care system.
- Enhance long-term services and supports for service-connected disabled veterans.
- Ensure timely access to and quality of VA health care and medical services.
- Support VA medical and prosthetic research programs.
- Support sufficient funding for VA prosthetic and sensory aids and timely delivery of prosthetic items.

General issues

- Support sufficient, timely and predictable funding for all VA programs, benefits and services.
- Support veterans' preference for service-disabled veterans in public employment.
- Support elimination of employment licensure and certification barriers that impede the transfer of military occupations to the civilian labor market.
- Eliminate the requirement that VA vocational rehabilitation benefits must be requested within 12 years of discharge or initial disability determination.

- Create an Economic Opportunity Administration within the VA.
- Protect veterans from employment discrimination when receiving health care for service-connected conditions.
- Support the Defense POW/MIA Accounting Agency.
- Account for those still missing and the repatriation of the remains of those who died while serving our nation.
- Support legislation to strengthen and protect Service-Disabled Veteran-Owned Small Businesses.
- Extend eligibility for mortgage protection life insurance to service-connected veterans rated permanently and totally disabled.
- Extend space-available air travel aboard military aircraft to dependents of service-connected disabled veterans having a permanent disability rated 100%.
- Support the continued growth of Veterans Treatment Courts for justice-involved veterans, particularly those with conditions related to service.

CONCLUSION

Messrs. Chairmen, 2019 was a momentous year for veterans, their families and survivors, but there remains much work ahead for 2020 and beyond. As DAV celebrates our centennial anniversary, we will continue to do the hard work necessary to ensure that all of the promises made to the men and women who served are kept.

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

May God continue to bless the DAV, the men and women who serve our great nation, and the United States of America.

This concludes my statement. Thank you for the opportunity to present DAV’s legislative priorities and highlight the many services we provide to America’s injured and ill veterans.