

**LEGISLATIVE PRESENTATION OF
DISABLED AMERICAN VETERANS AND MULTI VSOs:
AMVETS, VIETNAM VETERANS OF
AMERICA, MILITARY ORDER OF THE PURPLE
HEART, BLINDED VETERANS ASSOCIATION,
VETERANS EDUCATION SUCCESS, GOLD STAR
WIVES OF AMERICA, INC., AND
RESERVE ORGANIZATION OF AMERICA**

JOINT HEARING
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
OF THE
UNITED STATES
HOUSE OF REPRESENTATIVES
AND THE
UNITED STATES SENATE
ONE HUNDRED NINETEENTH CONGRESS
FIRST SESSION

FEBRUARY 25, 2025

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• “Women Veterans: The Journey to Mental Wellness” (available online: www.dav.org/women-veterans-study/)	

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AMERICAN VETERANS AND MULTI VSOs:
AMVETS, VIETNAM VETERANS OF AMERICA,
MILITARY ORDER OF THE PURPLE HEART,
BLINDED VETERANS ASSOCIATION, VET-
ERANS EDUCATION SUCCESS, GOLD STAR
WIVES OF AMERICA, INC., AND RESERVE
ORGANIZATION OF AMERICA**

TUESDAY, FEBRUARY 25, 2025

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

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

Present:

Representatives Bost, Radewagen, Bergman, Miller-Meeks, Luttrell, Hamadeh, King-Hinds, Barrett, Takano, Brownley, Pappas, Cherfilus-McCormick, McGarvey, Ramirez, Budzinski, Kennedy, Dexter, Conaway, and Morrison.

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

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

Chairman BOST. Good morning. I want to thank you all for being here. Welcome to my Senate colleagues, Chairman Moran, Ranking Member Blumenthal, and I would also like to thank DAV's National Commander, Daniel Contreras and his wife Teresa for being here today. Thank you.

I would also like to give a welcome to DAV Auxiliary National Commander Christopher Easley. Thank you for being here. And I'm pleased that there are folks here from the great State of Illinois.

VOICES. Hooah.

If you would stand, I would just love to see you. Good to see you. Thank you for being here.

[Applause.]

I have to be real careful because we want to include all of Illinois, but being from Southern Illinois, we capitalize the “S” there, so people don’t realize how far out of Chicago I live. But thank you for traveling here from our home state. I want to say a special thank you for that.

So, we want to give a warm welcome to everybody. But before we get started, I would like to acknowledge a couple of people that—if you are around here, you are around. These two are very very close to this Committee and DAV should be proud of who they are and the job that they do, and that’s Peter Dickinson and Shane Liermann.

[Applause.]

And for all of their national staff. But let me tell you, they work hard on your behalf—veterans—they make a real difference for you. And I want to tell you that we are continuing to keep them in our prayers as they are trying to heal up. Both of them have had a health issue and we are hoping for their speedy recovery.

Well, this Congress marks a decade on this sacred Committee. And this is my second term as Chairman, and it is an honor to serve you. The mission of the VA Committee has always been personal to me. Many of you have heard my story of how I grew up around veterans, how my father, Army veteran and his brothers; my grandfather, one Navy, one Marine.

VOICES. Hooah.

Chairman BOST. Hooah, yes. An uncle, a Marine in Vietnam that was victim of the ultimate oxymoron, friendly fire, but was very successful in life and still alive and doing well, and that has a whole lot to do to the VA and his services he received there. Myself, as a Marine, my son as a Marine, my grandson is a Marine.

VOICES. Hooah.

Chairman BOST. Hooah. So you know how personal this is to me. And every time I sit at this dais, I am reminded of how important this is and the debating, whether it is debating with the Agency or the other side of the aisle, it is always my focus is on the veteran.

Many of you have watched me and known me around here, and you see this dirty bracelet cord right here? I have worn that ever since coming to Congress. And then I am going to tell you the story on that, because about a year and a half ago, the guy who gave me that, we lost him. We just knew him as Lieutenant Dan, and he is a Vietnam veteran. And he made these cords, and he came to me just after I was elected to Congress, and he said, I am going to give you a couple of these, and I want you to wear them on a regular basis, he says, because every time you look down, I want you to remember who you serve, and that helps tremendously.

Now, for me, it has always been about the veterans. It is not about protecting government bureaucracy. I know the sacrifices each of you have made, especially our disabled veterans community. Each of you has fought to protect our Constitutional rights. I am particularly proud of the work DAV has done to help disabled veterans and their spouses find meaningful employment. You know, in the testimony that is given by you today, that recovery from an injury is not complete until the veterans are able to find meaning and purpose. I look forward to hearing more about what

the DAV is doing to help disabled veterans and spouses reach their professional goals and how Congress can help.

DAV plays a vitally important role in making sure we advance common sense proposals and conduct oversight to meet the needs of the entire veteran community, no matter where they live or where they want to work. Veterans should have the freedom to use the benefits of VA that VA offers in exchange for their service to meet their individual needs. And they shouldn't spend hours driving in a car to get them, or combing through wonky paperwork for months on end, or needless waiting for a phone call to get a simple answer. You know where VA is falling short, and you know where we need to push the Agency to bring it out of the Stone Age and into the New Age.

You have my commitment that as long as I am in charge, we will continue to fight for you. The hundreds and thousands of veterans outside the DCA Beltway who just want their health care on time and their benefits when they need them. You know this old corporal takes this mission seriously and I know our new VA Secretary and my friend Doug Collins does too.

Under President Trump's leadership, I know we are going to put you, the veteran, and the VA service back at the center of VA mission. And when the bureaucracy tries to get in the way, I will continue to be the first to hold them accountable and get the answers for you.

We made great progress through the Dole Act last Congress and I appreciate DAV's support for this legislation. By working together, we can accomplish some tremendous wins. Because of the Dole Act, we have a law that will help streamline the disability claims process, reduce veterans homelessness, strengthen mental health care and improve access to at-home care and much more.

The Dole Act was a great victory for our veterans, but there is much more that we can do and will do with your help. Now, my door has always been and will continue to be open to you. We must deliver for our veterans to protect their health care choice, expand economic and educational opportunities, streamline benefits, and get it done. I promise to keep up the fight we all are in together. Now is not the time to take our foot off the gas. I look forward to completing our mission alongside of you. Thank you again for being here today and with that I now recognize Chairman Moran for his opening comments.

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

Chairman MORAN. Chairman Bost, thank you. Thank you for hosting this joint hearing and we look forward to this continuing. The Senate will host in a few weeks, and we will see you on our side of the building. But it is good to be here with you. It is good to be here with your Members. Good to be here with my Ranking Member, Senator Blumenthal, and the Ranking Member of the House, Senator—Congressman Takano, and I welcome our VSOs, our witnesses, and those here present and those at home watching. I too say a special hello to all VSO members that are here or tuning in today from Kansas. I am grateful to the VSO leadership testifying today. I have met, we have discussed, and being here in per-

son now to share their great passion and expertise for supporting veterans, their families and their survivors.

Policies and programs that we will discuss today depend upon a strong and effective workforce at the VA to deliver the care and benefits veterans deserve. I am committed to working with VSOs and my colleagues to make certain that the necessary VA workforce is preserved as VA implements new federal workforce guidance. This Committee has asked, the Senate committee has asked for lists of those who are impacted by actions, broken down by location and occupation. The VA has said none of these employees were in mission-critical positions, including no VCL responders. The VA has said there is a process in place that allows for the first senior executive in an impacted employee's chain of command to request an exemption. I have asked for and expect to receive, but I am continuing to wait for further details about this process.

The VA must be forthcoming and transparent to Congress, to VSOs, to the public, to its workforce regarding workforce strategy. We are all engaged in attempts to root out any waste, fraud, or abuse that is prevalent or is present. And we are all interested in putting the veteran first. We await additional answers to our questions.

I thank you and I look forward to today's hearing.

Chairman BOST. Thank you, Chairman Moran. I now recognize Ranking Member Takano for his opening comment.

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

Mr. TAKANO. Thank you, Mr. Chairman. Today we continue our annual tradition of jointly welcoming veterans service organizations to testify before Congress about their legislative priorities. And I am pleased to welcome our first panel of the National Commander and representatives of the Disabled American Veterans, and our second panel representatives from AMVETS, Vietnam Veterans of America, the Military Order of the Purple Heart, the Blinded Veterans Association, Veterans Education Success, the Gold Star Wives of America, and the Reserve Organization of America. And I would like to extend a special welcome to DAV's National Commander, Dan Contreras, who hails from Sherman Oaks, California. We are practically neighbors and it is great to see you again, sir.

And speaking of Californians, are there any Californians in the room this morning? [Applause.] I see one very special one at the very center of the table. I know he is there to introduce you, Mr. Contreras. He is my neighbor.

These hearings are important because they are a great opportunity for us to hear from the VSOs about issues impacting veterans in their daily lives. And it was at these hearings in 2022, when the VSOs stood in solidarity calling on Congress to pass the Honoring our PACT Act that finally convinced the holdouts to get on board. Without you, we would have never passed the largest expansion of veterans health care and benefits since the Vietnam War. Without you, millions of veterans would still be struggling to access health care for the toxic exposure they experienced in their

service to our country. I will always be grateful to the VSOs for helping us get it done.

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

But unfortunately, given today's political climate, I am not optimistic about our chances. I am afraid these hearings are occurring in a very different atmosphere this year. Now, I have grave concerns about how President Trump's Executive orders are being carried out across the Federal Government, most especially at the Department of Veterans Affairs. And yes, Chairman Moran, I too, have questions, and I too think that veterans deserve those answers to the questions we have.

I question how purging the workforce, firing the watchdogs, and making VA hostile to certain veterans is helping VA serve veterans better. I think serving veterans is why we are all here. It is certainly why I am here and why I serve on this Committee, because I think there is no higher calling or honor than to serve those who have served.

Since he was sworn in, I have requested information from Secretary Collins about his implementation of the Executive orders and his employment actions against VA employees, none of which he has responded to. This is very troubling. We deserve answers.

It is my hope that I can count on the VSO community to help us hold VA accountable to all veterans and that you will also hold Congress accountable by making sure action is behind our words. That we are being held accountable for carrying out our Constitutional oversight responsibilities by asking tough questions, demanding answers, and taking legislative action when it is needed. We cannot waver on this because we know that veterans are depending on us. Thank you, Mr. Chairman. I yield back.

Chairman BOST. Thank you, Mr. Takano. I now recognize Ranking Member Blumenthal for his opening comment.

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

Senator BLUMENTHAL. Thank you, Mr. Chairman. I want to thank you and the Ranking Member on the House side and my Chairman on the Senate side for your leadership. These issues have been bipartisan, and I think the record ought to reflect, Mr. Chairman, that we have a full room, standing room only. Thank you all for being here today and showing your solidarity with the veterans of America. [Applause.] And we may have a couple of people from Connecticut, I am not sure, but welcome to all of you. A few.

As the Chairman indicated, we are here today in support of veterans, and it is very much a family affair. Less than 1 percent of all Americans these days have anything to do with service in our military, but they are among the most deserving, the most patriotic, the most dedicated among us. Two of my sons have served, one as a combat infantry officer in Afghanistan in the Marine Corps [Cheering], and the other as a Navy SEAL [Cheering]. And they are both proud veterans, and they keep me on the straight and narrow.

We are here today at a pretty momentous and important time, and I am just going to be very blunt. Our VA is under assault. The veterans of America are under assault. Just last night, another 1400 members of the veterans family were fired from their VA jobs. Many of those who were fired are themselves veterans who have dedicated their life to serving veterans. That brings the number to, now, 2400 who have been fired with no credible explanation. And I recommend to you the statement that was issued by the Veterans of Foreign Wars National Commander Al Lipphardt just last night. I am not going to read it all, but I ask Mr. Chairman that it be entered into the record if there is no objection. It says, and I am quoting, "we are losing people who are genuinely committed to the mission and find a continued sense of purpose in what they do." That describes just about all of our VA employees who have dedicated their lives, many of them, to serving our veterans.

This past month's assault, in my view, on the VA workforce and on the federal workforce generally, will do significant and irreparable harm to the delivery of your care and benefits. As I mentioned, just last night, Secretary Collins fired another 1400 more employees without notice and without cause, and all in the name of cost savings, even though we all know that the costs will be higher in the long run. If you don't care for a veteran when he or she needs it now, it will only be more expensive later.

As veterans, you deserve a VA comprised of the very best medical providers, claims processors, cemetery directors, and other critical staff, regardless of cost. But in this instance, the cost will be higher from these supposed savings. In the name of eliminating waste, Elon Musk and DOGE are laying waste to the VA. And the VA National Commander put it well, when he said that Elon Musk is bull-"DOGE"-ing the VA and other agencies.

The attacks on the VA staff since January 20th are already having real-life impacts in the field. And all of you are hearing from our fellow veterans. All of you are hearing their stories, their individual life impacts. My office spoke to one employee last night moments after she found out that she had been terminated from her job with the Veterans Crisis Line, which of course saves people when they are thinking about taking their own lives. She is a 100 percent service-connected disabled veterans and an active-duty military spouse with outstanding performance reviews. Her job is to ensure training is provided to other Veterans Crisis Line responders, empowering them to do their jobs better.

Another 100 percent disabled veteran who served his country for 14 years, did four combat tours and has 10 years of service. Fired. A veteran who was the lead coordinator on dozens of contracts for VA and had a 5 out of 5 performance rating on her last review.

Fired. A disabled Army veteran who successfully transitioned out of homelessness and now has a bachelor's and two master's degrees and who chose to serve his fellow veterans on the Veterans Health Administration. Fired. I could spend the rest of the morning with the list. Real-life impacts.

These men and women weren't fired because of poor performance. They were arbitrarily fired because someone looked at an algorithm or at a status and saw probationary. Even though they might have been promoted and are in a probationary status in that new job, and decided, fired.

If you believe that the VA is a system worth saving, and I think everybody in this room does, we are going to need your help. We are going to need you to be the voice and face of millions, and I mean millions of veterans across the country whose care and benefits is at stake. As we begin the first of six panels over the next two weeks, my fellow lawmakers in both the House and the Senate need you to be bold, candid, and strong.

The VFW National Commander noted that next week on March 4th, he is going to be here before this Committee and he said, "I want to see hats in the hallways of our Capitol as our legislative committee members engage with lawmakers in demanding that they, 'Honor the Contract,' the government has made with those who have already served and sacrificed so much for America. It is time to apply pressure and stop the bleeding."

I hope we see hats in the hallways. I hope we see heads in the hallways from all of you and others. And I really want to thank you for being here today. This picture is worth a thousand words. Let us keep fighting. Thank you. I yield back.

Chairman BOST. Thank you, Senator. I have said this once, I will say it again. I trust Secretary Collins in doing the right thing for veterans, taxpayers, to effectively right size and reorganize VA to work better for men and women it serves. One, because he is himself a veteran, and two, because he knows the mission in serving veterans. As Chairman and as a veteran myself, my mission is the same. Veterans, the people sitting in front of us right now, are my number one priority, not protecting bureaucracy. Let me say that again. Veterans who are sitting in front of me right now are who I am fighting for, not bureaucracy. That should be and will continue to be the priority of Republicans on this Committee. We would be lying to each other and all of you if we said that everything at the VA is perfect and there aren't any improvements that need to be made to make the Agency work better. Now, that includes the workforce. I take Secretary Collins at his word when he says there will be no impact to the delivery of care, benefits, services for our veterans in this plan. My colleagues on the other side of the aisle continue to spread false information about what has happened and to scare and use veterans as pawns.

VA has reduced its workforce by less than 1 percent. Let me say that again—by less than 1 percent. You do understand that there is over 400,000 employees in the VA. I also want to say the VA had a record of hiring and a surge over this last year. The last administration acknowledged many times that they were over-hiring and were hoping to manage this problem through employment employee turnover. We have heard this song before, and I hope my

colleagues on the other side of the aisle will stop using veterans and their families as political posturing.

I trust that Secretary Collins and President Trump, are doing the right thing for the millions of veterans VA serves. As long as I am Chairman, I will continue to focus on the results for those men and women who have served and our veterans who we are serving, not the bureaucracies. And let me also say this. Not only are veterans veterans, they are also taxpayers. They are also concerned that they want to make sure that when they go to the VA, they receive the services that they need to and that the bureaucracy hasn't grown so big that they are focusing on other areas than the physical treatments that they need to receive at the VA or the mental health they need to receive at the VA.

There is nothing wrong with making sure that our VA is operating best for you, and understand that is where we are at. And I look forward to making sure we move forward in a way that the services are provided at the rate and the place and the time that the veteran needs them, not having to jump through the hoops that I talked about earlier in my opening statement.

But with that, let us get back to the business at hand. Improving the delivery, care, and services, and benefits. VA for you. With that, I will now want to yield to Representative Aguilar to introduce the Disabled American Veterans Commander. Representative Aguilar, you are now recognized.

**INTRODUCTION BY HON. PETE AGUILAR,
U.S. REPRESENTATIVE FROM CALIFORNIA**

Mr. AGUILAR. Thank you, Chairman Bost, Chairman Moran, Ranking Members Takano and Blumenthal, our colleagues in the Senate and in the House. I am privileged to address your Committee today to introduce Commander Daniel Contreras. As you know, the Disabled American Veterans organization was established after World War I and has played a vital role after every military conflict in promoting the welfare of our Nation's veterans as they return home to reintegrate into civilian life. Combat medic and nurse from 1980 to 1996, Commander Contreras rose to the rank of Sergeant First Class. He spent his entire civilian life working to help other veterans injured during their service. He is a role model and a pillar of our community back home in Southern California. He is a fixture in San Bernardino or in Riverside and throughout California, up and down the state, and now across this Nation. It is an incredible honor for our community to watch someone who has given so much be recognized as a champion for veterans. As your Committee looks to the role of the VSOs, I know that Commander Contreras will be an invaluable resource for your Committee and a fierce advocate for the veterans that he represents.

This is a difficult time for our Nation's veterans. As you have all mentioned in your opening statements, disabled veterans already face significant hardship in employment, housing, and accessing health care. We should not be taking steps to add to this burden. I trust that the voices of America's disabled veterans will continue to inform the work that you undertake to uphold our Nation's sacred obligation to those who have worn the uniform.

Thank you so much, Mr. Chairman. And I yield back.

Chairman BOST. Thank you. Thank you for being here as well. And, Commander, you are now recognized for 10 minutes to deliver your opening statement. And thank you again for being here.

PANEL I

STATEMENT OF DANIEL CONTRERAS, NATIONAL COMMANDER, DISABLED AMERICAN VETERANS ACCOMPANIED BY JIM MARZALEK, NATIONAL SERVICE DIRECTOR; JOY ILEM, NATIONAL LEGISLATIVE DIRECTOR; EDWARD R. REESE, JR., EXECUTIVE DIRECTOR, WASHINGTON HEADQUARTERS; BARRY JESINOSKI, NATIONAL ADJUTANT; JOHN KLEINDIENST, NATIONAL DIRECTOR OF VOLUNTARY SERVICE; LAMARR COUSER, NATIONAL EMPLOYMENT DIRECTOR; AND CHRISTOPHER EASLEY, AUXILIARY NATIONAL COMMANDER

Mr. CONTRERAS. Thank you for that. Thank you for that kind introduction Representative Aguilar. I very much appreciate the work we were able to accomplish together in providing our veterans access to their records through the Wounded Warrior Access Act.

Chairman Moran and Bost, Ranking Members Blumenthal and Takano and Members of the Committees on Veterans Affairs, thank you for the opportunity to present the 2025 legislative priorities of DAV, Disabled American Veterans, an organization representing nearly 1 million members, all of whom returned from wartime service forever changed.

My written testimony details DAV's key legislative goals for the 119th Congress and summarizes our many programs and accomplishments throughout the last year. So I will use my limited time today to highlight some of our most pressing, critical policy goals. But first, let me introduce my DAV colleagues joining me today, National Adjutant Barry Jesinoski, Washington Headquarters Executive Director Randy Reese, National Service Director Jim Marszalek, National Legislative Director Joy Ilem, National Voluntary Service Director John Kleindienst, National Caregiver Support Program Director Ron Minter, National Employment Director Lamarr Couser, and Auxiliary National Commander Christopher Easley.

I would also like to recognize the many DAV members and leaders sitting behind me today. Not every member could make the trip to Washington, but their contributions have been critical to DAV's success as the Nation's premier veterans service organization. Others have supported DAV's vital mission over the past year. They include our senior and junior Vice Commanders who step up to serve once again, and leaders of the DAV Auxiliary.

I wish to express my gratitude to our National Executive Committee and members of the National Legislative Interim Committee, the Department of California, as well as my Chief of Staff Enrique Ramos for all of their support. And finally, I want to thank my beautiful wife Teresa, who has remained a steadfast partner and supporter of myself and veterans everywhere.

Mr. Chairman, I sit before you as a service-disabled veteran who served as a combat medic and nurse for 16 years. My path to joining the military was laid well before me. As I saw my brothers and sisters raise their hands swearing to defend our Nation and the Constitution, I decided it was my turn. I intended to enlist as a Navy corpsman, but I found the Army to be the best bet for me.

VOICES. Hooah.

The Army offered me an immense opportunity that continues to pay dividends today. As a medic, it opened up the world of caring. Once I saw the healing side of service, I knew I was hooked. When my time in uniform ended, my career helping veterans was taking flight. Early in my civilian transition, I reconnected with an Army buddy who introduced me to DAV and the services we provide. What drew me to this organization more than anything was a chance to secure justice for my fellow veterans and make sure that a sacred promise was kept. It was a new kind of caring, one that doesn't go away as we get older.

Mr. Chairman, veterans need access to a full continuum of long-term care and caregiver support. That necessity has grown substantially and will continue to do so as veterans who served in America's longest war continue to age. The Department of Veterans Affairs projects that in 10 years the number of veterans aged 85 and older will increase by a third and women veterans in this age group could more than double. To meet aging veteran needs, the VA offers several caregiver support programs. However, gaps still exist.

Veteran caregivers have proved to be life-saving. They provide some of the most essential support to veterans, putting in countless hours, often sacrificing their own well-being to care for another. Many do so by foregoing a traditional career and at a great cost to their personal health.

But caregiving isn't without its own costs. Taxpayers benefit because of the services caregivers provide, which keep veterans from requiring government-funded assistance. But studies have shown that over 60 percent of caregivers experience burnout. We see that in the community we serve and sadly, most don't know where to turn for help.

When it comes to caregiving, for me, it is personal. I know it is an area that needs more focus because I live it as a veteran and a caregiver to my wife who is battling stage four cancer. Having this experience that no one asked for provides insight. I have stood by her side through multiple surgeries, during chemotherapy, radiation, infusion, and a medical trial. Like every caregiver I know, I do it all in a heartbeat. And I know with every fiber of my being that if the shoe were on the other foot, she would be there for me.

This is such a crucial area and we need to help veteran caregivers by providing comprehensive resources, including training and financial assistance and requiring the VA to offer more assisted living care options. At DAV, we operate our own Caregiver Support initiative to help these unsung heroes. Since its inception in October 2023, DAV Caregiver Support has connected over 1400 caregivers to a host of public and private resources.

While we are exceptionally proud of the success of our program, the responsibility to provide such support ultimately rests with the

VA. We urge Congress to increase resources for expanding home-based services and create assisted living options for service-disabled veterans. This will help us ensure that veterans can live in their own homes with respect and dignity.

Mr. Chairman, another crucial and critical issue for DAV is ensuring that no toxic-exposed veteran is left behind. American service members have been harmed by toxic exposures since DAV's founders returned from the trenches of World War I. With the help and leadership of these Committees, the PACT Act created more than 20 presumptive conditions for burn pits and other toxic exposures. And we thank you for that recognition.

[Applause.]

In addition to expanding health care access and benefits to millions of veterans, they are no longer burdened to prove their exposures cause these cancers and illnesses. And while the PACT Act has been transformational, the law does not cover every toxic-exposed veteran. Those who served at Fort McClellan and other areas still face an uphill battle to prove their illnesses is a result of exposure. But doing so can be impossible, especially years or decades later. And it also did not include adequate accountability and transparency. That is why DAV and the Military Officers Association of America researched the history of presumptive conditions for toxic exposures and produced a groundbreaking report. And we found that veterans have been forced to wait, on average, more than 34 years after exposure before VA established presumptives for benefits and health care. Saying that that is too long is an understatement of massive proportions. Veterans have died waiting for justice that eludes their survivors. But if we continue teaming up, as we did to get the PACT Act to the President's desk, we can make such injustices a thing of the past.

[Applause.]

We shared our findings and recommendations last September in our report, "Ending the Wait for Toxic-Exposed Veterans." And based on our findings, we call on Congress to pass legislation that would expand research on toxic exposures, launch an independent scientific review process, and establish a Veterans Advisory Commission. Together, we can help end the wait for toxic-exposed veterans.

[Applause.]

Mr. Chairman, a fully funded VA is absolutely vital to ensuring ill and injured veterans receive the care and benefits they have earned. Underfunding or delayed funding can have dire consequences for veterans who rely on VA disability compensation or health care. It is not an exaggeration to say in many cases this is life or death. But efforts have been hampered from a law Congress passed in 2010 limiting its ability to increase federal spending. The underlying principle—that is any new laws must not increase any deficits. In practice, Congress must now offset new benefits by cutting existing ones. This arbitrary and black and white rule, known as pay as you go or PAYGO is dangerous, and it doesn't consider the needs of veterans when determining where and how tax dollars are spent. But unlike every other government program, veterans' benefits and health care have already been paid for through the sacrifices of those who served, period.

[Applause.]

And there are other drastic proposals that seek to balance the federal budget on the backs of those who guaranteed a free and prosperous Nation. This is wrong, even under the pretext of fiscal responsibility. Proposals include taxing VA disability compensations or phasing out certain unemployability benefits when veterans reach a retirement age. There is also suggestions to reduce VA disability compensation levels across the board for future and current veterans. There is even talk of ending lower disability payments altogether. As if to say your service and sacrifice doesn't matter if it doesn't rise to more serious levels. This idea is perilous, cruel, and deeply flawed. We hope that you will summarily dismiss this. We appreciate that.

[Applause.]

Mr. Chairman, we must ensure that the new administration's promise of a Golden Age for America strengthens how we care for our veterans. But we are seeing organized efforts to curtail what veterans have earned and deserve, a VA that is laser focused on providing the best possible care and timely benefits to veterans, their families, caregivers, and survivors. To follow through on this promise, veterans need Congress in their corners as they have been in ours. In this gilded era, we must ensure that veterans benefits are reinforced, not clawed back. The Department of Veterans Affairs needs to be fully funded and have predictable budgets. Veterans' health care should be enhanced and streamlined, all while ensuring VA provides the right options to meet their evolving needs.

Together, we have the chance to follow through on the social contract disabled veterans have earned. And we hope you will join us in this fight. America is counting on it. May God continue to bless DAV, the men and women who serve our great Nation, and the United States of America. Thank you.

[Standing ovation.]

[The prepared statement of Mr. Contreras appears on page 55 of the Appendix.]

Chairman BOST. Thank you, Commander Contreras, for your testimony. And Members, be advised that we, rather than our normal 5 minutes, we will have 3 minutes for the sheer number and we have a second panel to get to. But we do want to get to the questions. And I will recognize myself for 3 minutes with that.

Commander, DAV supports my bill, H.R. 740, that is the Veterans ACCESS Act of 2025, which expands community care options. Can you explain what this bill would do in support of our veterans?

Mr. CONTRERAS. Thank you, Chairman Bost, that is a very important question and I would like to ask our Legislative Director, Joy Ilem, to answer that question.

Ms. ILEM. Thank you, Commander. We appreciate the ACCESS Act, and I know that for a long time with community care, there have been a number of issues that have been, needed fixing and we appreciate the timeliness of that bill that has been introduced. We appreciate working with your staff on that. While we have a few provisions that we would like to see changed, we think overall

it is a good bill. We appreciate it. We want to make sure that veterans, when they have to use community care, they have timely access to that care and services and especially specialized services like residential rehab treatment programs. Thank you.

Chairman BOST. Thank you for that answer. Commander, next question is, you know I am grateful first off for the DAV. It's past support of my legislation that the Veterans Second Amendment Protection Act, which would ensure that the veterans with fiduciary—that need fiduciary receive the same due process rights as every other American before their Constitutional rights are taken away. Is this legislation something the DAV will continue to support?

Mr. CONTRERAS. Thank you once again, Chairman Bost. That is a very important question. I think you will find that DAV's position is we are not going to take or support any—anything that takes away Constitutional rights from our veteran. I think our National Executive Director, Randy Reese, could even go further into DAV's position.

Chairman BOST. Reese.

Mr. REESE. Thank you, Chairman Bost. Last year we definitely supported legislation to make sure that veterans' rights are not abridged and that their Constitution due process is also protected. We appreciate your legislation. You have us on board.

Chairman BOST. I appreciate that very much. With that, I will now yield to Senator Moran, Chairman Moran, for his questions.

Chairman MORAN. Chairman Bost, thank you very much. Commander, great to see you in this setting and thank you for the conversations that we have had. The PACT Act has been a topic of conversation in your testimony. The PACT Act, part of the PACT Act, the Secretary is required to hold quarterly engagements with VSOs to collaborate with, partner with, and give weight to the advice of veterans service organizations and other such stakeholders. What has been the experience, your experience thus far with the provisions, this provision of the PACT Act? Could you describe whether these engagements are taking place and what value they provide to veterans? What type of insight and feedback are you able to provide the Secretary on behalf of your members during these engagements?

Mr. CONTRERAS. Thank you, Ranking Member Moran. That is a very insightful question and I know that our National Service Director, Jim Marszalek could provide great insight into that.

Chairman BOST. Marszalek.

Mr. MARSZALEK. Thank you, Commander. Yes. So, the quarterly updates aren't occurring, right. We do provide—the VA does meet with us frequently. So we are collaborating a lot, but we are not getting information we really need. And as you know, our ending the weight report that we published 34.1 years on average from the time a veteran is exposed to a time of presumption is actually established. It is very concerning. It is way too long. So, we got to do better. And part of the PACT Act required to study to begin on Fort McClellan and those exposures and what residual disabilities can be attributed to those exposures. That study started 30 months ago, and we still don't have any updates to what is occurring. So, VA does got to provide more regular updates with more informa-

tion and be more inclusive in these studies when we are talking about establishing—

Chairman MORAN. In addition to providing information, the goal of that provision is for you to provide information to them as to how they can better implement the act and care for more veterans. True?

Mr. MARSZALEK. Absolutely, sir.

Chairman MORAN. I appreciate it. Although I am disappointed by your answer, I appreciate your frankness. And we will work to see that the VA is doing what the law requires. This thing of passing legislation is hugely important, but if it is not implemented to its fullest extent, we are really missing out on the benefits that we provide. Commander Contreras, what specific strategies can be implemented to close the gaps in mental health care for veterans?

Mr. CONTRERAS. Well, I thank you, again, for your question, Ranking Member Moran. I believe DAV's position is that there should be a comprehensive review on how we can do things, not just one way. And I would say that our Legislative Director, Joy Ilem, could definitely give you some insight.

Chairman MORAN. Ms. Ilem.

Ms. ILEM. Thank you, Chairman Moran. VA does a great job on mental health services, providing mental health services to veterans, but there is always room for improvement. One program that we think is an excellent program and initiative is their firearm safety counseling. We know that so many veterans who do take their lives unfortunately do so using a firearm. It is like 72, 73 percent. We have to make sure that those veterans feel comfortable being able to talk to their provider and get the access to the counseling that they need to put that time and distance between them and that firearm during a period of crisis. And I think that is one initiative that we can really, VA, can continue to build on.

Chairman MORAN. Thank you for highlighting that program. Mr. Chairman.

Chairman BOST. Thank you, Senator. Ranking Member Takano, you are now recognized.

Mr. TAKANO. Thank you, Mr. Chairman. You were a bit distracted when Senator Blumenthal asked for the VFW calls on administration Congress to stop indiscriminate firing of veterans' statement. Can we have unanimous consent to have it entered?

Chairman BOST. Without objection, so approved.

[The statement referred to appears on page 213 of the Appendix.]

Mr. TAKANO. Thank you. Commander Contreras, did you see the VFW statement last night related to the Trump administration's indiscriminate firing of veterans? Have you seen this statement? Are you aware of it?

Mr. CONTRERAS. Thank you, Ranking Member Takano. We have seen that.

Mr. TAKANO. Thank you. Do you agree that the indiscriminate firing of thousands of veterans from the federal workforce is troubling?

Mr. CONTRERAS. DAV is highly concerned with what is going on with VA, because we know that that is going to take away the ex-

pedition of being able to accomplish so many things, not only in health care, but on claims processing. I would like to ask our Executive Director, Randy Reese, to respond further.

Mr. TAKANO. Well, if you mind, I just want to get through some of these questions.

Mr. CONTRERAS. Okay. Absolutely.

Mr. TAKANO. Do you agree that the termination of thousands of federal employees, including thousands of veterans who are continuing to serve our great Nation after taking off the uniform, means that American taxpayers are losing technical expertise, training, and security clearances that we already bought and paid for? That, maybe Mr. Reese can elaborate.

Mr. CONTRERAS. Most definitely.

Mr. REESE. Thank you, Ranking Member Takano. We view the series of actions from return to work, hiring freeze, delayed resignation, probationary employee terminations, all is just unprofessional acts. That is not how you treat people. You don't treat your own staff that way. These are not widgets. These are human beings. That has got to end—that has got to end.

Mr. TAKANO. Well, thank you. Mr. Contreras, do you—does DAV intend to issue its own statement related to this destruction of the federal workforce?

Mr. CONTRERAS. Can you repeat that question?

Mr. TAKANO. Do you all intend to issue your own statement regarding the destruction of the federal workforce through these firings?

Mr. CONTRERAS. We are actively working on our own statement.

Mr. TAKANO. Thank you. This, you know, to my knowledge, over 2 million claims under the PACT Act alone, not including regular claims, have been processed. And that is because there was a surge in hiring at the VBA made possible by the PACT Act. I can't name the thousands of claims process that were hired. But you are aware that VA told Congress that at the VHA that we are short on understaffed by 40,000 employees. Does that seem right to you, that number? Joy?

Ms. ILEM. Yes, that is what we hear. And you know, just in terms of providing, the demand is higher for services. We have had the expansion with the PACT Act of veterans coming in. So absolutely there is still, we have staffing shortages that have been noted by the Inspector General.

Mr. TAKANO. So, the PACT Act made 3.5 million veterans, theoretically, eligible for benefits. In just two years, two million claims have been processed, made possible by the surge in hiring at VA. Now, that they are cutting, VA still tells us that more veterans have been made eligible, but that we are still short 40,000 hiring, 40,000 employees at the VHA to serve those veterans' health care. I fail to see any rhyme or reason to these firings. And I want to work with the VA to make sure that we hold—well, want to work with the DAV to make sure that we hold VA accountable and Congress accountable to make sure veterans are served. I yield back.

Chairman BOST. Thank you, Ranking Member. Senator King, you are recognized. 3 minutes.

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

Senator KING. Thank you, Mr. Chairman. I would call to the attention of the DAV a very troubling paragraph in something called *Project 2025*, which I suspect you have heard of, which seems to be the template for this administration's approach. Here is the sentence that I hope you will attend to. "The next administration should explore how veterans' reviews should be accelerated with clearance from OMB to target significant, significant cost savings from revising disability rating awards for future claimants." And listen to this. "While preserving them fully or partially for existing claimants." Mr. Leader, how do you feel about that idea?

Mr. CONTRERAS. Well, anything that is going to take—Senator King, apologize. Anything that is going to take away from veterans' benefits, we do not support that. We are aware of *Project 2025's* initiatives, not only to reduce category 7 and 8, also to tax veterans' benefits, or to look at unemployment benefits as far as at Social Security age. So, I would say that we would not be in, in favor of that. And there is one of our critical policy goals and it outlines that we need to protect those benefits. And there is, there will be great opposition to that. And we had the Secretary visit our mid-year conference recently and he stated, and we are going to hold him to it, that he is putting veterans first. That would not be putting veterans first.

Senator KING. I appreciate that. We have been talking a lot about the layoffs. In fact, combining the hiring freeze and normal attrition with the recent layoffs, we are really down about 5,000 people at the VA in the last month. Now, the Secretary, when he released his statement last night said, in fact, veterans are going to notice a change for the better. My question to you and to the veterans is tell us if that is what you notice? The power is with the veterans, and you need to use your voice. It is hard for me to believe that these cuts which have been made in the last 20 days, as near as I can tell, pretty indiscriminately, are going to change things for the better for the veterans. And by the way, talking about bureaucracy, in my view, the person that answers the phone can be as important as the person that delivers the care.

[Applause.]

If a veteran calls for a health care appointment and there is no one there to answer the phone, that is a denial of benefits, just as sure as if they can't see the doctor. So, I hope that the people in this room will hold us accountable and thereby the Agency, the Department, the new Secretary to truly putting veterans first. That is an easy phrase to say, but I look at what is actually being done. Thank you, Mr. Chairman, for the work you have done.

[Applause.]

Chairman BOST. Thank you, Senator. Representative Radewagen, you are recognized for 3 minutes.

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

Ms. RADEWAGEN. Thank you. I want to thank the panel for appearing today. Thank the Chairman and Ranking Members. And thank you for your sacrifice and service to our Nation. Commander

Contreras, what are some of the challenges veterans face when accessing mental health care at VA? And what role do VSOs play in connecting veterans with mental health resources?

Mr. CONTRERAS. Representative, thank you very much for that question. It is something that, of course, mental health is a critical issue, not only from suicide prevention and other aspects and alternatives, but I would like to ask our Legislative Director, Joy Ilem, to elaborate further.

Ms. ILEM. I would just add to that the timeliness is of this is essential in terms of mental health services. VA provides great services, wraparound, all types of options of mental health services, from the crisis line to the vet centers to inpatient care. But those specialized services are really critical to those who are struggling with PTSD and chronic conditions like substance use disorder. And veterans are telling us they want to get those services. The demand for them is increasing and we need to make sure that we break away those barriers to accessing those services.

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

Chairman BOST. Thank you, Representative. Senator Tillis, you are now recognized for 3 minutes.

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

Senator TILLIS. Thank you, Mr. Chairman. Thank you all for being here. I have to ask the obligatory question. How many people are either from North Carolina or spent some time at one of our bases? [Applause.] Well, thank you all. Come back and visit.

I have a quick question. I know, I think it is on page, begins on page 17. Some of the things that you all would like to consider as enhancements to the PACT Act to make it work. I think many of you probably know I voted against the PACT Act, but it wasn't for a lack of being a material contributor to it, the TEAM Act and the Camp Lejeune toxins language alone. But I was worried about the implementation. Now, so, when you answer, if you can answer and use the balance of my time, one, I still see headwinds on funding. We saw the \$3 billion shortfall before, and I see more. I see also headwinds on wait times. These are all things that I anticipated that hopefully we were going to fix before we got passed; didn't happen. So, if you could answer that, and I would also like to know, I get the narrative about the job elimination. So, I particularly have a problem with somebody who is not in the VA suggesting job cuts. But now we have Secretary Collins there and I have a lot of respect for him. He is an even keel person. He got bipartisan support. I think he is going to be a good leader. But if y'all can speak, people are talking about gross numbers in an organization that has tens of thousands of employees. So if you can point to any eliminations that you are aware of today that you think are mission-critical to veterans, I would like to know that. I don't have that information. I don't know if you do yet, but I have requested that. So, tell me a little bit about the eliminations. Whether or not you believe they are in mission, you have evidence that they are in mission-critical operations. And give me some suggestions on homework for how we get the PACT Act to where I

hoped it was when we passed it—when we should have passed it, I should say. And I assume that is Mr. Reese.

Mr. REESE. Thank you, Senator.

Senator TILLIS. That was a long-winded question [Laughter].

Mr. REESE. Well, in the big picture there are lots of our members bringing to our attention that they are leaving the workforce from all the different methodologies that have been put out there, from return to work, they leave, hiring freeze, they leave, delayed, they leave. And now, with this probationary period, probably the most concerning to us is we would rather have disabled veterans and their spouses unemployed than working at the U.S. Department of Veterans Affairs. I mean, that is a sad thing to say.

Senator TILLIS. I agree.

Mr. REESE. That is happening.

Senator TILLIS. I agree with that. But I want to, I am a very boring management consultant, fact-based sort of guy. So, if you all could provide me with specific instances of mission-critical jobs or that situation that you gave me, clearly, there is no Republican that is going to be any more comfortable with that than a Democrat. But if we can get that information on exactly how some of these terminations have affected service levels or a threat to wait times, that is very important information for the Secretary to have, because I will guarantee you, he wants those service levels to be the best they ever were. Thank you all for your service. God bless you. Come back to North Carolina soon.

[Applause.]

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

**HON. CHRIS PAPPAS,
U.S. REPRESENTATIVE FROM NEW HAMPSHIRE**

Mr. PAPPAS. Thank you very much, Mr. Chairman. I want to welcome all the veterans here today. I thank you, Commander, for your testimony. I had a great meeting with New Hampshire DAV folks last night in my office. So, I want to thank all the veterans from the “Live Free or Die” State who are joining us here today. Those conversations are so important because we can’t just simply count on VA or Congress to get it right. We need the veteran input and feedback along the way. So we look forward to future conversations and continuing to shape an agenda that is going to make things better for America’s veterans.

I wanted to bring up a piece of legislation that I think is critically important. It is a bill that I am going to reintroduce this Congress called the GUARD VA Benefits Act, which would reinstate criminal penalties for unaccredited claims representatives or claim sharks who charge unauthorized fees for assisting [Cheering]. So you have heard of these guys? [Laughter.] They charge unauthorized fees for assisting veterans with VA claims. So, I want to applaud DAV’s VA accredited representatives, the only individuals who are authorized to prepare, present, or prosecute VA claims under strict regulatory and ethical standards. In contrast, these unaccredited representatives operate without such oversight, often engaging in predatory practices and prey on veterans. It is disgraceful.

So VA, in its limited ability, can't enforce the law because of the explicit criminal penalties were stripped from the law decades ago. We have come across a lot of dubious arguments about my legislation, but I would love to hear from the veteran perspective about the GUARD VA Benefits Act and the need to take on these claim sharks. Commander.

Mr. CONTRERAS. Thank you, Representative. That is certainly a critical issue with us, especially when not only DAV provides, at a national level, free services. We have our department service officers, our chapter service officers. I came from the world of being a service officer and I know DAV is prepared to help in that claims process in any way possible. So, we are looking at these predatory actors as really, one, not being competent. But also, you are hearing where for a 10 percent claim, veterans are paying \$30,000. That is ridiculous. So we are asking that there becomes more of a process of being able to be accredited with VA and not being able to have access to our veterans, their claims or information, and also list who is available. We are available and we can handle it. I know there has been talk that there are so many claims that are going on, but we don't rest on our laurels. We help that one veteran and move on to the next one. And that is what we believe we can do and get rid of these predatory actors.

Mr. PAPPAS. Well, thank you, Commander, for that commitment, for the work that DAV does each and every day. It makes a difference. We want to continue to hear from you as we do our work here in Congress. I yield back.

Chairman BOST. Thank you. General Bergman, you are recognized for 3 minutes.

**HON. JACK BERGMAN,
U.S. REPRESENTATIVE FROM MICHIGAN**

Mr. BERGMAN. Thank you. Thanks for all of our witnesses for being here. Any Michiganders in the crowd? [Hand claps.] All right. Any Yoopers?

VOICES. Yes.

Mr. BERGMAN. Oh, there has got to be one everywhere. We are required to have one. All right, well, very good. You know, I am looking forward to working with all of you, continuing. As a fellow veteran and served all over the world, I have seen the good, the bad, and the ugly of human behavior. But we are a free country because our veterans step up and do what we need to do to guarantee that we have freedom. So, let us get to the business here.

Commander Contreras, last Congress DAV endorsed legislation that I introduced along with Congresswoman Brownley, the Veterans Spinal Trauma Access to New Devices or Veterans STAND Act. As you might remember, the bill would codify the VA's obligation to offer annual examinations for spinal cord injured and disabled or SCI/D veterans. Take steps to improve the outreach for those who are eligible. Ensure paralyzed veterans are able to be assessed and provided with these assistive devices. Could you please describe the benefits, if you will, of preventative health screenings, so preventative health screenings like those provided by the SCI for the SCI/D veterans.

Mr. CONTRERAS. Thank you, General. We appreciate that important question. To fully address the specifics, I am going to ask our Legislative Director, Joy Ilem, to respond.

Ms. ILEM. Great bill. And we appreciate that. And we support making sure that veterans, especially those who have catastrophic injuries, spinal cord injuries—have the access to all of the services that they need, and new and innovative technologies that are coming forward, and those preventative, you know, appointments to make sure that they have access to know what might be an option best for them, are critical. And so we are—we appreciate those provisions being included in the bill.

Mr. BERGMAN. Thank you. And you know, we all know that there are challenges for the disabled veterans to, when they are seeking the—to get, if you will, qualified for and assessed for. So, we have to really understand that new technology appears every day and we have to be realistic about how we advance new technologies to better provide those, you know, assisted services for the veterans.

Another quick—I see we got about a half a minute left. But Commander Contreras, I see that DAV supports legislation directing the VA to research and make available effective psychedelic compounds for treating mental health conditions and traumatic brain injury. For those of you who may not be aware, I am the co-chair of the PATH Caucus, Psychedelics Advancing Therapies, along with my dear friend and colleague Lou Correa from California. Any thoughts or comments on what do you think the VA role should play in advancing the promising field in that area of medicine through research or whatever?

Mr. CONTRERAS. Thank you once again, General, for that question. I can say that DAV's position is certainly that we should look at alternatives. As I addressed earlier that my wife Teresa is going through her challenges and so obviously there needs to be some alternative choices. So, psilocybin is one of them that that is being introduced with her. But I will let our Legislative Director—

Mr. BERGMAN. I see I am over my time, so.

Mr. CONTRERAS. Oh, I am sorry.

Mr. BERGMAN. Make it quick.

Mr. CONTRERAS. I appreciate it.

Mr. BERGMAN. No, that is okay. Whoever you are going to just, but the answer—

Ms. ILEM. We—

Mr. BERGMAN. Let us do more research at the VA?

Ms. ILEM. Yes. We want to make sure the research is available and that VA can expedite that to the field as soon as, you know, as long as it is efficacious and it can benefit veterans.

Mr. BERGMAN. Yes. We should not discount anything just because we don't understand it. That is how we get better. Seek to understand before trying to be understood, I think, as Stephen Covey said. With that I yield back.

[Applause.]

Chairman BOST. Thank you, General. Representative Cherfilus-McCormick, you are now recognized for 3 minutes.

**HON. SHEILA CHERFILUS-MCCORMICK,
U.S. REPRESENTATIVE FROM FLORIDA**

Mrs. CHERFILUS-McCORMICK. Thank you, Mr. Chairman. And thank you also to all our witnesses and DAV. And thank you to all of our Florida veterans who are here. I see you in the crowd, yes.

I have real concerns. I feel like we keep focusing on some of the cuts that are being made in the firing, but we have to look at the cumulative effect. And I proffer that any of the cuts that are being suggested that can actually harm our veterans should be completely off the table right now. We have a contract to our veterans, and we cannot compromise them by one of our veterans being hurt.

One of the areas that I also want to look at, as I have a short amount of time, is focusing on our veterans access to long-term care. Long-term care has allowed our veterans to stay in their homes and in their communities with respect and dignity and with their families. We have a real responsibility to protect our veterans. And so, I wanted to talk about the Homemaker and Home Health Aide Care program administered by the VA and, and how it helps our veterans sustain themselves and their families. However, the program is limited to the number of veterans who have the service, which doesn't allow all of our veterans to live with dignity in their homes when they get sick.

Ms. ILEM, how have your members benefited from the Homemakers and Health Care—Home Health Care Act Program?

Mr. CONTRERAS. Thank you, Representative. That is a question that touches on one of our critical policy goals. I am going to ask our Legislative Director, Joy Ilem, to address that.

Ms. ILEM. Long-term care options for veterans, a wide variety are absolutely essential from that Home Health Aide and Homemaker services all the way through community living centers. But we have also, in our critical policy goal, asked for more assisted living options to again, that might, you know, benefit younger veterans who want to be able to live independently but still need some help. So, those home health services are absolutely essential all the way through, you know, to meet the unique needs of each veteran.

Mrs. CHERFILUS-McCORMICK. One of the largest payers for long-term care services is actually Medicaid. In fact, 9.4 veterans rely on Medicaid and there is a proposed budget to actually start cutting Medicaid. These are the compounded event effects that we are talking about. And so, I also wanted to know how could cuts to Medicaid affect DAV members?

Ms. ILEM. Certainly, services that are outside that, where, you know, a program goes away, can certainly put more stress on the VA veterans. More veterans may need to utilize their VA services. So, we are always looking at, you know, the impact of, I know there is some talk again about Medicare suspension, issues—veterans that are Medicare age, and also those that perhaps are on Medicaid. So, all of those, if a program goes away, veterans still need care. So, they are going to probably turn to VA in many cases for that care.

Mrs. CHERFILUS-McCORMICK. Thank you so much. I just wanted to stress before my time is over that any cuts that will affect one of our veterans should be off of the table. We have a project, a promise to each and every one of our veterans and we must stand

by that, and we must look at the cumulative effect. When we look at the cumulative effect, right now, we are looking at tens and thousands of people who have been fired, who are being denied of Medicaid, who will now be sitting there by themselves trying to provide for themselves. And that is not what our country is made for. Thank you. I yield back.

[Applause.]

Chairman BOST. Congressman Luttrell.

**HON. MORGAN LUTTRELL,
U.S. REPRESENTATIVE FROM TEXAS**

Mr. LUTTRELL. Thank you, Mr. Chairman. And since everybody else is throwing a shout-out to their state, where are my Texans at in the room?

VOICES. Woo.

Mr. LUTTRELL. All right. There you go. You know, luckily for you guys, there is not that many of us, because we have a tendency to tear things up. So, if you guys go out drinking tonight and get in trouble, call me. [Laughter.] I won't join you, but maybe I can call somebody. [Laughter.] And do I have any Army Rangers? Are there any Army Rangers in, in the audience?

VOICES. Woo.

Mr. LUTTRELL. That is tragic. I mean, I, it is just in my bones and I just cannot. I mean, me and Army Rangers just don't—do not get along at all. I mean, y'all's existence bothers me. I say that. And the reason I do say that is because I have an identical twin brother who was rescued by Army Rangers. So, I am indebted to you guys for the rest of my life. But, so this is me saying thank you. Just don't repeat this on social media. And I am sure nobody in here is paying attention to what I am saying anyway.

[Laughter.]

Mr. Contreras, I don't have anything for you, sir. So you are not going to be able to pass the football on me. I am going to go straight to Mr. Marszalek, here. Your statements earlier today, and you are engaging with the VA and it seems to be as if you are kind of hitting a brick wall, and there is no responsiveness from the VA. This is the tricky part. So, the VA is this big machine. It is this big, glorious machine that we lean on as veterans quite a bit. And it is kind of, I love to wire brush the VA more than anybody. I do. It is like, I hate doing it, but it is absolutely necessary. And I am going to provide you some guidance to help out the Members of Congress and the Senate. So, when you come to us with this problem set, the first thing that when you walk into my office is I am going to say, who are you talking to? Like, I need a name. I need a timeframe and a window that you are engaging with the VA so I can personally, or we can personally with the Chairman and the Committee, staff, subcommittee can engage with that particular individual directly so it didn't get tossed into the abyss and nobody is responsive. Because right now, you are just, you are fighting. You are pushing a wet noodle up a hill. I mean, I hate to say it, but it is just the absolute truth. So when the organization is engaging with, do that for us so we can stand alongside you shoulder to shoulder, you know, one team, one dream. Right? That kind of

thing. All that kind of stuff. And I just wanted you to hear me say that to you.

So moving forward, as we come out of this, we are moving into the next phase of VA leadership with Mr. Collins in the direction that he is going to take VA. We can provide guidance to him at our level. And then you come up, up and into the organization, and we are sitting on this up top and coming down, and we meet in the middle, and the veterans are the ones that, you know, glory be to God, we increase our quality of life. Yep. Is that a good enough deal for you?

Mr. MARSZALEK. Absolutely.

Mr. LUTTRELL. Okay. Don't take that personal, Mr. Contreras, I just, that is who I wanted to go to. Mr. Easley, do you have anything you want to add? You are not going to come all the way up to Washington, DC, sit in front of a couple hundred people and not say anything. So, I am going to throw you something.

[Laughter.]

[Applause.]

Mr. EASLEY. Thank you, Congressman.

Mr. LUTTRELL. Yes. You are welcome, buddy. You look lonely down—look, I am down here on the end, too. They can't see us. I am just saying.

Mr. EASLEY. No, I just want to say, as the National Commander of the Disabled American Veterans Auxiliary, the family side of the organization, we support our veterans. I support my best friend here, Dan Contreras. And, you know, I just, I hold my auxiliary members accountable to educate members like yourself at their state level and at the local level, and the needs of our injured, ill, disabled veterans and their families.

Mr. LUTTRELL. Sure. We need that, too. Make no mistake about it. Catch us on the road, catch us on the street, in a restaurant, at a red light. You are the knowledge base that provides information that gives Congress the ability to do our job, and that is legislate. Okay? Thank you, Mr. Chairman. I yield back.

Chairman BOST. Representative McGarvey.

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

Mr. MCGARVEY. Thank you, Mr. Chairman. That is a tough act to follow. [Laughter.] Appreciate that, Morgan. I am the other Morgan on the Committee, so. But I guess if you guys do go out tonight, Morgan and Morgan will come get you. [Laughter.] I am from Kentucky, though, so I just recommend bourbon be your beverage of choice.

[Laughter.]

Appreciate everybody being here today. Thank you. Thank each and every one of you for your service. Each and every one of you put on a uniform. Were willing to sacrifice everything to serve us. That is a debt for which we can never adequately repay you. What we certainly can't do is take away the services you have earned that we are already not doing a good enough job providing. And last night, when the administration announces the indiscriminate firing of 1400 workers at the VA, I was glad to see that the VFW stood up and spoke against it. You all have always answered the

call for service, and so I hate to ask you to stand up again, but we must do everything we can to protect our veterans. That includes making sure that the people are in place so that you get, again, not the services we are giving you, the services you have earned, and that we are doing that in the right manner.

I do want to talk briefly about, Mr. Contreras, a bill I put forward called the INNOVATE Act. I think that one thing the VA can do is do a better job of incentivizing innovation. We have so many great people come through the VA, but we don't have that right incentive to innovate. When they do innovate, they can do cool things. There was a pilot last year, the technology enabled respite home care model pilot. It allowed to have a find a home caregiver temporarily and the caregiver to pay a substitute at a higher wage than the average home care provider's 96 percent veteran satisfaction score and a lower cost to the VA.

Mr. Contreras, just briefly in the time we have left, would you talk about the areas of healthcare your members are most concerned about, where they have expressed needs that they have and where innovation could require an interesting approach?

Mr. CONTRERAS. Well, since you have limited time, Representative, I will go ahead and pass that on to Joy.

Ms. ILEM. Innovation is key. One of the things VA does very well is in best practices and looking at how the delivery of care and benefits can be improved to veterans, and that is essential to keep looking at that. Mental health is one of the key areas. Suicide prevention is on everyone's mind in the veteran community, and I know Congress. So there are opportunities, again, to look at that through that innovative office, Office of Innovation, to make sure that they can utilize all of the resources they have and the best minds that are out there with new ideas to prevent suicide.

Mr. MCGARVEY. Thank you so much. Know we have got your back. We will stand up for you, too. And I yield back.

Chairman BOST. Thank you. Representative Hamadeh.

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

Mr. HAMADEH. Thank you, Mr. Chairman. And thank you for focusing this Committee on putting the veterans first and not protecting the bureaucracy. And I want to thank every single one of you. As a veteran myself, I am so proud to see so many veterans supporting each other. It is a really good sense of community. We all put that uniform on with the American flag on our shoulder sleeve. Didn't matter what race, religion, or what your social status in life was, we all put on that uniform. And for that, I thank you and our entire country owes a debt to all of you.

[Applause.]

Now, Commander, President Trump's MISSION Act was, you know, really put the veterans in charge of their own healthcare decisions. Yet today we are still seeing bureaucratic roadblocks that are getting in the way to prevent timely access to mental health services. What specific changes would ensure veterans can immediately access mental health care in their communities without the VA's red tape?

Mr. CONTRERAS. Representative, certainly DAV is focused on making sure every part of the MISSION Act is implemented. Our Legislative Director, Joy Ilem, will give you greater insight to DAV's position.

Ms. ILEM. I think there are a number of provisions that are in the ACCESS Act that are positive and can try to overcome bureaucratic delays. And definitely within the community care program, we have heard from members, our members. You know, when you do have to access care in the community, one of the biggest delays is trying to get first connected with the Office of Community Care. And so, you know, that will be essential to try to do that and to have the providers available that can help forward these referrals, make sure that veterans get the care when and where they need it.

Mr. HAMADEH. Yes, we heard tragically in some other committee hearings about loss of life. And we need to get better at this because it doesn't matter where you are getting help at the VA or a community care, it is all about putting the veterans first and ensuring their needs are being met. But would permanently codifying access standards help prevent the VA administrators from making arbitrary denials that put veterans' health at risk?

Ms. ILEM. I would just note the access standards are reasonable. However, they can always be better. You know, we want VA to improve access to services. And I think those, some of those details and trying to look at where the holdup is, is really where we need to target targeted solutions to, you know, overcome those issues.

Mr. HAMADEH. Thank you. Chairman, I yield back.

Chairman BOST. Thank you. Representative Budzinski, you are recognized for 3 minutes.

**HON. NIKKI BUDZINSKI,
U.S. REPRESENTATIVE FROM ILLINOIS**

Ms. BUDZINSKI. Thank you, Chairman. Thank you to the Ranking Member, Ranking Member Takano. It is also great to be with Chairman Moran and Ranking Member Blumenthal for hosting this hearing today. It is wonderful to be in a room with so many veterans and I too want to extend my deepest gratitude for your service to our country. Thank you very much.

It is crucial that we always listen to what our VSOs have to say. And I think that is especially important today in light of the extreme uncertainty and actions we have with witnessed in these last two months.

There is a lot to touch on, but I only have a few minutes and would like to focus specifically on our women veterans. [Applause.] Thank you. The VA, as you know, is a national leader in academic research, health research—providing groundbreaking work on advancements in medical treatments, technology and training our health workforce. And just as important, have been the breakthroughs in the unique care required for our women veterans. One of the actions that we have seen taken by the Trump administration, including within NIH and the VA, is the targeting of research grants that includes certain so-called “trigger words.” One of these words is the word “women.” As DAV and many of us here know, research on women is already considered underfunded. And now,

this administration is taking actions to curtail the little yet incredibly important research being conducted specifically for women's health care.

I am very concerned about how these sweeping attacks on this research will impact women veterans. I recently spoke with members of my own Women Veterans Council at home, including a council member working at the St. Louis VA who expressed serious concerns that women veterans might lose access to essential gender-specific care. One of the things we can all agree on is that women veterans face distinct challenges both during their military service and afterwards.

If you don't mind, it is wonderful to have you here, National Commander Contreras. If you don't mind, I will go to Ms. Ilem. It is great to see you again. I know the DAV has a focus on women veterans and has been a leader in advancing the work being done to improve care for them. I have enjoyed partnering with the DAV on these issues and am looking forward to continuing that fight. But Ms. Ilem, how could banning or restricting the use of certain terminology such as the word women in VA-sponsored research affect our understanding of health impacts and conditions unique to our women veterans?

Ms. ILEM. Thank you for that great question and certainly that would be extremely disappointing because VA really has been a leader in women's health research. No one else in the world is doing the research that VA has done over the last, you know, especially the last 10 years, looking at wartime related service and all of the impact of military service on our women veterans.

Our reports, our three reports that we have done, the latest one, Our "Journey to Mental Wellness," was all focused on VA research efforts. And we hope that there will be reasonableness and meaning, you know, mindfulness when looking at that, because that would be a real detriment to our women veterans and the step forward and the progress that has been made in providing VA services which every veteran should have access to, including our women veterans. But they do remain a minority, a statistical minority within the VA. We can't let that slip. So thank you for your attention to that and we stand ready to work with you.

Ms. BUDZINSKI. Thank you. I look forward to working with the DAV on this and encourage, again, all of our veterans to speak out on these very important issues. So, thank you very much. I yield back.

Chairman BOST. Representative King-Hinds, you are recognized for 3 minutes.

**HON. KIMBERLYN KING-HINDS,
U.S. REPRESENTATIVE FROM NORTHERN MARIANA ISLANDS**

Ms. KING-HINDS. Half a day. Good morning. I am from the Commonwealth of the Northern Mariana Islands, 8,000 miles away from here. I want to first of all start by saying thank you very much for your service. And to the VSO, thank you for your fierce advocacy for our veterans. Si Yu'us Ma'ase.

I wanted to go back to the previous conversation with regards to long-care support for our veterans. Right. So, what I am seeing in my district is that families are basically having to choose between

taking care of their veterans or having a job. So folks are literally quitting their jobs to be able to provide that long-term care. And I know that this is a challenge that is very different in rural communities, in comparison to, you know, more urban centers. And so, I wanted to kind of hear what your thoughts were with regards to policy specific to remote rural communities.

Mr. CONTRERAS. Thank you, Representative, for that question. Looking at telemedicine as certainly an option, but as far as community care, as long as it provides the same quality care that it would in an in-house facility. I am going to have Joy, our Legislative Director, further elaborate on that.

Ms. ILEM. Thank you. Great question. I think long-term care is on all of our minds. We have a really significantly aging veteran population of 65, 75, and 85 years and older. All of us will need long-term care, especially service disabled veterans, earlier than, usual, the general population. Those veterans living in rural and remote areas such as yourself really struggle with that access to care. And we are really asking the Committee to work on long-term care services and options for veterans, to start now to really make this a focus, as well as the VA for the near future because it is right around the corner where everybody is going to be, you know, really, really needing these services to a greater extent.

Ms. KING-HINDS. Thank you. Looking forward to having this continued conversation. I yield back my time.

Chairman BOST. Thank you. Representative Morrison, you are recognized for 3 minutes.

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

Dr. MORRISON. Thank you, Mr. Chair. I have to begin by echoing my colleagues grave concerns with the recent mass firing of VA employees. After laying off a thousand employees two weeks ago, we found out last night that another 1400 more public service were—servants were inexplicably let go. I am very fearful that these actions threaten the well-being of our veterans in Minnesota. And I would urge Secretary Collins and the Trump administration to reconsider and to carefully consider the impact these decisions will have on veterans' access to care and benefits.

Mr. Contreras, I want to thank you and your colleagues for your service and for being here today to testify. I had the pleasure of meeting with a group of women veterans from DAV of Minnesota yesterday, many if not all of whom are here today. I want to thank them, again, for traveling here to Washington and for taking the time to share their stories with me. According to the VA, women are the fastest growing group in the veteran population. And as an OB-GYN, a women's health provider myself, it is a top priority of mine to make sure the VA is equipped to care for women after their service to our country.

So, Mr. Contreras or Ms. Ilem, I would like to begin by asking you to expand a little bit on your testimony. How do you think VA can rethink its suicide risk model and mental health care services to account for risk factors that disproportionately affect women, like intimate partner violence and military sexual trauma?

Ms. ILEM. Thank you. Obviously, you have been reading our report, and we really appreciate that. That was one of the things that we identified early on, and we really wanted to highlight. We know that 1-in-3 women experienced military sexual trauma. Not that it is just, it also affects our male veterans, but we know for a higher percentage within our women veteran population. Women veterans deserve to be able to get the care, the specialized services and care that they need in VA. And VA has worked hard to really increase the providers that serve our women veterans to make sure specialists like yourself, they have access to them. Because much of the care for, you know, women, especially maternity care, is all throughout in the community, and so their care can easily be fragmented. So, we want to make sure that we are really paying attention to those issues and really work on them. And we look forward, our staff does, to working with you in the future.

Dr. MORRISON. Thank you. If I may just briefly follow up. You know, as the population of women veterans continues to grow, I think we need to be thinking about how we can expand VA provider workforce for women's health care so we can cut down on wait times for necessary procedures like mammograms and hysterectomies. How would you assess VA's current capability to provide these types of procedures and what should VA be doing to improve in this area?

Ms. ILEM. VA has really tried to increase their workforce, but we always need Congress to provide oversight and attention on that issue. Especially women living in rural communities, VA is doing some very specific programming to bring women provider, you know, training providers in those rural areas. But we know we don't have enough providers for women throughout the country and at all locations that are needed. And that population is really growing. The last I heard was about 900,000 enrolled, which is another big leap. So, more and more women are getting the word that VA is the place to come for care. You are going to get the specialized services that you need. Now, we need to make sure those providers are there and they can get timely, quality care wherever they live, in the community, wherever they live.

Dr. MORRISON. Thank you, so much. My time has expired. But before I yield my time, I just, as the wife of an Army combat veteran and a proud American, I want to thank every single veteran in this room for your service to our country.

[Applause.]

Chairman BOST. Thank you. Dr. Miller-Meeks, you are recognized for 3 minutes.

**HON. MARIANNETTE MILLER-MEEKS,
U.S. REPRESENTATIVE FROM IOWA**

Dr. MILLER-MEEKS. Thank you very much, Chair Bost. And I don't think Brad Whitmore from Iowa is in the audience today, but I do want to shout-out to the over 41,000 veterans we have in my congressional district. And I say that having a maternal grandfather who was in the Army, my maternal uncle was in the Navy, my father was Air Force. Six of the eight kids in our family served in the military, one in the Marine, one in the Air Force, the rest in the Army. The only branches of service my family has not served

in is the Coast Guard and the Space Force. But I will sign up for the Space Force as well as the Army.

I think the challenges that you all have presented to us as a Member of the House Committee on Veterans' Affairs for the past four years that I have been a member, in regards to telehealth, in regards to modernization, getting our EHRs, I mean active duty military has a functioning EHR system. That is still driving cost in our VA system and it is making it difficult for you all to engage in care, engage in care in difficult facilities and engaging care in the community.

What we have done and promoted in community care is especially important. I live in a rural area of Iowa. I have lived in, you know, very big areas such as San Antonio, Texas, which has a lot of military bases and VA facilities. Worked at the VA facility adjacent to Bexar County.

But what we have done in community care to provide access to veterans who either cannot get into the VA in a timely manner or the distance where they live is too cumbersome. We have done good work on PTSD and suicide prevention, but we know we need to do more. And then let me also say that what we have done in trying to get employment opportunities, and this is both on the active-duty side as you transition out and for veterans who have already transitioned out of the military and their spouses, I think it is extremely important work that we do. That may be non-traditional VA work, but it is extremely important for us in making our veterans whole.

Taxes and GI Bill. Need I mention those? But then I am going to just ask a question so we can get that done since my time is limited.

Commander Contreras, the work your organization does in the adaptive sports program has done wonders for veterans over the years and we are glad to see participating, you know, increase over post-COVID. What changes do you think Congress could make to make the program to ensure that the benefit could be utilized by more veterans?

Mr. CONTRERAS. Thank you, Representative, for that question. DAV's programs with our Winter Sports Clinic as well as our Disabled Veterans Golf Clinic. It is an amazing event and I would like to ask our Voluntary Service Director John Kleindienst to address your question.

Mr. KLEINDIENST. Thank you, Commander. Adaptive sports is absolutely a life-changing event. There are many in this room, many watching today whose lives have changed for the better as a result of DAV and VA's involvement with adaptive sports, more specifically the Winter Sports Clinic and the Golf Clinic. I think awareness for the types of programs and activities in the adaptive sports arena could be highlighted and leaders like yourselves, executive leaders at VA, and their attendance and awareness and education about what we are doing at that event are truly rehabilitative. They are not athletes. They are coming to a rehabilitative event to get reintroduced into an activity they did pre-injury. So, I just think awareness and education and allowing the funding for these types of events to take place is of the utmost importance.

Dr. MILLER-MEEKS. I thank you for that. We have a Quad Cities Veterans Outreach Program in Scott County which is all voluntary, which recently public—purchased a school system from the city which now has a program for adaptive sports. And I think it is going to, it has done worlds of benefit for our veterans. I could not be a Member of Congress if it were not for you all. So thank you from the bottom of my heart for all you do in defending our freedoms, our liberties, and our Constitution. I yield back.

[Applause.]

Chairman BOST. Thank you, Dr. Miller-Meeks. Senator Hassan, you are recognized for 3 minutes.

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

Senator HASSAN. Thank you very much, Mr. Chair and Ranking Member. I want to start by just acknowledging all the veterans who made the trip here today and especially give a shout-out to the Granite State veterans who are in the room. I am also here as the proud daughter of an infantry sergeant from World War II and am particularly grateful to all of the Army veterans here in the room.

VOICES. Woo.

Senator HASSAN. I would also like to join others who have expressed concern about the recent firings at the VA. One thousand a couple of weeks ago, 1400 just last night. And I think what I would like to say to Mr. Musk is this isn't Twitter, it is the VA.

[Applause.]

To Commander Contreras, I want to see if we can get through two questions here. I want to start off by thanking DAV for its advocacy on behalf of veterans and especially toxic-exposed veterans. I was happy to work with my colleagues to develop and pass the PACT Act, but I know, just as the DAV does as well, that more needs to be done to help toxic-exposed veterans get the benefits that they have earned and deserve. Unfortunately, as DAV has noted, it takes the VA too long to formally acknowledge toxic exposures. Commander, can you please discuss the importance of ensuring that processes are in place to quickly and fairly process veterans' claims for toxic exposures?

Mr. CONTRERAS. Thank you, Representative. That is a very important issue, and it is one of our critical policy goals. And you can see that we worked with MOAA to establish the Ending the Wait report, which indicates that there is a lot that Congress can do in order to avoid this long delay. It takes too long to establish presumptives. And if you can see in our critical policy goals, that is a key issue that we believe by preempting and studying these things in advance, we could provide our veterans, in presumptive conditions, more expedient services.

Senator HASSAN. Thank you very much for that. And I now want to follow up on one of the areas that Representative Morrison was talking about. And it may be to you, Commander Contreras, or maybe Ms. Ilem. In your written testimony, you discussed the fact that suicide rates among women veterans have been steadily rising. And in DAV's report on women's veterans' mental health, DAV identified that women veterans have several unique risk factors for suicide. Commander, can you describe the importance of tailoring

outreach and services to women's veterans and how that can help address the mental health needs that these veterans may have?

Mr. CONTRERAS. Thank you, again, for that question. As you alluded to, this is our third report, this one being the "Journey to Mental Wellness." Let us definitely have our Legislative Director, Joy Ilem, address that.

Senator HASSAN. Great, thank you.

Ms. ILEM. Just very quickly, we appreciate your attention to that report and our real concern over women veterans and mental health and some unique risk factors, especially military sexual trauma—making sure that that is in VA's protection predictive model. We know that veterans are at higher risk who have experienced MST.

Senator HASSAN. Right.

Ms. ILEM. And so, therefore, we want to make sure that is part of that predictive model so there can be outreach to them with a focus on prevention.

Senator HASSAN. Thank you very much. And Mr. Chair, with just a moment of privilege, I will follow up on what my colleague on the other side of the aisle said. My dad, the World War II veteran, used to ask us at the breakfast table, what are you doing for freedom today? Which when you are in fourth grade, is kind of a hard question to answer [Laughter]. But it just always reminds me he had the right to ask it. Thank you for everything you have all done for our freedom. Thank you.

[Applause.]

Chairman BOST. Thank you, Senator. Commander, thank you for being here. I want to express this to you, but I am also going to express it to Mr. Reese and Ms. Ilem. As we see these changes and the conversation as they go on, if you see a reduction in any service that is due to the change into this administration's made, or if you see or hear of someone specifically that has been relieved and or let go of their duties that you think is something that we should hear, my office, you know, is always open. The job of this Committee is to make sure that the veterans are provided for, as I said before, not that the bureaucrats are protected, but making sure that the services that is provided through the VA are for our veterans to make sure that they are taken care of. And I want to thank all of you, the Disabled American Veterans, for being here today, for what you have done, and what you continue to do. And I want to thank the audience members for coming in from every corner of this United States. And with that, we are going to move to the second panel. But here are some instructions that I need to give to you, please, because after 11 years of being around here, I understand how this room works. If you would, your exit, please, this way, so that the next panel can come in this way for the flow of traffic. Thank you again for being here. God bless you all.

[Applause.]

Mr. CONTRERAS. Thank you, Mr. Chairman. Thank you, Ranking Member Takano.

Chairman BOST. The Committee will come back to order. We would like now to welcome our second panel. I want to thank you

all for being here. Now, we have a lot of important organizations to hear from on this panel, so let's get right to it.

Today we are joined by the National Commander Horace Johnson of AMVETS. We are also joined with Mr.—by Mr. Jack McManus of the Veterans—Vietnam Veterans of America.

Mr. Robert Olivarez. Do I say right? Well, no, with—with boast. You know that it is not boast, it is Bost. So I want yours to be right. How is—it is not close enough, but get it right.

Mr. OLIVAREZ. It is Olivarez.

Chairman BOST. And now I am still going to say it wrong, but that is all right. That way you put it down. He is of our Military Order of the Purple Heart.

Mr. Paul Mimms of the Blind Veterans Association. Thank you for being here with us.

Mr. William Hubbard of the Veterans Education Success.

Ms. Nancy Menagh of the Gold Star Wives of America.

Mr. Matthew Schwartzman of Reserve Organization of America. Again, welcome to all of you and to all of your members in the audience.

Mr. Johnson, you are now recognized for 5 minutes for your opening statement.

PANEL II

STATEMENT OF HORACE JOHNSON, NATIONAL COMMANDER, AMVETS

Mr. JOHNSON. Well, thank you, sir. Chairman, Ranking Members and Members of the Committee, the challenges facing veterans aren't new, but recent actions making them worse. Right now, veterans working at the VA are losing their jobs. Veterans owned small businesses are losing contracts and critical services are being cut without a clear plan and without accountability.

The Department of Government Efficiency, DOGE, is making sweeping changes in the name of reform, but real reform means fixing what is broken, not breaking what works. The VA needs improvement, but not reckless cuts are not—but reckless cuts are not the answer. Veterans should not bear the brunt of mismanagement. Congress must step in before these changes do lasting damages.

At the same time, while resources disappear in the name of efficiency, the VA mental health budget has grown from \$600 million at the start of our Iraqi and Afghanistan wars to over \$17 billion in 2025. Yet veteran suicide rates remain heartbreakingly high. This crisis isn't about a lack of funding; it is about misplaced priorities. Billions are wasted on ineffective programs, bureaucracies and contracts that overpromise and underdeliver. And while that money disappears, veterans are left without the care they need. This has to change.

Veterans is calling for a real solution. We propose the Veterans Continuum of Wellness, a framework designed to tackle the root causes of mental health struggles. It focuses on early intervention, self-sufficiency and long-term wellness. It explains access to alternate therapies, including peer-led counseling and community-based

support, giving veterans more options beyond traditional VA care and pharmaceuticals. Because when a veteran is struggling, they don't need to be put on a waiting list, another waiting list, they need help when they ask for it.

Another issue that has been overlooked for far too long is traumatic brain injury, TBI. Since 2000, nearly a half a million service members have suffered at least one TBI each year. Over a hundred thousand veterans seek VA care for TBI, yet too many are given medical issues instead of—medications—instead of real treatment. Businesses, excuse me, businesses are shut out. Congress must increase competition, remove barriers for veteran-owned businesses and hold contractors accountable.

There are other urgent issues. Surviving spouses and children of service members receive far less DIC payments than other civilian counterparts. This must change. The Richard Star Act must pass so that medically retired combat veterans can receive both their full retirement pay and disability benefits without penalty. Far too long, veterans and their families have been told to wait while billions are wasted. Veterans are still dying by suicide. Veterans with TBI are still searching for solutions. Veteran-owned small businesses are still being shut out while corporate profits from failed projects. We cannot keep on doing the same thing. Congress must act now. Our legislative priorities will ensure every veteran has the opportunity to thrive.

At the same time, Congress must hold underperforming contractors accountable, support veteran owned businesses and prioritize competition and innovation. AMVETS stands ready to help with Congress, the administration and the VA to make real reform happen. Veterans need more—don't need more bureaucracy. They don't need more failed programs. They need leadership. They need vision. They need real results. The time is now. Thank you.

[The prepared statement of Mr. Johnson appears on page 89 of the Appendix.]

Chairman BOST. Thank you, Mr. Johnson. Mr. McManus, you are recognized for 5 minutes for your opening statement.

**STATEMENT OF JACK MCMANUS, NATIONAL PRESIDENT,
VIETNAM VETERANS OF AMERICA**

Mr. MCMANUS. Morning, Chairperson, esteemed Members of the joint House and Senate Committees on Veterans' Affairs and fellow veterans in the room. VVA remains steadfast in our mission to advocate for the rights, health and well-being of all veterans who have served. We are driven by the commitment that has guided our organization since its founding.

Never again shall one generation of veterans abandon another. To divide one's veteran service based upon the distinction in time and location at the expense of another veteran's equally honorable service is an injustice to both veterans. Could we really believe that the sacrifices of the veterans lost in the Beirut barracks at the embassy in Benghazi were any less a sacrifice than those lost in Al-Fallujah in Iraq or Khe Sanh in Vietnam? We are American veterans first, last and always.

Foremost, I must address an urgent matter. That is the need for a full accounting of U.S. personnel categorized as prisoners of war or missing in action from the War in Vietnam. The families of those service members deserve the answers. And you, the Members of this Committee, multiple committees, representing the American people, owe it to our former fallen comrades to ensure every effort is made to bring them home. We call on Congress to fully fund and prioritize efforts to recover and account for our missing service members in all Vietnam War combat areas. Diligent recovery efforts are imperative and must continue at a fast pace at potential sites which have been altered by construction and by land reclamation.

America has made an oath to never abandon our fellow veterans. In keeping this promise, do not allow this time and opportunity to slip away.

The health and safety of our veterans and their descendants should be a paramount concern for all veterans—all Americans, excuse me. Therefore, we ask for comprehensive studies to identify and potentially resolve the negative effects of toxic exposures on veterans and their descendants. In this, we hope to identify best practices that will mitigate or eliminate future toxic exposures.

Thousands of Vietnam veterans were exposed to Agent Orange in the water and on the ships outside the current 12-mile nautical limitation. We call for amendment of the Blue Water Navy Act of 2019 to extend this arbitrary man-made limit. If you served in the Vietnam theater of combat operations and are entitled to receive the Vietnam Service Medal, you should be presumed exposed.

1,120 women volunteered to serve with the Red Cross during the Vietnam War. 627 of those women worked as Donut Dollies and three of them never made it home from Vietnam. Providing critical morale boosts to our soldiers, these Donut Dollies traveled by helicopter to forward operating positions as well as in the rear.

We call for recognition of their perilous volunteer service by awarding the Congressional Gold Medal to the Donut Dollies. I implore this Committee to introduce this long overdue legislation. As a personal aside, it would be very important and very critical if we could get the Members of this Committee to sponsor and introduce the legislation for the Congressional Gold Medal for the Donut Dollies.

Finally, we adamantly oppose any proposed dilution or expansion of the criteria for which the DoD Gold Star designation lapel button is awarded. It should always be for our Nation's aspiration to have fewer Gold Star families, not more. We are opposed to any efforts to diminish the noble and selfless sacrifice of those lives ended in military conflict.

Thank you for the opportunity to testify. VVA is keen to work with Congress on behalf of our veterans. More of our priorities can be found in our written testimony.

[The prepared statement of Mr. McManus appears on page 100 of the Appendix.]

Chairman BOST. Thank you, Mr. McManus. Mr. Olivarez, you are recognized for 5 minutes.

**STATEMENT OF ROBERT OLIVAREZ JR., NATIONAL
COMMANDER, MILITARY ORDER OF THE PURPLE HEART**

Mr. OLIVAREZ. Thank you. Thank you, Chairman Bost, and Ranking Member Blumenthal, and distinguished Members of the Veterans' Affairs Committee. I am honored and humbled to represent America's Purple Heart veterans in addressing you today.

I would like to begin by congratulating the new Members of Congress and expressing my gratitude to those who have returned to serve and enhance the quality of life for our Nation's veterans. With the collective efforts, I am confident that the 119th Congress will make significant stride in supporting our Nation's heroes. The 118th Congress passed pivotal legislation such as the VA Accountability Act, PACT Act, and the Compact Act, which have made substantial improvements in various aspects of the American veterans life. This foundation will undoubtedly guide our progress during the 119th Congress.

Our Nation's veterans answered a call to protect us from the darkest threats the world has to offer. We implore you, this Committee, and the rest of Congress to consider passing further legislation that addresses and presents needs of our veterans.

We, the Military Order of the Purple Heart, ask for your support in the following. First, the Military Medals Protection Act, which George Washington established as the Badge of Merit, which is the precursor to today's Purple Heart. Recognizing the profound significance of military honors. This act grants the Department of Defense exclusive trademark authority over all military medals, safeguarding them from exploitation and preserving their symbolic value. Commercializing or misusing these symbols diminishes their essence. The 113th Congress recognized this sacredness when they passed the Stolen Valor Act. Let's collaborate and expand their protection and restore the trade word marks to DoD, ensuring their unimpaired safeguard.

Second, the National Green Alert Act. H.R. 175–2017 aims to create a specialized alert system for missing veterans. The purpose of the system is to leverage a successful existing alert system like the Amber Alert and Silver Alert, which have demonstrated high recovery rates. The Green Alert system would provide critical response tools to enable specialized response to include public education components to address the unique challenges faced by veterans in crisis.

Third, the Healthy Heroes Act. This act addresses veterans healthcare crisis including mental health, substance abuse and homelessness. This act would introduce changes to health—the VA health care by embracing alternative treatments such as holistic approaches and comprehensive mental health services. The Military Order of the Purple Heart also requests Congress to expand on the VA dental health care qualifications for all veterans.

Finally, the Fulfilling the Legacy Act seeks to rectify a systematic failure that has been affecting all veterans financial security. Consider the story of a 92-year-old Purple Heart recipient who diligently paid survivor's benefit premiums for decades only to lose \$50,000 in premiums when his wife passed away. This is not an isolated incident but a clear indication and a need for action. This act modernizes the survivor's benefit plan, ensuring that veterans

investments in their families futures are protected. The military retirees have already met all requirements and have earned health care benefits. So the Military Order of the Purple Heart opposes any changes to TRICARE for Life or VA disability benefits that would increase the fees and shift costs from the Department of Defense to retirees over 65 years of age who rely on TRICARE for Life and those who rely on their VA disability compensation.

The cost of inaction extends beyond monetary losses. It involves the loss of life, shattered families and broken promises. Each day, 44,000 families, or 44 families, tragically lose a veteran to suicide for our delays. Every night, 33,000 veterans who valiantly defended our Nation find themselves sleeping on our streets. On top of that, countless military families face financial insecurities due to outdated benefit systems. Continuing to allow companies to profit while penalizing a Nation's heroes who earned these benefits diminishes the sacrifices made by America's warriors.

These four acts the Military Order of the Purple Heart presents are more than mere policy changes, but they embody our sacred moral obligation to those who have served. The Military Order of the Purple Heart proposes these acts for American veterans to secure their health care for their families' futures. Each piece of legislation addresses critical gaps in support for veterans. George Washington recognized the importance of honoring those veterans who served under him. We must too recognize our duty to today's veterans. The 119th Congress holds the opportunity to transform how America cares for its heroes. Let us set aside partisan politics and focus on the issue at hand. The Military Order of the Purple Heart is seeking your support and collaboration on these presented acts, and also remember to "Honor the Contract."

[The prepared statement of Mr. Olivarez appears on page 115 of the Appendix.]

Chairman BOST. Thank you. Mr. Mimms, you are recognized for 5 minutes.

**STATEMENT OF PAUL L. MIMMS, NATIONAL PRESIDENT,
BLINDED VETERANS ASSOCIATION**

Mr. MIMMS. Good morning, Chairman Bost, and Chairman Moran, and Ranking Members Blumenthal and Takano, and the other esteemed Members of the congressional Veterans' Affairs Committee. The Blinded Veterans Association is honored to present our legislative priorities for the coming year as we approach, on March 28th, the anniversary of our 80th year of existence.

What I want to talk to you about today is the ways in which America's blinded veterans are continuing to be underserved and disenfranchised. And I present that to you by describing myself to you, presenting myself to you as a blinded veteran who served in Vietnam and was injured there, a former employee of the Department of Veterans Affairs as a vet center counselor and later computer skills instructor, and eventually a visual impairment services team coordinator. And now I am a consumer of medical care from my local VA medical center.

A day in the life of just trying to get a primary care appointment, I will present to you, and the first barrier we encounter is trans-

portation. The VA has inadequate transportation resources available to blind veterans. What we do have provided by the VTS service is that we may actually have our appointment canceled the night before, if not the day of the appointment. We now have to scramble to try to figure out how to get there. Once we get there, we get to the waiting room and very often somebody is going to walk out, call my name and then walk up to me and say, here, fill this out and hand me a clipboard, which of course I can't see. Then when I finally get in at my appointment, they are going to give me yet another sheaf of papers and say, here is your treatment plan and your follow up plan. And so go over that and you know, I will see you in six months.

Okay. Then I leave there, I go to labs, or I go to pharmacy, both are going to be the same thing. I am required to take a number from where? And so it is not obvious and if there is nobody there to help, there is, now I got to find somebody else that is sitting there and hopefully there is somebody so I can ask them where do I get my number? Okay, now wait, tell me—can you tell me what it is? So that system is not for us, but yet we get through that. And when we go to pharmacy after we put in our prescriptions, we are sitting in the lobby with everybody else, and what we are tasked with doing is waiting to see our name on the screen, although we can't, so we got to ask somebody else, you know, to find my name if the pharmacy doesn't come up with a way in order to inform us that we will notify you when your name comes out so you can come up and pick up your meds.

After we leave to go to the window in order to apply for transportation reimbursement because we had to pay our own way to get there, then they say, well you are going to have to use the website. So I tell them the website is not accessible. Well, I am sorry, we can't help you. Yet another barrier.

And so that, that is just a day in the life of what we go through and as blinded veterans, and I am not unique in that. And so as I want to say one more thing about me and that is that I am a guide dog handler. And as such, for the last three administrations, we have been waiting for the VA to implement their own mandated program that would have established a person called Service Dog Champion at every VA facility. And they have yet to do that. And for the few that are on duty, there is no such thing as the training program for them. There is no such thing as the guidance for them. So our very—our expectations have to be very low in terms of them delivering the service that is supposed to come from that program. Another barrier.

So we—I don't want you to think that I am a blinded veteran and therefore I have a disability and so I want everything my way. It is far from that. We served like everybody else served, and we served you. In front of me and every other veteran in this room, we served alongside them and the country. We served on behalf of them. And so we deserve, as blind veterans, the same level of dignity, respect, sensitivity, and we need to be treated as much of a human being as everybody else who doesn't have an obvious different abilities.

My abilities are different now than they were when I was inducted, as I have been discharged. And those different abilities

don't mean that therefore I have a different level of respect and service that I should be able to expect as I try to access VA's programs.

So I am advocating right now for you to continue the funding for blind rehabilitation service. I can tell you there is nothing in the general community that will come anywhere near the level of service that we get from that program, and we desperately need that in order to be able to take our place in society alongside our sighted peers and our family members and our fellow veterans—being able to serve in the community as husbands, fathers, brothers, and taxpayers. And I want to make sure that we have continued funding for vision research through Senate appropriations. I want the VA to engage on a program that would just come up with training for the ways that they need it.

Once I mentioned that VA employees don't know how to guide us. So when we go to a clinic appointment, they are going to grab our thumb, wrist, my clothes, my dog's leash, the cane, and whatever they can think of that they are supposed to grab so they can lead us, when in reality they just need to offer us an elbow and we can take that and it is all done. But the VA doesn't see it makes sense to teach them that. And so I ask for that education. Education for the service dog champions.

And last, but not least, we advocate vigorously for the establishment of the Federal Committee—Federal Advisory Committee on Access. And more so, we advocate for having a seat at that table because we finally need now the opportunity to speak up for ourselves instead of having people decide, oh, this is what they need, so just give them this so they will be quiet.

So I thank you for this opportunity to present to you, and I offer the opportunity to answer any of your questions.

[The prepared statement of Mr. Mimms appears on page 120 of the Appendix.]

Chairman BOST. Thank you Mr. Mimms. Mr. Hubbard.

Mr. MIMMS. Thank you.

[Applause.]

Chairman BOST. Mr. Hubbard, you are recognized for 5 minutes.

**STATEMENT OF WILLIAM HUBBARD, VICE PRESIDENT FOR
VETERANS AND MILITARY POLICY, VETERANS EDUCATION
SUCCESS**

Mr. HUBBARD. Thank you. Chairman Moran and Bost, Ranking Members Blumenthal and Takano, and esteemed Members of the Committee on Veterans' Affairs, thank you for the opportunity to testify today on behalf of Veterans Education Success. We thank you for your long-standing leadership, especially Chairman Moran, Senator Cassidy, and Ranking Member Takano, for closing the 90/10 loophole.

Our organization works on a bipartisan basis to advance higher education success for veterans, service members, and military families and to protect the integrity and promise of the GI Bill and other federal post-secondary education programs. The stakes are high. Veterans and taxpayers alike deserve a return on their investment in higher education.

While most U.S. colleges are honorable and good, some are not, but VA continues to approve them anyway. For example, there is roughly 100 colleges that spent less than 20 percent of the tuition they charged VA on actually educating veterans. And predictably, these schools have abysmal outcomes. One veteran told us, “There are issues such as schools replaying free web seminars as their own training and using unqualified people to lead the classes. They literally go to YouTube, find the free course by someone, then they play that during the Zoom meeting and call it training. Everything they are doing could have been done by me for free. They also attempted on two occasions to place me in classes that are not part of the program and do not serve a purpose except to show me in class.”

A couple of years ago, student veterans and whistleblowers reported a different school to us, a school pretending to be a legitimate Bible college, which, as the students described, was actually a cult. We interviewed the students and teachers and provided a comprehensive memo to VA, and yet the school continued to receive GI Bill funding for another two years. The school even continued to receive GI Bill funding a full three months after the FBI raided the school’s locations across the country.

Transitions between military service and civilian life are challenging enough as it is, even in the best of times. I have personally made this transition multiple times between active-duty service and the civilian world after several overseas deployments, including my last tour in Afghanistan in 2018 and 2019. When veterans apply to use their GI Bill at a training program or college, they don’t think, gosh, this is going to be such a scam. No, of course they think they are investing their time, energy, and valuable GI Bill benefits in something worthwhile. Yet we hear from veterans and their families time and time again, why would VA approve this program in the first place? And that really is a question for Congress to ponder.

Our written testimony suggests some common sense standards to prevent this kind of fraud in the first place.

One, ensure teachers are qualified to teach in their subjects.

Two, require colleges to prove they are financially stable and won’t suddenly collapse.

Three, require colleges to spend the GI Bill on the veteran’s education rather than siphoning it off for massive marketing budgets.

Four, stop colleges from overcharging repackaged content, a hit to veterans and taxpayers alike.

Five, no more YouTube lectures. Require real instructor engagement in online classes.

A related and worst problem is that if a veteran was defrauded of their hard earned GI Bill benefits, that veteran will never get their GI Bill back. Unlike traditional students who can apply to be made whole, the veteran is left out. Last year, the House voted overwhelmingly in favor of the Student Veteran Benefit Restoration Act, a bill sponsored by Congresswoman Delia Ramirez and championed by Chairman Mike Bost, both members from Illinois, where I grew up. We need to pass this bill this year.

Before I close, I want to briefly mention two additional priorities. First, on the Dole Act, we provide some suggestions and our writ-

ten testimony for some possible technical improvements. And second, we call for much better interagency data sharing by VA to answer critical questions on veterans outcomes.

Thank you for your time and commitment to these issues. I look forward to your questions.

[The prepared statement of Mr. Hubbard appears on page 137 of the Appendix.]

Chairman BOST. Thank you, Mr. Hubbard. What amazement is it that the two set people sitting at the dais are the ones that are sponsors of your bill?

Mr. HUBBARD. I appreciate it.

Chairman BOST. With that, Ms. Menagh, you are recognized for 5 minutes for your opening statement.

**STATEMENT OF NANCY MENAGH, PAST NATIONAL
PRESIDENT, GOLD STAR WIVES OF AMERICA, INC.**

Ms. MENAGH. Chairman Bost, Ranking Members, and Committee members, thank you so much for inviting us to testify this year. This year marks 80 years that Gold Star Wives of America has worked with Congress to bring attention to surviving spouses and their families.

In our written testimony, we address our many concerns concerning toxic exposure, traumatic brain injuries in relation to suicide, claims for suicide and their issues, and the burial allowance and many other issues facing veterans and their families. But today we are here to focus on the Caring for Survivors Act of 2025. The first part of the bill will match dependent indemnity compensation, known as DIC, closer to benefits in other federal survivor programs. And the second part will ensure surviving family members receive the financial help they deserve if their veteran dies at the 5-year mark instead of the 10-year mark if they die of a condition not deemed part of their disability.

My husband, Captain Philip Menagh, served in Vietnam with the Marine Corps, where he earned the Silver Star, the Navy Commendation Medal with Valor, and the Navy and Marine Corps Medal. He then later joined the Virginia National Guard. On June 9, 1984, I was 8 months pregnant, and our four children stood at the window, 10, 8, 5, and 3, each holding a dollar bill, listening for the ice cream truck. My 8-year-old suddenly yelled, mom, mom, there is a police car with two Army guys. As I stood waiting for that knock at the door, I knew our lives had changed forever. I am now one of the many survivors who rely on DIC.

Currently, over 93 percent of those who receive DIC are over the age of 57 and over 70 percent are surviving spouses of Vietnam. Whether an active-duty death or a slow Agent Orange death years later, it is this demographic who needs this increase in DIC. Of all those who receive DIC, only around 15 percent also receive DIC and SBP. Those who receive only DIC are primarily those who are married to our Vietnam veterans.

Well, what does this increase mean to us? Let's look at the numbers. A married 100 percent disabled Vietnam veteran receives an annual amount of \$48,532. If that veteran dies, the household income drops to a mere \$19,836. The rent remains the same, the util-

ities remain the same, and yet that spouse now has less than half of the monthly income to maintain that household. And that is because their surviving spouse rate is only 43 percent of what a single 100 percent disabled veteran receives. To bring parity with other federal employing programs by raising that amount to 55 percent is really a very small price to pay for the sacrifices made for those who served in Vietnam and their families. Certainly the sacrifice made by our service members are at least as important and worthy as other federal employee jobs. Been a lot of talk today about federal jobs.

While my husband is the one who made the ultimate sacrifice for our country, it is me, the surviving spouse, who continues to pay that price each and every day for the rest of my life. I wear the Silver Star my husband earned to remind me every day of who he was, what he did, and how to continue his life of service. Our country drafted thousands and thousands of young men to serve in Vietnam, and now it is time to show our respect for them by taking care of their families left behind. It is part of the price tag for their sacrifice, and it is a very small price to pay.

The second part of the Caring for Survivors Act of 2025 addresses the surviving families of 100 percent disabled veterans. Currently, only the families of a veteran rated 100 percent for 10 years receives benefits in the situation of a death deemed not caused by the disability. This bill reduced the 10-year qualification to 5 years, thus providing benefits to those families who have put their lives on hold caring for those veterans every day.

You can pass the Caring for Survivors Act of 2025 to provide just a little more financial ability to pay the bills, to buy that extra bag of groceries, or fill a tank of gas. It is no secret how our Vietnam veterans were treated when they came home. You can send a message to them that we recognize and thank them for their sacrifice and now we will do better to take care of the family they leave behind.

For 80 years we have come to remind you to follow the words of Abraham Lincoln, "To care for him who have borne the battle and for his widow and his orphan." Thank you.

[Applause.]

[The prepared statement of Ms. Menagh appears on page 167 of the Appendix.]

Chairman BOST. Thank you. Mr. Schwartzman, you are recognized for 5 minutes.

STATEMENT OF MATTHEW L. SCHWARTZMAN, DIRECTOR, LEGISLATION AND MILITARY POLICY, RESERVE ORGANIZATION OF AMERICA

Mr. SCHWARTZMAN. Thank you very much, Mr. Chairman. Chairman Bost and Moran, Ranking Members Takano and Blumenthal, and distinguished Members of the Committees on Veterans' Affairs, on behalf of the Reserve Organization of America, the only National military organization that solely and exclusively supports the Reserve and National Guard, thank you for the opportunity to testify on our veterans priorities for the 119th Congress. By setting aside partisanship, your Committees have consistently extin-

guished the fires of faction warned of in the Federalist Papers and have instead kindled a flame of constitutional cooperation seldomly seen within the Federal Government. That flame was recently ignited with the signing of the Dole Act, which included several provisions modernizing the Uniformed Services Employment and Re-employment Rights Act supported by ROA. ROA is eager to work with you and your staff to build on this success and thanks you for your hard work in the previous Congress.

For over a century, ROA has championed the Reserve and National Guard, advocating for military readiness and national security. The Department of Veterans Affairs is essential to this mission and must ensure the reserve components receive the support they need and deserve.

While my written statement details over 20 actions Congress can take, my remarks today will focus on three critical reforms.

80 years ago, President Roosevelt signed the GI Bill into law, issuing an emphatic notice that the American people would not let down their service members. Yet, despite ongoing improvements, members of the Reserve and National Guard are still left behind. Under current law, an active-duty service member and a reservist can perform the same mission, but only one earns education benefits. This is simply unacceptable.

The Guard and Reserve GI Bill Parity Act, reintroduced in the 119th Congress, would resolve this disparity by counting every day in uniform toward Post-9/11 GI Bill eligibility. Beyond parity, this bill would boost voluntary reserve participation, strengthen the military's compensation package, enhance senior enlisted and officer promotion opportunities, and improve civilian career prospects for citizen warriors. ROA thanks Senators Moran and Blumenthal and Representatives Levin and Kelly for sponsoring this bill and urges its swift passage into law.

The GI Bill's core purpose transcends education and is evident in other VA programs like the Transition Assistance Program. ROA commends your Committees for prioritizing TAP in the previous Congress, leading to the establishment of a reserve focus track within the program. This was a significant step forward, but more work remains. For example, ROA proposes expanding TAPs eligibility criteria and allowing participants to waive requirements under certain circumstances that are detailed further in our statement. ROA also supports incorporating reserve component specific issues in the TAP pre-separation checklist and ensuring military spouses are fully integrated into the process. ROA remains committed to working with your Committees to refine TAP and ensure citizen warriors and their families receive the support they need.

President Roosevelt's words about the GI Bill were not just a promise, they were a call to action. ROA answered that call in supporting the PACT Act. During the 72-hour fire watch vigil which helped secure the Act's passage, I had the honor of spending a night with veterans and other patriotic Americans on the Capitol steps. With ROA's headquarters nearby, I offered access to our facilities to sustain the vigil. That night a veteran jokingly called me "bathroom guy," a title I now wear proudly as a symbol of ROA's commitment to delivering toxic exposure relief. Thanks to the PACT Act, almost one and a half million claims have been ap-

proved, with over 6 million toxic exposure screenings completed. Despite this, some veterans are still left behind.

Consider those at the Pentagon on 9/11, forced to return to duty the very next day. Many of these heroes were exposed to toxic substances that still affect them to this day. Take retired Air Force Lt. Col. Susan Lukas, for example. Susan was at the Pentagon on 9/11. The next day she returned to duty. Soon after, she developed debilitating symptoms, including difficulty swallowing and breathing. Years later she was diagnosed with a rare lung condition, forcing her to leave the career she loved. Today, toxic exposure and PTSD continue to impact her life. But you don't have to take my word for it. In fact, Susan is here with me today. After this hearing, she is ready to share her experience firsthand and discuss ROA's proposal to establish a presumption of service-connection for her fellow battle buddies.

ROA again thanks the Committees on Veterans' Affairs for the opportunity to testify. Before closing, I would like to recognize ROA's policy fellows, Jake Fails, Peter Donlin, and Hannah Miller for their contributions to this statement.

Thank you again and I look forward to answering any questions you may have.

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

Chairman BOST. Thank you, Mr. Schwartzman.

I want to thank you and thank all of the entire panel for their thoughtful testimony, and I will now recognize myself for 3 minutes for questioning.

Commander Johnson, your organization directly interacts with veterans from various walks of life, especially as they navigate VA healthcare. What feedback do you receive from veterans regarding their experience with the VA healthcare?

Mr. JOHNSON. Most of it is positive, but when it comes to making appointments and things like that, it takes a little longer than we would want that to happen. We would prefer it to be more hands on and more input being more felt and more timely because when people are sick, they are sick right then. Okay? They don't want to wait until next month. By the time they get the appointments, they are well already. So that is the most—a lot of the feedback I get from the veterans.

Chairman BOST. Appreciate that.

Mr. McManus, can you elaborate on why you believe VA's practice of reporting veterans with fiduciary to the National—the NI—to the next list, okay, for background check system stigmatizes them and discourages them from receiving help from VA?

Mr. MCMANUS. We stand in support in the Military Order of Purple Heart and a number of other veterans organizations in unison in the efforts to ensure that a level of fairness and due process is accessed by our veterans. It is a shame that the very people who defend the rights of all Americans are some of the ones it has been the easiest to strip away. And we are in full support of the Second Amendment Protection Act.

Chairman BOST. Appreciate that.

Mr. MCMANUS. Mm-hmm.

Chairman BOST. Hubbard, in your testimony you highlighted the need to restore veterans benefits when there are cases of fraud. Would you be supportive to the reintroduction of the Student Benefit Restoration Act and the language that passed the House 40—406 to 6 last Congress?

Mr. HUBBARD. Thank you for the question, Mr. Chairman. Obviously, we appreciated working with your office and Congresswoman Delia Ramirez on that language. I think the fact that it was passed so overwhelmingly bipartisan demonstrates the fact that America and Congress has acknowledged the need for veterans to be made whole when they are defrauded. And we look forward to working with you and your office on that very closely moving forward.

Chairman BOST. Thank you very much. My time has expired, and I now recognize Ranking Member Takano.

Mr. TAKANO. Thank you, Mr. Chairman. My first question is for Mr. Mimms from VVA. In your testimony, you identified issues that blind and low vision veterans are experiencing when using the Veterans Transportation Service. Mr. Mimms, what do you think needs to be changed in the VTS program and how do you think it could be improved?

Mr. MIMMS. First thing that needs to be improved is it needs to be an available service that covers the need. And very often the reason those appointments are canceled, that I mentioned, is because they don't have enough drivers. I don't know how we will recruit a driver because I couldn't apply for the job, but I know that there are ways that the VA could come up with where they could recruit drivers if they could pay them an adequate wage so that it would be something that people would want to apply for. I think I will stop there.

Mr. TAKANO. Well, have you seen any indication, or are you concerned—I want to ask you about Section 508 compliance or accessibility. You are kind of laughing a little bit there. Section 508 compliance or other accessibility initiatives supporting blind and low-vision veterans. Are you concerned that they—that this compliance may be impacted by President Trump's anti-diversity, equity, inclusion, and accessibility Executive order?

Mr. MIMMS. I think it could be if they—if we are lumped as blinded veterans or even veterans with different abilities, you know, as participants in the program of DEI. But Section 508 has been around for a long time and it was before they even thought of DEI and before they really understood blinded veterans. And so it has to do with the VA engaging the purpose, engaging in the purchase rather, of equipment that will not meet our needs as veterans with these different abilities. But they put them in place anyway and then if it works out well, then they will think about how to do that later, I guess. But in the meantime, once again, that is another barrier. And a case in point is the kiosk that they were around. They have been around for 12, 15 years and by and large they are still not accessible to us, but they keep them in place. Well, that is how we check in. Yes, sir.

Mr. TAKANO. Well, thank you. I am just very concerned about the President's Executive order impacting blind veterans as part of DEI.

Mr. MIMMS. Yes.

Mr. TAKANO. That is a concern of yours as well, right?

Mr. MIMMS. Yes. You know, as I mentioned, blind rehab, there is nothing adequate beyond VA in blind rehab that would meet the needs and therefore we get the care that we already have. And so I think, you know, once again, we served the country, and so we just want you, the 119th Congress, to serve us back.

Well, thank you so much. And I am very concerned that blind veterans are going to get caught up in this unnecessary attack.

Mr. MIMMS. I am concerned myself, but I am—I guess I am lacking in how to fix it.

Mr. TAKANO. Thank you, sir. I yield back.

Chairman BOST. Thank you. Representative Ramirez, you are recognized for 3 minutes.

**HON. DELIA RAMIREZ,
U.S. REPRESENTATIVE FROM ILLINOIS**

Mrs. RAMIREZ. Thank you, Chairman from the—my beloved State of Illinois. Appreciate it. And of course, I appreciate our Ranking Member from another good state. Not as great as Illinois. Just kidding. Just kidding.

No, I want to start by just saying thank you to all the veterans service organizations that are joining us today and certainly every veteran that is here today and if there are any veterans from Illinois, I want to personally thank you for the ways that you have shown up for every American in this Nation and the way that you continue to live a life of public service. [Applause.] And, yes, I think we need a round of applause.

[Applause.]

Thank you to all of you. The reality is that here in the Veterans' Affairs Committee, we introduce and we move legislation, and hopefully most of that legislation is to make the life of veterans better. But that work couldn't be done without all of you. So thank you for that.

I want to especially thank Will Hubbard at the Veterans Education Success for the work that you have done for your continued advocacy and partnership and advancing policies that are going to create parity for student veterans. Because the reality is that we don't have that parity just yet. Veterans who have served in uniform and have earned their GI Bill benefits should have the same exact protections as any other student that uses federal education funds. And as you mentioned in your testimony, under current law, even when a court or the Secretary of Veterans Affairs determines that a school defrauded a veteran, that veteran ends up losing their GI Bill benefits permanently. Non-veteran students or those that are studying under—that are not studying under the GI Bill benefits, they have mechanisms in place to protect and restore their investments, but veterans don't. And when veterans are left out, they are taking advantage at the hands of predatory schools and bad actors. These predatory schools begin targeting them even before they have returned to civilian life because they know they can get away with it.

And it is why, with your support and the support of so many of you, I was proud to introduce and pass the Student Veteran Benefit Restoration Act last Congress with overwhelming support. And

it is why I am proud to be reintroducing it this Congress and hopefully get it through the Senate and signed into law.

Mr. Hubbard, in your testimony, you talked a little bit about this bill and the importance of this bill, but can you explain a little bit more why does this inequity exist for those that don't understand the difference in terms of restoration? And in your explanation, would you also talk about the impact it will have once we finally pass this bill into law?

Mr. HUBBARD. Yes. Thank you for not only the question, Congresswoman, but also your steadfast support to make this happen.

We hear day in and day out from student veterans who have called us to share their stories about unspeakable fraud. As I mentioned in my earlier statement, when a student goes to—when a veteran goes to school as a student—they are not anticipating that the school is going to be a scam. They find that out later and unfortunately their GI Bill benefits are wasted at that point and given the fact that existing statutory authority does not afford them the chance to go back to school, your bill, we are hoping, would make that happen. And with that kind of legislation in place, our advocacy on behalf of those student veterans would actually give them a second chance to get back into the economy, something that we strongly support.

Mrs. RAMIREZ. Thank you, Mr. Hubbard. Mr. Hubbard, so that means that if a veteran has been defrauded, he was about to graduate this school, the school bankrupt, they weren't able to get their degree, and we know so many veterans that are in that condition, they are not able to go to school because if they could go back to school, but they would have to now pay out of pocket. And we know in many cases that means it is impossible for them to go to school and afford thousands and thousands of tuition. Our bill will be able to restore benefits and ensure that schools in the future won't be able to scam our student veterans. Is that correct?

Mr. HUBBARD. Yes. And thank you again for your support on that. It is something that we have actively tried to get through and look forward to working with your office on.

Mrs. RAMIREZ. I look forward to working with you. I certainly appreciate our Chairman who was a co-lead on the bill and I know we are going to work really hard to ensure that both the House and Senate pass it.

I want to just wrap up in saying again what I said at the beginning. To all of you service organizations, to the veterans that are here today, may we always remember that our responsibility is not partisan politics. Our responsibility is to honor your service, to commit to ensure that we are increasing benefits for you, not cutting them, and making sure that we do everything in our power to ensure that you are treated with dignity, you are treated with respect, and that you receive the full benefits you have earned and have been promised to you. It is what I will continue to do in this Committee, and I certainly know that a number of my colleagues here will do.

So, thank you, and with that, I yield back.

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

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

Dr. DEXTER. Thank you so much to our leadership, Chairman Moran, Ranking Member Blumenthal, Chairman Bost, and Ranking Member Takano, for convening this really important hearing. And thank you to our witnesses for being with us today and for your service to our veterans. Your advocacy on behalf of our Nation's veterans is deeply meaningful, and it is an honor to be with you today.

As a physician who has cared for veterans in the Denver VA or previously cared for them for seven years, it is my privilege to be in this position advocating with you for the health care benefits that our veterans have earned and deserve to keep in whole.

In reviewing the written testimony for today's hearing, I appreciated that many of you emphasized the importance of investing in care specifically tailored to women veterans. This is certainly reflective of the experience I had as a VA provider, and it is what I hear from folks in the women's clinic at the Portland VA, which is in my district or serves my district.

Commander Johnson, do you think it would harm care for female veterans to fire providers, cut programs, and close clinics that specifically serve this population of patients?

Mr. JOHNSON. Absolutely. I mean, our veterans, I mean, our female veterans, are veterans just like the rest of us. They go to combat. They do everything every other veteran does, and they—they are human beings and they get sick and they need help just like every other veteran does. And then when you are cutting services, when you are cutting the service for the female veterans, you are cutting service for veterans, and absolutely I agree with that, that would harm us immensely.

Dr. DEXTER. Thank you. I couldn't agree more, and that is why I am so concerned about the recent actions from the Trump administration impacting our VA workforce. Just last week, I had a roundtable with Portland VA leadership and staff, and I spoke to staff in the women's health program who said to me, and this is a direct quote, "Women say they love our clinic because we have staff that care, but now we have staff that are scared, vomiting and freaking out", and that is the end of that quote. And these are the people caring for our veterans.

Having terrified VA staff absolutely impacts the quality of care that our veterans are receiving. I recently heard from a patient treated at this clinic who canceled every single one of her forthcoming appointments because she is afraid she could be retaliated against for getting the care she needs. This is a horrifying new reality.

So as women make up a growing share of the veteran population once again, Commander Johnson, what kind of investments in VA workforce for women veterans care would the veterans you serve like to see, and do you think these are possible if the attacks on the VA workforce continue?

Mr. JOHNSON. So I haven't—we haven't had a full discussion on that. I would like to just say that I would speak to my constituents and be able to get back with you at a later date.

Dr. DEXTER. I would appreciate that. Thank you.

Mr. JOHNSON. That is—that is a very important question, and it should be answered with a lot of consideration.

Dr. DEXTER. Thank you, Commander Johnson. I yield back, Mr. Chair.

Chairman BOST. Thank you. Dr. Conaway, you are now recognized for 3 minutes.

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

Dr. CONAWAY. Thank you, Mr. Chairman. I am certainly pleased to be here and to hear from our veteran community. We have a responsibility in this country to make sure those who have served us and not only the veteran, but the veterans families, are properly cared for. There are a lot of statements that are made from the dais such as this and on hustings about how much we owe to our veterans in this country and that should be met by the appropriate allocations from a budget to have a VA that is appropriately staffed to do the job that we ask them to do. And particularly as we have expanded access to the VA, to different and additional classes of veterans who will need to get service there. I am sad to say and sorry to know that our allocations, our budget does not reflect the present and growing demands that are being placed on the VA.

My question to Mr. Johnson is, can you elaborate or give insight on the mental health services, the treatment, the care that veterans are currently receiving and your opinion, and others can offer opinion on this as well, and what you think ought to be done to ensure that this care is improved?

Mr. JOHNSON. Well, I think the funds are there. It is just that the management of the system itself is not completely conducive of what is going on there. Especially with the TBI, the traumatic brain injury, that seems to somehow or another be new and it is not new. I mean, we have veterans dealing with that on a daily basis.

Again, we haven't done a complete study on the statistics on how it is working. And for me to give you an educated, complete answer, I would have to get with my constituents and get more based, statistic based information so I can give you a better educated answer.

Dr. CONAWAY. Would anyone else care to comment on my question? Ms.——

Ms. MENAGH. I would just like to address a little bit, continue about the TBI. That is something we are very concerned about. Studies, non-military studies, have shown that a TBI anytime in your life, even the mildest concussion, doubles the chance of suicide. Sometimes in your life there is such a stigma about suicide and mental health, and we would like to see more studies to show the physicality of the influence of the TBI on suicide and also about the, you know, difficulties with the claim process. Thank you.

Dr. CONAWAY. Thank you. I would also ask of anyone who cares to answer. I have a great deal of concern that is broadly shared, I believe, about the cuts that have been occurring across the system that are indiscriminate. And while there have been some who have been saved from these cuts, there are issues with respect to people who bring food to patients in facilities, people who clean

those facilities, people who provide security at those facilities. And that needs to be addressed in my view as well. Thank you, Mr. Chairman.

Chairman BOST. Thank you. At this time, I would like to recognize Ranking Member Takano for any closing remarks he might have.

Mr. TAKANO. Well, I want to thank all the veterans service organizations that appear before us today and thank all of the veterans who have come to Washington to advocate on their behalf. Let me just say that I am awaiting answers from the Secretary about the firings of veterans. As you know, the VFW has condemned the indiscriminate dismissals of veterans, veterans who have had stellar performance reviews. I fail to see how this advances the mission of VA and I—and I have serious concerns about mission-critical employees being dismissed.

With that, I yield back.

Chairman BOST. I thank the Ranking Member for his closing statement, and I do also want to say thank you for every one of you being here.

And I want to offer to you the exact same thing that I offered to the previous panel. If you see at any time that your services that you specifically deal with for your veterans that you represent are being interfered with as we change because I think it was in Mr. Johnson's testimony that he said there are ineffective programs out there as we need to go wisely through. And I am going to—I could ask which one of the people on the panel are taxpayers? And I would say you probably all raise your hand. And that means that we want to make sure that the dollars that we are spending on our veterans are going to provide those services that actually benefit our veterans, not necessarily benefit a bureaucracy. There is a difference. There is a difference. And as this Chairman of this Committee, I have said very openly time and time again and will continue to say so, the VA was created for the benefit of the veterans, not the benefit of bureaucracy.

As we move forward, you have heard a lot of things, including the fact that veterans are being laid off. Some of those that have worked may be veterans, but most of them are employees. But as we move forward, it is to make sure that the best services are provided. That is why I offered what I just said. If there is any reduction in service or someone that you know that works at the VA that has been improperly released from their employment, please come to me and my office because we will argue on their behalf. But to make blanket statements based on some reform that has been much needed, I think quite often runs into rhetoric that we unfortunately use our veterans and our veterans service organizations as pawns, and I don't want to see that.

So with that being said, once again, I want to say thank you to all of you, and that concludes the today's joint VSO hearing. And I think it is clear that the Committee is collaborating and in its collaboration with the VA, have more work to do in service for our veterans and their families.

Now, I ask unanimous consent that all Members shall have five legislative days in which to revise and extend their remarks and include any extenuous material. Hearing no objection, so ordered, and the hearing is now adjourned.

[Whereupon, at 12:58 p.m., the Joint Committees were adjourned.]

A P P E N D I X

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**STATEMENT OF
DANIEL CONTRERAS
DAV NATIONAL COMMANDER
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
FEBRUARY 25, 2025**

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

Thank you for providing me the opportunity to deliver the 2025 legislative priorities for DAV—Disabled American Veterans—an organization of nearly 1 million members, all of whom were injured or became ill as a result of wartime service.

Messrs. Chairmen, this August will mark the 80th anniversary of the end of World War II. The global conflict took over 400,000 American lives and wounded nearly a million others.

By war's end, the United States and our military looked very different than it does today. Women's roles were limited or nonexistent; African Americans, Latinos and Asian Americans were forced to serve in segregated units, and our military relied on a draft-based system.

While much has changed within our military, core values such as loyalty, duty, respect, selfless service, honor, integrity and courage remain the same.

Today, I am honored and humbled to be here in front of you as a proud Latino with strong family ties to the military; all three of my brothers also served.

Messrs. Chairmen, I am a service-disabled Army veteran who served as a combat medic and nurse from 1980 to 1996, achieving the rank of sergeant first class.

When my Army career ended short of the 20-year goal I'd set for myself, I was heartbroken and forced to look for a new civilian career. Fortunately, thanks to my background as a medic and nurse, I found a job helping geriatric patients.

But I missed the structure and military culture that had become so familiar in my life. No matter what I tried, I could not replicate that underlying sense of purpose and duty to mission in my new career.

It was during that time that a fellow soldier I served with, Jay Main, had become a benefits advocate at DAV. He reached out to me to see if I needed help.

For the most part, I was doing well. But I confessed that I didn't have that same sense of camaraderie or purpose with my new role in civilian life. That's when Jay told me there could be another path, one of service to others under the banner of DAV.

In that moment, I discovered my new calling as a DAV benefits advocate. As leaders in our communities, veterans advocates are given the ability to serve other veterans. We have the ability to empower and uplift the voices of others. We have the ability to improve the lives of those who suffered injury or illness while serving. All of this so they can live their lives with respect and dignity and can care for themselves and their families.

This was something that was obvious and on full display during my first trip to Washington as a member of DAV 21 years ago. I sat in a room similar to this and watched the "Lion of the Senate," Ted Kennedy, introduce our national commander at the time, Alan Bowers, who sadly died this past December.

There, I got to witness Commander Bowers—an Air Force major who severely injured his spine when he ejected from an OV-10 over Vietnam—testify before these very committees like I am today. I still remember him proudly delivering DAV's recommendations for what Congress must do to deliver on that solemn promise made to America's ill and injured veterans and their families, caregivers and survivors.

That experience was life-changing. What I witnessed was DAV advocacy in action, which goes far beyond rhetoric. I learned how DAV was—and is—a power broker for the veteran community. I learned how truly important this work is, how meaningful legislative victories are for veterans. From that moment, I knew the path I was on was a righteous one. The work we do matters.

The ability to advocate for the veteran community has truly transformed my life. From seeing our members meet with lawmakers to witnessing the testimonies of previous commanders before me, I have been filled with immense pride in DAV and our mission for over two decades. It is an honor and privilege to serve in this esteemed role and continue the legacy of service to the veteran community.

As President Harry Truman stated in his address after the death of President Franklin D. Roosevelt, "Our debt to the heroic men and valiant women in the service of our country can never be repaid. They have earned our undying gratitude. America will never forget their sacrifices."

Messrs. Chairmen, I am here today to make sure that the sacrifices of our nation's ill and injured veterans and their families are never forgotten.

I am proud to highlight below our legislative priorities for 2025 along with the programs and services DAV provides to support the rehabilitative needs of our nation's service-disabled veterans and their families, caregivers and survivors.

We thank the 118th Congress for coming together at the end of its second session to pass the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. This comprehensive reform bill includes provisions for improved access to community services and long-term care support, expansion of pay flexibilities for Department of Veterans Affairs (VA) health care workers, enhancement of same-day scheduling for medical appointments, and improved VA staffing models to ensure timely access to care. Additionally, the bill will help improve mental health services, suicide prevention programs and efforts to end veteran homelessness. These reforms are crucial for maintaining the VA as the preferred provider of choice for veterans.

STRENGTHEN PRESUMPTIVE POLICIES TO ENSURE TOXIC-EXPOSED VETERANS RECEIVE EARNED BENEFITS IN A TIMELY MANNER

Messrs. Chairmen, toxic exposures have been something veterans have been facing since our founding members left the trenches of World War I more than 100 years ago. Unfortunately, toxic-exposed veterans have had to overcome significant obstacles to receive the benefits and health care they need. Toxic illnesses and wounds often take years or decades to manifest, and by the time they do, it's almost impossible to prove the exact nexus to military service or how those exposures made them ill. But we in the veterans community know too well the negative health outcomes toxic exposures have on our veterans, their families and survivors.

The enactment of the Honoring our PACT Act of 2022 provided the largest expansion of health care and benefits for toxic-exposed veterans in history, and we thank both congressional committees for your role in making that a reality. In addition to expanding health care access for millions of veterans, the law created presumptives for burn pits and other toxic exposures to cover veterans who develop cancers and respiratory conditions specified in the law. The PACT Act also codified a new internal VA decision-making process for creating future presumptives for other toxic exposures; however, it did not include adequate accountability and transparency for those outside the VA, including Congress and veterans service organizations.

Although the PACT Act has delivered new benefits and health care eligibility to millions of veterans, the law does not cover every toxic-exposed veteran. Too many veterans are still waiting for formal VA recognition of service-connected toxic wounds that would allow them access to life-changing benefits and health care to ease their pain and suffering—including those who served at the Karshi-Khanabad Air Base (commonly known as K2) in Uzbekistan and Fort McClellan in Alabama.

To find ways to fill these gaps and expedite justice for future generations, DAV and the Military Officers Association of America (MOAA) researched the history of toxic exposures and presumptives. Together, we developed findings and recommendations

that we published in a report released in September 2024 called *Ending the Wait for Toxic-Exposed Veterans: A post-PACT Act blueprint for reforming the VA presumptive process*. We found that it takes more than three decades, on average, from the first incidence of a military toxic exposure to a formal governmental acknowledgment of that exposure. Presumptive conditions take, on average, 34.1 years to be established. Veterans wait decades for access to the care they need to survive and go without the benefits they've earned from conditions that make it impossible for them to hold down a job and care for their families. Many die without ever achieving justice, and their survivors are left to fend for themselves.

To shorten this time frame and help ensure toxic-exposed veterans get all the benefits they have earned, our report calls on Congress to enact legislation to establish a new legal framework for creating toxic-exposure presumptives to complete the work that the PACT Act began. The report contains several other critical recommendations to ensure toxic-exposed veterans don't have to wait decades for justice, which include expanding federal research on toxic exposures; creating an independent scientific review process for toxic exposures, injuries and illnesses; and establishing a veterans stakeholder advisory commission to strengthen oversight and transparency of the VA presumptive-making process.

Messrs. Chairman, the PACT Act was a generational legislative victory for veterans, and we are truly grateful for the work that so many of you on both veterans' affairs committees did to make that happen. However, there is still more work to be done. We believe that by working together to build upon the PACT Act by implementing the recommendations in our report, we can finally end the wait for toxic-exposed veterans.

ELIMINATE GAPS IN MENTAL HEALTH CARE AND SUICIDE PREVENTION AND BOLSTER GENDER-TAILORED CARE

Another key DAV legislative policy goal for 2025 is to ensure that service-disabled veterans have timely access to the VA's specialized mental health care, services and supports to address post-deployment readjustment and mental health challenges, while also bolstering gender-tailored care.

The VA's *2024 National Veteran Suicide Prevention Annual Report* reflects the complexity of suicide inherent in the veteran population and the numerous risks and protective factors. The report reflects data through 2022 and found increased rates of suicide among veterans—noting that there was a decrease in suicide among women veterans.

The report confirmed that in 2022 there were 6,407 veteran suicide deaths (approximately 17 per day). The age-adjusted suicide rate for male veterans rose 1.6% compared with female veterans, which decreased 24.1%. The report also noted that suicide deaths among veterans were more likely to involve firearms than suicide deaths among nonveteran adults. Specifically, firearms were involved in 73.5% of all veteran suicides.

Although the latest data showed a decrease in suicide rates among women veterans, the year following the pandemic witnessed a dramatic spike. These fluctuations in annual data obscure the troubling reality that suicide rates among women veterans have been steadily rising since the first year of reporting. DAV's special report, *Women Veterans: The Journey to Mental Wellness*, uncovered significant gaps in the VA's consideration of unique risk factors contributing to suicide among this population. The report provides over 50 recommendations aimed at enhancing gender-tailored care and improving the VA's overall suicide prevention efforts for all veterans.

The VA utilizes a suicide predictor model that continuously scans veterans' electronic health records to identify potential risk factors. When the model detects an at-risk individual, it flags the veteran, enabling the VA to intervene promptly and connect them with necessary resources. However, this model currently overlooks certain critical risk factors such as military sexual trauma (MST) and intimate partner violence (IPV), both of which are known contributors to elevated suicide risk.

To enhance the effectiveness and precision of the suicide predictor model, the VA should update it to incorporate these specific risk factors and appropriately weigh them. By doing so, the model would provide a more comprehensive assessment of a veteran's suicide risk, ensuring that those who are particularly vulnerable due to experiences like MST and IPV receive timely and targeted support. This improvement would not only refine the accuracy of risk predictions but also enable the VA to deliver more personalized interventions, ultimately strengthening its suicide prevention efforts and better serving the veteran community.

Firearms remain the predominant method of suicide among both male and female veterans. To address this critical issue, the Veterans Health Administration (VHA) launched a multifaceted campaign in collaboration with the National Shooting Sports Foundation (NSSF). This initiative aims to emphasize the importance of lethal-means safety counseling for veterans at risk of self-harm or suicide. Despite the progress made, a significant challenge remains in alleviating the concerns of veterans who fear that seeking mental health assistance from the VA might result in the confiscation of their firearms. Nevertheless, this partnership is showing promise in building trust within the veteran population by advancing efforts to mitigate the risk of suicide by firearm. By fostering a collaborative approach and addressing the unique concerns of veterans, VHA and its partners can make strides toward more effective suicide prevention efforts.

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

As newly established grant programs and community-based initiatives to promote suicide prevention for veterans are implemented, it is vital to ensure that existing programs within VHA remain properly staffed with well-trained providers using evidence-based treatments for veterans who need specialized care. According to the VA's 2024 suicide prevention annual report, a comparison among veterans receiving care showed that veterans who received community care services only—had higher suicide rates than those who received VHA direct care alone. This highlights the importance of the VA being the primary provider and coordinator of veterans' care. This ensures veterans have access to the VA's specialized care and supportive wraparound services even when they are receiving services through the VA Community Care Network.

All community care providers can assist in the national effort to reduce veteran firearm suicide by taking the VA's critical training on how to incorporate discussions with their patients about the importance of secure firearm and medication storage, especially among at-risk veterans. Unlike VA providers, community providers are not mandated to take available training in suicide prevention and competence in lethal-means safety counseling. In fact, only a very small percentage of these community providers have completed this evidence-based, lifesaving training. Understanding the veteran experience and common mental health conditions among this population, coupled with training in evidenced-based treatments, is essential for quality care delivery, suicide prevention and successful health outcomes.

We urge Congress to enact legislation that requires specific training protocols for all VA Community Care Network mental health providers to ensure they meet the same quality and access standards as VA mental health providers. Mandating training in evidence-based therapies is vital to ensuring community partners develop core competencies for addressing veterans' unique mental health and readjustment needs—particularly for conditions frequently associated with military service. The VA should revise its agreements with community care providers to mandate that those who treat veterans receive training in suicide prevention and lethal-means safety counseling. Additionally, Congress could enforce such training requirements to ensure that all providers are equipped with the necessary skills and knowledge to support veterans effectively.

The conventional, one-size-fits-all approach to suicide prevention has not been effective in addressing the unique needs of the veteran population. This highlights the importance of alternative and emerging therapies, which have shown promise in being more effective than traditional methods. By exploring and implementing these innovative treatments, we can better support the mental health and well-being of veterans. The VA must also continue expanding the implementation of its Safety Planning in Emergency Departments initiative. This initiative has proven effective and is crucial in providing immediate support and post-intervention for veterans in crisis.

Finally, VHA must persist in proactively identifying and enhancing interventions for at-risk veterans through integrated clinical and community strategies. The goal is to prevent suicide and overdose deaths, particularly in areas at higher risk due to limited

access, such as rural regions, Native American reservations and Alaska's remote areas. Ensuring these vulnerable groups receive comprehensive and specialized support is essential. Legislative efforts and strong partnerships with Congress are key to creating a more accessible and effective mental health care system for all veterans.

To address the urgent need for mental health and suicide prevention efforts among veterans, it is imperative that Congress ensures the VA is provided with sufficient resources. This should include maintaining a robust suicide prevention research portfolio. By equipping the VA with the necessary support, Congress can help guarantee that all veterans have access to specialized care to tackle their unique mental health challenges and reduce the risk of suicide.

DAV looks forward to collaborating with the VA and Congress to reduce veteran suicides and improve overall mental health outcomes for those who have served our nation.

REFORM VA INFRASTRUCTURE FUNDING TO SUSTAIN THE VA HEALTH CARE SYSTEM AND EXPAND ITS CAPACITY TO DELIVER TIMELY, HIGH-QUALITY HEALTH CARE TO VETERANS

Another key legislative priority for DAV is addressing funding for VA's aging infrastructure. Over the past decade, the veterans health care system has experienced unprecedented growth and stress while undertaking historic reforms to ensure that veterans have timely access to comprehensive, high-quality health care. However, an increasing number of veterans have no choice but to use non-VA care due to their inability to access VA care in a timely manner.

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

Aging Health Care Infrastructure

As we progress into 2025, the need for increased resources and budget allocations to address the VA's aging health care infrastructure is essential. While private sector health facilities have a median age of approximately 11 years, VA facilities have a median age of nearly 50 years. Renovating older facilities is challenging, as they were not originally designed to support the technological and design innovations necessary for modern health care delivery.

To continue being the primary health care provider of choice for our veterans, the VA must improve its internal capacity by building new facilities or modernizing existing ones to better meet the needs of current and future veterans. Achieving these goals will require the VA and Congress to work collaboratively to develop a comprehensive strategic plan to modernize the department's infrastructure and improve project management of VA capital asset programs. Therefore, it is imperative for Congress to significantly increase construction funds for health care facilities to expand the VA's internal capacity to care for our veterans. This investment will ensure our veterans receive the highest standard of care in facilities that reflect our nation's gratitude and respect for their service.

Vacancies and Staffing Shortages

The VA's fiscal year (FY) 2025 budget request submitted in March 2024 called for just over 448,000 employees, a decrease of more than 10,000 from the 2024 estimated workforce levels—with most of the workforce reduction coming from VHA. This request came even as the veteran community stressed the importance of ensuring the department continues to build its internal capacity to deliver more timely health care and benefits to veterans, especially as the VA provides a record number of toxic-exposed veterans and their survivors expanded health care and benefits under the PACT Act.

VHA notes it intends to continue its strategic hiring initiatives in FY 2025, but recently acknowledged it would have to hire at least 5,000 employees in the current fiscal year in order to meet veteran needs. Most of these positions are believed to be related to the mental health care profession, but the department continues to have a need for registered nurses (RNs), licensed practical nurses (LPNs) and certified nurse assistants (CNAs) to meet the ever-increasing demand for care.

Congress must enact legislation and increase funding to support recruitment, education, expansion and retention efforts to improve the VA's workforce. Additionally, Congress must address a VHA estimated budget shortfall to ensure it can continue to provide care to a record number of veterans seeking that care.

Information Technology and Electronic Health Record Modernization

The VA has faced persistent challenges in modernizing its IT systems, even with significant resources being provided by Congress. While EHR modernization efforts have seen mixed results, investing in IT and EHR modernization must continue; it is essential to ensure our veterans receive the exceptional care they deserve. Outdated IT systems are inefficient and costly. Modernizing systems will help improve operational efficiency, reduce administrative burdens and allow providers to focus on patient care. The growing importance of telehealth underscores the need for robust IT systems to support remote consultations and seamless transfer of information. Advanced security features in modern IT and EHR systems are better able to protect sensitive veteran information from cyberthreats. Adapting to future technological advancements also ensures the VA remains at the forefront of health care innovation.

Modernizing the VA's IT infrastructure and EHR systems as we advance into 2025 and beyond is essential to meet the evolving needs of our veterans. Modern EHR systems will provide real-time access to patient data, enabling health care providers to make swift, informed decisions, thereby enhancing patient care and safety. Seamless information sharing among providers ensures coordinated care and is essential for managing chronic conditions and avoiding unnecessary hospitalizations. We urge Congress to maintain oversight of these initiatives and to work closely with the VA to move this vital initiative forward.

Expanding Access to VA Care Through Telehealth and Virtual Health Services

Telehealth technology has the potential to bridge many gaps and ensure veterans receive the care they deserve. In FY 2024, nearly half of veterans who received care from the VA did so using virtual health care services, significantly expanding access to VA care, especially in rural and remote locations. To fill gaps created by provider shortages, address long travel distances to health care facilities and help veterans overcome limited transportation options, the VA must continue to leverage and build its infrastructure for virtual health care services.

We urge the committee to support the proposed elimination of copayments for all VA telehealth services and the establishment of a grant program to fund designated VA telehealth access points in non-VA facilities. This program, known as Accessing Telehealth Through Local Area Stations (ATLAS), would provide funding to organizations—including nonprofits and private businesses—to offer veterans comfortable, private spaces equipped with high-speed internet access and the technology to meet with VA providers remotely. Expanding telehealth access has the potential to greatly improve the health and well-being of rural veterans, reduce wait times for appointments, and ensure veterans can access care where and when they need it.

The VA's Fourth Mission

The VA's three primary missions are to care for our ill and injured veterans; educate and train our nation's health care professionals; and conduct veteran-focused research to ensure access to high-quality, veteran-centric care. However, the VA's Fourth Mission is equally crucial: enhancing national preparedness for war, terrorism, emergencies and natural disasters. This responsibility involves supporting emergency management and public health at national, state and local levels. The VA's significant role during the COVID-19 pandemic demonstrated its importance, as the department not only continued to care for enrolled veterans but also supported the nation's medical system.

However, to fully meet the needs of enrolled veterans and ensure the continuity of health care during emergencies, we must allocate additional resources specifically for the department's Fourth Mission. Investing in the VA's Fourth Mission strengthens our national resilience and preparedness. By ensuring the VA remains the most prepared

and responsive integrated health care system in the nation, we not only benefit our veterans but also reinforce our national emergency response capabilities. The VA must maintain sufficient health care capacity to meet its Fourth Mission functions during national emergencies while ensuring veterans continue to have uninterrupted and timely access to VA health care. Meeting the needs of our nation's veterans and acting as a back-up to the nation was especially important during COVID-19 pandemic where VA fulfilled its critical mission and acted with distinction during this national emergency.

STRENGTHENING AND IMPROVING VETERANS AND SURVIVORS BENEFITS

Messrs. Chairmen, despite notable progress over the past decade, wounded, ill and injured veterans and their survivors continue to face barriers and inequities in securing financial stability. These challenges stem from unjust practices and the failure to provide parity with comparable government-provided civilian benefits.

Currently, two groups of veterans are eligible to receive both full military retirement pay and VA compensation: those under concurrent retirement plans and longevity retirees with a VA disability rating of at least 50%. However, veterans with a VA disability rating of 40% or lower and those medically retired under Chapter 61 experience offsets, where every dollar of VA disability compensation reduces their retirement pay. These veterans are effectively funding their VA compensation out of their retirement benefits, despite having earned both separately. This offset is inherently unjust.

DAV calls on Congress to enact legislation to eliminate this long-standing and inequitable offset between military retirement pay and VA disability compensation for all eligible veterans, including Chapter 61 medically retired veterans. Similarly, veterans who receive separation pay from the Department of Defense must repay those funds if they later become eligible for VA disability compensation. Because separation payments are unrelated to service-connected disabilities, withholding VA disability benefits to recover these payments is unfair. DAV urges Congress to enact legislation to end the practice of withholding VA disability compensation based on the receipt of military separation payments, ensuring veterans retain both benefits earned through service.

While the VA rightly prioritizes the needs of veterans, we must not overlook the families, caregivers and survivors who share the burden of their sacrifice.

Dependency and Indemnity Compensation (DIC), created in 1993, provides support to surviving spouses of service members who die in the line of duty or as a result of service-connected conditions. However, the current DIC benefit is insufficient to ensure economic stability for survivors. For example, a 100% service-disabled veteran with a spouse receives approximately \$4,045 per month, while surviving spouses receive only \$1,653—a mere 41% of the veteran's compensation. In contrast, survivors of federal civil service retirees receive up to 55% of the retiree's benefits under the Federal Employees Retirement System or Civil Service Retirement System. This

disparity highlights the inequity between the benefits provided to survivors of federal employees and those of our nation's veterans.

Veterans' surviving spouses eligible for DIC should at least have parity with federal civil service survivors and receive 55% of their veterans' disability compensation rate. This increase to DIC payments would equate to approximately \$6,860 more per year. DAV urges Congress to enact legislation to increase DIC payments to 55% of the compensation for a 100% service-disabled veteran with a spouse and index the benefit to inflation to ensure fair and meaningful support for survivors.

Another challenge survivors face is the remarriage penalty. Surviving spouses lose eligibility for DIC benefits if they remarry before the age of 55. While lowering the remarriage age from 57 to 55 in 2021 was an improvement, the penalty remains unjust for younger survivors. DAV calls on Congress to enact legislation to eliminate the remarriage age restriction for DIC recipients, ensuring that surviving spouses are not penalized for rebuilding their lives through remarriage.

These measures are vital to address long-standing inequities and ensure that veterans, their families and their survivors receive the justice and support they have earned through sacrifice and service.

CREATE ASSISTED-LIVING CARE OPTIONS FOR DISABLED VETERANS

Another critical legislative priority for DAV in 2025 is ensuring service-disabled veterans have access to a full continuum of long-term care (LTC) services, including assisted-living care options. With a rapidly aging veteran population and the increasing complexity of veterans' health care needs, revising, expanding and adapting existing long-term care programs and supports is essential.

Aging and Service-Disabled Veterans

An estimated 8.3 million veterans are currently age 65 or older, with 4.9 million age 75 or older and 1.3 million age 85 or older. The VA projects that in the next decade, the number of veterans age 85 and older will rise by 33%, and the subset of women veterans in this age group could more than double. This mirrors the aging trend of the general population and poses a strain on our nation's health care infrastructure.

To meet aging veterans' needs, the VA operates several LTC and caregiver support programs, including:

- Homemaker and Home Health Aide Care
- Home Based Primary Care
- Medical Foster Care
- Skilled Home Health Care
- Respite Care
- Adult Day Health Care

- Caregiver Support Program
- Program of Comprehensive Assistance for Family Caregivers

The VA's Geriatric and Extended Care program also includes a range of long-term supportive services, including institutional LTC through Community Living Centers, State Veteran Homes and contracted community nursing homes. Unfortunately, funding has not kept pace with growing needs and challenges, such as workforce shortages, inadequate specialty LTC services and geographic barriers that pose access issues in certain locations.

Additionally, the percentage of veterans with disability ratings of 70% or higher who are age 85 or older is expected to grow by almost 600% by 2037. Tens of thousands of veterans with disability ratings of 50% and 60% may need extended care but do not have mandatory eligibility for such care. An increasing number of aging women veterans will also require extended care services, necessitating appropriate changes to meet standards for safety and privacy.

As noted above, there is a gap for veterans who are unable to remain in their homes but do not yet require intensive nursing home care. An assisted-living care program would help fill this gap, offering semi-independent living with individualized supportive services for daily living activities.

We urge Congress to increase resources for expanding home-based services, modernizing and expanding VA Community Living Centers and State Veterans Homes, and creating assisted-living care options for service-disabled veterans. Legislation should also expand the VA's benefits package to include mandatory eligibility for long-term nursing home care for service-disabled veterans rated 50% and 60%. This will help ensure that veterans can live with dignity and independence to the greatest extent possible and enjoy the quality of life they have earned through their service.

DAV Caregivers Support

Caregivers—often family members—provide essential support to veterans that allows them to remain in their homes as they recover and age. DAV operates its own Caregivers Support initiative to help facilitate assistance and connect caregivers to an array of public and private resources that help improve the quality of life for care receivers and their caregivers. This no-cost program offers tailored support and resources to veteran caregivers or friends, family members and loved ones who are caregivers for veterans.

Investing in DAV Caregivers Support as part of our long-term care strategy ensures that care receivers can age with dignity while extending the time those care receivers can live in their own home. It also relieves the burden on health care systems and ensures that caregivers have the support and training they need to perform their vital roles effectively. Like all DAV programs and services, DAV Caregivers Support is free of charge. Supporting this program is not just an act of gratitude; it's a commitment to the lifelong health and happiness of our veterans, their families and their survivors.

EXPAND COMPREHENSIVE DENTAL CARE SERVICES TO ALL SERVICE-DISABLED VETERANS

Another one of DAV's key critical policy goals is to ensure all service-disabled veterans have access to comprehensive dental care services. Currently, the VA only provides full dental care to a limited number of veterans enrolled in its health care system, which includes those who have a service-connected dental disability, 100% service-disabled veterans and those receiving Total Disability Based on Individual Unemployability benefits. While certain other veterans may receive limited dental services, in total, only about 806,000 of the 9 million veteran enrollees in the VA health care system were provided dental care services in FY 2024.

The VA's health care model is specifically designed to be holistic, integrated and preventive—a system that treats the entire well-being of the veteran. However, the absence of dental care in VA health care coverage represents a significant and harmful gap. Studies have demonstrated that poor dental hygiene can lead to a variety of chronic health conditions, including serious infections from decaying and dying teeth, which, if left untreated, can become life-threatening. Many private employers and state Medicaid programs include dental care as part of a comprehensive health care package. Our nation's veterans deserve parity with these private employers and other existing federal packages, ensuring they receive the same level of support and care.

DAV urges Congress to pass legislation that would provide dental access to all service-disabled veterans enrolled within the VA health care system. Also, it is imperative that Congress provide funding to increase the number of VA dentists, oral health clinicians and technicians; open new dental clinics; and expand treatment space in VA health care facilities.

ENSURE FULL FUNDING FOR VA HEALTH CARE AND PROTECT VETERANS BENEFITS

Our nation has a sacred obligation to ensure that veterans and their families, caregivers and survivors receive the care and benefits they have rightfully earned and deserve. It is DAV's mission to ensure these promises are kept.

DAV calls on Congress to fully fund the VA to ensure that health care and benefits are available in a timely manner. Underfunding or not providing funding on time not only breaks that sacred obligation to our nation's veterans but also reduces their access to care and puts their health at risk.

In an attempt to control federal debt and deficits, Congress has adopted laws and rules to limit its ability to increase federal spending, regardless of the need for or merit of that spending. So-called "fiscal responsibility" reforms have included budget caps, sequestration and a particularly insidious mechanism called "PAYGO." This requires Congress to cut existing benefits before adding new benefits. However, unlike any other government program, veterans benefits and care have already been paid for through the sacrifices of those who served.

Additionally, over 5.6 million disabled veterans receive compensation from the VA for injuries, illnesses and disabilities caused or aggravated by their military service. In recent years, proposals have been floated to begin taxing VA disability compensation payments and count it as income when determining eligibility for other federal benefits. There is also a proposal to phase out Total Disability Based on Individual Unemployability—a disability compensation rating based on a veteran's inability to achieve and maintain gainful employment—once a veteran reaches Social Security retirement age. Finally, there have been proposals to reduce benefit levels for disability compensation across the board for current or future veterans and to phase out lower disability compensation payments altogether.

DAV strongly urges Congress to exempt all veterans programs, benefits and services from Statutory Pay-As-You-Go Act requirements, including sequestration, as well as any House and Senate PAYGO rules adopted for the 119th Congress. Lastly, any attempt to reduce, offset or tax any amount of disability compensation for service-disabled veterans is vehemently opposed by DAV and must be fully and permanently rejected by Congress.

DAV NATIONAL SERVICE PROGRAM

Claims Assistance

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

With our national, department, chapter and transition service officers, as well as county veteran service officers, over 4,200 DAV benefits experts represent claimants nationwide. They serve on the front lines providing much-needed benefits advocacy to our nation's veterans and their families, caregivers and survivors. With the generous support of a grateful American public and patriotic businesses, DAV is proud to provide these services without cost to any veteran, dependent or survivor in need.

In 2024, DAV's service program took more than 3.1 million actions to advocate for veterans and their families—representing claimants in hearings and appeals for benefits, reviewing and developing records, providing professional advice, responding to inquiries, and establishing new claims for earned benefits.

I can proudly state that DAV has the largest and most well-trained service program in the country. No other organization has more impact on empowering disabled veterans to become even more productive members of society. Over 1.1 million veterans and their survivors elected DAV to be their representation before the VA. In 2024, there were 561,358 claims presented to the Veterans Benefits Administration under DAV representation for 1,538,112 specific injuries and illnesses. Thanks to the great work of our service officers, claimants represented by DAV obtained more than \$30.4 billion in earned benefits in 2024.

Appellate Representation of Denied Claims

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

In fiscal year 2024, DAV appeals officers provided representation in more than 13% of all appeals decided by the Board, which is a caseload of approximately 116,192 appeals. Of appeals represented by DAV at this level, 72% of original decisions were overturned or remanded to the regional office for additional development and readjudication.

DAV also has a pro bono representation program for veterans seeking review in the United States Court of Appeals for Veterans Claims. DAV currently works with two of the most accomplished law firms in the country dealing with veterans issues at the Court. Each case acted upon by our national appeals office in calendar year 2024 was reviewed to identify claims that were improperly denied. Thanks to DAV and our relationship with private law firms and our pro bono program, 1,393 of these cases previously denied by the Board were appealed to the Court.

These partnerships have allowed this program to grow exponentially over the past few years and would not have been possible without the coordinated efforts of DAV and two top-notch law firms: Finnegan, Henderson, Farabow, Garrett & Dunner LLP of Washington, D.C., and Chisholm, Chisholm & Kilpatrick of Providence, Rhode Island. Since the inception of DAV's pro bono program, our attorney partners have made offers of free representation to more than 24,500 veterans and have provided free representation in over 18,500 cases.

Transition Services for New Veterans

DAV continues to provide direct, on-site assistance to ill and injured active-duty military personnel through our Transition Service Program, which provides benefits counseling and assistance to separating service members seeking to file initial claims

for benefits administered through the VA. In addition to NSOs, our transition service officers (TSOs) are trained specifically to give transition presentations, review military service treatment records and initiate claims activities at nearly 100 military installations nationwide.

DAV currently employs 25 TSOs who provide free assistance to those in need. In 2024, the DAV Transition Service Program conducted over 970 briefing presentations to groups of separating service members, with more than 32,900 participants attending those sessions. They also counseled more than 39,000 people in individual interviews and electronic communications, reviewed 27,610 military service treatment records and presented over 13,900 benefits applications.

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

Information Seminar Program

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

During 2024, DAV held over 470 seminars, briefing over 18,600 veterans and their families about benefits they may be entitled to as a result of their military service. Service officers interviewed veterans and their families at these seminars and assisted in filing new claims for benefits as well.

Disaster Relief Program

DAV's Disaster Relief Program provides checks and supply kits to help veterans and their families secure temporary lodging, food and other necessities in the aftermath of natural disasters and emergencies in various areas around the nation. During 2024, DAV provided nearly \$1.5 million to more than 2,200 veterans affected by natural disasters, including hurricanes, tornados, floods and fires throughout 24 states.

In the last 10 years, DAV has disbursed 19,651 checks totaling over \$10.3 million in relief.

VOLUNTARY SERVICES

A vital part of DAV's success is the more than 21,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist DAV's mission of empowering veterans to lead high-quality lives with respect and dignity. By enlisting the support of volunteers, DAV helps ensure that ill and injured veterans are able to attend their

medical appointments and receive care in VA medical centers, clinics and Community Living Centers. Volunteers also visit and support veterans within their communities and, in some cases, go beyond the current scope of government programs and services. Simply stated, they provide a special thanks to our nation's heroes.

If the VA had to pay federal employees for the nearly 585,000 hours of essential services that DAV in-hospital volunteers provide at no cost to veterans, the cost to taxpayers would have exceeded \$19.5 million last year.

DAV Transportation Network

The DAV Transportation Network is the largest program of its kind for veterans in the nation. This unique initiative provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed care and services. The program is operated by 133 hospital service coordinators and more than 3,800 volunteer drivers at VA medical centers across the country.

During fiscal year 2024, DAV volunteers donated over 586,000 hours of their time transporting veterans to their VA medical appointments. With most VA medical facilities returning to full operation, volunteers logged more than 9.3 million miles and provided over 235,000 rides to VA health care appointments, saving taxpayers more than \$19.6 million. Since our national Transportation Network began in 1987, over 20 million rides have been provided, with volunteers transporting veterans more than 761 million miles.

We are also very pleased to report that in 2024, DAV donated 70 new vehicles to VA facilities to use for transporting veterans, at a cost of more than \$3.2 million. In 2025, we plan to donate 100 additional vehicles to the VA, at a cost of more than \$4.7 million. DAV's efforts were again supported by Ford Motor Co., with the presentation of five new vehicles to the DAV Transportation Network. To date, Ford donations have exceeded more than \$6.4 million toward the purchase of 269 vehicles to support this critical transportation program. DAV is very thankful for Ford Motor Co.'s collaboration and its continued support and commitment to the men and women who have served our nation.

DAV's commitment to ensuring veterans can access the care they earned is strong and lasting. Since 1987, we have deployed DAV vehicles in every state and nearly every congressional district in order to serve our nation's ill and injured veterans, many of whom are your constituents. DAV has donated a total of 3,833 vehicles, with a value of nearly \$94 million, to the VA since the program began transporting veterans to their medical appointments.

DAV Local Veterans Assistance Program

DAV created the Local Veterans Assistance Program (LVAP) to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, professional abilities and time in ways that benefit veterans residing within a volunteer's local

community. DAV and DAV Auxiliary volunteers have answered that call in full measure. From July 1, 2023, to June 30, 2024, LVAP volunteers performed buddy checks, delivered groceries and provided other help to our nation's heroes in a variety of ways. Overall, they donated more than 2.3 million hours of service to ensure that no veteran in need of help was left behind. We see examples of this each and every day, highlighting the principal objective of our organization: keeping our promise to America's veterans.

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

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

To date, LVAP volunteers have donated more than 19.6 million volunteer hours in their local communities. We believe this important program makes a difference in the lives of all of those we serve.

Mentorship and Rehabilitation

Another innovative program offered by DAV is our mentorship program, which operates in collaboration with the Boulder Crest Foundation at locations in Virginia and Arizona. Boulder Crest is committed to improving the physical, emotional, spiritual and economic well-being of our nation's military members, veterans, first responders and their family members. DAV, in partnership with the Gary Sinise Foundation, participates in annual retreats for ill and injured veterans. DAV also sponsors all-female veteran cohorts. In 2024, 40 veterans were a part of these life-changing retreats. Since 2015, 334 veterans have participated in this alternative program that offers new and holistic ways to help veterans who are struggling to overcome the challenges that often follow military service.

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

Adaptive Sports

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

For nearly four decades, DAV and the VA have teamed up for the National Disabled Veterans Winter Sports Clinic, often referred to as "Miracles on the Mountainside." Last year, nearly 400 veterans were able to participate in this unique clinic, which promotes rehabilitation and restoration by coaching and encouraging veterans with severe disabilities to conquer adaptive skiing, curling, ice hockey, and other sports and adaptive recreational activities. 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 total blindness.

The 38th National Disabled Veterans Winter Sports Clinic was hosted April 1–7, 2024. This year's event is scheduled for March 31–April 5 in Snowmass, Colorado.

The National Disabled Veterans Golf Clinic provides legally blind and other eligible disabled veterans opportunities to develop new skills and strengthen their self-confidence through adaptive golf, bowling, cycling and other activities. Attending veterans participate in therapeutic adaptive sports activities that demonstrate that a visual, physical or psychological disability need not be an obstacle to an active and rewarding life. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan. DAV has proudly co-presented this event since 2017. We are happy to report that the 30th anniversary event near Iowa City, Iowa, Sept. 8–13, 2024, was also at full capacity. This year's event is scheduled for September 7–12.

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

The Next Generation of Volunteers

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

We are excited to present 10 scholarships annually for a total of \$110,000, with the top scholarship of \$30,000. The top award will be presented at the 2025 DAV and Auxiliary National Convention later this year.

Since the scholarship program's inception, DAV has awarded 241 individual scholarships valued at nearly \$2 million, enabling exceptional young people to pursue their goals in higher education and experience the significant rewards of volunteering.

DAV is very proud of this program, and we are honored to award these scholarships to worthy student volunteers.

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

EMPLOYMENT AND ENTREPRENEURSHIP

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

DAV believes in the potential of disabled veterans and spouses and works tirelessly to remove barriers so they can achieve their professional goals. In partnership with RecruitMilitary, since 2014, DAV has annually hosted over 100 traditional and virtual career fairs. DAV utilizes digital resources to connect employers, franchisers and educational institutions with active-duty service members, Guard and Reserve component personnel, veterans, and spouses.

DAV's efforts to connect veterans with careers significantly contributed to the historically low veteran unemployment rate of approximately 2.8% that our nation arrived at just before the dramatic, adverse effects of the COVID-19 pandemic. From June 2014 through December 2024, DAV hosted over 1,000 in-person and virtual career fairs, resulting in over 190,000 job offers extended to over 340,000 participants. During 2024, we supported both in-person and virtual career fairs nationwide, with 78 in-person and 18 virtual events. In 2025, we will host over 100 career fairs. We encourage you to share with your constituents our full schedule of career fairs, which can be found at davijobfairs.org. Please let them know that companies are aggressively recruiting and hiring military veterans because they know the value veterans and their spouses bring to their organizations.

In addition to our sponsored veteran career fairs each year, DAV works directly with over 340 companies seeking the many talents and skills they know veterans possess. Moreover, DAV provides a multitude of resources that veterans can easily access within our employment resources webpage at jobs.dav.org, including a job search board offering more than a quarter-million current employment opportunities around the world, direct links to companies, resources for employers and other helpful information.

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

Furthermore, DAV continued our partnership with "Hiring America," the foremost voice in televised programs dedicated solely to helping veterans secure meaningful employment opportunities. Each episode features companies with outstanding veteran-hiring initiatives and shares insights from business leaders, career counselors and human resource specialists. With the program's projected reach of nearly 3 million viewers—including those on American Forces Network (AFN)—we are very excited about this addition to the growing number of tools and resources that DAV provides to veterans seeking employment and companies that want to hire them.

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

In 2021, DAV took a dramatic leap forward in assisting entrepreneurs in the veteran- and military-connected community, including spouses, with the acquisition of DAV Patriot Boot Camp, which was formerly an independent 501(c)(3) charity. In doing so, DAV has added to a community of thousands of entrepreneurs, supporters and mentors who participate in formal and informal training to make the business world more accessible to those who served. This community within DAV provides a network of support and resources to veterans and spouses who wish to change the world and contribute to our nation through their ventures.

DAV hosted two significant in-person training events in DAV Patriot Boot Camp's inaugural year, three events in 2022 and four events in 2023, including an accelerator program. In 2024, DAV Patriot Boot Camp continued its impressive growth, hosting three in-person events, bringing the total to 24 in-person programs since its inception. This, combined with seven virtual events, has affected over 1,100 veteran entrepreneurs nationwide. A significant milestone was achieved in 2024 with the inaugural DAV Patriots Pitch competition held at the DAV national convention, where the winner received \$15,000 in non-dilutive capital.

DAV Patriot Boot Camp also provides monthly webinars and additional resources to empower founders to succeed. This initiative complements DAV's ongoing efforts to

support and advocate on behalf of service-disabled veteran-owned small businesses.

In 2025, DAV Patriot Boot Camp will continue to expand its reach with three in-person cohorts scheduled for February, May and September. The February and May cohorts will take place in Erlanger, Kentucky, while the September event is tentatively planned to be hosted by MX in Lehi, Utah. In addition to the direct service this program provides to veterans and spouses, it helps prepare and inform our advocacy.

We invite you to attend one of these transformational events yourself and to encourage entrepreneurs to attend and prospective mentors in your constituencies to volunteer.

DAV CHARITABLE SERVICE TRUST

While many programs support our nation's ill and injured veterans, there remain unmet needs and creative solutions that deserve our support. Formed in 1986, the DAV Charitable Service Trust is a tax-exempt, nonprofit organization serving primarily as a source of grants for qualifying organizations throughout the nation. As an affiliate of DAV, the Trust strives to meet the needs of ill and injured veterans through financial support of programs and services that provide direct support to veterans and their families.

DAV established the Trust to advance initiatives, programs and services that may not easily fit into the scheme of what is traditionally offered through VA programs or by DAV departments and other veterans organizations in the community. Nonprofit organizations meeting the direct service needs of veterans, their dependents and their survivors are encouraged to apply for financial support. Since the first grant was awarded in 1988, over \$177 million has been invested to serve the interests of our nation's heroes.

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

Typically, grants are awarded to programs offering:

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

In 2020, a \$1 million grant was awarded to Save A Warrior, a nonprofit organization committed to ending the staggering suicide rate plaguing veterans, active-duty military and first responders. The grant was used to support the construction and development of Save A Warrior's National Center of Excellence for Complex Post-Traumatic Stress in Hillsboro, Ohio, to provide a healing outlet for ill and injured veterans combating suicide and mental health issues. In 2021, the Trust provided another \$200,000 grant for programming, and the center opened in June 2022. Save A Warrior received an additional \$1 million grant in November 2022 to offer trauma-focused cognitive behavioral therapy, relevant 12-step programs, cognitive processing therapy, mindfulness-based stress reduction techniques and resources to participants.

The Trust continued its partnership with the organization in 2023 by awarding a \$2 million grant for general operating costs and construction expenses for lodging at the S/SGT Dick Wood Warrior Village. The lodges are located in a peaceful, wooded area near their National Center of Excellence, and amenities include comfortable sleeping quarters, communal areas for group interactions, dedicated meditation rooms, and expansive outdoor spaces ideal for both physical activities and quiet contemplation. In 2025, Save A Warrior will extend its healing cohorts to the spouses and adult children of veterans in an effort to strengthen family dynamics and promote healing across the entire household. The Trust awarded a \$1 million grant in 2024 to support this new initiative.

DAV has also provided nearly \$1.3 million to Boulder Crest retreats, where DAV leaders and spouses serve as mentors for the latest generation of seriously injured veterans and their caregivers.

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

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

LEGISLATION

Messrs. Chairmen, DAV's stance on legislation is approved by our members in the form of adopted resolutions, calling for program, policy and legislative changes to improve health care services and benefits for wartime-service-disabled veterans and their families, caregivers and survivors. Outlined below is a partial list of DAV's legislative resolutions approved at our 2024 national convention. On behalf of DAV, I ask members of the House and Senate Veterans' Affairs Committees to consider the merit of these proposals and use them to draft and enact legislation.

DAV's [2024–2025 Legislative Resolution book](#) is available on DAV's website.

Disability Compensation and Other Benefits

- Support legislation to provide service connection for disabling conditions resulting from toxic and environmental exposures.
- Support legislation to improve and reform Dependency and Indemnity Compensation.
- Support legislation to remove the prohibition against concurrent receipt of military retired pay and veterans disability compensation for all veterans.
- Support legislation that prohibits Special Separation Benefit payments from being withheld from VA disability compensation payments.
- Oppose reduction, taxation or elimination of veterans benefits.
- Support legislation for studies and establishing presumptive diseases related to PFAS exposure.
- Support legislation to provide studies, health care and benefits resulting from toxic exposures at Karshi-Khanabad (K2) Air Base in Uzbekistan.
- Support legislation to increase disability compensation.
- Support oversight of VA practices in evaluating disability claims for residuals of military sexual trauma.
- Support legislation that would exempt the benefits paid to wartime-service-connected disabled veterans from the "PAYGO/CUTGO" provisions of the Budget Enforcement Act.
- Increase the grant and specially adaptive equipment rates for automobiles and other conveyances for eligible disabled veterans.
- Support legislation to ensure that Total Disability Based on Individual Unemployability remains available for all veterans in need regardless of age or receipt of any other earned federal benefits.
- Support legislation to improve the VA Fiduciary Program.
- Increase the VA Home Improvement and Structural Alterations Grant.
- Support an increase in the VA burial allowance for service-connected disabled veterans, and provide automatic annual adjustments.

Medical and Health Care Services

- Improve and enhance resources for VA mental health programs and suicide prevention.
- Enhance medical services and benefits for women veterans.
- Support equity in access to services and benefits for racial and ethnic minority service-connected disabled veterans.
- Provide comprehensive dental care to all service-connected disabled veterans within the VA health care system.
- Enhance long-term services and supports for service-connected disabled veterans.
- Support legislation to improve and provide comprehensive services for caregivers of severely wounded, injured and ill veterans of all eras.
- Strengthen and protect the VA health care system.

- Ensure a safe, secure and effective electronic health record for veterans that allows the VA to fulfill core missions of patient care, research and training.
- Support effective recruitment, retention and development of the VA health care system workforce.
- Ensure veterans have quality and timely access to health care from the Veterans Health Administration and Veterans Community Care Program providers.
- Support VA research into the medical efficacy of cannabis for treatment of service-connected disabled veterans.
- Support humane, consistent pain management programs in the veterans health care system.
- Support VA medical and prosthetic research programs.
- Support legislation to eliminate or reduce VA and Department of Defense health care copayments for service-connected disabled veterans.
- Support legislation directing the VA to research and make available effective psychedelic compounds for treating mental health conditions and traumatic brain injury.

General issues

- Support sufficient, timely and predictable funding for all VA programs, benefits and services.
- Support licensure and certification of active-duty service personnel.
- Provide adequate funding and permanency for veterans employment and/or training programs.
- Protect veterans from employment discrimination when receiving health care for service-connected conditions.
- Support renewed prisoner-of-war/missing-in-action discussions.
- Support legislation to strengthen and protect Service-Disabled Veteran-Owned Small Businesses.
- Support legislation to create, improve and reform federal programs for service-disabled veteran entrepreneurship.
- Support the continued growth of Veterans Treatment Courts for justice-involved veterans.
- Support veterans' preference in public employment.
- Support adequate air travel accommodations for disabled veterans.
- Provide scam and fraud protection for veterans and their families, caregivers and survivors.
- Support legislation to regulate the VA's use of artificial intelligence (AI) and automated tools in medical and benefit settings while requiring adequate oversight and transparency in the use and outcomes of AI implementation.

CONCLUSION

Messrs. Chairmen, DAV has a proud 100-year history of tireless advocacy for America's disabled veterans and their families, caregivers and survivors. Our organization has come before these committees many times to highlight the challenges disabled veterans face and the critical need for health care, benefits and supportive

services so they can rehabilitate and live their lives with respect and dignity despite experiencing life-changing physical and mental wounds. We recognize and appreciate your unwavering commitment to these issues—and to the men and women who served—especially during difficult times.

As President Ronald Reagan said, “Veterans know better than anyone else the price of freedom, for they’ve suffered the scars of war. We can offer them no better tribute than to protect what they have won for us. That is our duty. They have never let America down. We will not let them down.”

To me, those words describe the importance of our work. It has been the honor of my life to serve our great country and DAV. And it is on our members’ behalf that I can call on everyone here today to live up to the words of President Reagan.

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

This concludes my statement.



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Biographical INFO

DANIEL CONTRERAS National Commander DAV (Disabled American Veterans)

Daniel Contreras, a service-connected disabled Army veteran, was elected national commander for the nearly 1 million-member DAV at the organization's 2024 national convention in Phoenix, Arizona.

Contreras served in the Army from 1980 to 1996 as a combat medic, emergency medical technician and Army nurse, achieving the rank of sergeant first class. His military duties also included being an instructor writer at the Academy of Health Sciences. His military decorations include the Army Meritorious Service Medal and the Expert Field Medical Badge. In 1999, he became a life member of DAV and has since been involved with the organization at the chapter, department and national levels.

He began his professional career with DAV as a national service officer in 2000 and was promoted to national western area supervisor for Area 9 in 2006.

Since 2008, Contreras has served as the adjutant and treasurer for DAV's Department of California and is a past department commander. He also serves as an advisor on DAV's national board of directors. Additionally, he has served as director and chief financial officer for the DAV Department of California Rehabilitation Foundation since 2008.

He served on the DAV National Executive Committee and, in 2009, was elected to the board of directors for the DAV National Service Foundation, where he served until 2019. In addition to his various leadership and managerial positions within the national and state levels of the organization over the past 25 years, he was also appointed to chair the California Mexican-American Veterans Memorial Committee by California Govs. Arnold Schwarzenegger and Jerry Brown.

Contreras and his wife, Teresa, reside in Sherman Oaks, California. They have a son, Robert, and four grandchildren. He is a life member of Chapter 99 in Oxnard.





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Biographical INFO

JIM MARSZALEK National Service Director DAV (Disabled American Veterans)

Jim Marszalek, a U.S. Marine Corps veteran, was appointed national service director for the nearly 1 million-member DAV in August 2013. He works at DAV's National Service & Legislative Headquarters in Washington, D.C.

Marszalek manages all activities of the DAV's National Service Program, which employs approximately 255 professional national service officers, 30 transition service officers and support staff in 100 offices throughout the United States and in Puerto Rico. These service officers represent veterans and their families with claims for benefits from the Department of Veterans Affairs (VA) and the Department of Defense (DOD). DAV's direct hands-on services make up the largest item in the organization's budget for program services. DAV service officers annually interview hundreds of thousands of veterans and their families, and file over 200,000 new claims for benefits for the ill and injured veterans.

Marszalek joined the DAV professional staff in 2001 as a member of Class XI at the DAV National Service Officer Training Academy in Denver, Colorado. Following graduation in 2001, Marszalek was assigned as service officer apprentice at the DAV National Service Office in Cleveland, Ohio. He assumed supervisory roles across the country, and in 2012 was appointed as deputy national service director, where he served until his current appointment.

A native of Pittsburgh, Pennsylvania, Marszalek entered the U.S. Marine Corps in 1996 and was honorably discharged in April 2000.

Marszalek is a life member of DAV Chapter 76, Pittsburgh, Pennsylvania. He and his spouse, Jillian, reside in Ashburn, Virginia. They have two sons.





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Biographical INFO

JOY J. ILEM
National Legislative Director
DAV (Disabled American Veterans)

Joy J. Ilem, a service-connected disabled veteran of the U.S. Army, was appointed national legislative director for the nearly 1 million-member DAV in August 2015.

Ilem is a member of the DAV's legislative team employed at DAV National Service and Legislative Headquarters in Washington, D.C. She directs the advancement of DAV's public policy objectives to promote and defend reasonable and responsible legislation to assist disabled veterans and their families nationwide, while guarding current veteran's benefits and services from legislative erosion.

Ilem began her DAV career as a member of Class III at DAV's National Service Officer Training Academy in Denver. She graduated in 1996 and was assigned as a national service officer apprentice at the DAV National Service Office in Phoenix, Arizona. In 1997, she was assigned as a DAV national appeals officer at the Board of Veterans Appeals in Washington, D.C. In 1999, she was promoted to an associate national legislative director serving with the national legislative team at DAV's National Service and Legislative Headquarters. Ilem was appointed assistant national legislative director in 2000 and deputy national legislative director in June 2009, holding that title until her current appointment.

A native of Shakopee, Minnesota, Ilem was raised in the greater Minneapolis area, and is a 1977 graduate of Totino Grace High School in Fridley, Minnesota. She earned her bachelor's degree from the University of Arizona in Tucson in 1994, majoring in archaeology, with a minor in religious studies.

Ilem enlisted in the U.S. Army in 1982. Following basic training at Ft. Jackson, South Carolina, and advanced medical training at Ft. Sam Houston, Texas, she was assigned as a medic to the 67th Evacuation Hospital in Wurzburg, Germany, where she underwent additional certification as an emergency medical technician (EMT). Ilem's military duties included assignments in the emergency room and as a non-commissioned officer in charge of surgical recovery room operations. She was honorably discharged from the Army in 1985.

A life member of DAV Chapter 10 Arlington-Fairfax, Virginia, Ilem resides in Alexandria, Virginia.





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Biographical INFO

EDWARD R. REESE JR.

Executive Director, Washington Headquarters
DAV (Disabled American Veterans)



Edward R. "Randy" Reese, Jr., a combat veteran of the Persian Gulf War, was appointed Executive Director of DAV's Washington Headquarters (WHQ) in December 2018. In this capacity, he directs DAV's legislative and service programs, which provide free benefits assistance to over 200,000 veterans, survivors and family members each year. Between WHQ and 88 offices across the country, Reese manages more than 400 professional and support staff. Reese also serves as DAV's principal spokesperson before Congress, the Department of Veterans Affairs (VA) and the White House.

Reese has more than two decades of professional experience advocating for the men and women who served, having first joined DAV in 1995 as a National Service Officer and has worked in multiple locations around the country, including Kentucky, Nevada and California. He was appointed Associate National Service Director in May 1999, Assistant National Service Director in August 2000, Deputy National Service Director in August 2001, National Service Director in 2002, Deputy Director of Human Resources in July 2010, National Human Resources Director in August 2013 and Assistant Executive Director of WHQ in 2017 before his current appointment.

A nationally recognized expert on veterans benefits and services, Reese has served on a number of veteran-related federal advisory committees, including the Advisory Committee on Disability Compensation, Advisory Committee on Gulf War Veterans, and VA Vocational Rehabilitation and Employment Task Force.

A native of Bristol, Virginia, Reese enlisted in the U.S. Army in 1984. He was a rifle squad leader in the 82nd Airborne Division during the Persian Gulf War. Following the war, he served as an elite "Black-Hat" instructor in the Air Movement Operations and Jump Master Courses at Fort Bragg, North Carolina. There, he suffered a disabling back injury while conducting a night parachute jump in an airfield seizure training operation. Among his military decorations are the Combat Infantryman Badge, Master Parachutist Badge and the Meritorious Service Medal.

Reese earned his paralegal degree from Kaplan College for Professional Studies and is certified by the HR Certification Institute as a Senior Professional of Human Resources (SPHR) and Senior Certified Professional (SCP) by the Society for Human Resource Management. He is a life member of DAV Arlington/Fairfax Chapter 10. Reese and his wife Belenda currently live in Chesapeake Beach, Maryland.



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Biographical INFO

BARRY A. JESINOSKI National Adjutant/CEO DAV (Disabled American Veterans)

Barry A. Jesinoski, a service-connected veteran of the Persian Gulf War era, was appointed national adjutant for the nearly 1 million-member DAV in June 2023. As DAV's chief executive, Jesinoski leads the organization, overseeing all staff and operations for one of America's largest charitable institutions.

Before his appointment, he served as executive director of DAV National Headquarters in Erlanger, Kentucky, since August 2013. As executive director, he served as the organization's chief financial officer and chief operating officer, overseeing employment initiatives, voluntary services, communications, membership activities, fundraising, accounting, administration, human resources, information technology, outreach and logistics.

Jesinoski began his DAV career as a member of Class II at the National Service Officer Training Academy in Denver in 1995. Following graduation from the academy, he worked on the front lines of DAV's largest service initiative and represented veterans in their claims for benefits.

He rose from an apprentice in Seattle to supervise one of DAV's most prominent offices in San Diego in two years. In 2001, he was promoted to oversee benefits advocacy for an area encompassing California, Arizona, Oregon, Nevada and Hawaii. Later that same year, he was appointed to the national service staff and assigned to DAV's Washington Headquarters. The following year, he was promoted to assistant national service director.

In 2007, he was appointed deputy director of human resources and relocated to DAV National Headquarters before taking the lead as director in 2009. Then, in 2011, he returned to Washington, D.C., to lead DAV's service and legislative efforts as executive director and as DAV's principal spokesperson at the Department of Veterans Affairs, Congress and the White House. He served in that capacity until his appointment as executive director of DAV National Headquarters.

Jesinoski is focused on improving efficiencies and aligning DAV's efforts and collaboration across the organization's departments. He's initiated several DAV programs, such as the transition service program, the employment and entrepreneurship departments, service officer certification training, the case management system, the results management office and the most significant IT infrastructure project in the organization's history. He also led the site selection and construction of DAV's new national headquarters. Internally, he's championed benefit enhancements, such as a performance and retention program, flexible work schedule, accelerated PTO allotments, and bereavement and parental leave.

Through his leadership, DAV's outreach efforts have quadrupled in scope, fundraising has been diversified, and every department in his purview has taken on new initiatives aimed at achieving strategic objectives and modernizing the delivery of services.

A native of Ottertail County, Minnesota, Jesinoski was medically discharged from the Marine Corps in 1993. He earned his initial Senior Professional in Human Resources (SPHR) certification from the Human Resources Certification Institute in 2008.

He lives in Fort Mitchell, Kentucky, with his wife and two sons.





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Biographical INFO

JOHN KLEINDIENST National Voluntary Services Director DAV (Disabled American Veterans)

John Kleindienst was appointed national voluntary services director for the nearly 1 million-member DAV in August 2014. He is employed at DAV National Headquarters in Erlanger, Kentucky.

As national voluntary services director, Kleindienst is responsible for a corps of DAV volunteers who, along with DAV Auxiliary volunteers, donate nearly two million hours a year to volunteer work at Veterans Affairs (VA) medical facilities. He also directs the nationwide DAV Transportation Network, in which DAV hospital service coordinators arrange transportation for veterans who have no way to get to and from VA medical appointments. The network provides hundreds of thousands of rides for veterans across the country each year.

Kleindienst directs and coordinates activities involving the annual National Disabled Veterans Winter Sports Clinic, co-presented by DAV and the VA, which employs sports such as skiing, sled hockey and other activities to promote physical rehabilitation and therapy for veterans struggling to overcome the impact of profound disability. The clinic is the largest rehabilitation event of its kind in the world.

Additionally, Kleindienst manages DAV activities regarding the National Disabled Veterans Golf Clinic each year. As a co-presenter, DAV helps provide legally blind and eligible disabled veterans an opportunity to develop new skills and strengthen their self-esteem through adaptive golf and bowling events.

A native of Waco, Texas, Kleindienst enlisted in the U.S. Marine Corps in June 1996 and was medically discharged in October 2003 as a result of service-connected injuries. He joined DAV's professional staff as a national service officer in February 2003 at DAV's National Service Office in Waco. Following service as a service officer in multiple U.S. locations, he was appointed deputy director of human resources at DAV's National Headquarters in June 2013 and served in that position until his current appointment.

A 1996 graduate of Connally High School in Waco, he is a life member of DAV Chapter 20 in Texas. He studied criminal justice at Coastal Carolina Community College while in the Marine Corps and attended McLennan Community College in Waco after his discharge.

He and his spouse, Melanie, reside in Burlington, Kentucky and have two children, Sean and McKenna, and two grandchildren.





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Biographical INFO

LAMARR COUSER National Employment Director DAV (Disabled American Veterans)

Lamarr Couser was appointed national employment director at DAV National Headquarters in Erlanger, Kentucky in August 2024. In this capacity, he will lead DAV's efforts to connect veterans and spouses with employment through job fairs, outreach to employers, and other programs and initiatives that enhance and empower veterans and military families.



A service-disabled Navy and Army National Guard veteran, he served in Somalia, Iraq and Kuwait before retiring from the Virginia Army National Guard in 2014. He joined DAV in 2007 as a national service office apprentice in Baltimore before becoming senior national service officer in the Washington, D.C., office in 2011. He supervised the DAV office in Baltimore for nine years before being appointed assistant national employment director in 2023.

Couser is a life member of Chapter 33 in Jessup, Maryland, and served as the DAV Department of Maryland commander in 2013 and judge advocate in 2009.

Biographical **INFO**
CHRISTOPHER EASLEY
 National Commander
 Disabled American Veterans Auxiliary

Christopher J. Easley was elected National Commander at the 2024 DAV & Auxiliary National Convention in Phoenix, Arizona.

Chris has been a DAV Auxiliary member in Oklahoma since 2005. His membership eligibility is through his grandparents, mother, various aunts, uncles, cousins, and he is most proud to be eligible through his step-father U.S. Air Force retired C.J. Bergeron.



Chris started his journey with the DAV Auxiliary in Alamo Unit #5 in San Antonio practically at birth. His mom and grandma took him to meetings as a baby, and he learned what it truly means to be an American from the men and women of Chapter and Unit 5. Chris has served in all unit offices except for adjutant and treasurer. In Texas, he performed all elected positions in Texas District 5 and served on various state committees. Chris also served as state chaplain, 2nd junior vice, 1st junior vice, senior vice, and state commander of Texas. Chris served on the National Executive Committee for District 20 and the National Finance Committee, which he chaired during his second year. He has also served on the interim Constitution and Bylaws Committee.

Due to a job promotion in early 2020, Chris relocated to Oklahoma during the weekend that COVID-19 was officially recognized as a worldwide pandemic. Wanting to remain active with the Auxiliary, he decided to get a life membership in Oklahoma. He is currently the Oklahoma state judge advocate and serves as adjutant treasurer for Unit 32 in Tulsa, Oklahoma.

Chris enjoys music, technology, and photography. Chris plays the violin/fiddle and performed on the stage at the Grand Olde Opry. He is also an Eagle Scout and enjoys mentoring future Eagle Scouts to help them achieve their goals. Chris feels that as an organization, we need to use our collective voice to support our nation's disabled veterans and their families to get the benefits that were paid for with their service and sacrifice.



Statement for the Record

Horace Johnson
National Commander
AMVETS

Before a Joint Hearing of the
House and Senate Committees on Veterans Affairs

February 25, 2025

Chairman Bost, Chairman Moran, Ranking Member Takano, Ranking Member Blumenthal, and distinguished members of the House and Senate Committees on Veterans Affairs,

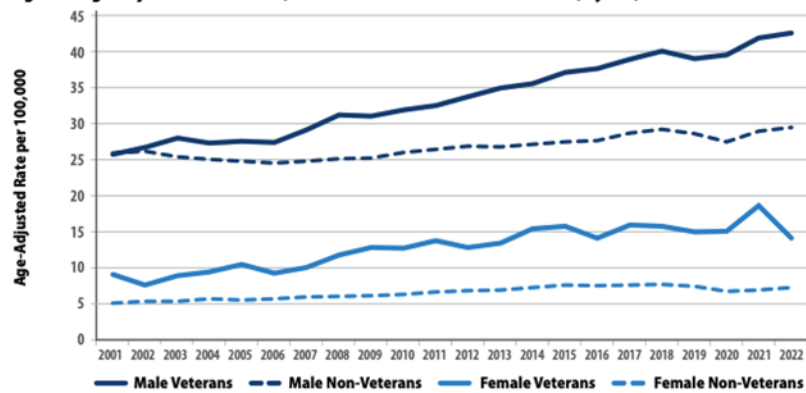
The Department of Veterans Affairs was created with a singular mission: to care for those who have served our country. Yet, today, too many veterans are being lost to suicide, struggling with untreated injuries, and navigating a system that is failing them at every turn. We are in the midst of a crisis—one that is costing lives. Despite a mental health budget that has grown from \$600 million at the start of the wars in Iraq and Afghanistan to more than \$17.1 billion in 2025, the VA's approach to suicide prevention and mental health care has failed. Veterans are not receiving the care they need, and the results are devastating.

At the same time, the VA is spending billions of dollars on mismanaged programs, ineffective contracts, and bureaucratic inefficiencies that do little to directly serve veterans. Instead of investing in innovative solutions that empower veterans to build successful, fulfilling lives, too many resources are directed toward entrenched government contractors that overpromise and underdeliver. The absence of a clear, outcomes-driven strategy has resulted in a system focusing more on maintaining itself than serving those it was built to support.

It is time for a fundamental shift. AMVETS calls for Congress and the VA to take immediate, decisive action to address the crisis taking place at the VA—not through more of the same failed approaches, but through real reform. We are proud to work with you all on two new approaches to veterans' mental health: the Veterans Continuum of Wellness and the expansion of integrative traumatic brain injury (TBI) care. These proposals offer common-sense,

results-driven solutions to save lives and ensure taxpayer dollars are effectively allocated to save veteran lives.

Figure 3: Age-Adjusted Suicide Rate, Veteran and Non-Veteran U.S. Adults, by Sex, 2001–2022



These two initiatives will transform how the VA delivers mental health and traumatic brain injury care, shifting from crisis-driven, reactionary approaches to a proactive model that prioritizes prevention, resilience, and post-traumatic growth. Together, these efforts present a vision for a VA that is not simply a safety net for those in crisis, but a system that helps veterans become the best versions of themselves.

The VA's broken procurement system is another area of needed reform, rewarding inefficiency and waste, sidelining veteran-owned businesses and small enterprises that could deliver better outcomes at lower costs. VA contracting has favored large corporations for too long at the expense of innovation, competition, and, most importantly, the veterans it serves. The failures of major IT modernization and healthcare service contracts illustrate systemic issues—poor oversight, unchecked cost overruns, and a lack of meaningful accountability. The VA doesn't need more funding; it needs better priorities. A National Veterans Strategy is essential to refocus the department on what truly matters: improving health outcomes, strengthening benefits, and ensuring that every dollar spent directly benefits veterans.

Given these longstanding challenges, we are deeply concerned by recent actions taken by the Department of Government Efficiency (DOGE) and the lack of transparency surrounding them. Reports of new employees being abruptly terminated have raised alarms, yet clear information has not been shared with veterans service organizations (VSOs). While we are not here to wade through speculation, one fact remains: we expect greater transparency and communication from Congress, the VA, and the White House when fundamental changes are made to the department. Rather than contributing to uncertainty, DOGE should prioritize renegotiating major prime contracts to drive efficiency and accountability. **We recommend finding \$16 billion in savings by renegotiating, eliminating, and/or recompeting these**

primes to numerous mid/Service-Disabled Veteran-Owned Small Businesses (SDVOSB) firms.

Additionally, any effort to eliminate contracts with SDVOSBs is wholly unacceptable, and if such actions occur, they must be corrected immediately. Now is the time to break from the status quo and establish a vision for a VA that prioritizes veterans over bureaucracy at every operational level.

Implement the Veterans Continuum of Wellness – A New Model for Mental Health and Suicide Prevention

The VA's mental health system is built on a flawed model that waits until veterans are in crisis before providing them with care. This approach does not work. Veterans need a system that equips them with the tools to build resilience before they reach a breaking point.

The Veterans Continuum of Wellness, a multi-layered approach to engaging veterans at every stage of their mental health journey, fundamentally reshapes how the VA delivers mental health care. It creates a six-tier framework that prioritizes early intervention, self-sufficiency, and post-traumatic growth, ensuring that veterans have access to the proper support before they need crisis intervention.

The framework establishes:

- Proactive training for all transitioning service members, ensuring they have foundational skills in emotional regulation, mindfulness, financial literacy, and relationship building.
- Expanded access to alternative therapies, including peer-led counseling and community-driven mental health support.
- A shift away from long-term medication as the default treatment ensures veterans explore non-pharmaceutical interventions before being placed on psychotropic drugs.

This model offers a cost-effective alternative to the VA's high-cost, low-return mental health model. By focusing on prevention rather than crisis response, the framework reduces reliance on expensive inpatient care while improving veterans' mental health outcomes.

Encourage A New VA Approach to TBI Treatment and Neurorehabilitation

For too long, traumatic brain injury has been misunderstood and poorly treated within the VA system. TBI is often misdiagnosed or mistaken for mental health conditions such as post-traumatic stress disorder (PTSD), leading to ineffective treatment plans that fail to address the underlying injury.

The Defense Health Agency has reported that more than 492,000 service members sustained at least one traumatic brain injury between 2000 and 2023. More than 100,000 veterans with TBI rely on the VA for care each year. Yet, they are often placed on long-term medication without access to regenerative, rehabilitative, or non-pharmaceutical therapies that could improve their cognitive and psychological recovery.

The VA must establish a competitive grant program within the VA to fund organizations that provide advanced, patient-centered neurorehabilitation treatments for mild-to-moderate TBI. Under this initiative, funds from the VA's existing mental health budget would be reallocated to pilot and evaluate the most effective alternative approaches for treating TBI-related conditions, including post-traumatic stress disorder and suicidality.

Key provisions of this proposal include:

- The creation of a grant program, awarding \$30 million annually over three years to nonprofit organizations, academic institutions, and private healthcare providers specializing in neurorehabilitation.
- A pilot program to integrate best practices developed by grant recipients into VA medical facilities.
- Prioritization of non-pharmaceutical treatments, such as innovative prevention, detection, and treatment approaches for TBI, with particular attention to non-pharmacological solutions.
- Continuous monitoring and follow-up care to ensure that veterans receive sustained support and long-term treatment for the neurological effects of TBI.

By introducing and passing legislation establishing these programs, Congress will ensure that veterans with brain injuries receive effective, modernized care that leads to long-term recovery rather than dependency on medication and crisis-driven interventions.

Revolutionizing Federal Procurement to Reduce Waste, Empower Small Businesses, and Improve Accountability

The VA and other federal agencies continue to face challenges with underperforming contractors in key areas such as IT modernization, health care services, benefits delivery, and infrastructure. Excessively large, bundled contracts, poor oversight, inflated cost estimates, and limited contractor accountability have wasted billions of dollars on projects that fail to deliver for our Nation's veterans.

Key findings in federal procurement include:

- Multiple billion-dollar contracts have experienced severe cost overruns.
- Large bundled contracts reduce accountability and restrict competition.
- The VA systematically favors large prime contractors over Service-Disabled Veteran-Owned Small Businesses (SDVOSBs), limiting opportunities for small businesses and reducing service quality.
- Federal procurement frequently prioritizes large corporations that rely on international suppliers, missing opportunities to strengthen domestic manufacturing and national security.

Several major VA contracts illustrate these failures, including:

1. Accenture Federal Services' \$453 million contract for the Digital GI Bill Delivery Program suffered massive cost overruns.

2. Booz Allen Hamilton's \$1.1 billion Benefits Integrated Delivery task order was awarded despite poor performance on a preceding \$410 million contract.
3. SAIC's acquisition of Halfaker & Associates, an SDVOSB, led to performance failures in key VA IT contracts.

Congress must take action to improve federal procurement by:

- Promoting smaller, more manageable contracts to increase accountability and competition.
- Reducing barriers for small and mid-sized businesses, particularly SDVOSBs, by eliminating excessively high past performance requirements.
- Strengthening contractor accountability through clear performance metrics, penalties for cost overruns, and mandatory periodic audits.
- Increasing transparency by requiring third-party evaluations of large contracts and leveraging end-user feedback to identify underperforming vendors.

These reforms will ensure that taxpayer dollars are spent responsibly while improving service quality for veterans. Congress can modernize federal procurement and ensure that VA services meet the highest standards by enhancing competition, increasing oversight, and reducing reliance on underperforming contractors.

Support for Electronic Health Record Modernization

The Department of Veterans Affairs has faced significant challenges in modernizing its Electronic Health Record (EHR) system. While the initial rollout under Cerner was marked by inefficiencies, cost overruns, and implementation failures, we recognize the substantial improvements made under Oracle's leadership. Oracle's acquisition of Cerner represents a turning point in this effort, transforming a struggling program into one that now promises to deliver a fully integrated, secure, and effective health record system for veterans.

AMVETS and our partner organizations fully support the VA's continued commitment to EHR modernization. A seamless, interoperable healthcare system that connects the VA, Department of Defense, and community healthcare providers is critical to ensuring continuity of care for veterans, particularly those transitioning from active service. The modernization of the EHR system is a matter of efficiency, patient safety, data security, and the long-term viability of VA health care.

Lessons from Past Procurement Failures

The EHR modernization project's struggles under Cerner are a stark example of the consequences of poor federal acquisition and oversight. The program suffered from weak contract management, inadequate technical oversight, and insufficient accountability mechanisms—challenges that mirror broader procurement failures across the VA and other federal agencies. The shift to Oracle's leadership, coupled with more aggressive oversight and accountability, demonstrates the importance of ensuring that major federal contracts are managed with transparency and strategic control from the start.

Key Advantages of the Modernized Oracle EHR System

The transition from the legacy VistA system to a modern, cloud-based EHR provides multiple advantages:

- Interoperability – Ensures seamless data exchange between the VA, Department of Defense, and community health care providers, improving care coordination.
- Clinical Decision Support – Provides clinicians with real-time insights and analytics to enhance patient outcomes.
- Patient Access and Empowerment: This initiative enhances veterans' access and management of their health records through an improved patient portal.
- Scalability and Security – Ensures the system remains adaptable to future demands while maintaining the highest cybersecurity and data integrity standards.

Moving Forward with Strong Leadership and Oversight

To maximize the success of this initiative, the VA must exercise strong command and control over the contract, ensuring that taxpayer resources are protected and veterans receive the quality care they deserve. The entire EHR codebase has been extensively rewritten to improve functionality, security, and usability. The successful implementation at the Lovell Federal Health Care Center—one of the most complex joint VA/DoD health care facilities—demonstrates that the system can work when properly managed.

We urge the VA and Congress to:

- Maintain strict oversight and accountability to ensure continued progress.
- Visit Lovell Federal Health Care Center to see firsthand the impact of the Oracle EHR rollout.
- Provide clear leadership and direction to prevent past failures from recurring.

Modernizing the VA's health care system is a critical investment in the future of veteran care. Abandoning this project would set the VA back decades and leave veterans stuck with an outdated, inefficient system. We stand firmly behind the continued rollout of the Oracle EHR and look forward to working with the VA to ensure its long-term success.

Increase Dependency and Indemnity Compensation (DIC) for Survivors

Military surviving spouses and families have long been denied the financial security they deserve. VA Dependency and Indemnity Compensation payments remain significantly lower than those received by federal civilian spouses, leaving military families with fewer resources despite their sacrifices.

Congress must align DIC benefits with federal civilian survivor benefits, ensuring that surviving military families receive equal treatment and financial stability.

Pass the Major Richard Star Act

Many combat-disabled retirees continue to lose portions of their hard-earned retirement pay due to outdated policies that reduce benefits for medically retired veterans. The Major Richard Star

Act corrects this injustice by ensuring that medically retired veterans receive both their full DoD retirement pay and VA disability compensation.

This legislation must be passed immediately to ensure that combat-wounded veterans are not financially penalized for injuries sustained in service to this nation.

Expand Access to VA Care While Strengthening the VA Health Care System

AMVETS strongly supports ensuring that all veterans receive high-quality, timely health care. While seeking care in the private sector through community care programs is vital for those facing excessive wait times or geographic barriers, the primary focus must be strengthening the VA healthcare system to ensure it remains the gold standard for veteran care.

Several studies have shown that VA specialized care is as good as or better than private sector care while costing less, making it more cost-effective for the taxpayer.

Examples of this care designed specifically for veterans include expertise in service-connected injuries, military-related physical traumas, TBI, blast injuries, and other combat-related physical maladies that private-sector providers often lack the experience to address effectively. Ensuring veterans receive the best care means prioritizing investments in the VA system before shifting resources to outside providers. Women's health care within the VA is a critical area that demands investment. Women are the fastest-growing segment of the veteran population, yet VA medical centers still lack adequate resources, staffing, and infrastructure to support their needs fully. AMVETS strongly urges Congress to ensure that VA facilities are fully equipped to provide comprehensive, gender-specific care, including:

- Expanding women's health clinics and dedicated care coordinators at every VA facility.
- Increasing access to specialized mental wellness & health services tailored to women veterans, including support for military sexual trauma (MST) survivors.
- Improving maternity care and childcare options to ensure continuity of care for veteran mothers.

VA healthcare should be the first and best option for veterans, and strengthening the system must remain the top funding priority. Expanding choice should never come at the expense of weakening the VA's ability to provide world-class, veteran-specific health care.

Develop a National Veterans Strategy to Align Care and Benefits with Outcomes

The VA spends over \$300 billion annually, yet no comprehensive strategy ensures these funds translate into meaningful improvements for veterans. Congress must establish a National Veterans Strategy that:

- Holds the VA accountable for improving veteran outcomes, not just expanding its budget.
- Eliminates ineffective programs and redirects funds to initiatives that produce measurable success.
- Ensures that all care and benefits align with long-term health and economic success for veterans.

Honor POWs and MIAs

The United States must remain committed to recovering the remains of missing service members and ensuring their sacrifice is never forgotten. AMVETS supports:

- Enforcing the requirement to display the POW/MIA flag outside Congressional offices.
- Funding recovery efforts to bring closure to the families of missing service members.

Conclusion

For too long, we have asked veterans to wait for a system that is failing them. We have poured billions of dollars into mental health programs without actual improvement. We have allowed preventable suicides to continue at staggering rates. We have watched as massive government contractors absorbed billions in taxpayer money while veterans struggled to access basic services.

That cannot continue.

Congress must act now. Energetically pursuing the Veterans Continuum of Wellness and integrative TBI care is not just about reforming policies—it is about saving lives and ensuring every veteran has the opportunity to thrive. These efforts provide a path toward a VA that serves its core mission: equipping veterans with the tools they need to succeed, not just survive.

At the same time, we must end the cycle of wasteful government contracting and failed procurement strategies. By reforming how the VA awards and manages contracts, holding underperforming vendors accountable, and prioritizing veteran-owned and small businesses, we can ensure that VA resources are used efficiently and effectively.

This is a pivotal moment. Congress can correct course and build a VA that genuinely serves those who have served. AMVETS stands ready to work with lawmakers, the administration, and the VA to implement these reforms and make lasting improvements.

Veterans do not need more bureaucracy. They do not need more failed programs. They need leadership, vision, and a commitment to delivering actual results. The time for action is now.

National Commander, Horace Johnson

National Commander Horace Johnson was elected to the organization's highest office by his peers in August 2024 at the AMVETS National Convention in Springfield, Illinois.

A retired Sergeant Major and Vietnam War Veteran, Commander Johnson served in the U.S. Army and National Guard for 22 years, including time as a senior combat medical specialist in Vietnam and an operations sergeant major with the 37th Armored Brigade.

Commander Johnson's military awards include the Army Commendation Medal, the Armed Forces Reserve Medal, the Army Good Conduct Medal, the Republic of Vietnam Campaign Medal, and the Army Reserve Components Achievement Medal.

After retiring from the Army as an E-9 in 1998, Commander Johnson had a 38-year career in the United States Postal Service, starting as a letter carrier in Cleveland, Ohio, working all the way up to officer-in-charge of the Painesville Post Office in Ohio.

Commander Johnson has led with distinction at every level in the AMVETS organization, including commanding AMVETS' National III District, the Department of Florida, and Post 4 in Tampa, Florida. Commander Johnson served for eight years on the AMVETS National Service Foundation Board of Trustees and was treasurer of AMVETS National Charities. He also served as executive director of the Department of Florida. Commander Johnson is a past chairman of the AMVETS National Diversity Committee.

Commander Johnson is a native of Cleveland, Ohio. His wife Toni and he live in Tampa, Florida. Together, they have nine children, 27 grandchildren, and nine great-grandchildren.

About AMVETS

AMVETS is the most inclusive congressionally chartered veterans service organization in the United States. Our membership is open to all active-duty service members, reservists, guardsmen, and honorably discharged veterans. As a result, AMVETS members have played a vital role in defending our nation in every conflict since World War II.

Our dedication to these men and women dates back to the post-World War II era, when countless returning service members sought access to the health, education, and employment benefits they had earned. Navigating the government bureaucracy to secure these benefits proved challenging for many, prompting experienced veterans to form local groups to assist their peers. As the veteran population surged into the millions, it became evident that a national organization was needed—one distinct from groups that had been established to serve veterans of previous wars. The emerging generation of veterans sought an organization of their own.

With this vision in mind, 18 delegates from nine veterans' clubs convened in Kansas City, Missouri, on December 10, 1944, to establish The American Veterans of World War II. Less than three years later, on July 23, 1947, President Harry S. Truman signed Public Law 216, officially recognizing AMVETS as the first congressionally chartered organization for post-World War II veterans.

Over the years, our congressional charter has been updated to welcome veterans from subsequent conflicts. AMVETS has also evolved to better meet the needs of newer generations of veterans and their families. To further this mission, we maintain partnerships with other congressionally chartered veterans' organizations as part of the "Big Six" coalition. Additionally, we collaborate with newer groups such as Iraq and Afghanistan Veterans of America and The Independence Fund. Our commitment to veterans' well-being is further demonstrated through our partnership with the VA's Office of Suicide Prevention and Mental Health, working to combat the tragic epidemic of veteran suicide.

As AMVETS looks toward the future, we remain steadfast in our dedication to serving those who have defended our nation. We urge the 119th Congress to join us in this commitment by making policy decisions and casting votes that protect and support our veterans.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts:

Fiscal Year 2024 - None
Fiscal Year 2023 - None
Fiscal Year 2022 - None
Fiscal Year 2021 - None
Fiscal Year 2020 - None
Fiscal Year 2019 - None

Disclosure of Foreign Payments – None

Testimony of



Legislative Priorities
&
Policy Initiatives *for the*
119th Congress

Presented by

Jack McManus
National President

Before the
House and Senate
Veterans Affairs Committees

February 25, 2025

Chairmen Moran and Bost, Ranking Members Tester and Takano, and distinguished members of your respective committees. It is my pleasure as National President of Vietnam Veterans of America (VVA) to appear before you to present the highlights of our legislative agenda and policy issues for the 119th Congress.

Vietnam Veterans of America is a national Veterans Service Organization chartered by the United States Congress as a non-profit organization to promote the well-being of American Vietnam veterans and to promote social welfare in the United States by encouraging the growth, development, readjustment, self-respect, confidence, and usefulness of Vietnam veterans and veterans of all eras.

VVA is committed to speaking truth to power, acting openly and honestly in its affairs, and demanding truth, effectiveness, and accountability from the government. As demonstrated by the following agenda, VVA stands by its founding principle, which serves as a rallying cry for all veterans, emphasizing the need for solidarity:

Never Again Will One Generation of Veterans Abandon Another.

Our goal is to perpetuate a legacy of selfless service, respect, and caring for the next generation of veterans that shall never die. Our founding principle is a challenge to ourselves and future generations to never abandon a fellow veteran. Our organization is dedicated to advocating for the rights, health, and well-being of all our fellow servicemen and women.

ACCOUNTING AND RECOVERY

Fund the Defense POW/MIA Accounting Agency (DPAA)

Our long-time, top priority remains a demand for continued funding and logistical support for the DPAA to provide for the fullest possible accounting and recovery of servicemembers of the Vietnam War and of all other conflicts. We must not forget the prisoners of war and those who went missing in action. Since VVA's formation, the accounting and recovery of POW/MIA servicemembers have remained our top priority.

The DPAA investigates potential crash and burial sites and aids in the recovery and identification of remains in Southeast Asia and other conflict locations. To do so, it must engage in extensive research, conduct interviews, and collaborate with numerous nonprofit organizations and foreign governments.¹

¹ *Fiscal Year 2024 Budget Estimates*, DEFENSE POW/MIA ACCOUNTING AGENCY (March 2023).

There are still 1,573 unaccounted-for American servicemembers from the Vietnam War and funding delays impact the ability of the DPAA to bring our brothers-in-arms home to rest.² Funding the DPAA is an effective way for Congress to ensure that the families of the unaccounted-for receive the fate-clarifying information that they deserve. Time is the enemy as witnesses are passing away and identified potential sites are being altered by construction and land reclamation.³

LEGISLATIVE PRIORITIES

Conduct Research Mandated in the *Toxic Exposure Research Act*

For several decades, VVA has pushed for the government to recognize the impact of Agent Orange, Gulf War illness, burn pits, and other toxins not only on veterans but on their descendants. With help from Congress, the *Toxic Exposure Research Act (TERA)* was enacted to conduct research for this purpose.⁴ By establishing the intergenerational impact of toxic exposure, the families of our nation's servicemembers would be positioned to make critical informed personal and healthcare decisions.

Unfortunately for them, the VA simply refuses to comply with Congressional will. While Congress has done its part to advance the interests of toxic-exposed veterans with the passage of the *PACT Act*, the new bill does not specifically address intergenerational impact, and so the descendants of veterans, particularly those from the Vietnam War, continue to suffer. For this reason, we urge Congress to compel the VA to conduct the research that is already owed per *TERA*. We further urge them to explore other agencies, such as the Department of Health and Human Services, to ensure that this critical research is initiated and completed without delay.

Revise the *Blue Water Navy (BWN) Act* and Investigate Broadscale Dioxin Exposure

Congress must amend the *Blue Water Navy Vietnam Veterans Act of 2019* (PL 116-23) to include servicemembers who served aboard vessels that supported the war effort but were excluded from coverage.⁵ Congress must also investigate heightened dioxin exposure due to Navy water distillation methods.

² [Past Conflicts](#), DEFENSE POW/MIA ACCOUNTING AGENCY (Feb. 9, 2023).

³ [V.I. in Vietnam: May 15 – June 5, 2023](#), Mokie Porter, Vietnam Veterans of America (July 2023).

⁴ Pub. L. 114-315 §§ 631-34 (2016).

⁵ Pub. L. 116-23 (2019).

The *Blue Water Navy Vietnam Veterans Act* established a presumption of Agent Orange exposure for veterans who served offshore in the territorial waters of Vietnam between January 9, 1962, and May 7, 1975. Unfortunately, the act imposed a rough twelve-nautical mile limit for presumed exposure. The result was the denial of presumption for the tens of thousands of sailors who served aboard nearly two dozen aircraft carriers.⁶

Dioxin does not respect arbitrary lines in the sea, and can be found in most bodies of water.⁷ Before the advent of reverse osmosis systems following the Vietnam War, U.S. military vessels used multi-stage flash (MSF distillation) for water purification.⁸ While this water purification method is effective at removing larger masses from potable water, condensers increase the toxicity of drinking water by increasing the concentration of dioxins and adjacent pollutants.⁹ Exposure amounts for sailors were estimated to be 2 to 3 magnitudes higher because of distiller use.¹⁰ It should be noted that these toxic effects were seen using systems comparable to the reverse osmosis systems used by the Navy after the Vietnam War – systems that were supposed to be more effective at removing contaminants, but that failed to purge dioxin and other toxins. Generations of sailors and Marines were presumably at risk of exposure. Congress is therefore obliged to compel the DoD and VA to properly investigate dioxin exposure due to these faulty water purification methods.

Conduct Research on Pre-Gulf War Burn Pit Use and Include Those Veterans for Healthcare Eligibility Due to Toxic Exposure

Burn pit exposure is not a scenario unique to the Gulf War and Global War on Terror. Servicemembers have been instructed to burn their waste for centuries. For this reason, the exclusion of veterans who served in locations outside of the Middle East and West Asia or before the Gulf War was a misstep when Congress passed

⁶ [*Carrier Deployments During the Vietnam Conflict*](#), NAVY DEPT. LIBRARY (last visited Feb. 20, 2024).

⁷ See, Booth, et al., [*Global Deposition of Airborne Toxin*](#), 75 MARINE POLLUTION BULLETIN (1-2), pg. 182-86 (Oct. 15, 2021); see also, [*Persistent Organic Pollutants: A Global Issue, A Global Response*](#), Env. Protection Agency (last visited Feb. 20, 2024) (for satellite imagery of persistent organic pollution being transported worldwide).

⁸ [*BLUE WATER NAVY VIETNAM VETERANS AND AGENT ORANGE EXPOSURE*](#), NATL. ACAD. PRESS (2011), at 104.

⁹ Natl. Res. Cent. For Env. Toxicology (ENTOX), [*Examination of the Potential Exposure of Royal Australian Navy \(RAN\) Personnel to Polychlorinated Dibenzodioxins and Polychlorinated Dibenzofurans via Drinking Water*](#), DEPT. OF VET. AFFAIRS., Australia (2002).

¹⁰ *Ibid.*

the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act*.¹¹

Monitor PACT Act Implementation and the Toxic Exposure Fund (TEF)

TEF dollars must be spent conducting research that will inform the public of any former or current risks of military service, providing healthcare access for affected veterans, and instructing the Department of Defense on methods of minimizing toxic exposure in future conflicts. To date, the VA has not made an adequate effort to provide transparency on how these funds are or will be spent, and while VVA is opposed to spending caps on toxic exposure research, it would welcome congressional oversight on spending to ensure that money is being spent in a way that will benefit veterans and their families.

Compel VA to Conduct an Epidemiological Study on Fort McClellan and Other Exposure Sites, and Inform Veterans About the Risks and Their Rights

Congress must ensure that the VA executes the Fort McClellan epidemiological study required by the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act* and ensure that veterans and others impacted by toxic exposure at Fort McClellan are informed about their right to participate and receive healthcare.¹²

A \$442.3 million Base Realignment and Closure (BRAC) cleanup began at Fort McClellan on September 30, 2003.¹³ There are still at least 28 identified active cleanup sites including, e.g. [Mock Village at Yahou Lake](#) and [Training Area T-5](#), both of which have contaminated groundwater, and the expected completion date for cleanup is 2046.¹⁴

Between 1935 and 1999, an estimated 650,000 veterans trained at Fort McClellan.¹⁵ These veterans were potentially exposed to radioactive compounds, chemical warfare agents, and airborne polychlorinated biphenyls (PCBs) caused by emissions from a neighboring Monsanto Corporation plant in Anniston, Alabama.¹⁶ The pollution and associated health risks are well documented.¹⁷ As is often the case,

¹¹ Pub. L. 117-168 (2022).

¹² Pub. L. 117-168 (2022).

¹³ [Fort McClellan](#), ProPublica (last visited Dec. 14, 2023).

¹⁴ *Ibid.* Contaminants include chloroform, carbon tetrachloride, TCE, and tetrachloroethane.

¹⁵ Supra, footnote 1.

¹⁶ [Potential Exposure at Fort McClellan](#), Dept. of Vets Affairs (last updated Jan. 11, 2023).

¹⁷ See, e.g. Dept of the Army, *Installation Assessment of Fort McClellan*, 110 Al. Recs. Eval. Rep. Vol. I (April 1977); CERFA *Letter Report Fort McClellan, Alabama*, Env. Sci. & Eng., Inc. (Dec. 1997); *Final Environmental Baseline Survey Fort McClellan, Alabama*, Env. Sci. & Eng., Inc.

many veterans and their families likely lived in off-base housing and were more directly exposed to the contaminants introduced by Monsanto.

While conditions on the ground have significantly improved since remediation efforts began, exposure risk for veterans assigned there lasted over six decades. Nearly half a million troops passed through Fort McClellan during this period, and it was the home of the MP Corps, Chemical Corps, and Women's Army Auxiliary Corps.

Unfortunately for our nation's veterans, this issue extends beyond Fort McClellan. As noted in a recent VA proposed rule, there are multiple identified sites where Agent Orange and pesticides were tested, used, and stored. These locations, domestic and abroad, are listed by the DoD's Armed Forces Pest Management Board (AFPMB), which is tasked with maintaining the list. The AFPMB accepts submissions to the list from members of the public to further the list's development, but there is no mechanism to ensure that additional sites will be listed. Moreover, despite the VA indicating that it may expand presumptions of exposure to locations on the AFPMB list, there is no guarantee that it will do so, or that it will do so for locations that are added in the future. Congress must make regular inquiries about toxic exposures on domestic and overseas installations, so that veterans and their families can mitigate the harm caused by their toxic exposure.

IMPROVING ACCESS TO EARNED BENEFITS

Increase Support for Vulnerable Veteran Populations

Congress must address the unique challenges faced by combat-injured veterans who are forcibly medically retired before completing their service, many of whom are granted compensation at a rate of only 75% of their base pay or lower. The base pay of junior-ranking servicemembers is on the lower end of the pay scale, leaving these vulnerable veterans with an unreasonably low rate of compensation. It is our belief that severely wounded servicemembers forced out for medical reasons before completing their first term of service due to a combat wound or injury should receive dual compensation without offsets. Active Duty, National Guard, and Reserve

(Jan. 1998); *Radiological Historical Assessment Pelham Range, Fort McClellan Anniston, Alabama Final Report*, U.S. Army Corps of Eng. (Dec. 2001); *Final Decision Document for the LaGarde Park Site of the Former Fort McClellan, Anniston, Alabama*, U.S. Army Corps of Eng. (Jun. 2006); *Health Consultation for Anniston PCB Site (Monsanto Company)*, ATSDR (Jul. 30, 2003); Public Comment Release, *Evaluation of Soil, Blood, & Air Data From Anniston, Alabama, Calhoun County, Alabama*, ATSDR (Jan. 27, 2010); *Anniston Community Health Survey*, ATSDR (Jul. 22, 2015).

servicemembers should all be included. The *Major Richard Star Act* (H.R. 1282/S.344), introduced in the 118th Congress, would allow combat-disabled military retirees to receive full retirement pay and disability benefits simultaneously; under current law, these payments are offset against each other. However, the *Star Act* was only available to those who had been able to complete 20 years of service and thus left a significant group of veterans forced out of a career opportunity by critical injury vulnerable and uncompensated. VVA urges Congress to introduce new legislation to address and correct this compensation offset issue for all combat-disabled veterans.

Pass Legislation Reinstating the 48-Hour Review Period for Disability Claims

Historically, Veterans Service Organizations (VSOs) have played a significant role in aiding veterans applying for disability benefits by reviewing their claims before the issuance of a final decision. These reviews were conducted within the 48 hours preceding the issuance of these decisions. During the review, VSOs would identify and address errors, omissions, and missing evidence. Unfortunately for our community, the Department of Veterans Affairs removed this review process and instated the Claims Accuracy Review (CAR) program.

The CAR program suffers from several limitations. Its narrow criteria fail to capture the breadth of potential issues identified during the previous 48-hour review process. Moreover, it duplicates the existing claims appeal process, creating unnecessary delays and redundancy.

Reinstatement would allow Veterans Service Officers (VSOs) to dispute erroneous conclusions and point to errors, improving claims outcomes for veterans and reducing the need for participation in the appellate process.

Enact Legislation Prohibiting the Reduction of VA Disability Compensation for Incarcerated Veterans

Veterans involved with the justice system who are otherwise eligible for VA benefits served their country with distinction, and incarceration should not be used as a justification for diminishing earned benefits. Congress must enact legislation prohibiting the reduction of VA disability compensation for these veterans, placing any balance above 10% into an escrow account until a veteran's release date.

Under current regulations,¹⁸ benefits for these veterans are capped at 10%, leaving them with inadequate financial resources upon release. The natural consequence of this is an increased risk of poverty, homelessness, and recidivism for veterans and

¹⁸ 38 CFR § 3.665 - Incarcerated beneficiaries and fugitive felons—compensation.

their families.¹⁹ By holding justice-involved veterans' money in escrow, we can reduce instability and help them return as productive members of society once they have served their time.

Examine and Revise Current VBA-Fiduciary Program to Address Injustices

Under the current Veterans Benefits Administration-Fiduciary Program, a veteran may be deemed "mentally incompetent" if the VA determines the veteran cannot manage their financial benefits.²⁰ This determination—often made without judicial oversight—triggers an automatic reporting of the veteran to the National Instant Criminal Background Check System (NICS) and effectively stigmatizes them for life. The program's flawed practice of linking financial incompetency with "dangerousness" and automatic classification as a "criminal" can have devastating consequences on veterans' rights, livelihoods, and dignity. They are permanently labeled as "unstable" and "untrustworthy" when often their financial issues are a direct result of conditions like PTSD or physical conditions acquired during service to our country that have placed them in financial distress.

The VBA-Fiduciary Program is rife with constitutional violations, which are not just legal abstractions. Veterans are unjustly stripped of their Second Amendment right to bear arms based on financial assessments, not verifiable evidence of dangerousness. They lose their Fifth Amendment rights by being denied due process when they are not given proper notice, hearings, or appeals before being reported to NICS. Finally, they are stripped of their Fourteenth Amendment rights when they are treated unequally compared to non-veterans, deprived of equal protection and fundamental fairness under the law.

This flawed VBA-Fiduciary Program undermines trust in the VA, discourages veterans from seeking help, and perpetuates the stigma surrounding mental health and financial struggles. VVA urges Congress to act swiftly to reform this system to ensure no veteran loses their rights without due process. Veterans who have served this nation with honor deserve better than to be subjected to unconstitutional and dehumanizing policies.

IMPROVING OPPORTUNITIES FOR VETERANS HEALTHCARE

¹⁹ Hall, Harger, and Stansel, *Economic Freedom and Recidivism: Evidence From U.S. States* (2014), at 4 (The most frequently committed crimes among recidivists are financially motivated).

²⁰ [Lapse in Fiduciary Program Oversight Puts Some Vulnerable Beneficiaries at Risk](https://www.vaioig.gov/), (February 11, 2025) VA-OIG, Office of Audits and Evaluations, <https://www.vaioig.gov/> (accessed on 02/13/2025).

With the passage of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (HR 83.71), we are cautiously optimistic that we will begin to see improved opportunities for veterans' healthcare, covered under the provisions of the new law. However, we must continue to work to ensure that the directives of the new law are enacted in a timely manner to create a sustainable healthcare model allowing veterans to receive care locally.

The VA should collaborate with community healthcare facilities, especially in rural areas, to provide necessary medical services to veterans. Many healthcare providers are reluctant to participate in the VA system due to delayed payments and bureaucratic red tape. Establishing a reimbursement model that ensures timely payments is crucial for encouraging participation.

Veterans represent a small percentage of the U.S. population, yet they require frequent access to quality healthcare services, often because of service-connected health conditions. In recent years we have seen an alarming trend of healthcare systems shutting down, which directly impacts veterans' access to care. We must create a framework that prioritizes local healthcare access for veterans.

Our aging veteran population faces unique challenges that require focused attention. Many veterans report significant difficulties in securing timely medical appointments. Prioritizing their health needs and ensuring they receive the attention and care they deserve is vital.

Suicide Prevention Initiatives

The alarming rate of veteran suicides demands immediate action.²¹ According to the most recent *2024 National Veteran Suicide Prevention Annual Report*, the "rate for Veterans aged 55- to 74-years-old increased by 4.4%; and for Veterans aged 75-years-old and older, the suicide rate increased by 4.9%."²²

Veterans in crisis must have immediate access to mental health services without being turned away due to staffing shortages or funding limitations. Tragically, many veterans have taken their lives shortly after being denied access to care. When mental health services cannot be provided within 24 hours of a veteran's request, the

²¹ U.S. Department of Veterans Affairs, Office of Suicide Prevention. *2024 National Veteran Suicide Prevention Annual Report*. 2024. Retrieved 02/12/2025 from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-2-of-2_508.pdf.

²² Ibid, p. 13.

VA must refer them immediately to the nearest veteran's community care provider and provide transportation.

We urge the continued funding and prioritization of alternative therapies and peer mentoring programs that provide vital support to veterans struggling with mental and physical health issues. Such initiatives can significantly reduce the suicide rate among veterans and foster a sense of community and understanding.

Addressing Homelessness Among Veterans

The *2024 Point in Time (PIT) Count* of the homeless in the United States, revealed an encouraging 7.6% decrease in veteran homelessness compared to January 2023, bringing the total number of veterans experiencing homelessness to 32,882.²³ The nationwide picture of veteran homelessness, however, remains complex and deeply concerning, particularly in areas like West Los Angeles. We must ensure that properties designated for homeless veterans are not repurposed for non-veteran use, as has been done in West L.A. This includes preventing such properties from being converted into country clubs or other non-supportive uses.

We recommend continuing to develop comprehensive support systems to address the root causes of veteran homelessness, including mental health services, job training, and housing assistance. Legislative efforts must focus on providing the necessary resources and support to prevent homelessness among veterans. Careful oversight of new programs to address veteran homelessness must also be mandated by Congress to avoid delays and misappropriations like what has played out at the West L.A. Campus and VA Medical Center.²⁴

Order the VA to Reinstitute the Use of Physician Assistants as Mental Health Treatment Providers at VA Hospitals and Clinics

Access to mental healthcare has historically been a struggle for veterans. The VA is the largest centralized provider of these services, operating over 1,500 facilities where it provides mental health services to roughly 2 million veterans.²⁵ The level of service, however, is grossly inadequate; an August 2023 OIG survey found that

²³ *HUD Releases 2024 Annual Homelessness Assessment Report*, National Coalition for Homeless Veterans (NCHV), <https://nchv.org/hud-releases-2024-annual-homelessness-assessment-report/>, accessed on 02/12/2025.

²⁴ *A Major Victory in the Fight to End Veteran Homelessness on the West L.A. Campus*, Mokie Porter, Vietnam Veterans of America (Sept. 13, 2024), <https://vva.org/press-releases/a-major-victory-in-the-fight-to-end-veteran-homelessness-on-the-west-la-campus/>, accessed on 02/12/2025.

²⁵ Kathleen McGrory and Neil Bedi, *How the VA Fails Veterans on Mental Health*, ProPublica (Jan. 9, 2024).

more than 75% of the VA's hospital networks and associated clinics reported severe shortages of mental health providers.²⁶ Permitting PAs to practice in this space will allow for the dramatic expansion of access to mental health services for our nation's veterans.

Amend the Tax Code for Puerto Rico to Draw More Healthcare Workers

Access to healthcare in rural areas is a persistent challenge for our nation's veterans. Veterans residing in Puerto Rico are no exception. A chronic issue for the Commonwealth is the shortage of employees within the Puerto Rico VA healthcare system. It is difficult to motivate individuals to move from their homes to other areas, and we often must turn to financial incentives to achieve the outcomes we desire.

Residents of Puerto Rico are generally exempt from individual federal income tax.²⁷ Unfortunately for veterans, federal employees are not exempt.²⁸ Adjusting the Internal Revenue Code will fix this arbitrary tax disparity and provide an incentive for skilled professionals to move to Puerto Rico to deliver critically needed care. As the veteran population continues to age, the need for healthcare workers will continue to increase. Congress must act to eliminate this barrier to care.

HONORING MILITARY AWARDS AND DECORATIONS

Re-introduce the *Donut Dollies Congressional Gold Medal Act*

1,120 women volunteered to serve with the Red Cross during the Vietnam War and 627 of those women worked as Donut Dollies. They were members of the Supplemental Recreation Activities Overseas (SRAO) program.²⁹ Providing critical morale boosts to soldiers, Dollies traveled by helicopter to forward operating positions.³⁰ This perilous, volunteer service resulted in three deaths – three Dollies did not make it home from Vietnam.³¹ In recognition of their service to our nation, members of the Donut Dollies should be awarded the Congressional Gold Medal.

²⁶ Office of Inspector General, [*OIG Determination of Veterans Health Administration's Severe Occupational Staffing Shortages: Fiscal Year 2023*](#), Dept. of Vets' Affairs (Aug. 22, 2023).

²⁷ 26 U.S.C. § 933 - Income from sources within Puerto Rico.

²⁸ Ibid.

²⁹ See H.R. 3592, 118th Cong. (May 22, 2023).

³⁰ See generally, Sue Behrens, [*The SRAO Story*](#) (1986).

³¹ Dick Conoboy, [*Donut Dollies in Vietnam – Three Did Not Come Home Alive*](#), NORTHWEST CITIZEN (May 22, 2023).

Maintain the Gold Star Families Criteria³²

VVA is also strongly opposed to any proposed dilution or expansion of the criteria for which the Department of Defense Gold Star Lapel Button is awarded (10 US Code §1126 & DoD Instruction 1348.36). It should always be our nation's aspiration that America has fewer and fewer Gold Star Families, not more of them. The currently decreasing number of Gold Star Families (due to an absence of hostilities involving American forces, and the progressing ages of older Gold Star Families from WWI, WWII, the Korean War, and the Vietnam War) is not a reason to alter the current criteria to create millions of new Gold Star Families.³³

Investigate Military Award-Granting Processes

VVA supports a thorough investigation into the military awards system to ensure that deserving servicemembers receive appropriate recognition. We also call for a review of the current process of allowing non-military organizations and commercial companies to apply for and receive a wordmark or trademark for a military award or decoration. This practice should immediately be stopped. It is dishonorable and disgraceful and is injurious to legitimate veterans' organizations as it undercuts their fundraising efforts.

Many veterans, especially those from Iraq and Afghanistan, have faced significant barriers in receiving recognition for their valor due to an award-granting process that has involved civilian contractors with little to no military experience. We need to investigate how these awards were processed and the criteria that were applied, as the recognition of only one living Medal of Honor recipient from the Iraq War to date raises serious concerns about the fairness and transparency of the awards system.

Further, it is essential to ensure that the contributions of the National Guard and Reserve members are recognized equitably. They have served valiantly and should not be overlooked in the awards process. There are cases where a member of the Guard or Reserve has been downgraded one to two levels based on that factor alone. This is simply unfair, and we ask for common sense and decency in this review.

A comprehensive review of the military awards processing system must be conducted to identify and rectify systemic failures that have prevented deserving servicemembers from receiving honors. It is crucial to ensure that servicemembers'

³² <https://www.hopeforthewarriors.org/blog-an-honor-no-one-wants-what-is-a-gold-star-family-and-how-is-it-different-from-a-blue-star-family/>

³³ Tom Burke, "The Debate of Who Deserves a Gold Star Designation," *The VVA Veteran* (Sept-Oct 2024). https://vvaveteran.org/44-5/44-5_vicepresident.html

statements of support are respected in the awards process, restoring trust in the system and ensuring that deserving individuals are recognized for their sacrifices.

None is more critical than when we look at the recent issues of Traumatic Brain Injury (TBI) and the processing of the Purple Heart Medal. This medal is often denied due to lack of medical treatment or documented treatment in theater. For example, TBI is the signature wound of the war in Iraq and Afghanistan. However, the sheer number of TBI claims as meeting the criteria for the awarding of the Purple Heart has led to many denials of the award. The denial implicitly presumes that the servicemember is lying about their injury in combat. Many servicemembers have been denied this earned honor, even when their claim is accompanied by multiple eye-witness statements and medical treatment when they return home. Let us apply common sense and honor those that have earned it.

CONCLUSION

We present these legislative priorities not only as a call for action, but as a testament to our unwavering commitment to ensure that no veteran is left behind. The sacrifices made by our generation demand that we work together to create a system that honors all veterans, providing them with the care and respect they have earned.

Let us make a collective effort to ensure that every veteran, regardless of when, where, or with what military branch they served, receives the support they need and deserve. Thank you for your time and for the opportunity to present this testimony. Together, we can build a future where no veteran is ever abandoned.

VIETNAM VETERANS OF AMERICA
Funding Statement
February 25, 2025

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For further Information, contact:
Executive Director for Government Affairs
Vietnam Veterans of America
(301) 585-4000 extension 111

Jack McManus

Jack McManus was first re-elected to serve as VVA National President at VVA's 20th National convention, held in August 2023, in Orlando, Florida. First elected VVA national treasurer in 1995, he was re-elected to the position in 1997, and again in 2019. He previously served as the VVA Michigan State Council President for six and one-half years from 1989 to 1996, overseeing the largest state program in VVA. In 1997, he was awarded VVA's highest honor, the VVA Commendation Medal, for his extraordinary service to the organization, to all veterans, and to the community at large. The VVA New York State Council has also recognized him with its own Commendation Medal. During his career as a private businessman, McManus's company employed approximately 3,500 in two service sector businesses, with \$150 million annually in sales. In 1978, his company was recognized as the first drug-free workplace in the building service contracting industry. The company also emphasizes special hiring programs for handicapped individuals, ex-offenders, and rehabilitated substance abusers for its internal rehabilitation programs. From 1978 to 1985, McManus was the program manager for his company's contract with the Kennedy Space Center space shuttle program in Florida. Originally, from New York City, Jack McManus joined the Air Force in 1965, where he served until 1969. Between 1967 and 1968, he was assigned to Operation Ranch Hand in Vietnam. Jack received his B.A. in Business Management from New York University in 1973. He resides in North Carolina with his wife, Jackie. He is a recipient of numerous business and community awards.

**MILITARY ORDER OF THE PURPLE HEART
OF THE U.S.A.**



THE ONLY CONGRESSIONALLY CHARTERED VETERANS ORGANIZATION
EXCLUSIVELY FOR COMBAT-WOUNDED VETERANS

STATEMENT OF
Robert Olivarez Jr.
NATIONAL COMMANDER





BEFORE A JOINT HEARING OF THE
SENATE AND HOUSE COMMITTEES ON VETERANS
AFFAIRS

February 25, 2025

Chairman Moran, Chairman Bost, Ranking Member Blumenthal Ranking Takano, distinguished members of the Veteran Affairs Committee, and esteemed leaders, I am honored and humbled to represent America's Purple Heart Veterans in addressing you today. I would like to begin by congratulating all new members of Congress and expressing my gratitude to those who have returned to serve and enhance the quality of life for our nation's veterans. With our collective efforts, I am confident that the 119th Congress will make significant strides in supporting our nation's heroes.

The 118th Congress passed pivotal legislation, such as the VA Accountability Act, PACT Act and COMPACT Act, which have made substantial improvements in various aspects of veterans' lives. These measures have established a presumptive link between terminal diagnoses resulting from war-related activities, employment, education, digital modernization of VA services, housing, and caregiver support. This foundation will undoubtedly guide our progress during the 119th Congress.

Our nation's veterans answered the call to protect us from the darkest threats the world has to offer. We implore this committee and the rest of Congress to consider passing further legislation that addresses the pressing needs of our veterans. These include:

-  The Military Medals Protection Act: This measure aims to prevent veterans from facing penalties when seeking alternative ways to continue serving our great nation.
-  The National Green Alert Act: This act would provide communities with resources to assist veterans coping with the invisible wounds of war.
-  The Healthy Heroes Act: This act reaffirms our commitment to providing comprehensive care for those who have deployed in defense of the United States.
-  The Fulfilling the Legacy Act: This act ensures mission success in taking care of the warfighter's families, who are often overlooked in our efforts to support veterans.

First, let's address the Military Medals Protection Act. George Washington himself established the Badge of Military Merit, the precursor to today's Purple Heart, recognizing the profound significance of military honors. This act grants the Department of Defense exclusive trademark authority over all military medals, safeguarding them from exploitation and preserving their symbolic value. Commercializing or misusing

these symbols diminishes their essence. The 113th Congress recognized this sacredness when they passed the Stolen Valor Act. Now, let's collaborate to expand their protections and restore all trade and word marks to the DOD, managed by the Institute of Heraldry, ensuring their unimpaired safeguarding.

Second, let's address the National Green Alert Act. The statistics are alarming, with new studies revealing that up to 44 veterans per day succumb to suicide, nearly double the previous estimates. While our AMBER Alert system has saved over 1,100 children and Silver Alerts have a 95% success rate, we lack a comparable system for our at-risk veterans. All first responders need access to the life-saving tools and resources necessary to handle the evolving challenges of decades of war and service to our nation. Wisconsin demonstrated the effectiveness of this concept when they passed H.B. 473-2018. We must expand this crucial legislation nationally to ensure our nation's heroes receive the support they deserve.

Third, the Healthy Heroes Act aims to address the pressing issue of homelessness among veterans. Approximately 33,000 veterans will be sleeping on our streets tonight. A staggering 70% of homeless veterans grapple with substance abuse, while 45% struggle with mental illness. This act introduces revolutionary changes to VA healthcare by embracing alternative treatments, holistic approaches, and comprehensive mental health services. Moreover, dental care, which has been neglected within the VA, is prioritized. Unfortunately, several health conditions have been linked to poor oral health. We cannot continue to address the traumas of the 21st century with outdated solutions.

Finally, the Fulfilling the Legacy Act seeks to rectify a systemic failure that has been affecting veterans' financial security. Consider the story of a 92-year-old Purple Heart recipient who diligently paid Survivor Benefit Plan premiums for decades, only to lose \$50,000 in premiums when his wife passed away. This is not an isolated incident but a clear indication of the need for action. This act modernizes the SBP, ensuring that veterans' investments in their families' futures are protected. Military retirees have already met all the requirements to earn their healthcare benefits, and the Military Order of the Purple Heart opposes any changes to TRICARE For Life that would increase fees and shift costs from the Department of Defense (DoD) to retirees over 65 years of age who rely on TRICARE For Life. The Military Order of the Purple Heart opposes any cuts to veterans disability benefits.

The cost of inaction extends beyond monetary losses; it involves the loss of lives, shattered families, and broken promises. Each day, 44 families tragically lose a veteran to suicide due to our delay. Every night, 33,000 veterans who valiantly defended our nation find themselves sleeping on our streets. Moreover, countless military families face financial insecurity annually due to outdated benefit systems. Continuing to allow companies to profit while simultaneously penalizing the warriors who earned these prestigious awards diminishes the sacrifices made by our nation's warriors. These four acts represent more than mere policy changes; they embody our sacred moral obligation to those who have served.

From protecting the symbols of their sacrifice to saving lives in crisis, from revolutionizing their healthcare to securing their families' futures, each piece of legislation addresses critical gaps in our support for veterans. As George Washington rightly recognized the importance of honoring those who served under him, we too must recognize our duty to today's veterans. The 119th Congress holds the opportunity and the obligation to transform how America cares for its heroes.

Which of you is ready to answer the call of our nation's heroes, as they did to defend our freedom and way of life? Let us set aside party politics and focus on the pressing issue at hand. The Military Order of the Purple Heart is seeking your support on the aforementioned acts.



Robert Olivarez Jr. was elected National Commander of the Military Order of the Purple Heart in 2024 at the 91st National Convention in Orlando, Florida. Born in December 1980 on Whidbey Island Naval Station Oak Harbor, Washington, and raised in Mount Vernon, Washington, Commander Olivarez graduated from Mt. Vernon High School in 1999. He subsequently joined the Marine Corps in 2000, serving as an Infantryman.

Commander Olivarez served approximately eight years on active duty, participating in multiple deployments under Operation Enduring Freedom and Operation Iraqi Freedom. During his second deployment to Iraq in July 2004, while assigned to the 3rd Battalion, 7th Marines, then-Sergeant Olivarez, the team leader of a Heavy Gun Team in the 2nd Truck, was struck by an IED (Improvised Explosive Device). Despite sustaining injuries, Sergeant Olivarez quickly assessed his team, providing buddy aid and requesting the deployment of a Medivac to evacuate his severely injured comrades. Afterward, he ensured the safe extraction of his team members via Medivac. Sergeant Olivarez remained behind to provide medical assistance and help the other Marines evacuate the threat area, prioritizing the well-being of all Marines and preventing any further injuries. Sergeant Olivarez's actions were a testament to his bravery and dedication, as he risked his own safety to ensure the safety of his team and the mission of restoring peace to the region.

After several combat deployments, Commander Olivarez's service in the Marine Corps has been recognized with numerous accolades, including the Purple Heart, Navy Marine Corps Commendation Medal, two Navy Marine Corps Achievement Medals, multiple Meritorious Unit Commendations, and a Presidential Unit Citation. Additionally, he has received numerous other awards throughout his tenure in the Marine Corps. Following his service, Commander Olivarez was granted an honorable discharge in 2008 and returned to his residence in Washington State.

Currently residing in Marysville, Washington, with his fiancée, Rebecca, Commander Olivarez is a proud father of six children: Robert, Jayden, Isaiah, Juliet, Kaylyn, and Savannah. His eldest son, Robert, has embarked on his own journey, starting a family and bestowing the title of "Grandfather" upon Commander Olivarez. Jayden has enlisted in the United States Navy and intends to pursue a career as a Navy Corpsman. The remaining children are still pursuing their education and eagerly anticipate the future.

Commander Olivarez, a dedicated family man and veteran advocate, has dedicated his life to supporting those who have served their country. After attending a veteran's funeral in 2010 and witnessing the inadequate honors bestowed upon the deceased during their service, he joined the Military of the Purple Heart. Since then, he has committed his time to providing assistance to combat-wounded veterans and their families.

Robert, now a veteran himself, has returned to the Veteran Community and started volunteering to help combat-wounded veterans and their families. He has worked with several organizations, including the Military Order of the Purple Heart, Veterans of Foreign Wars (VFW), Marine Corps League, American Legion, and Vietnam Veterans of America.

In 2018, Robert hosted the National Convention in Spokane, Washington, and since then, he has made it his mission to facilitate collaboration among veteran service organizations to enhance the quality of life for veterans after military service.



TESTIMONY
PRESENTED BY

Paul L. Mimms
BVA NATIONAL PRESIDENT

BEFORE A JOINT SESSION OF THE
SENATE AND HOUSE COMMITTEES
ON VETERANS' AFFAIRS



FEBRUARY 25, 2025

INTRODUCTION

Chairman Moran, Chairman Bost, Ranking Member Blumenthal, Ranking Member Takano, and distinguished Members of the Committees on Veterans Affairs, on behalf of the Blinded Veterans Association (BVA) and its membership, we appreciate this opportunity to present our legislative priorities for 2025. As the only Congressionally chartered Veterans Service Organization (VSO) exclusively dedicated to serving the needs of our nation's blind and low-vision veterans, their families, and caregivers, BVA first wishes to highlight "National Blinded Veterans Day," which occurs March 28. The day coincides with the milestone 80th anniversary of the organization's 1945 founding by World War II blinded Army service members at Avon Old Farms Army Convalescent Hospital in Connecticut.

BVA hopes that this first session of the 119th Congress will proactively address the following legislative priorities:

- Establishing a Veterans Advisory Committee on equal access
- Overseeing compliance with transportation services
- Enhancing caregiver program clinical standards
- Supporting Department of Veterans Affairs Blind Rehabilitation Service funding
- Safeguarding ocular clinical standards of care
- Enhancing veterans' mental health care
- Improving programs and services for women veterans
- Enacting protections for guide and service dogs
- Supporting vision research funding
- Honoring combat disabled veterans

ESTABLISHING A VETERANS ADVISORY COMMITTEE ON EQUAL ACCESS

As the only national VSO chartered by Congress exclusively dedicated to assisting veterans and their families coping with Blindness and Low Vision (B/LV), ensuring that our nation's veterans have equal access to their earned benefits remains a top priority. Veterans with disabilities have a right to equal access to programs, services, and information at the Department of Veterans Affairs (VA). Yet, recent Congressional oversight found that VA has failed to consistently make its websites, kiosks, and other technology accessible for people with disabilities, as required by law. Over 60 million adults in the United States have a disability, including over one-quarter of our Nation's veterans. Older adults are more likely to develop a disability, including more than 8 million veterans aged 65 or older. These adults, in general, are a rapidly growing segment of America's population, making accessibility essential for maintaining access to programs and benefits. This legislation would provide veterans with a voice to improve accessibility at VA so that no one is left behind.

BVA thanks Congress for its continued support of our nation's B/LV veterans, demonstrated by the passage of "S. 3587, the VA Website Accessibility Act of 2019." This bipartisan legislation, introduced by Senator Chris Van Hollen (D-MD) and Senator Tim Scott (R-SC), directed VA to report to Congress on the accessibility of VA websites (including attached files and web-based applications) to individuals with disabilities. BVA requests that there continue to be strong

oversight and transparency on VA's progress of updating websites, files, and applications that are still inaccessible to such individuals. BVA remains discouraged by learning that platforms such as SharePoint, used throughout the VA enterprise, and other similar platforms, will not be addressed by these reviews, as VA believes that they are not websites. Interestingly, Microsoft, the maker of SharePoint, defines it as "a secure 'site' to store, organize, share, and access information from any device enabling 'websites' to function via a web-browser." To the B/LV user, SharePoint looks and acts just like a website. Thus, the Department appears to depart from its alleged goal of becoming world-class promoters of diversity, equity, inclusion, and accessibility as it seems to intentionally exclude B/LV individuals.

The Rehabilitation Act of 1973 is a cornerstone of U.S. disability rights law, mandating that the federal government prioritize the accessibility and inclusion of people with disabilities. Section 508 of this Act specifically requires that all federal technology be accessible and usable by individuals with disabilities. However, a recent Congressional report revealed a significant gap in VA's compliance with this critical legislation. The report found that only 7.8 percent of VA's 812 websites are fully compliant with Section 508, a stark contrast to the rest of the federal government, which boasts a 20 percent compliance rate. This alarming statistic underscores VA's significant shortcomings in ensuring digital accessibility for veterans and employees with disabilities. Furthermore, VA demonstrates a persistent lack of compliance with the 2017 Information and Communications Technologies Refresh of Section 508. A prime example is the abysmal performance of VA's 58 Veterans Benefits Administration Regional Offices (VAROs), with 52 percent or less Section 508 conformance. This is further exemplified by the internal employee phone book site, which exhibited zero percent compliance. VA's career website and the Office of Employment Discrimination and Complaint Adjudication website also demonstrate a concerning lack of accessibility, with respective conformance ratings of 16 percent and 22 percent. These glaring deficiencies in digital accessibility have serious consequences. Non-compliant digital technologies can create significant barriers for veterans and VA employees with disabilities, hindering their access to critical information and services, impacting their overall well-being, and potentially violating their rights.

The Department of Veterans Affairs Office of Inspector General (VA OIG) report "VBA's Compensation Service Did Not Fully Accommodate Veterans with Visual Impairments (Report No. 21-03063-04)" found that the Veterans Benefits Administration (VBA) Compensation Service did not fully comply with Section 504 of the Rehabilitation Act of 1973. The review team determined that visually impaired veterans could be excluded from accommodations by the Compensation Service's criteria, and even the legally blind veterans who meet the criteria are not accommodated through the entire claims process. Although VBA's Adjudication Procedures Manual instructs claims processors to contact visually impaired veterans by telephone to discuss the contents of decision notices, 87 of 100 claims reviewed showed no documentation of processors making such calls. Consequently, some veterans may not have been made aware of adverse claims decisions or their rights to challenge such decisions. VA OIG concluded that the Compensation Service's continued failure to coordinate with relevant agencies, along with its failure to comply with VA-wide accessibility implementation requirements, will continue to make it more difficult for veterans with visual impairments to participate fully in the disability compensation program.

VA OIG made five recommendations to the undersecretary for benefits: (1) Update the process for developing, approving, and issuing guidance for accommodating visually impaired veterans to include steps for consulting with the Office of General Counsel; Office of Resolution Management, Diversity, and Inclusion; and previously, the Department of Justice Civil Rights Division; (2) Update the adjudication procedures to comply with federal regulations and VA policies; (3) Develop and implement a quality assurance mechanism to ensure compliance with accessibility requirements; (4) Assign accessibility coordinators, publicize their names, and conduct a self-evaluation of policies outlined in VA accessibility requirements; and (5) Coordinate a process to ensure visually impaired veterans are informed of the availability of accommodations. To date, we are unaware of any remediation efforts by VBA addressing these concerns.

While BVA truly appreciates the efforts of VA OIG, we remain disheartened by VA senior leadership's refusal to consider Fiscal Year 23 (FY23) MilCon/VA appropriations language encouraging "the Department to explore options, such as a VA Accessibility Office led by a Chief Accessibility Officer, to ensure that the accessibility needs of disabled veterans and employees are met." B/LV and other disabled veterans will continue to face barriers until accessibility becomes a top priority for VA's entire enterprise. These intentional barriers faced by B/LV individuals are illegal and must come down.

The Veterans Accessibility Act of 2023 would establish a Veterans Advisory Committee on Equal Access at VA. The Advisory Committee would issue regular reports on VA's compliance with federal disability laws, including the Americans with Disabilities Act and the Rehabilitation Act. The reports would include recommendations for improving VA's compliance, and would be shared with Congress, the public, and agencies that oversee the Nation's disability laws. Veterans with disabilities would be among the Advisory Committee's members, ensuring that their voices are heard.

OVERSEEING COMPLIANCE WITH TRANSPORTATION SERVICES

A common complaint BVA hears from its membership relates to their transportation challenges to travel to and from VA medical appointments. VA transportation is often not available, or when it is available, it is inadequate and unreliable. Many VA Medical Centers (VAMCs) require veterans to schedule their Veterans Transportation Service (VTS) accommodations at least 30 days in advance of their medical appointment, which creates a barrier to accessing timely medical care. This 30-day advance scheduling requirement can be particularly challenging for veterans who may experience unexpected medical needs or require unscheduled appointments, potentially impacting their ability to receive timely care.

Although the VTS program is governed by VHA Instruction 1695(1), VAMC staff interpret eligibility requirements differently, leading to a wide variance in eligibility decisions. For example, although the directive authorizes travel due to visual impairment, some VAMC staff require that the B/LV veteran also be in a wheelchair or a gurney in order to qualify for VTS travel. These VAMC staff appear to be interpreting the directive too narrowly in an effort to disenfranchise B/LV veterans.

BVA hears from its members that their VTS travel, which they booked 30 days in advance, is often canceled the day before their medical appointment due to a shortage of drivers. These veterans are then forced to scramble to find a friend or family member to drive them, or pay for a taxi or Uber, or reschedule or miss their appointment. These last-minute cancellations cause significant disruption and anxiety for veterans, particularly those living in rural areas with limited transportation options. This unreliability of the VTS system can negatively impact veterans' access to timely medical care and create significant stress and inconvenience.

B/LV veterans also face inadequate reimbursement for travel to their VA medical care. VA is obligated to reimburse the full cost of travel, but often B/LV veterans are only reimbursed the IRS standard of 0.67 cents per mile. Recently, BVA heard from a member who was only reimbursed \$15 for his \$50 Uber ride to his VAMC. VAMCs should be held accountable for providing the proper reimbursement amount for travel reimbursement claims. This discrepancy can create significant financial hardship for veterans, especially those living on fixed incomes.

Unfortunately, recent changes to the travel reimbursement process have created additional barriers to B/LV veterans. Previously, veterans could receive cash reimbursement at their VAMC cashier's window while at the VAMC. VA now requires all veterans to submit their travel reimbursement online, but the website is not accessible, meaning that B/LV veterans are often unable to file for their travel reimbursement claims within the 30-day deadline. When asking for help at their local VAMC cashier's window, B/LV veterans are told by staff, "You have to use the website; we can't help you." This creates a significant barrier for B/LV veterans who may rely on assistive technology or require assistance with navigating online platforms. This policy change effectively discriminates against B/LV veterans and hinders their ability to receive the benefits they have earned.

To address the travel challenges facing B/LV veterans, BVA calls on Congressional oversight of the VTS program to identify and document these and other challenges B/LV veterans are dealing with when trying to get to and from their VA medical appointments. Additionally, we call for an immediate return to veterans being able to receive their travel reimbursement at their VA facility, and for the 30-day time limit to file VA travel reimbursement claims to be suspended until the travel reimbursement website is brought into full accessibility compliance. This will ensure that B/LV veterans are not unfairly penalized for the inaccessibility of the online system.

ENHANCING CAREGIVER PROGRAM CLINICAL STANDARDS

The current method of determining eligibility for the VA Program of Comprehensive Assistance for Family Caregivers (PCAFC) is governed by 38 U.S.C. § 1720G and based on a subjective standard that requires a veteran to be unable to perform one or more Activities of Daily Living (ADLs), which are basic self-care tasks like cooking, bathing, toileting, and mobility (such as transferring from a bed to a chair). These ADLs are for sighted people and do not consider the unique challenges and limitations of blind or severely visually impaired veterans. For example, a blinded veteran may be able to independently cook if they have adapted their kitchen and learned to use assistive devices but may require significant assistance with tasks like meal preparation and grocery shopping due to their visual impairment. BVA calls on the ADL standard to be

revised to consider the unique challenges and limitations of blinded veterans, such as difficulties with navigation, object identification, and independent living skills.

BVA has concerns about blinded veterans being able to safely take their correct medication in the correct amount at the correct time. Medication management is NOT an ADL. Rather, it is classified as an instrumental ADL (iADL), which requires more complex planning and thinking. For a blinded veteran, tasks like reading medication labels, distinguishing between pills of different colors and sizes, and understanding medication schedules can be extremely challenging and may require significant assistance. Although it is not an ADL, an inability to independently handle one's own medication management should be a qualifier for PCAFC benefits (at least at the lower tier level), especially for blinded veterans or veterans with cognitive impairments who are at high risk of committing medication errors.

On March 25, 2022, the U.S. Court of Appeals for the Federal Circuit set aside VA's definition of "need for supervision, protection, or instruction" in 38 C.F.R. § 71.15 because it determined that VA's definition was inconsistent with the statutory language. Veterans and caregivers await VA rulemaking to update 38 C.F.R. § 71.15. This delay in rulemaking has created uncertainty and frustration for veterans and their families who are seeking support through the PCAFC program.

VA's own numbers have shown the denial rate for PCAFC applications to be as high as 90 percent, which most stakeholders agree is too high. This high denial rate suggests that the current eligibility criteria and application process may be overly restrictive and may not adequately meet the needs of veterans with complex care requirements. To improve and simplify the PCAFC adjudications process, BVA calls on the creation of an objective clinical standard for PCAFC eligibility for blinded veterans.

BVA proposes a "5/200 corrected acuity (or worse) in both eyes, or a field of vision of 5 degrees or less in both eyes," to qualify blinded veterans for the PCAFC benefit. This proposed clinical standard is the same standard for compensation at the 100 percent rate with Special Monthly Compensation (SMC) L and is far more restrictive than the standard for legal blindness, which requires "20/200 or worse in the better eye, or a field of vision of 20 degrees or less." This proposed standard would ensure that only the most severely visually impaired veterans who require significant assistance with daily living activities would be eligible for PCAFC benefits.

The number of potential eligible blinded veterans with service-connected eye conditions who would qualify for PCAFC benefits under this proposed "5/200 or 5 degrees or less standard" is exceedingly small. According to FY22 statistics from VBA, out of the 25 million service conditions that exist today, only 366,268 are for eye conditions. A much smaller number, only 3,368, are for eye conditions rated at the 100 percent rate. This proposed standard would ensure that PCAFC benefits are targeted towards blinded veterans with the most severe visual impairments and the greatest need for caregiving support.

SUPPORTING BLIND REHABILITATION SERVICE FUNDING

In October 2020, VHA implemented a new Continuum of Care for visually impaired veterans, resulting in 81,583 low vision and legally blind veterans comprising VIST Coordinator case management rosters. VHA research studies estimate that there are 130,000 legally blind veterans living in the US. VHA projections indicate that there are another 1.1 million low vision veterans in the US with visual acuity of 20/70 or worse. This significant population of B/LV veterans underscores the critical need for robust and accessible Blind Rehabilitation Services.

VA currently operates 13 residential Blind Rehabilitation Centers (BRCs) across the country. These BRCs provide the ideal environment in which to maximize the rehabilitation of our nation's B/LV veterans. Unfortunately, Veterans Integrated Service Network (VISN) and VAMC Directors at some sites housing BRCs are failing to replace BRC staff who retire or transfer to other facilities, thus failing to support the Congressionally mandated maintenance of staffing at previous levels. This understaffing can lead to longer wait times for veterans seeking rehabilitation services, reduced access to specialized training programs, and a decline in the overall quality of care. During the COVID-19 surge, all 13 BRCs were closed as beds were reallocated for alternative needs. As a result, rehabilitation training for B/LV veterans went entirely virtual, accompanied by telehealth care. While telehealth can be a valuable tool, it cannot fully replicate the in-person, hands-on training and support provided by BRCs. Consequently, many BRCs lack the staffing needed to help B/LV veterans obtain the essential adaptive skills they require to overcome the myriad social and physical challenges of sight loss. Without intervention, we fear that the number of BRCs in this situation will grow.

Spinal Cord Injury (SCI) Rehabilitation Centers have dedicated funding for this express purpose. Modeling BRS funding after this manner would ensure such excellence in care. VAMC Directors should not be allowed to divert BRC Full-Time Equivalents (FTEs) or funds designated by the Veterans Equitable Resource Allocation (VERA) System for these rehabilitation admissions from the blind centers to other general medical operations. This would ensure that funding for BRS remains dedicated to its intended purpose and that B/LV veterans have access to the specialized care they need.

BVA is also concerned about the caseloads of VIST Coordinators and Blind Rehabilitation Outpatient Specialists (BROS). Now that the national caseload has doubled from approximately 40,000 to more than 80,000 B/LV veterans, their capacity to meet the needs of assigned caseloads is in doubt. This increased caseload can lead to burnout, decreased quality of care, and limited access to services for B/LV veterans. BVA requests that the Veterans Health Administration (VHA) conduct a resource/demand gap analysis to identify VIST Coordinators and BROS whose caseloads are now overcapacity. The creation and staffing of additional VIST Coordinator and BROS positions may be necessary to adequately address the needs of these additional 40,000 B/LV veterans.

BVA is further concerned that community care funding contracted under the auspices of the VA MISSION Act will take funds away from VA BRCs. BVA holds that VHA must maintain the current bed capacity and full staffing levels in the BRCs that existed at the time of passage of the "Veterans' Health Care Eligibility Reform Act of 1996" (Public Law 104-262). This will ensure

that B/LV veterans continue to have access to the vital services provided by these specialized centers.

BVA calls on Congress to conduct oversight ensuring that VHA is meeting capacity requirements within the recognized systems of specialized care in accordance with Public Law 104-262 and the “Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act of 2017,” (Public Law 114-223). Despite repeated warnings about these capacity problems, Congress has conducted minimal oversight on VA’s ability to deliver specialized health care services.

BVA requests that if VA does contract with private agencies to provide rehabilitation training to B/LV veterans, VA should ensure that the private agencies with which it contracts have a demonstrated capacity to meet the peer-reviewed quality outcome measurements that are a standard part of VHA BRS. We further recommend that VA require private agencies with which it contracts to be accredited by either the National Accreditation Council for Agencies Serving the Blind and Visually Impaired (NAC) or the Commission on Accreditation of Rehabilitation Facilities (CARF). Additionally, VA should require those agencies to provide veterans with instructors certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP). An agency should not be used to train newly blinded combat veterans unless it can provide clinical outcome studies, evidence-based practice guidelines, mental health care counseling, and joint peer reviewed vision research. BVA also supports the Independent Budget Veterans Service Organizations (IBVSO) recommendation mandating that competency standards for non-VA community providers be equivalent to standards expected of VA providers, and that non-VA providers meet continuing education requirements to fill gaps in knowledge about veteran-specific conditions and military culture.

Private agencies for the blind lack the necessary specialized nursing, physical therapy, pain management, audiology, speech pathology, pharmacy, and radiology support services that are available at VA BRCs because they are not located adjacent to VAMCs. In addition, most private agencies are outpatient centers located in major cities, making access for B/LV veterans from rural areas difficult, if not impossible. In many rural states, there are no private inpatient blind training centers at all. Therefore, the availability of an adequately funded and staffed VA BRC is the only option. Veterans from rural areas should not be compelled to utilize alternative facilities when VHA BRS has the capacity to ensure that they have access to a program at a facility that is adequately staffed and funded.

SAFEGUARDING OCULAR CLINICAL STANDARDS OF CARE

As the only national VSO chartered by Congress exclusively dedicated to assisting veterans and their families coping with blindness and vision loss, ensuring that our nation’s veterans have access to the highest quality eye care remains a top priority. Our organization has strong concerns about the VA initiative to establish national standards of practice for health professionals within the VHA that could lower the standard of care, particularly for eye care services, available to veterans.

One reason we are so concerned about the future of veterans’ surgical eye care is the fact that in September 2022, VA modified its Community Care “Standardized Episode of Care (SEOC): Eye

Care Comprehensive” guideline by removing language providing that “only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery.” By removing this sentence, VA is implicitly authorizing optometrists to perform ophthalmic surgery on veterans whom they refer under the Community Care program in the few states where this is permitted by state licensure laws. VA removed this language without any opportunity for the veteran community and public to comment. BVA is extremely concerned that VA has removed an important patient safeguard, potentially increasing the risk to veterans requiring surgical eye care.

Our members know, all too well, that eye tissue is extremely delicate and once damaged, it is often impossible to fix. While optometrists play an important role in addressing the eye care needs of veterans, they are not medical doctors who have the specialized training and experience needed to perform invasive surgical procedures. Ophthalmologists undergo extensive medical and surgical training to diagnose and treat eye diseases and perform complex surgical procedures.

While some procedures may be considered lower risk than others, no invasive procedure is without risk, particularly when attempted by providers who lack the specialized training and expertise of ophthalmologists. Veterans have benefitted from established, consistent, high-quality surgical eye care for decades because VA has maintained a long-standing policy that restricts the performance of therapeutic laser eye surgery in VA medical facilities to ophthalmologists: medical or osteopathic doctors who specialize in eye and vision care. This policy is consistent with the standard of medical care in the overwhelming majority of states. It also ensures that there is a system-wide quality standard for surgical eye care and that all veterans have access to the eye care provider with the appropriate education, training, and professional experience needed to perform their eye surgery.

We urge Congress to mandate that VA immediately reinstate the following language into the SEOC: “Only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery.” This will ensure that veterans continue to receive the highest quality and safest surgical eye care. We also urge VA to be mindful of the appropriate roles of optometry and ophthalmology as it seeks to establish national standards of practice within VA health care systems. It is crucial to maintain a clear distinction between the roles of these two important eye care professions and ensure that veterans have access to the most appropriate level of care.

ENHANCING VETERANS’ MENTAL HEALTH CARE

Mental health conditions are common in the United States. More than 1.7 million veterans receive treatment in VA mental health specialty programs. The National Veteran Suicide Prevention Annual Reports consistently reflect the suicide rate for veterans remains 1.5 times the rate of non-veteran adults, and the most recent Report regrettably revealed yet another year of increased suicides as compared to FY20 and FY22. These statistics underscore the urgent need for continued efforts to improve mental health care access and outcomes for veterans.

During the years 2001 – 2014, approximately 294 blinded veterans who were VHA enrollees were reported as having committed suicide based on data analysis provided by the Serious

Mental Illness Treatment Resource and Evaluation Center, Office of Mental Health Operations, VA Central Office. This suicide rate appears consistent with suicide rates among non-blind VHA enrollees. It is imperative that we de-stigmatize mental health assistance while increasing access to evidence-based care and support services for all veterans, including those with visual impairments. BVA encourages Congress to robustly fund VA's suicide prevention outreach budget and peer support programs while simultaneously addressing the longstanding mental health staffing shortages across the enterprise. Furthermore, we urge VA to reinstate data analysis of special populations of veterans, including blinded veterans, to better understand the unique mental health needs and challenges faced by this population.

Providing high-quality mental health services and suicide prevention remain a VHA priority. To support this mission, it is essential to recruit and hire the most qualified individuals, regardless of their mental health discipline, for positions in mental health treatment teams. This will allow VHA to provide high-quality, industry-leading mental health services for veterans. This principle helps to ensure both a high-quality corps of mental health providers and an appropriate diversity of professional backgrounds. Further, this approach is most consistent with interprofessional practice, which is the cornerstone of VA mental health programs.

Interprofessional practice as it relates to mental health programs is provided in an integrated environment that allows health care team members to use complementary skills to effectively manage the physical and mental health of their patients, using an array of tools that supports information sharing. High-functioning teams addressing behavioral and mental health needs require collaboration among diverse professions. It is important to create and support innovative models for all mental health professions. Promoting interprofessional recruitment for these important roles supports VA's goal of being the employer of choice in the health care industry and assists with recruitment and retention.

Physician Assistants (PAs) are highly educated professionals licensed to diagnose, treat, and prescribe medications. The PA profession arose from the military, and PAs have been treating veterans for more than 50 years. PA education includes extensive training in psychiatry with mandatory didactic and psychiatric mental health clinical rotations. Psychiatry is a required component of the National Commission on Certification of Physician Assistants (NCCPA) exam.

PA mental health skillsets could complement psychiatrists as PAs can prescribe medications, whereas VA's other identified core mental health disciplines outlined in Directive 2009-011—Nurses, Social Workers, Psychologists, Marriage and Family Therapists, and Licensed Professional Mental Health Counselors—cannot prescribe them.

PAs, with their versatile training and adaptability, are exceptionally positioned to provide comprehensive mental health services. Their inclusion as a core mental health discipline would enhance the mental health workforce within VA, ensuring that more veterans receive timely and effective care. PAs promote a team-based approach, which is essential in delivering comprehensive mental health services and which aligns with VA's mission of providing the best possible care to our Nation's veterans.

BVA calls upon Congress to expand 38 U.S. Code §7302 - Functions of Veterans Health Administration: Health-Care Personnel Education and Training Programs by increasing the number of VHA PA Health Professions Scholarship Program (HSPS) awards from the current 35 to 75 annually, which would accomplish the following: ensure a steady pipeline of uniquely trained PAs to address the specific mental health needs of veterans and expand the current four VAMC PA resident training positions to provide opportunities for PAs to gain specialized skills in areas where veterans often require the most support, such as PTSD, emergency medicine, and women's health care (all of which adversely impact VA's rural health care service delivery).

Increased PA residency positions and scholarships would offer a strategic integration of PAs within VHA, promoting improved patient outcomes, decreased wait times, and diminished chronic staffing shortages. During the last five years alone, more than 600 veterans have applied for the currently available 35 annual HSPS scholarships. Thus, we contend that this increase in scholarships and residency positions would significantly improve VA's mental health and various other staffing shortages.

IMPROVING PROGRAMS AND SERVICES FOR WOMEN VETERANS

BVA calls on Congress to fully fund and support gender-specific health care for women veterans. VA must continue creating and fully staffing high-quality, clinically relevant services for women veterans. The COVID-19 pandemic significantly impacted health care delivery, including the training and hiring of health care providers. This was particularly challenging for women's health mini-residencies, which often involve hands-on training. While training and hiring initiatives continue, the growth in women veterans who use VA is outstripping VA's ability to hire and train providers to meet women's specialized gender-specific clinical needs.

Women are the fastest-growing subpopulation within VA (+32 percent by 2030), and there does not appear to be a strategic plan to ensure that all service lines in VHA are focused on adjusting programs to meet women veterans' unique clinical and supportive services needs. VHA must develop comprehensive plans for women veterans' health programming that respond to the evolving health care landscape, including the impact of the COVID-19 pandemic, and evaluate other program offices to ensure that appropriate services are available to meet the unique needs of the women veterans it serves. This includes addressing the specific health needs of women veterans, such as reproductive health, mental health, and chronic pain management, as well as ensuring culturally competent and trauma-informed care.

Peer support specialists have been very useful in helping veterans with mental health challenges, including those dealing with the aftermath of Military Sexual Trauma (MST), Post-Traumatic Stress Disorder (PTSD), and substance use disorders. Similarly, care navigators and doulas can assist women veterans with highly complex medical conditions such as cancer, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), post-partum maternal care, and chronic pain management. These specialized roles can provide crucial support and guidance to women veterans navigating the health care system and addressing their unique needs. VA must consider increasing funding for these critically relevant specialists to ensure that women veterans have access to the support they need.

Additionally, creating and maintaining a dedicated consultative team to assist with managing the care of veterans throughout the maternity cycle would support VA's efforts to provide women veterans with access to comprehensive wrap-around services, including help with housing, employment, food insecurity, interpersonal violence, mental health, and prosthetic support. A dedicated team can help to coordinate care across different services and ensure that women veterans receive the holistic support they need during this critical period.

Reproductive mental health issues are prevalent for many service-disabled women veterans and require specialized clinical support. VA is wholly dependent upon its community care network providers to render quality care and data on outcomes of maternity care. Still, specialized program managers can monitor and influence better results by enhancing services for women and improving coordination and communication between these programs.

ENACTING PROTECTIONS FOR GUIDE AND SERVICE DOGS

Guide and service dogs are critical to the independence and well-being of blind, visually impaired, and other disabled veterans. These highly trained animals provide invaluable assistance with mobility, retrieving objects, balance, and other essential tasks. Training a guide or service dog is a significant investment, both in time and resources, often costing upwards of \$50,000 and requiring up to two years of intensive training. Many prospective guide and service dogs do not complete the training, making successful guide and service dogs (approximately one in ten) incredibly valuable assets for their veteran partners.

BVA is deeply concerned about the safety and well-being of these guide and service dogs while on federal properties. The increasing presence of uncertified and often untrained support animals poses a direct threat to guide and service dogs, as well as to the disabled veterans who rely on them for assistance. Since 2016, there has been an 84 percent spike in reported support animal incidents, including urination, defecation, and even biting incidents. These incidents can create stressful and potentially dangerous situations for veterans and their service dogs, undermining their ability to navigate public spaces safely and confidently.

This increase in untrained support animals also devalues the significant investment made in training guide and service dogs. The rigorous training these animals undergo is crucial for their ability to perform their duties effectively and safely. Unfortunately, the public often perceives rigorously trained service animals and poorly trained support animals as the same, diminishing the value and importance of the specialized training that guide and service dogs undergo.

The Department of Transportation (DOT) has issued rules regarding service animals on airplanes. According to these rules, emotional support animals are no longer considered to be service animals. Airlines may require travelers with service animals to provide forms developed by DOT attesting to the dog's training, health, and behavior. Implementing similar policies at VA facilities would offer a greater level of protection for guide and service dogs, as well as for their handlers and other veterans.

BVA strongly urges VA to implement stricter guidelines for animals eligible for entrance onto VA properties and to ensure standardization across all facilities. These guidelines should clearly differentiate between legitimate service animals and other animals, such as emotional support

animals. BVA also suggests implementing mandatory training policies for all VA employees on guide and service dog etiquette. This training should cover topics such as recognizing legitimate service animals, understanding the rights of handlers and their service dogs, and learning how to interact appropriately with service dog teams.

Furthermore, BVA requests the establishment of a dedicated guide and service dog champion at the Veterans Affairs Central Office and at each VAMC. These champions would be responsible for developing and implementing clear and consistent policies regarding service animals within VA facilities, providing training and education to VA staff on service animal etiquette and the rights of handlers, addressing concerns and resolving issues related to service animals on VA property, and ensuring compliance with all relevant laws and regulations regarding service animals. The addition of these champions can ensure proper training and understanding through Standard Operating Procedures (SOPs) as to the expectations, roles, and responsibilities of a service animal, as well as to ensure uniformity and equal treatment across all VA locations.

SUPPORTING VISION RESEARCH FUNDING

The Vision Research Program (VRP) was established by Congress in FY09 to fund impactful, military-relevant vision research with the potential to significantly improve the health care and well-being of service members, veterans, caregivers, and the American public. The VRP's program area had previously aligned with the sensory systems task area of the JPC-8 Clinical and Rehabilitative Medicine Research Program (CRM RP), a core research program of the Defense Health Agency (DHA), but this program was merged into the JPC-5/MOMRP, resulting in less funding for deployment-related injuries. This shift in funding priorities has had a detrimental impact on critical vision research efforts.

Eye injury and visual dysfunction resulting from battlefield trauma affect a significant number of service members and veterans. Surveillance data from the Department of Defense (DoD) indicate that eye injuries account for approximately 14.9 percent of all injuries from battlefield trauma sustained during the wars in Afghanistan and Iraq, resulting in more than 182,000 ambulatory patients and 4,000 hospitalizations. In addition, Traumatic Brain Injuries (TBIs), which have affected more than 413,898 service members between 2000 and 2019, can have a significant impact on vision, even when there is no direct injury to the eye.

Research sponsored by VA showed that as many as 75 percent of service members who sustained a TBI had visual dysfunction. The VA Office of Public Health has reported that, for the period October 2001 through June 30, 2015, the total number of Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) veterans with vision problems who were enrolled in VA totaled 211,350. This number included 21,513 retinal and choroidal hemorrhage injuries (retinal detachments are part of this category); 5,293 optic nerve pathway disorders; 12,717 corneal conditions; and 27,880 with traumatic cataracts. VA continues to see increased enrollment of this generation with various eye and vision disorders resulting from complications of frequent blast-related injuries.

VA data also revealed a rising number of total post-9/11 veterans with TBI-related visual impairments enrolled in the VHA system. In FY13, there were 39,908 enrollees identifying with

symptoms of visual disturbances, and by FY15 those numbers increased to 66,968. Based on recent data (2000-2017) compiled by the TBI Defense Veterans Brain Injury Center (DVBIC), the reported incidence of TBI without eye injury but with clinical visual impairment is estimated to be 76,900.

A January 2019 Military Medicine journal article, based on a 2018 study by the Alliance for Eye and Vision Research that used prior published data during 2000-2017, has estimated that deployment-related eye injuries and blindness have cost the US \$41.5 billion during that time frame. Some \$40.2 billion of that cost reflects the present value of a lifetime of long-term benefits, lost wages, and family care. These staggering costs underscore the significant economic and societal burden of these injuries.

DHA leadership have consistently testified before Congress stressing the need for “specific research programs supporting efforts in combat casualty care, TBI, psychological health, extremity injuries, burns, vision, hearing, and other medical challenges that are militarily relevant and support the warfighter.”

Of note, CDMRP appropriations that fund this critical extramural vision research into deployment-related vision trauma are not currently conducted by VA, or elsewhere within DoD, including within the Joint DoD/VA Vision Center of Excellence (VCE). To meet the shortage of VRP funding, the National Eye Institute (NEI) within the National Institutes of Health (NIH) funds only two VRP grants each year. This limited funding significantly hampers the progress of critical vision research. Additionally, DoD continues to identify gaps in its ability to treat various ocular blast injuries, highlighting the urgent need for continued research and development in this area.

Previously, the US Army Medical Research and Materiel Command (USAMRMC) maintained an ocular health research portfolio, the goal of which was to “improve the health and readiness of military personnel affected by ocular injuries and vision dysfunction by identifying clinical needs and addressing them through directed joint medical research.” For more than two decades, the USAMRMC has held the only DoD J-09 internally funded active military Ocular Trauma Research Lab, located in San Antonio, Texas. BVA is alarmed that core internal funding is being shifted to other DoD research, leaving a larger gap in funding deployment-related vision injury research for our wounded service members. This shift in funding priorities is a serious concern and could have significant negative consequences for the health and well-being of our nation's veterans.

In its history, the VRP has funded two types of awards: hypothesis generating, which investigates the mechanisms of corneal and retinal protection, corneal healing, and visual dysfunction resulting from TBIs; and translational/clinical research, which facilitates the development of diagnostics, treatments, and therapies especially designed for rapid battlefield application. This two-pronged approach has been crucial in advancing the field of military vision research.

BVA believes the priority in DoD research is to “save life, limb, and eyesight,” which has been the motto of military medicine for decades. Therefore, along with other VSOs and Military Service Organizations (MSOs), BVA respectfully requests that Congress support the funding of

the DoD/VRP Peer Reviewed Medical Research Program for extramural translational battlefield vision research in the amount of \$30 million. This increased funding will be crucial to support continued advancements in the prevention, diagnosis, and treatment of vision loss and dysfunction among our service members and veterans.

HONORING COMBAT DISABLED VETERANS

When service members retire from the military, they are entitled to both retired pay from the Department of Defense (DoD) and disability compensation from VA if they were injured while in service. Unfortunately, only military retirees with at least 20 years of service and a disability rating of at least 50 percent are able to collect both benefits at the same time. For all other retirees, current law requires a dollar-for-dollar offset of these two benefits, meaning that they have to forfeit a portion of the benefits they earned in service. This policy is deeply unfair to those who have sacrificed their health and well-being in service to our nation.

It is time to fully honor veterans who were medically retired because of injuries incurred in combat or combat-related training. Regardless of time in service, these veterans have earned all their benefits through their extraordinary sacrifice in defending our Nation.

Under the Major Richard Star Act, former service members who were medically retired from the military with less than 20 years of service (Chapter 61 retirees) and are eligible for Combat-Related Special Compensation (CRSC) would no longer have their benefits reduced by the offset. This includes those who were retired for injuries sustained in combat and combat-related training.

DoD retired pay and VA disability compensation are two different benefits established by Congress for two different reasons. DoD retired pay recognizes a veteran's years of service to the nation, while VA disability compensation acknowledges the sacrifices made and the injuries sustained in the line of duty. BVA strongly believes that collecting both benefits should never be considered "double dipping," and that no retiree should be subject to the offset.

For this reason, BVA will continue to support legislation to eliminate the offset for all retirees and considers the Major Richard Star Act one step toward achieving that goal. We believe that all veterans who have sacrificed their health in service to our nation deserve to receive the full benefits they have earned.

CONCLUSION

Blind and Low Vision veterans' rights to access care, quality care, dignity, and self-worth are under assault by the very agency charged with providing and protecting those rights. The needs of B/LV veterans are not being fully addressed nor prioritized across the VA system.

Inaccessible communications platforms, such as VA's websites and online systems, create significant barriers for B/LV veterans in accessing information, submitting claims, and navigating the VA health care system. Poorly managed transportation programs, including unreliable VTS services, inadequate reimbursement for travel expenses, and inaccessible

reimbursement systems, severely limit B/LV veterans' access to timely and necessary medical care. The current PCAFC eligibility criteria do not adequately address the unique needs of blinded veterans, and the high denial rate for these applications highlights significant gaps in the system. Changes in standard episodes of care and potential shifts in the roles of optometrists and ophthalmologists raise concerns about the future of high-quality eye care for veterans.

Understaffing at Blind Rehabilitation Centers, inadequate support for VIST Coordinators and BROS, and the potential diversion of funding to community care providers threaten to undermine access to critical rehabilitation services. The growth in the number of women veterans is outpacing VA's ability to provide gender-specific care, leaving many women veterans without access to the specialized services they need. The increasing presence of untrained support animals on VA property poses a significant threat to the safety and well-being of guide and service dogs and their veteran handlers. These challenges, among others, highlight a systemic failure to fully address the unique needs of B/LV veterans within the VA system.

Chairman Moran, Chairman Bost, Ranking Member Blumenthal, Ranking Member Takano, and all Committee members, thank you for the opportunity to present to you today the legislative priorities of the Blinded Veterans Association. We look forward to furthering our relationship with this Committee and working with you productively during these challenging times. We welcome the opportunity to answer any questions you may have.

PAUL L. MIMMS BIOGRAPHY
BVA National President

Paul L. Mimms, Heartland Regional Group (Missouri), was born in Iowa City, Iowa, and moved to Kansas City, Missouri in 1960. He graduated eighth in his class from the city's Central High School in 1963.

Paul briefly attended Antioch College (Yellow Springs, Ohio) before induction into the U.S. Navy on May 16, 1966. He served shore duty in San Diego at the Naval Training Center and the Naval Electronics Laboratory Center. He was aboard the USS Luzerne County in the Mekong Delta. An accident on the ship led to the early onset of glaucoma and his medical discharge in 1969.

Paul worked in the restaurant industry and in retail management before increasing blindness led to a loss of employment in 1983. Following blind rehabilitation training in Kansas City and his enrollment at the Central Blind Rehabilitation Center (Hines, Illinois), Paul returned to college in 1986. He earned a Bachelor's Degree in Sociology at the University of Missouri Kansas City and a Master's Degree in Social Work in 1991 from the University of Kansas.

He began working for the Department of Veterans Affairs in 1992 at the Kansas City Vet Center. In 2000, he went to work at the West Palm Beach Blind Rehabilitation Center. Four years later, Paul was selected as a VIST Coordinator at the West Palm Beach VA Medical Center. At the same time, he was active in the Florida Regional Group, serving first as a District Director within the group and then as Vice President and President.

Paul retired in 2009 and returned to Kansas City, where he became involved immediately in the rejuvenation of the Missouri Regional Group (now known as Heartland) and where he was originally a charter member. Paul served as both Secretary and President of the group until his election to national office on August 23, 2013. He has served as BVA's National President since his election to that office on August 18, 2023.



**STATEMENT FOR THE RECORD
LEGISLATIVE PRIORITIES SUBMITTED TO THE
SENATE AND HOUSE COMMITTEES ON VETERANS' AFFAIRS
119TH CONGRESS, FIRST SESSION**

February 25th, 2025

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of the Committees on Veterans' Affairs:

We thank you for the opportunity to share our legislative priorities for consideration in the first session of the 119th Congress. Veterans Education Success works on a bipartisan basis to advance higher education success for veterans, service members, and military families, and to protect the integrity and promise of the GI Bill® and other federal postsecondary education programs.

We would like to praise the bipartisan efforts of your Committees, which led to several crucial successes last year. Your strong focus on oversight and accountability was essential and remains paramount in the new Congress. We would like to note several outstanding priorities we hope to see completed by the 119th Congress, including the Student Veteran Benefit Restoration Act, the Guard and Reserve GI Bill Parity Act, and legislation enacting more substantial quality standards.

We also understand the strong interest of this Congress to decrease overall costs. Therefore, we also highlight policy changes that offer significant cost savings. Today, we offer our full testimony for your consideration, outlining our top legislative priorities for this year. We propose the following topics and recommendations for consideration, which are discussed in detail in the pages that follow:

1. Require minimum standards for GI Bill Programs – to protect veterans and stop waste, fraud, and abuse of taxpayer funds
2. Restore VA education benefits when there is evidence of fraud
3. Improve critical economic opportunity provisions of the Dole Act
4. Mandate interagency data sharing as it relates to federal education benefits
5. Improve the GI Bill Comparison Tool
6. Oppose full housing allowance for online-only students – a costly and dangerous proposal
7. Change VA's debt collection practices against student veterans
8. Forbid transcript withholding
9. Ensure orderly processes and restoration of benefits in cases of school closures
10. Strengthen Veteran Readiness & Employment
11. Pass the Guard and Reserve GI Bill Parity Act so every day of service counts

We look forward to working closely with you and your staff members on these issues, and we thank you for the invitation to provide our perspective on these pressing topics.

1. Require minimum standards for GI Bill Programs – to protect veterans and stop waste, fraud, and abuse of taxpayer funds

Veterans count on the GI Bill to facilitate a smooth transition from military service to a successful civilian career. Veterans actively rely on VA's program eligibility as a "stamp of approval" that identifies quality programs. Both veterans and taxpayers are entitled to a reasonable return on investment for the GI Bill.

Unfortunately, too many approved programs fail to educate veterans effectively or prepare them for a lifetime of success. Worse yet, many of these school programs cause serious harm to the veterans they are meant to help, leaving veterans with worthless credits, burdensome debts, and wasted benefits. Despite providing poor results, many of these programs and schools continue to rake in millions of taxpayer dollars through the recruitment and exploitation of veterans and the abuse of their hard-earned GI Bill benefits.

Wasting taxpayer funds on subpar education programs is preventable.

As we've previously reported, some of the lowest-quality schools receive the most GI Bill funding. Our research found that, from 2009 to 2017, eight of the 10 schools receiving the most Post-9/11 GI Bill funds accounted for 20% of all GI Bill payments, amounting to \$34.7 billion.¹ Even more concerning, seven of these 10 schools had high numbers of student complaints and had faced state and federal law enforcement actions regarding allegations of deceptive advertising, predatory recruiting, and fraudulent loan schemes.²

Additionally, seven of these 10 colleges receiving the most GI Bill funds also spent less than one-third of the tuition they charged VA in 2017 actually educating the veterans, and they struggled with outcomes: Less than 28% of their students completed a degree, and only half earned more than a high school graduate.³

Additionally, approximately 100 colleges could arguably be accused of waste and fraud because they spent less than 20% of the tuition they charged VA on education costs for the veterans. These 107 colleges charged VA a total of \$703 million in GI Bill tuition and fees in 2017, alone, but siphoned off \$562 million in GI Bill money for non-instructional costs or overhead, including private jets and fancy cars for their executives. Predictably, they also have abysmal student outcomes.

In other words, bad actors are wasting GI Bill funding and defrauding VA and veterans.⁴ This is preventable. There are thousands of excellent colleges in America, and very few bad actors.

¹ Veterans Education Success. *Schools Receiving the Most Post-9/11 GI Bill Tuition and Fee Payments Since 2009* (Mar. 2018). <https://vetsedsuccess.org/wp-content/uploads/2018/03/gi-bill-cumulative-revenue-brief-2.pdf>.

² *Id.*

³ Veterans Education Success. *Should Colleges Spend the GI Bill on Veterans' Education or Late Night TV Ads? And Which Colleges Offer the Best Instructional Bang for the GI Bill Buck?* (2019), <https://vetsedsuccess.org/should-colleges-spend-the-gi-bill-on-veterans-education-or-late-night-tv-ads-and-which-colleges-offer-the-best-instructional-bang-for-the-gi-bill-buck/>.

⁴ See also U.S. Dept. of Education, *Federal Student Aid Fiscal Year 2024 Annual Report* (2024), <https://studentaid.gov/sites/default/files/fy2024-fsa-annual-report.pdf>, (p. 140-143) ("FSA also received a disproportionate number of complaints from predominantly online schools. FSA received 2,764 complaints (23%) about schools where more than 80% enrolled exclusively online. In contrast, these schools accounted for only 9% of enrollment in Title IV-eligible schools during the 2023-24 school year...").

Veterans we serve commonly express anger that VA would approve schools known for producing poor outcomes or that are under a law enforcement cloud. Veterans should never have to wonder why obvious scams like FastTrain College and Retail Ready Career Center were approved in the first place.^{5, 6} Both schools proved to be a significant waste of taxpayer money, even before the FBI stepped in.

In the case of FastTrain College, the school was raided by the FBI and ordered to pay over \$20 million for “having defrauded the U.S. Department of Education (ED) by submitting falsified documents to obtain federal student aid funds in connection with ineligible students.”^{7, 8} Even worse, “Retail Ready Career Center” ran a scam offering a 6-week HVAC training for veterans while also subjecting them to abusive practices, including taking their housing allowance and making them live in a substandard [disgusting] motel.⁹ The owner falsely claimed, “We have the highest success rate of any other GI Bill program out there,” but the FBI and DOJ found differently.¹⁰

The owner of Retail Ready was eventually sentenced to more than 19 years in jail and ordered to forfeit \$72 million of VA benefits to the federal government for lying to gain approval to enroll veterans; DOJ eventually recouped more than \$150 million from the school.¹¹ According to DOJ, the owner had spent veterans’ GI Bill funds on a Lamborghini, a Ferrari, a Bentley, two Mercedes Benzes, a BMW, and real estate worth \$2.5 million, among other purchases.¹²

Sadly, these are not isolated occurrences. In a similar incident in 2020, the owner of “Blue Star Learning” was sent to prison for 45 months and ordered to repay VA \$30 million for his fraudulent GI Bill program with falsified job placements.¹³

⁵ Carli Teproff, *Now defunct for-profit college must pay the government \$20 million, a court rules*, Miami Herald (Feb. 21, 2017), <https://www.miamiherald.com/news/local/education/article134161714.html>.

⁶ U.S. Department of Justice Press Release, *For-Profit Trade School Owner Charged with Defrauding VA, Student Veterans* (Nov. 23, 2020), <https://www.justice.gov/usao-ndtx/pr/profit-trade-school-owner-charged-defrauding-va-student-veterans>.

⁷ Dana Treen, *FBI raids Jacksonville offices of business college*, The Florida Times-Union (May 16, 2012), <https://www.jacksonville.com/story/news/crime/2012/05/16/fbi-raids-jacksonville-offices-business-college/15866622007/>.

⁸ U.S. Department of Justice Press Release, *United States Prevails in Civil Suit Against For-Profit College Chain and its President for False Claims Act Violations* (Feb. 21, 2017), <https://www.justice.gov/usao-sdfl/pr/united-states-prevails-civil-suit-against-profit-college-chain-and-its-president-fals-o>.

⁹ Eva-Marie Ayala, *Hundreds of veterans scramble after Garland for-profit college closes*, The Dallas Morning News (Sept. 28, 2017), <https://www.dallasnews.com/news/education/2017/09/28/hundreds-of-veterans-scramble-after-garland-for-profit-college-closes/>.

¹⁰ *Id.*

¹¹ U.S. Department of Justice Press Release, *For-Profit Trade School Owner Charged with Defrauding VA, Student Veterans* (Nov. 23, 2020), <https://www.justice.gov/usao-ndtx/pr/retail-ready-owner-forfeit-72m-va-tuition-fraud>.

¹² *Id.*

¹³ U.S. Department of Justice Press Release, *Owner of Local Technical Training School Sentenced for Defrauding the VA out of almost \$30 Million in G.I. Bill Education Benefits* (Oct. 27, 2020), <https://www.justice.gov/usao-sdca/pr/owner-local-technical-training-school-sentenced-defrauding-va-out-almost-30-million-gi>.

As recently as 2022, the California Technical Academy was exposed for a scheme that involved over \$100 million, the most significant case of GI Bill fraud prosecuted by DOJ.^{14, 15} Unfortunately, so many predatory actors continue to reap the benefits veterans earned.¹⁶

Just last month, the VA OIG announced charges against an "owner of a non-college-degree school and its certifying official [who] conspired to submit fraudulent information to conceal the entity's noncompliance with the rules and regulations of the Post-9/11 GI Bill program." The report notes that over six years, VA paid more than \$17.8 million to the program.¹⁷

The GI Bill program approval process must be strengthened to protect student veterans from low-quality and fraudulent schools. The statutes governing program approval are seriously outdated, even referencing classes taught "by radio," and they continue to allow a low standard of entry.¹⁸ It is time to update the statutes with minimum quality standards so that veterans can count on the VA's "stamp of approval" as the indicator of quality they—and taxpayers—expect.

Complaints from student veterans attending GI Bill-approved programs continue to underscore the fact that subpar programs are failing to deliver (and we received 604 veteran complaints last year):

- Veteran DT: "I graduated from [my GI Bill-approved college] after 5 years, and in all that time, I never had a real-time conversation or interaction with a single teacher, not in a group or one-on-one. The way the courses were taught was totally ineffective. We would be assigned a bunch of stuff to read, and we were required to provide just two comments on an online discussion board. Occasionally, we were given assignments to complete, but the teachers never gave us feedback on the assignments."¹⁹
- Veteran AY: "Much of the curriculum was so outdated it might as well have been from the Stone Age. We were initially taught using the Unity and Visual Studios systems."

¹⁴ Veterans Education Success, *Our Press Release: Largest Post 9/11 GI Bill Fraud Case Yields Guilty Pleas* (Jun. 28, 2023),

<https://vetsedsuccess.org/our-press-release-largest-post-9-11-gi-bill-fraud-case-yields-guilty-pleas/>.

¹⁵ U.S. Department of Justice, *Justice Department Announces Enforcement Action Involving Over \$100 Million in Losses to Department of Veterans Affairs* (Sept. 16, 2022), <https://www.justice.gov/opa/pr/justice-department-announces-enforcement-action-involving-over-100-million-losses-department>.

¹⁶ 38 U.S.C. § 3672 has almost no requirements. It also incorporates, by reference, the program approval requirements of Chapters 34 and 35, but those are also minimally effectual; they only forbid, for example, bartending and personality development courses, and they restrict "radio" courses, which indicates an out-of-date statutory framework. 38 U.S.C. § 3675 (approval of accredited courses) relies heavily on the school's accreditation, but some accreditors offer no meaningful quality control, such as ACICS, which accredited ITT Tech and Corinthian Colleges. § 3675(b) also requires that the school meet the criteria in paragraphs (1), (2), (3), (14), and (15) of 38 U.S.C. § 3676(c). While 38 U.S.C. § 3676 (approval of nonaccredited courses) has more restrictions, many are undefined, including no definition of "quality" in (c)(1); no definition of teacher "qualifications" in (c)(4); no definition of "financially sound" in (c)(9) (which could easily be defined by reference to U.S. Department of Education standards); an inadequate ban on deceptive advertising in (c)(10) (which should be clarified to ban any school that has faced legal or regulatory concerns over its advertising in the prior 5 years); and no definition of "good character" in (c)(12) (which should be clarified to ban administrators and teachers who have faced legal or regulatory action or any action by a licensing board).

¹⁷ U.S. Department of Veterans Affairs, Office of Inspector General, *"Monthly highlights: January 2025"* (Feb. 2025), https://www.vaog.gov/sites/default/files/document/2025-02/monthly_highlights_january_2025_1.pdf.

¹⁸ 38 U.S.C. § 3523(c).

¹⁹ Quotes come from the more than 4,000 student veterans who have brought complaints to Veterans Education Success. For privacy protection, the students' names are withheld.

Later, when the courses switched to modern programs ... they did nothing to teach us how to use them. ... I often was better off learning through tutoring, Google searches, and YouTube videos than I was following the actual instruction from its online courses. To make matters worse, the terminology and policies changed drastically from one class to another, creating confusion and hampering the learning experience. It was difficult to learn basic concepts and build upon them effectively."

- Veteran AD: "I was accepted into the VRRAP program and set up to meet with [my GI Bill-approved college] to enroll in their Dental Hygiene program... Instructors are incompetent and inexperienced, Labs and course material are not taught, and I have to pay for a book payment plan for books costing 750 dollars that I can get on Amazon for less than 250 dollars. I was on the president's list and dean's list for the terms I have completed, but I haven't even seen a dental dam or sterilized one piece of equipment. I am not learning any material and students are given answers to the quizzes and exams to keep them passing. Soon I have to let these students practice on me as part of the curriculum, but even our CPR AHA class was taught at a 22-student to 1-instructor ratio, so none of us are legally certified."
- Veteran DD: "There are ... issues such as the school replaying free web seminars as their own training and using unqualified people to lead the classes. They literally go to Youtube, find the free course by someone else, then they play that during the ZOOM meeting and call it training. Everything they are doing could have been done by me for free... They have also attempted on two occasions to place me in classes before I ever had the prerequisites to attend, they have me in classes that are not part of the program and do not serve a purpose except to show me in class..."

While the *Veterans Auto and Education Improvement Act of 2022*, codified as 38 U.S.C. § 3672A, creates a uniform application with some improvements to the approval standards, we urge the Committees to consider the following commonsense improvements to the Act:

- Expand the definition of adverse government action in 38 U.S.C. § 3672A(b)(1)(B) to all types of fraud, not just those relating to education quality that result in a fine of 5 percent of Title IV (a rarity). We believe Congress does not want a school or CEO that engaged in any other type of fraud – such as stealing federal student aid from Title IV, as Argosy University was accused of doing – to be in charge of GI Bill funds, yet that is what the statute currently allows.
- Extend to all education programs the requirements for minimum faculty credentials in § 3672A.
- Require schools to have adequate administrative capability to administer veterans' benefits.²⁰

²⁰ Currently, there is no requirement in Title 38 that schools devote the necessary resources to competent administration of VA programs. Congress should mandate that institutions demonstrate to the Secretary that they are capable of adequately administering the programs and that they have committed adequate administrative resources. It should also require that schools pledge to fully cover the tuition and housing costs of VA-supported students if the school suddenly loses eligibility due to institutional error, including paperwork non-compliance. Committee members may recall the problems at Howard University, when 52 VA-supported students enrolled in 14 programs at Howard suddenly discovered their programs were not properly approved for GI Bill and VR&E. The DC State Approving Agency (SAA) said the issue boiled down to failure by Howard to submit the proper paperwork. The programs affected included Howard's medical school, law school, and Master in Social Work program. It took eight months to get the approvals cleared up. During this time, students experienced immense uncertainty and undue anxiety. They faced the possibility of having to withdraw from school, pay out-of-pocket to cover housing and living costs, or seek loans from the school and external sources, and they experienced significant stress due to the uncertainty of the situation. This scenario highlighted the challenge associated with Title 38 benefits and the relationship between VA, the SAA, the institution, and the student. Unfortunately, we do not believe

- Require screening of a school's financial stability before its approval to avoid sudden school closures. VA and SAAs appear to recognize in the risk-based survey SOP that they are not receiving sufficient financial records as part of the program approval process for unaccredited institutions.²¹
- Ensure that programs are not overcharging VA and that VA tuition funds are spent on veterans' education. Our analysis found hundreds of GI Bill-approved programs that spend less than 20% on veterans' education out of the tuition they are charging VA, and they – predictably – have abysmal outcomes.²²
- Require a demonstrated track record of minimum student outcomes for a school to maintain Title 38 eligibility.
- Ensure school recruiters have the fiduciary responsibility to tell prospective students the truth. Today, it is standard practice at predatory schools to give recruiters—essentially sales representatives of the schools—deceptive titles like admissions “counselor” or “advisor.” The schools use high-pressure sales tactics to create false urgency about immediately enrolling prospects into programs that quickly burn through veterans' GI Bill benefits and push them into borrowing significant amounts of student loans, often for programs of little or no value in the labor market. An essential step in ending these abusive practices would be to require all admissions and recruitment staff at eligible institutions to serve as fiduciaries with a duty of care toward the veterans they may be recruiting.
- In the case of online classes, require actual teaching, not pre-recorded classes. Many veterans tell us their online education consists of nothing more than watching YouTube videos, with no instructor engagement. YouTube videos are an inadequate substitute for regular and substantive interactions with qualified faculty and should not be funded with GI Bill dollars. The Committees should require “regular and substantive interaction” between virtual faculty and students.²³ Regular interaction with subject matter experts is essential to ensuring student veterans are receiving a worthwhile education.²⁴ Additionally, Congress should exclude asynchronous hours from the count of qualifying hours for clock-hour programs, and include minimum faculty-student interaction requirements—this would represent a significant cost savings to the overall program.
- Prevent schools from overcharging veterans for repackaged content. Some institutions charge excessive tuition for commercially available materials with little added value. In one case, a veteran paid \$11,000 for a program that consisted of content available elsewhere for just \$69. Congress should bar schools from inflating tuition costs for repackaged or freely accessible content at VA's expense.²⁵

this to be an issue isolated to one school. In some cases, school certifying officials (SCOs) are expected to administer benefits for well over VA's recommended ratio of support staff to students, 1 to 200. Even with this ratio, the duties of SCOs often go well beyond the responsibilities of certifying benefits, making their responsibilities increasingly difficult to handle.

²¹ Veterans Benefits Administration, Office of Education Service - Oversight and Accountability Division, *Standard Operating Procedure, Risk Based Surveys* (Jan. 2, 2024). In the Standard Operating Procedure, VBA includes material regarding the process for requesting more documentation from unaccredited schools in program approval.

²² Veterans Education Success, *Should Colleges Spend the GI Bill on Veterans' Education or Late Night TV Ads?* (Apr. 2019), <https://vetsedsuccess.org/should-colleges-spend-the-gi-bill-on-veterans-education-or-late-night-tv-ads-and-which-colleges-offer-the-best-instructional-bang-for-the-gi-bill-buck/>.

²³ For an historical explanation of the dangers of education programs that lack teaching, see David Whitman, *The Cautionary Tale of Correspondence Schools*, New America (Dec. 11, 2018), <https://www.newamerica.org/education-policy/reports/cautionary-tale-correspondence-schools/>.

²⁴ Veterans Education Success, *Congressional and Administration Priorities for the Next Congress, Submitted to the Subcommittee on Economic Opportunity, Committee on Veterans Affairs, U.S. House of Representatives* (Dec. 8, 2020), https://vetsedsuccess.org/our-written-testimony-for-the-house-veterans-affairs-economic-opportunity-subcommittee-hearing-on-2021-legislative-priorities/#_ftn1.

²⁵ Denis, Doug, “Interview with Student Veteran: Doug Denis” (Jun. 28, 2024), <https://drive.google.com/file/d/1ODE10wEG99-0bKv9Khr8jbGYnPUFIeWN/view?usp=sharing>.

Lastly, many schools are partnering with for-profit online program management (OPM) companies to offer numerous services, including academic instruction, even though reports expose poor student outcomes. The OPM loophole was created in 2011 by ED in direct contradiction to the statutory language of the Higher Education Act. It allows colleges to enter into revenue-sharing contracts with ineligible companies, which can then access federal dollars masquerading as the colleges with whom they share revenues.

Because VA relies on ED's guidance, veterans have become a distinct target market for OPMs, who pitch shoddy online programs to them as a convenient solution for obtaining a degree while working. We encourage the Committees to direct VA to conduct oversight of the courses provided through OPM partnerships and to pass legislation requiring more thorough approval and oversight of all such courses and their recruiting practices.

Summary of recommendations:

- Strengthen the GI Bill program approval process to safeguard student veterans from ineffective and fraudulent schools by updating outdated statutes and adding minimum quality standards – at the same time, saving taxpayer funds from being wasted on obviously subpar education programs.
- Prevent bad actor colleges from siphoning GI Bill funds away from the veterans' education and wasting them on overhead or unscrupulous costs.
- Extend requirements for minimum faculty credentials to all education programs and mandate adequate administrative capability for schools administering veterans benefits.
- Implement financial stability screening before approval to prevent sudden school closures and ensure responsible use of VA tuition funds.
- Require a demonstrated track record of meeting or exceeding defined student outcomes for Title 38 eligibility, require truthful recruiting practices, and prohibit overcharging VA.
- Address issues with online classes by requiring actual teaching, not pre-recorded sessions, and ensuring regular and substantive interaction between virtual faculty and students; exclude asynchronous hours from the count of qualifying hours for clock-hour programs; and include minimum faculty-student interaction requirements.
- Prohibit schools from overcharging veterans for repackaged or commercial, off-the-shelf content.

2. Restore VA education benefits when there is evidence of fraud

Several years ago, DOJ seized the bank accounts of the House of Prayer Christian Church – a purported “bible school” that we exposed and brought to VA’s attention, as veterans were being blatantly cheated out of their GI Bill and abused by an alleged cult leader.^{26, 27}

In another example, DOJ recouped more than \$150 million from Retail Ready Career Center and sent the owner, Jonathan Dean Davis, to jail for 19 years after he had swindled thousands of veterans, taking their GI Bill and their housing allowance but providing nothing of value in return.²⁸ But when the federal government recovered \$150 million, the veterans did not get their GI Bill benefits back.

Even worse, veterans are sometimes the only students who are not made whole. For example, students with federal student loans from ITT Technical Institute have had their loans discharged due to the evidence of widespread fraud. Yet most student veterans who used their GI Bill to attend ITT Technical Institute cannot get their GI Bill benefits restored. The GI Bill statute currently allows restoration only for students who were enrolled at or near the time a school closes or loses program approval.

It is an absolute betrayal to student veterans that students have had their federal student loans discharged, but veterans cannot get back their GI Bill benefits. The fact that veterans are defrauded out of their hard-earned GI Bill is blatantly counter to Congress’ vision for the impact of the GI Bill.

Last year, the House passed H.R. 1767, the *Student Veteran Benefit Restoration Act*, by a nearly unanimous, highly bipartisan vote of 406-6. There is widespread agreement on the fundamental disparity of veterans being left out. We call on Congress to introduce and pass legislation that would finally provide veterans with a pathway to get their GI Bill benefits rightfully restored.

Summary of recommendations:

- Pass the *Student Veteran Benefit Restoration Act*.

²⁶ *United States of America v. \$115,800.00 in U.S. Currency Funds*, (Jan. 6, 2023), <https://vetsedsuccess.org/wp-content/uploads/2023/01/House-of-Prayer-Bible-Seminary.pdf>.

²⁷ Veterans Education Success, *Our Letter to VA and Georgia SAA Regarding House of Prayer Christian Church* (Aug. 2020), <https://vetsedsuccess.org/letter-to-va-and-georgia-saa-regarding-house-of-prayer-christian-church/>.

²⁸ United States Attorney’s Office, Northern District of Texas Press Release, *For-Profit Trade School Sentenced to Nearly 20 Years for Defrauding VA, Student Veterans* (Sept. 22, 2021), <https://www.justice.gov/usao-ndtx/pr/profit-trade-school-sentenced-nearly-20-years-defrauding-va-student-veterans>.

3. Improve critical economic opportunity provisions of the Dole Act

We are grateful to Congress and the many advocates who helped make the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* a reality.²⁹

In particular, we strongly supported many of the economic opportunity provisions that addressed Fry Scholarship improvements (Sections 201, 202), more vigorous oversight of educational institutions and the introduction of risk-based improvements (Section 206), enhancements to the “rounding out” provision for full-time monthly housing allowances during a veteran’s final term (Section 208), electronic notification of Certificates of Eligibility to improve efficiency (Section 210), restoration of entitlement provisions to protect veterans’ benefits (Section 211), and expanded support for veterans attending foreign institutions (Section 214).

While we are grateful for these advancements, as detailed below, areas of concern warrant further discussion and potential modifications to ensure these laws fully serve the best interests of veterans and their families.

A. GI Bill Comparison Tool (Section 215)

We greatly support many of the GI Bill Comparison Tool enhancements, but this Congress must address crucial flaws that risk undermining their effectiveness and transparency. While provisions to retain data for six years and expand interagency collaboration are commendable, the process for handling student feedback raises concerns.

Section 215(c)(1)(A) amends 38 U.S.C. § 3698(b)(2)(A) to include that “if an institution of higher learning contests the accuracy of the feedback,” the school must be provided “the opportunity to challenge the inclusion of such data [in the Comparison Tool] with an official appointed by the Secretary.” Section 215 also provides that a school’s response to the feedback may be published. Presently, the Comparison Tool displays the number of student complaints filed against a school and the general topics of those complaints. However, it does not provide any details from the complaints themselves. VA does not publish the narratives submitted by student veterans.

With the enactment of Section 215, schools can contest a student’s complaint, thereby keeping prospective student veterans and the public from even knowing that complaints were made about the school. Even worse, bad actor schools will likely contest legitimate student complaints in order to hide the truth. Allowing institutions to contest even the inclusion of the fact of a student complaint serves only the interest of the institutions, not the veterans who took the risk of submitting a complaint to make their concerns known and not prospective student veterans who are considering which school to attend.

This provision of the new law will discourage student veterans from contacting VA with legitimate concerns. Already, veterans tell us that they feel VA does not have their backs because VA regularly “closes” veteran complaints about a school if a school responds – no matter what the school response actually says. This new law will lead veterans to fear being subjected to an administrative proceeding and to feel they will not have the resources to match the schools. Chilling veterans’ voices will deprive VA and the public of important information. Moreover, assuming a student veteran’s complaint survived such “accuracy” proceedings, Section 215 allows VA to publish the school’s response to the student’s complaint without providing student veterans the similar option to publish the details of their complaints. We call on Congress to adjust the law in the following ways:

²⁹ Public Law 118-210, *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*, 118th Congress, 2nd Session (2024), <https://www.congress.gov/bills/118th-congress/house-bill/8371>.

- Do not allow institutions to challenge the inclusion of student veterans' complaints in the publicly available data about a school.
- Give student veterans the option to publish the narrative portion of their complaints and to respond to a school's claims about the veterans' complaints.
- Require VA to include in the Comparison Tool whether the complaint was resolved to the student veteran's satisfaction.

These changes would ensure the Comparison Tool serves its purpose of providing veterans with transparent information while holding schools accountable.

B. VET TEC Program (Section 212)

We support the short-term extension of the VET TEC Program, but believe modifications are necessary to address ongoing concerns. The program's original intent—to provide veterans with rapid access to employment-focused training—has been affected by declining employment outcomes and incentives for participating schools.

The most problematic issue among the recent changes is a provision allowing providers to receive the final 50% payment from VA when students enroll in follow-on education rather than securing employment in their field of study.³⁰ This provision incentivizes schools to push veterans into additional programs rather than focusing on the program's primary goal of securing meaningful employment.

Congress should eliminate enrollment in follow-on education as a qualifying criterion for the final payment. In alignment with the program's intent, the final 50% payment should be tied to employment outcomes.

Further, we urge Congress to amend Section 212 to make clear that providers under the VET TEC Program are prohibited from seeking to recoup payments directly from veterans when VA determines it must withhold payments to the school because the school failed to meet the terms of the program, including that the veteran graduate and obtain employment. While Section 212 directs VA to give preference to a provider "that offers tuition reimbursement [to VA] for any student who graduates from such a program and does not find employment," this provision does not go far enough to protect veterans.

Congress should make it plain that schools that wish to participate in VET TEC must never go after *veterans* for payments that VA deems unwarranted. Otherwise, some schools at risk of not receiving payment from VA will threaten to seek payment from veterans, and veterans could feel pressured into representing that they obtained employment just to avoid liability to the school.

This concern is not merely hypothetical. For example, according to records we received in response to a FOIA request, in January 2024³¹, a preferred provider in the VET TEC Pilot Program sent a letter "threatening" to charge tuition and fees to a student veteran if the veteran did not find employment. Internal communications among VA staff indicate they were concerned that the provider may have sent similar letters to other veterans and that it appeared the student veteran was not receiving assistance in obtaining employment. VA staff seemed to think the VET TEC Pilot Program participation agreement prohibited the provider from collecting tuition and fees from student veterans. Still, the FOIA records do not disclose how VA ultimately concluded the issue.

³⁰ Section 212(c)(2)(C)(iii) states, "the enrollment of the individual in a program of education to continue education in such field of study."

³¹ VA records received in response to a FOIA request. On file at Veterans Education Success.

Similarly, we were contacted by a veteran who graduated from a Veteran Rapid Retraining Assistance Program (VRRAP) program because his school was leading him to believe that, unless he had a job in the field, he would owe the school for the tuition payment withheld by VA³² even though the VRRAP statute clearly provides that veterans do not owe any amounts to the school if they do not graduate or obtain employment.³³

We recommend that Congress:

- Amend both VET TEC to clarify that a school will not be eligible to remain in the program if it attempts to recoup any payment from a veteran that is paid or would have been paid by VA if the school had met the conditions of the program, and, similarly, that a school will not remain eligible to remain in the program if it hides, or attempts to hide, the truth of a veteran's failure to graduate or obtain actual employment, including by threatening financial repercussions to veterans who have not graduated or found employment.
- Enrollment in follow-on education should be eliminated as a qualifying criterion for the final payment. The final 50% payout should only be tied to employment outcomes aligned with the program's intent.
- Require VA to include veterans service organizations in any advisory group established by the Secretary under Section 212.

These changes would restore the program's focus on employment outcomes, as Congress originally intended and as should be expected from the reauthorized program.

C. Education institutions' approval & participation in Title IV (Section 205)

We recommend that Congress modify 38 U.S.C. § 3675 to address unintended consequences of the new Dole Act. Specifically, the current language of Section 205 affects Section 1015 of the Isakson-Roe Act, which was designed to prevent colleges that lose Title IV approval from continuing to access GI Bill benefits. Recall that this affects only colleges offering a college education, and not job training programs.

Unanimous Committee leadership led to the unanimous enactment of Section 1015 of the Isakson-Roe Act, which sought to protect VA funds and taxpayer resources from waste at a college that had lost Title IV eligibility. Congress acted based on a specific real example of waste of taxpayer funds: Argosy University was cut off from Title IV programs after misappropriating Title IV funds, but VA officials stated that they had no way to protect GI Bill funds because the law prevented VA from acting based on an action under Title IV at another agency. Congress found it astonishing to see GI Bill funds continue to flow to a school that had been found to have stolen Title IV funds. Congress acted quickly to enact Section 1015 to protect student veterans from institutions that do not meet financial responsibility and administrative capability standards.

We believe the amended language in the new Dole Act of "(i) elects not to participate in such a program; (ii) cannot participate in such a program" fundamentally undermines the effectiveness of Section 1015 of the Isakson-Roe Act. We understand the impetus for this new provision of the Dole Act was to ensure that bible colleges that wish not to participate in Title IV are nevertheless eligible for GI Bill. We believe that was already solved by the existence of waivers by the Secretary of VA. Nevertheless, the solution enacted in the Dole Act goes too far because it functionally creates a significant loophole, enabling schools previously disqualified from Title IV for mishandling federal funds to regain access to GI Bill dollars. Our recommended changes include:

³² VRRAP had milestone payments similar to VET TEC.

³³ Public Law 117-2, *American Rescue Plan Act of 2021*, Sec. 8006(d), 117th Congress, 1st Session (2021), <https://www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf>.

- Prohibit the VA Secretary from issuing waivers for institutions with a history of non-compliance with federal or state financial responsibility and administrative capability standards.
- Ensure any waivers are narrowly tailored and incorporate appropriate oversight and transparency mechanisms.
- Require VA to consult with independent accrediting bodies and the Department of Education before granting any waivers to ensure that a college offering college education is worthy of the GI Bill if the college is not eligible for (or seeks not to be eligible for) Title IV.

These changes would maintain the Secretary's discretion while ensuring protections for student veterans and taxpayer dollars remain intact.

Summary of recommendations:

- On 38 U.S.C. § 3698(b)(2)(A), strike "if an institution of higher learning contests the accuracy of the feedback, the opportunity to challenge the inclusion of such data with an official appointed by the Secretary."
- On the GI Bill Comparison Tool, extend the data retention period indefinitely, ensure anonymity and clear processes for veterans submitting feedback, and prioritize veterans' input over institutional objections in disputes.
- On the VET TEC Program, eliminate "enrollment in follow-on education" as a qualifying criterion for final payment and clearly prohibit providers from seeking payment from veterans.
- On VET TEC, prohibit schools from going after veterans to recoup payments that VA refused to authorize after the programs failed to meet the program's conditions.
- On Title IV eligibility, prohibit waivers for colleges with a history of non-compliance with federal or state standards and require VA to consult with independent accrediting bodies and the Department of Education before granting waivers.

4. Mandate interagency data sharing as it relates to federal education benefits

In 2012, Congress enacted a law requesting that VA seek information from other federal agencies (such as the Departments of Defense, Education, and Labor) to provide student veterans with information about student outcomes at colleges.³⁴ Thereafter, VA – with encouragement from your Committees – was supposed to enter into MOUs with other agencies to share data on student veterans. And, yet, little progress was made.

Our team embarked on a project to ensure that Congress' wishes were heeded by the agencies. Specifically, we spent 8 years urging federal agencies to sign MOUs to share data. The results of that interagency data-sharing are the first-ever comprehensive understanding of the economic outcomes for enlisted veterans who use the Post-9/11 GI Bill.

This unprecedented interagency data-sharing enabled the first true analysis of the GI Bill.³⁵ The interagency research team was able to draw clear conclusions about veterans' GI Bill outcomes by accounting for sociodemographic data as well as military rank, military occupation, service in hostile war zones, and academic preparation at the time of enlistment (by linking data from DOD).

We commend your Committees for requiring, in the Elizabeth Dole Act (section 215), VA to enter into an MOU with the U.S. Department of Education and the heads of other relevant federal agencies to obtain information on student veterans' outcomes. The law states, "Such memorandum of understanding may include data sharing or computer matching agreements."

However, given the history of VA's not always completing what it is not explicitly required to complete, we urge the Committees to explicitly require VA to engage in interagency data-sharing. We also urge the Committees to expand this provision to require VA to enter into MOUs with the IRS, DOD, and the Census Bureau. Further, we urge the Committees to expand the requirement for data-sharing MOUs to cover veterans' **health outcomes** as well, by collaborating with health-related agencies.

The recently published findings from the interagency GI Bill team demonstrate the impact of interagency data-sharing:

- By including data from the DOD's testing of servicemembers' academic preparation – through the Armed Forces Qualification Test (AFQT) – the research found that the **higher the AFQT score, the more likely a veteran was to use their GI Bill, graduate from college, and have higher earnings.**³⁶
- By including demographic data from DOD and other agencies, the research showed that **nearly 2 in 5 veterans did not use their GI Bill, often due to lack of information or**

³⁴ The Improving Transparency of Education Opportunities for Veterans Act, P.L. 112-249 (2012), codified at 36 U.S.C. § 3698(c)(3)(A) and (B).

³⁵ The interagency research team consisted of staff from VA's National Center for Veterans Analysis and Statistics (NCVAS), the U.S. Census Bureau, and the American Institutes for Research (operating as special-sworn-status employees under the control of the Census Bureau and abiding by the laws governing the handling of sensitive federal data) and they were able to combine data from VA, the Veterans Benefits Administration (VBA), the Department of Defense (DOD), Internal Revenue Service (IRS), U.S. Census Bureau, and National Student Clearinghouse (NSC).

³⁶ Radford, A., Bloomfield, A., Bailey, P., Webster, B. H. Jr., & Park, H. C., "A First Look at Post-9/11 GI Bill-Enlisted Veterans' Outcomes" (2024), American Institutes for Research; U.S. Census Bureau; and National Center for Veterans Analysis & Statistics, U.S. Department of Veterans Affairs, <https://vetsedsuccess.org/a-first-look-at-post-9-11-gi-bill-eligible-enlisted-veterans-outcomes/>.

financial barriers.³⁷ Nonuse was highest (82%) among those separating at ages 55-65, while those leaving at E-4 or with a 10-20% disability rating were most likely to use it. Many nonparticipants were unaware that transfers had to happen on active duty, while others delayed use to maximize benefits. Some found the housing allowance insufficient, and others struggled to secure VA home loans as lenders did not count GI Bill benefits as income.^{38, 39}

- By including college completion data from the National Student Clearinghouse, the research showed that **veterans' college completion rate was double** that of other financially independent students nationally⁴⁰ – but that veterans' completion rate was **15% lower at four-year for-profit colleges** than at four-year public colleges, even after controlling for veteran and military characteristics. It also found that **veterans were less likely than non-veterans to attend public flagship universities** even though veterans at public flagship universities were significantly **more likely to graduate** and were more likely to **earn more money**.⁴¹
- By including Census Bureau data on rurality, the interagency team found that veterans from **rural and micropolitan areas** were less likely to use the GI Bill.⁴²
- By including **earnings data from the IRS**, the interagency team found that:
 - Veterans who **did not use their GI Bill were earning less**, and the earnings gap was larger for female veterans, American Indian/Alaska Native veterans, and Black veterans.⁴³
 - **Married veterans** were more likely to complete a degree and earn more.⁴⁴

³⁷ Radford, A. W., Mayer, K. M., Bloomfield, A., Bailey, P., Webster, B. H. Jr., & Park, H. C., "Which Veterans are Forgoing Their Post-9/11 GI Bill Benefits?" (2025), American Institutes for Research; U.S. Census Bureau; and National Center for Veterans Analysis & Statistics, U.S. Department of Veterans Affairs, https://vetsedsuccess.org/wp-content/uploads/2025/02/REPORT_Which-Veterans-Are-Forgoing-Their-Post-9-11-GI-Bill-Benefits.pdf.

³⁸ Jiang, J. Y., Mayer, K. M., Le, V., & Radford, A. W., "Post-9/11 GI Bill Access and Uptake: Insights and Recommendations from Veterans" (2025), American Institutes for Research, https://vetsedsuccess.org/wp-content/uploads/2025/02/REPORT_Post-9-11-GI-Bill-Access-and-Uptake.pdf.

³⁹ Radford, A. W., Bloomfield, A., Bailey, P., Mayer, K. M., Webster, B. H. Jr., & Park, H. C., "A Deeper Look at Post-9/11 GI Bill Outcomes for American Indian/Alaska Native, Black, and Hispanic Veterans" (2025), American Institutes for Research; U.S. Census Bureau; and National Center for Veterans Analysis & Statistics, U.S. Department of Veterans Affairs, https://vetsedsuccess.org/wp-content/uploads/2025/02/REPORT_A-Deeper-Look-at-Post-9-11-GI-Bill.pdf.

⁴⁰ *Id.*

⁴¹ Radford, A. W., Bailey, P., Bloomfield, A., Webster, B. H. Jr., & Park, H. C., "Post 9/11 GI Bill Eligible Enlisted Veterans' Enrollment and Outcomes at Public Flagship Institutions" (2024), American Institutes for Research, U.S. Census Bureau, and National Center for Veterans Analysis & Statistics, U.S. Department of Veterans Affairs, <https://vetsedsuccess.org/post-9-11-gi-bill-eligible-enlisted-veterans-enrollment-and-outcomes-at-public-flagship-institutions-with-a-focus-on-the-great-lakes-region/>.

⁴² Radford, A. W., Bailey, P., Bloomfield, A., Rockefeller, N., Webster, B. H. Jr., & Park, H. C., "How Do Veterans' Outcomes Differ Based on the Type of Education They Received? And How are Veterans Who Have Not Used Their Education Benefits Faring?" (2024), American Institutes for Research, U.S. Census Bureau, and National Center for Veterans Analysis & Statistics, U.S. Department of Veterans Affairs, <https://vetsedsuccess.org/post-9-11-gi-bill-benefits-how-do-veterans-outcomes-differ-based-on-the-type-of-education-they-received-and-how-are-veterans-who-have-not-used-their-education-benefits-faring/>.

⁴³ *Id.*

⁴⁴ *Id.*

- Veterans pursuing nondegree programs (such as certificate programs) and two-year degree programs (i.e., associate degrees) consistently **earned less if they attended a for-profit program** rather than a public program, even though **for-profit programs consistently charged VA a higher tuition** than public programs (and almost double the cost for Associates degrees).⁴⁵
- Veterans' **earnings were higher when their college's instructional spending was higher** – and this was true across sex, race, rurality, and military rank, as well as overall among all veterans – **yet only 1% of veterans** attended colleges with the highest instructional spending.⁴⁶
- **Female veterans were significantly more likely** than male veterans to use Post-9/11 GI Bill benefits **and to earn a degree. Still, they earned significantly less** than male veterans with the same degree. However, **the earnings gap by sex was smaller for veterans than for the general population.**⁴⁷
- **Racial and ethnic groups** that have been historically underrepresented in higher education were more likely to use Post-9/11 GI Bill benefits to enroll in postsecondary education. Still, they were **less likely to earn a degree** within six years than veterans overall. **Black veterans' earnings were significantly lower** than other veterans, and American Indian/Alaska Native earnings were also lower. Still, the **earnings gaps for these racial subgroups were smaller for veterans than for the general population.**⁴⁸

This project demonstrates the type of information and insights that can be gleaned when agencies collaborate and share data.⁴⁹ Based on the richness of the project findings, and the broad policy implications, we strongly advocate for legislative measures that promote continued data-sharing efforts to achieve these data annually. We urge your Committees to enact a law requiring VA and VBA to share data on student outcomes with other agencies for the purpose of determining GI Bill outcomes.

We also urge your Committees to urge the other committees of jurisdiction to similarly require the agencies under their jurisdiction to share data on veterans' outcomes. The Census Bureau is equipped to house and merge data from multiple agencies, as it did during the project we instigated. Ongoing data-sharing amongst agencies will enable a continued and holistic understanding of veterans' educational experiences and outcomes.

We also recommend the establishment of an interagency task force focused on data collaboration efforts. This task force should be tasked with implementing a standard federal data dictionary associated with veterans, service members, and their families. It should define common data elements, following models such as the one proposed by the Bush Institute's Veteran Wellness Alliance, and execute an annual crosswalk of Office of Postsecondary

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ *Id.*

⁴⁹ Bloomfield, A., Radford, A. W., Bailey, P., Webster, B. H. Jr., & Park, H. C., "Post-9/11 GI Bill eligible enlisted veterans' enrollment outcomes at public flagship institutions, with a focus on the Great Lakes region" (2024), American Institutes for Research; U.S. Census Bureau; and National Center for Veterans Analysis & Statistics, U.S. Department of Veterans Affairs, <https://vetsedsuccess.org/wp-content/uploads/2024/10/pqib-outcomes-public-flagship-great-lakes.pdf>.

Education Identifiers (OPEID) and VA facility codes.⁵⁰ This standardized approach would streamline data collection and analysis, allowing for more effective collaboration and informed decision-making.

Summary of recommendations:

- Mandate that VA engage in comprehensive data-sharing with other agencies for the purpose of studying veterans' outcomes – including health outcomes – and urge other Congressional committees of jurisdiction to require the agencies under their jurisdiction to share data about veterans with VA.⁵¹
- Establish an interagency task force focused on data collaboration efforts, including implementing a standard federal data dictionary associated with veterans, service members, and their families to define common data elements and a crosswalk of OPEIDs and VA facility codes.

⁵⁰ Kacie Kelly and Dr. Caroline Angel, George W. Bush Presidential Center, *Common Questions to Better Serve Our Vets* (Apr. 2020), <https://www.bushcenter.org/publications/common-questions-to-better-serve-our-vets>.

⁵¹ The U.S. Department of Education is broadly prohibited by law from sending data out; however, they would be able to accept data and run analyses to produce findings for publication.

5. Improve the GI Bill Comparison Tool

We urge the Committees to improve VA's GI Bill Comparison Tool. Veterans need and deserve a modern college search tool. We appreciate the Committees' prior work in requiring the tool to include side-by-side comparisons of schools and to search by geographic area. We also applaud many of the improvements to the Tool included in the Dole Act.

A. Prohibit Yelp-style reviews

We believe it essential to alert the Committees that VA has previously considered inviting veterans to post "Yelp"-style star ratings and reviews about schools. Such reviews are susceptible to unfair and deceptive manipulation by businesses. The Federal Trade Commission (FTC) has highlighted the well-documented and persistent problem of paid positive reviews and fake reviews because "[d]eceptive and manipulated reviews and endorsements cheat consumers looking for real feedback on a product or service and undercut honest businesses."^{52, 53} According to the FTC:

*"Research shows that many consumers rely on reviews when they're shopping for a product or service, and that fake reviews drive sales and tend to be associated with low-quality products. The rapid growth of online marketplaces and platforms has made it easier than ever for some companies to create and use fake reviews or endorsements to make themselves look better or their competitors look worse."*⁵⁴

The FTC observed, "It can be difficult for anyone—including consumers, competitors, platforms, and researchers—to distinguish real from fake, giving bad actors big incentives to break the law."⁵⁵ It is not hard to imagine the worst predatory schools finding ways to get fake reviews posted, including giving gift cards or other advantages to VA beneficiaries in exchange for posting positive reviews about the schools. Therefore, we strongly urge the Committees to require VA to officially abandon its idea of "Yelp"-style reviews.

B. Improve the Comparison Tool

We have the following important suggestions to strengthen the GI Bill Comparison Tool⁵⁶:

- **Risk Index.** Establish a "Risk Index" to enable veterans to identify the riskiest schools. This would afford student veterans a precise measure of institutional risk, to make more informed enrollment decisions.
- **Caution Flags.** Improve the timeliness of Caution Flag updates so prospective students have access to warnings as soon as possible. Currently, VA fails to update and maintain Caution Flags accurately.

⁵² Federal Trade Commission Press Release, *FTC to Explore Rulemaking to Combat Fake Reviews and Other Deceptive Endorsements* (Oct. 20, 2022), <https://www.ftc.gov/news-events/news/press-releases/2022/10/ftc-explore-rulemaking-combat-fake-reviews-other-deceptive-endorsements>; see also, Federal Trade Commission Press Release, *Federal Trade Commission Announces Proposed Rule Banning Fake Reviews and Testimonials* (Jun. 30, 2023), and Federal Trade Commission Press Release, *FTC to Hold Informal Hearing on Proposed Rule Banning Fake Reviews and Testimonials* (Jan. 9, 2024).

⁵³ Federal Trade Commission Press Release (Oct. 20, 2022).

⁵⁴ *Id.*

⁵⁵ *Id.*

⁵⁶ See also, Veterans Education Success, "Our Letter to VA, With Recommendations for Helping Student Veterans, Following June 2024 Meeting" (Aug. 13, 2024), https://vetsedsuccess.org/wp-content/uploads/2024/08/Letter_GI-Bill-Experience-Improvements_Veterans-Education-Success.pdf.

- **Complaint Timeliness.** Display student veteran complaints in a timely manner. Even after a complaint is closed, it can take several months to appear in the Comparison Tool, delaying critical information for prospective students.
- **Full Complaint History.** Show all student complaints received about a school on the Comparison Tool. When evaluating schools, veterans should have access to the full history, volume, and nature of complaints. SAAs, accreditors, federal agencies, and academic researchers would also benefit from knowing a school's complaint history.⁵⁷
- **School Responses.** Indicate whether a school responded to a complaint and whether the issue was resolved to the veteran's satisfaction, following the Better Business Bureau model.⁵⁸ Veterans deserve to know if other veterans' complaints were solved to their satisfaction and if their school responded.
- **Closed Schools Data.** Maintain historical records of schools that close or lose GI Bill approval in the "data download" section of the Comparison Tool. When schools disappear from WEAMS and the data archive, student veterans who may be entitled to GI Bill restoration struggle to find the necessary information.
- **Complaint Transparency.** Student veterans who submit a complaint through the Feedback Tool should be able to upload attachments and choose whether to make the narrative portion of their complaint public. Increased transparency helps students make better-informed decisions.
- **Data Crosswalk.** Automate the ED/VA data crosswalk to eliminate manual updates that VA employees often fail to complete. Aligning VA's facility codes with the ED's OPEID numbers is essential for accurate data tracking.

C. Educate veterans about student loans

Many veterans tell us they have loans they did not authorize or even know about at the time the loans were taken out.⁵⁹ As we note in our report, many veterans are "signed up for loans they did not want or know about and/or [are] wrongly assured their educational benefits from DOD or VA would cover the entire cost of their education."⁶⁰ Travis Craig, an Army veteran, shed light on this practice, noting, "We signed everything on electrical notepads, so us, as students, we didn't actually know what we were signing for."⁶¹

On all of VA's GI Bill website pages and in its materials, the Department should educate veterans about student loans – including what a "Master Promissory Note" is – a sorely needed improvement because too few students know what "Master Promissory Note" means. To make the obligations of the Master Promissory Note explicit, we also encourage the Committees to work with members of the Education Committees to rename the Master Promissory Note as "Student Loan Contract."⁶²

Summary of recommendations:

- Prohibit VA from publishing "Yelp"-style ratings, which have historically been abused.
- Direct VA to establish a "Risk Index" to allow students to avoid risky schools, and improve "Caution Flags" and the presentation of student veteran complaints.
- Educate veterans about student loans, especially what a "Master Promissory Note" means.

⁵⁷ The Dole Act mandates a minimum complaint publication period of six years. This should be increased to reflect the full history of complaints, delineated by year.

⁵⁸ Better Business Bureau, Complaints, available at <https://www.bbb.org/process-of-complaints-and-reviews/complaints>.

⁵⁹ Veterans Education Success, "Veterans with student loans they never authorized or wanted" (Mar. 2022), <https://vetsedsuccess.org/veterans-with-student-loans-they-never-authorized-or-wanted/>.

⁶⁰ *Id.*

⁶¹ *Id.*

⁶² *Id.*

6. Oppose full housing allowance for online-only students – a costly and dangerous proposal

Given the existing and more compelling unmet needs of veterans, we believe the significant federal costs of increasing the monthly housing allowance (MHA) for online-only students should not be the top spending priority for the Veterans' Affairs Committees. Based on estimates from VA, an annualized cost for increasing MHA for online-only students is expected to cost **more than \$15 billion over 10 years**.⁶³ We continue to urge Congress to set aside this idea and instead prioritize issues such as GI Bill Parity for Guard and Reserve service, improvements to Survivors and Dependents Chapter 35, and restoration of the GI Bill for defrauded student veterans.

There are strong policy reasons not to pursue full housing allowance for online students:

- **Incentivizing Students to Leave Flagship Public Universities.** Due to the higher housing allowance, such a policy change would incentivize veterans to leave high-quality, flagship public universities in low-housing cost states – such as Kansas, Illinois, Wisconsin, and Texas – to enroll in national online college chains. Current housing allowance rates for in-person and hybrid learners are based on DOD housing allowance rates (BAH) for an "E-5 with dependents."⁶⁴ Over 60% of DOD's 339 BAH zones have housing costs less than the national average,⁶⁵ in some cases half of the national average. If Congress enacted full housing for online students, veterans at high-quality public colleges would receive less housing money than veterans at low-quality online colleges.
- **Marketing Tool for Bad Actors.** Predatory schools would use the availability of an increased housing allowance as a selling point to target veterans to attend predatory and exploitative programs. In the aftermath of having finally closed the 90/10 loophole, a shift to a full housing allowance for solely online colleges would re-establish veterans as a target for unscrupulous schools; many of these schools have been sued by law enforcement and fined by federal agencies for defrauding students, and can reasonably be expected to abuse this change.^{66, 67}

⁶³ U.S. Department of Veterans Affairs, *Statement of Joseph Garcia, Executive Director, Education Service, Veterans Benefits Administration, Department of Veterans Affairs (VA), before the Committee on Veterans' Affairs Subcommittee on Economic Opportunity, U.S. House of Representatives* (Oct. 18, 2023), <https://docs.house.gov/meetings/VR/VR10/20231102/116445/HHRG-118-VR10-Wstate-GarciaJ-20231102.pdf>.

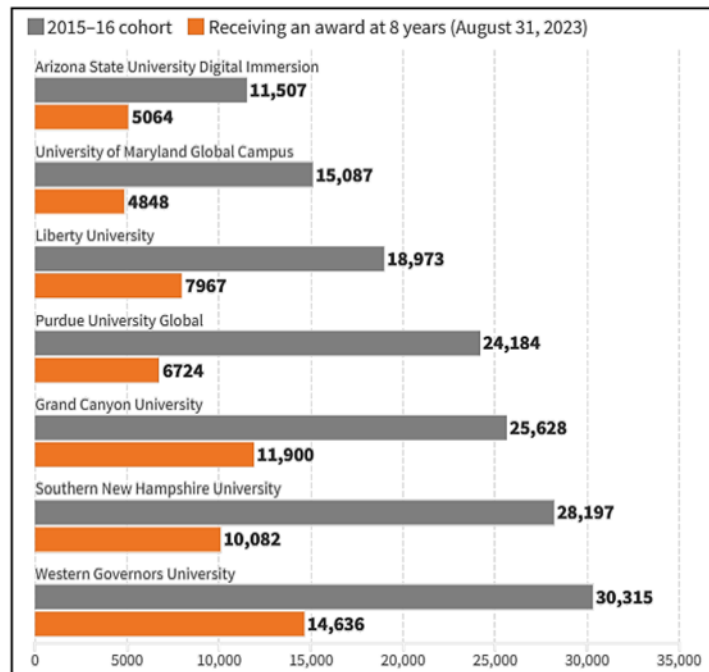
⁶⁴ U.S. Department of Veterans Affairs, *Post-9/11 GI Bill (Chapter 33): How does VA determine my monthly housing allowance (MHA)?* (2023), www.va.gov/education/about-gi-bill-benefits/post-9-11/how-does-va-determine-my-monthly-housing-allowance/.

⁶⁵ Defense Travel Management Office, *Basic Allowance for Housing Rate Lookup* (2023), <https://www.travel.dod.mil/allowances/basic-allowance-for-housing/bah-rate-lookup/>.

⁶⁶ *People of the State of California v. Ashford University, et al.*, 37-2018-00046134-CU-MC-CTL, Statement of Decision (hereinafter, "Order"), filed Mar. 3, 2022, available at https://oag.ca.gov/system/files/attachments/press-docs/37-2018-00046134-CU-MC-CTL_ROA-696_03-03-22_Statement_of_Decision_1646669688827.pdf.

⁶⁷ San Francisco Film School, Facebook Ad, "Did you know Veterans can learn filmmaking without moving and receive California VA Housing Benefits?" (Dec. 2, 2022). Video: <https://drive.google.com/file/d/1MskPB4YvpESedeQy08FnaDFXxe5a0i5F/view?usp=sharing>; Screenshot: <https://drive.google.com/file/d/1Zt8nQnM7cGmOrYs-RtF6IL6LHt6pMwZ7/view?usp=sharing>; Original Link: https://www.facebook.com/story.php/?story_fbid=546688560252299&id=112861392131638&rd=1.

- Fueling Poor Performing Schools.** The Committees, student veterans, and taxpayers alike should heavily weigh the demonstrated outcomes of online programs, and consider whether or not these programs are worthy of valuable GI Bill resources. Last month, *Inside Higher Ed* looked at the 8-year completion rate of the 2015-2016 cohort at large online institutions.⁶⁸ The results of that analysis paint a stark picture, as evident in the chart below. Even more specific to this population of students, a 2023 study published by the Annenberg Institute at Brown University found, "Exclusively online students with military service were 11.4 percentage points *less likely* to earn their bachelor's degree compared to peers with military service not enrolled in exclusively online programs."⁶⁹



We urge the Committees not to move forward with any proposals increasing the MHA rate for online-only students. Instead, a near-term solution would be for Congress to direct an unbiased study of online learning outcomes regarding Title 38 veterans' education benefits.

Summary of recommendations:

- Oppose full housing allowance for online-only students.

⁶⁸ Michael Nietzel, "Students in For-Profit Online Programs Less Likely to Complete College, Finds New Study," *Forbes* (Nov. 19, 2023), <https://www.forbes.com/sites/michaelt Nietzel/2023/11/19/students-in-for-profit-online-programs-less-likely-to-complete-college-finds-new-study/>.

⁶⁹ Justin C. Ortagus, Rodney Hughes, and Hope Allchin, *The Role and Influence of Exclusively Online Degree Programs in Higher Education*, EdWorkingPaper: 23-879, Annenberg Institute at Brown University (2023), <https://doi.org/10.26300/xksc-2v33>.

7. Change VA's debt collection practices against student veterans

VA's debt collection for "retroactive readjustments" of GI Bill benefits awarded to a veteran is of special concern, and we urge the Committees to halt this practice. A "retroactive readjustment" means that VA adjusts a veteran's GI Bill eligibility after the veteran has already used his GI Bill. If the problem was a VA error and a veteran honorably relied on VA's procedures, subjecting the veteran to debt collection is unfair.

One problem for veterans is that VA's letters alerting veterans of a debt are often confusing and sent to outdated addresses. While Section 1019 of the *Isakson-Roe* Act has addressed some of the underlying factors associated with GI Bill overpayments, the issue of VA debt collection practices has not been comprehensively addressed.

We support the prohibition of VA from executing clawbacks based "solely on administrative error" or "error in judgment," consistent with 38 U.S.C. § 5112(b)(10). However, it is our firm belief that VA defines administrative error quite narrowly based on the number of clawbacks that still occur.⁷⁰ For instance, VA takes the position that if the beneficiary "should have known" they were not entitled to the benefit, then the overpayment was not due solely to administrative error.⁷¹ VA's assessment of whether a beneficiary should have known they were not entitled to the benefit may disregard the realistic and practical limits of a student veteran's understanding at the time of payment. It is also possible the student's misunderstanding stems from information originally provided by VA.

We urge Congress to ban VA's authority to claw back overpayments when the overpayment is VA's error and establish a limitation period after which clawbacks are prohibited, except for fraud or malfeasance.

Summary of recommendations:

- Halt the practice of VA "retroactive readjustments."
- Improve debt notification processes to prevent veterans from being surprised by unclear or outdated notices.
- Establish a limitations period after which GI Bill clawbacks are prohibited, except for fraud or malfeasance.

⁷⁰ VA regulations associated with debt collection are [38 C.F.R. § 21.9695\(b\)](#) and [38 C.F.R. § 21.9635\(r\)](#).

⁷¹ A review of VA guidance on debt collection underscores how narrow VA interpretations are, especially in the case of administrative error. For reference, see https://www.knowva.ebenefits.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/55440000001018/content/554400000179474/M21-1-Part-VI-Subpart-i-Chapter-2-Section-B-Correcting-the-Erroneous-Payment-of-Benefits-to-a-Beneficiary#3.

8. Forbid transcript withholding

Student veterans lack the same protections against transcript withholding that are available to other students in higher education. Colleges frequently withhold their students' academic transcripts for balances due, even when the debt is disputed, and can withhold transcripts even for minor charges like parking fees. It is one of the most common debt-collection tactics colleges use across all sectors.

Hundreds of student veterans, service members, and their families have brought complaints to us about unfair transcript withholding and its negative impact on their lives. In March 2022, we published a report analyzing how transcript withholding affects the veteran and military communities.⁷² Of these student veteran complaints we received:

- 35% are related to disputed debts, often having to do with inaccurate billing or students' believing their GI Bill or other educational benefits from VA or DOD covered the cost of attendance.
- 34% are general complaints about transcript withholding.
- 20% are related to debt arising from deceptive or predatory institutional practices.
- 7% are related to closed school issues.
- 4% are related to complaints over loans the veterans did not authorize.

Transcript withholding has particularly severe consequences for student veterans. It can prevent them from transferring schools, re-enrolling, or pursuing an advanced degree if they have already graduated. It can also undermine a student's eligibility for a job interview and even some military promotions.

We urge the Committees to prohibit transcript withholding to collect outstanding debt from former students, irrespective of the periods covered by VA benefits.

Summary of recommendations:

- Establish, as a condition of GI Bill eligibility, that education programs prohibit transcript withholding for students receiving Title 38 education benefits.

⁷² Veterans Education Success, *The Student Veteran Experience with Transcript Withholding* (Mar. 2022), <https://vetsedsuccess.org/the-student-veteran-experience-with-transcript-withholding/>.

9. Ensure orderly processes and restoration of benefits in cases of school closures

Sudden school closures leave students in the lurch, with no end in sight to this alarming trend. Committee members recall the closures of ITT Tech, Corinthian Colleges, Argosy University, and, more recently, three brands owned by the Center for Excellence in Higher Education (CollegeAmerica, Stevens-Henager, and Independence University), plus many others.

Congress could save money by avoiding school closures, by requiring VA to ensure the financial stability of schools eligible for GI Bill (see proposal number 1 on page 2 above).

When a school suddenly closes, student veterans are left in the lurch. We recommend that the Committees require VA to protect student veterans by allowing only financially sound colleges to participate in VA education programs.

In addition, VA should require colleges to put in place safeguards against sudden shut-downs, ensuring orderly closure processes in which students receive adequate advanced notice, viable transfer options, and guaranteed permanent access to their transcripts and records.⁷³ We believe a 2020 Maryland law provides a valuable model of this approach.⁷⁴

Additionally, the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* established the most recent authority for VA to restore GI Bill benefits to students who were pushed out of their programs due to a closure or disapproval before September 30, 2025.^{75, 76} However, VA needs to be able to continue to restore benefits when a school closes, or a program is disapproved beyond this date, and we call on Congress to increase the period of coverage to a minimum of five additional years to reflect a date of September 30, 2030, or later.

Finally, a minor technical adjustment related to school closure issues would have a highly consequential impact on student veterans. At present, 38 U.S.C. § 3699 affords veterans to have their benefits restored under limited circumstances, such as a change to “a provision of law enacted after the date on which the individual enrolls at such institution affecting the approval or disapproval of courses under this chapter” or “the Secretary prescribing or modifying regulations or policies of the Department affecting such approval or disapproval.” In consultation with committee staff, we urge the addition of a section iii that states “or for any other reason” because school closure due to a provision of law is a very narrow circumstance, and does not help the tens of thousands of veterans who are affected every year by school closures.

⁷³ Section 207 of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* established the requirement for Title 38-participating institutions to provide students with an “official transcript in a digital format.” However, we believe this requirement is not adequate, as most employers and virtually all institutions to which a student may wish to transfer would insist on directly receiving a transcript from previously attended schools. Transcripts supplied by students are viewed as unreliable because their indirect chain of custody could have allowed them to be altered. Furthermore, transcripts are merely a snapshot of a subset of data from the comprehensive academic records of students.

⁷⁴ Maryland orderly school closure law: SB 446 (enacted May 7, 2020), <http://mgaleg.maryland.gov/mgaweb/legislation/details/SB0446?ys=2020RS>.

⁷⁵ Public Law 118-210, *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*, Section 211, 118th Congress, 2nd Session (2024), <https://www.congress.gov/bills/118th-congress/house-bill/8371>.

⁷⁶ The *Fiscal Year 2024 VA Extenders Legislation* had also previously established the authority for VA to restore GI Bill benefits to students who were pushed out of their programs due to a closure or disapproval before September 30, 2025. Reference Public Law No. 118-19, *Continuing Appropriations, Fiscal Year 2024 Act*, 118th Congress, First Session (Oct. 6, 2023), <https://www.congress.gov/118/plaws/publ19/PLAW-118publ19.pdf>.

These substantive and technical improvements would significantly enhance the ability of GI Bill students to continue on their educational journey. This is the least they deserve after experiencing the devastating events of a precipitous school closure scenario.

Summary of recommendations:

- Require VA to protect student veterans by allowing only financially sound schools to participate in VA education programs.
- Mandate that all VA-approved schools put in place safeguards against sudden shutdowns, such as adequate advance notice for students, viable transfer options, and guaranteed permanent access to their transcripts and records.
- Extend VA's expiring authority to restore GI Bill entitlement in school closure or disapproval cases for a minimum of five years.
- Amend 38 U.S.C. § 3699(b)(1)(B) by adding a new section (iii) that states "or for any other reason" because the statute is too narrow at present.

10. Strengthen Veteran Readiness & Employment

As outlined in our previous statements to Congress in 2019, 2022, and 2024, we have continued to receive complaints from veterans about VR&E.^{77, 78, 79} Recent complaints continue to tell the story that the process for VR&E benefits is often too complicated and stressful. Veterans get tired of fighting for what they deserve. All too often, some counselors prove to be unresponsive or even antagonistic to a veteran's interests.

Highlighted below are specific areas of concern raised by veterans who have contacted us recently, followed by recommendations for potential solutions to the challenges veterans face.

A. Veterans feel counselors and the program steer them away from high-quality programs or push them to enroll in low-quality programs.

Many veterans have told us that VR&E counselors steer them away from top colleges and towards low-quality online programs. One recent veteran, a 100% disabled 12-year service member, was denied approval for an Ivy League business school. The counselor dismissed it as too expensive despite its clear career advantages and the likelihood of higher earnings. Veterans find the approval process arbitrary, as the same schools are approved for others.

B. Veterans complain that applying for and using VR&E benefits is too difficult; counselors have denied their admission to the VR&E program, denied their education program, or refused to cover certain programmatic costs without a reasonable explanation, causing tremendous stress.

One veteran was denied funding for essential coursework materials, including a laptop, with no apparent reason beyond a vague claim of insufficient funds. Others report difficulty using VR&E for graduate or professional degrees, with counselors blocking doctoral programs and instead approving degrees that do not align with their disabilities or vocational goals. Some counselors improperly decide that advanced degrees are unnecessary, even after veterans have already started their programs. Many veterans believe counselors lack training to assess how disabilities impact career options.

C. VR&E counselors are often challenging to reach and do not provide timely information and responses to veterans.

Veterans frequently report unresponsive, incompetent, or even antagonistic counselors who seem more focused on disqualifying them than helping. Some are repeatedly reassigned counselors, receiving conflicting guidance and decisions. Many worry about retaliation.

One veteran considered withdrawing from VR&E entirely after a year without a response from his counselor. A medically retired Army veteran struggled for over six months to even start the program.

⁷⁷ Veterans Education Success, "VES Written Statement on Evaluating the Effectiveness of VA Vocational Rehabilitation and Employment Programs Before the House Committee on Veterans' Affairs Subcommittee on Economic Opportunity" (Jun. 4, 2019), https://vetsedsuccess.org/wp-content/uploads/2019/06/VES_SFR_VRE_06032019-1.pdf.

⁷⁸ Veterans Education Success, "Our Statement for the Record on the Topic of 'Veteran Readiness and Employment: Is VA Succeeding?'" (Sept. 15, 2022), <https://vetsedsuccess.org/wp-content/uploads/2022/09/VES-SFR-VRE-Hearing-HVAC-EO-September-15-2022.pdf>.

⁷⁹ Veterans Education Success, "Our Statement for the Record on the Topic of 'Examining the Effectiveness of the Veterans Readiness and Employment (VR&E) Program'" (Dec. 11, 2024), <https://vetsedsuccess.org/wp-content/uploads/2024/12/Statement-For-the-Record-VRE-HVAC-EO-Dec-2024.pdf>.

Based on the issues addressed above, we make the following recommendations for the Committees' consideration:

- **Staff Ratio.** Decrease the maximum client-to-counselor ratio from 125 to 85 to ensure veterans receive timely and individualized support. While VA has worked to reduce this number, 125 remains too high for counselors to address veterans' needs adequately, and veterans continue to report unresponsive counselors.
- **Counseling Consistency.** Require increased training for VR&E counselors to ensure consistent, high-quality guidance. Too many veterans are steered into low-quality schools while others are approved for top-tier institutions. Counselors should be trained to avoid recommending schools with federal caution flags or law enforcement actions. They should be empowered to approve graduate degrees when needed for veterans to achieve their vocational goals. Additional training and explicit guidance would improve program delivery and the veteran experience.
- **System Modernization.** Continue improving and modernizing the VR&E case management system to prevent payment delays and reduce administrative burdens. Given the financial hardships many veterans face, timely payments are critical. We commend the e-VA Document Repository and Automation Initiative, which significantly reduces the burden on both veterans and counselors by streamlining required documentation.
- **Housing Allowance Parity.** Establish a Monthly Housing Allowance (MHA) for VR&E students at rates comparable to the Post-9/11 GI Bill to keep pace with rising living costs.⁸⁰

We thank the Committees for your attention to this critical issue and consideration of these recommendations. We will continue to provide feedback we hear from the veterans with whom we work on an ongoing basis.

Summary of recommendations:

- Decrease the maximum client-to-counselor ratio from 125 to 85 to ensure veterans receive timely, individualized support.
- Mandate standardized, comprehensive training for VR&E counselors to ensure consistent, high-quality guidance, prevent arbitrary school denials, and adequately evaluate graduate and professional degree programs.
- Prohibit VR&E counselors from requiring veterans to attend low-quality online programs instead of high-quality, reputable colleges and from imposing sudden enrollment deadlines that force veterans into suboptimal education choices, and require reasonable accommodations for transcript access and administrative delays.
- Direct VA to modernize the case management system to prevent payment delays and reduce administrative burdens on veterans.
- Establish Monthly Housing Allowance parity between VR&E and Post-9/11 GI Bill students to reflect real cost-of-living needs.

⁸⁰ Veterans Education Success, "Statement for the Record, House Committee on Veterans' Affairs Economic Opportunity Subcommittee Hearing, *Getting Veterans to Work after COVID-19*" (Jul. 21, 2020), <https://vetsedsuccess.org/our-sfr-for-july-21-hvac-economic-opportunity-subcommittee-hearing-getting-veterans-to-work-after-covid-19/>.

11. Pass the Guard and Reserve GI Bill Parity Act so every day of service counts

We call on Congress to address a long overdue issue affecting the eligibility of reserve component members for the Post-9/11 GI Bill® by passing the *Guard and Reserve GI Bill Parity Act*. The current law mandates that Guard and Reserve Members must have served at least 90 cumulative or 30 continuous days on active duty to accrue "qualifying days," creating a disadvantage in accessing their deserved GI Bill educational benefits. Despite the obligation for reserve component members to "serve in uniform" and fulfill duty responsibilities for a minimum of 39 non-consecutive days each fiscal year, these periods of service do not contribute toward Post-9/11 GI Bill eligibility.

This discrepancy disadvantages reserve component members compared to their active component counterparts. While active duty members can receive Post-9/11 GI Bill credit for a training day, reservists currently cannot receive credit for the same service. The increased reliance on reserve capabilities has underscored the necessity for component interoperability. Unfortunately, the strides made in achieving interoperability have not been complemented by fair recognition and rewards for the skills and efforts required.

An Operational Assessment of Reserve Component Forces in Afghanistan, conducted by the Institute for Defense Analyses, revealed no discernible difference in performance between components in Operations Iraqi Freedom and Enduring Freedom. The study emphasizes that reserve forces were fulfilling their assigned tasks without significant variations from their active-duty counterparts. The shared burden and risk between both components highlight the importance of acknowledging the contributions of Guard and Reserve members.

To address this disparity, we strongly urge Congress to count all paid points days of Reserve and National Guard service members towards receiving the Post-9/11 GI Bill.⁸¹ This encompasses days for training, active military service, inactive training, and general duty. This adjustment aims to ensure equitable treatment, recognizing the crucial contributions of reserve component members to military readiness. It is essential to promote fairness and acknowledge their vital role without compromising the integrity of the GI Bill system.

Summary of recommendations:

- Pass the Guard and Reserve GI Bill Parity Act so that a day in uniform truly counts as such.

⁸¹ The term "paid points days" refers to days in which a service member receives credit in both retirement points and monetary compensation for that day of service. This is to differentiate between time served merely for points, such as off-duty education, versus time served for points and pay, such as a regular duty day.

Conclusion

Veterans Education Success sincerely appreciates the opportunity to express our legislative priorities before the Committees. The higher education industry continues to evolve in these dynamic times, and we emphasize the importance of maintaining high standards. Student veterans, taxpayers, and Congress must expect the best outcomes from using hard-earned GI Bill benefits.

We look forward to enacting these priorities and are grateful for the continued collaboration opportunities on these initiatives.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, Veterans Education Success has not received any federal grants in Fiscal Year 2025, nor has it received any federal grants in the two previous Fiscal Years.



**William Hubbard,
Vice President for Veterans & Military Policy**

William Hubbard serves as the Vice President for Veterans & Military Policy at Veterans Education Success, focused on advancing higher education success for service members, veterans, and their families, and protecting the promise of federal education programs. Previously, he served as the Vice President of Government Affairs and Chief of Staff for Student Veterans of America. He has been frequently called to testify to Congress on a variety of topics related to higher education and veterans, and spearheaded the coalition that led to the unanimous passage of the Forever GI Bill.

Prior to his roles in higher education advocacy, Will worked as Federal Strategy and Operations Consultant at Deloitte, and spent several years serving government agencies to include the Department of the Navy, Department of State, and the State of Indiana Department of Revenue in his role. He also served as a National Executive Committee Member of Deloitte's Armed Forces Business Resource Group.

Will joined the Marine Corps Reserves in 2006 and still continues his service today, presently serving as a Consulting & Strategy Manager with the Marine Innovation Unit. His last overseas deployment was to Kabul City, Afghanistan, where he served in the Special Operations Joint Task Force as a member of a small cell of intelligence professionals. He also worked with Southern Command (SOUTHCOM) to conduct activities in Honduras, Guatemala, and El Salvador, and humanitarian assistance/disaster relief in Haiti.

He serves on the Advocacy Council for the National Marrow Donor Program, and was previously a member of the U.S. Small Business Administration's Interagency Task Force on Veterans Small Business Development. He is a recipient of the American University Alumni Association's Rising Star Award for 2019.

He graduated with a bachelor's degree in international studies from American University and has a certificate in International Law & Organizations from American University's School of Professional & Extended Studies. Will and his wife, Noelle, presently reside in Arlington, VA with their daughters, Lucy and Ruby.



Gold Star Wives of America, Inc.

Testimony of

Gold Star Wives of America, Inc.

Before the Joint Senate and House Committees on Veterans Affairs

February 25, 2025 Hearing

Presented By Government Relations Committee

Gold Star Wives of America, Inc.

"With malice toward none; with charity for all; with firmness in the right, as God gives us to see right, let us strive to finish the work we are in; to bind up the nation's wounds, to care for him who have borne the battle, his widow and his orphan."

... President Abraham Lincoln, Second Inaugural Address, March 4, 1865

Introduction

*Gold Star Wives of America, Inc. exists to preserve and enhance benefits to surviving United States Military spouses and children; to help our members and their children face the future with courage and determination; and to honor the memory of our military spouses who made the ultimate sacrifice. **We are a non-profit organization and receive no federal grants.***

GSW has over 30 chapters across the United States. GSW is primarily a service organization and local chapter members spend thousands of hours volunteering in their local communities. They volunteer at VA Hospitals and VA Domiciliary facilities (such as the one at American Lake in Tacoma, WA), and non-profits, such as Fort Kennedy in Portland, OR. Fort Kennedy provides support to Veterans facing homelessness through transitional housing, meals, counseling, etc.

GSW members volunteer with Wreaths Across America, The Woody Williams Foundation, local auxiliaries of American Legion, VFW, Order of the Purple Heart, etc.

GSW members collect items and help with local Veteran Stand Downs, collect and distribute toys for children of the deployed, and volunteer at many local events honoring Veterans.

Members of the Government Relations Committee serve on The Military Coalition and the TEAM Coalition dealing with issues of Toxic Exposures in the American Military.

In the DC area we have GSW members who serve with the Arlington Ladies, which is a group of volunteers who attend funeral services at Arlington National Cemetery to ensure that no Soldier, Sailor, Airman or Coast Guardsman is buried alone.

At other National Cemeteries across the country, our members attend local funerals of Veterans, and some serve as part of the Patriot Guard flag line at funerals. We reach out to the surviving families to provide support.

GSW holds online informational events such as "Agent Orange Resources" and "Society of the Honor Guard of the Tomb of the Unknown Soldier", which are open to all members and non-members.

Our military spouses died because of their service to their country and Gold Star Wives of America, Inc. carry on their legacy by service to Veterans and their families left behind.

Our written testimony will be addressing a number of our concerns including

The Caring for Survivors Act

Burial Allowance

Aftermath of Mental Health Deaths (suicide)

Love Lives On Act (remarriage)

Toxic Exposure Issues

"...to care for him who have borne the battle, and for his widow and orphan...."

These words from Abraham Lincoln's Second Inaugural Address in 1865 succinctly state the sacred promise our country has made to our Veterans and survivors. Congress has always had the important role in ensuring that this promise is kept. The promise began with the Continental Congress in 1780 when Congressional action created survivor benefits for certain Revolutionary War survivors. The need to keep this promise to care for Veterans and their survivors is critical.

Dependency and Indemnity Compensation (DIC)

In 1956, the death compensation was provided to survivors regardless of income. The amount was determined by wartime or peacetime service. Compensation was amended again in 1969 by Congress with a fixed rate of compensation assigned to each rank. In 1993, Congress established PL 102-568, which resulted in two types of DIC. The first is referred to as rank based DIC determined by pay grade of the deceased military service member/veteran. Rank based DIC is in the process of being phased out through attrition. The second type of DIC is flat rate DIC. All surviving spouses whose military spouse died on or after January 1, 1993, receive the monthly flat rate DIC regardless of rank.

In the Fiscal Year 2023, the VA reported that there are 479,023 surviving spouses who receive DIC. This is around 8% of the number of Veterans receiving compensation. The largest group of DIC recipients, 93% of all those receiving DIC, are over the age of 57 and 43% are over the age of 75. **Over 70% of all those receiving DIC are surviving spouses of those who served in Vietnam.** 10% of those receiving DIC are surviving spouses of those who served in WWII or Korea. Most are well past their most productive earning years and most do not qualify for the Survivors Benefit Plan (SBP). Prior to the Vietnam War, society encouraged women to work in the home, maintain the house, and raise the children. Because of the effects of Agent Orange used during the Vietnam War, many of these same women became the long-term caregivers for their disabled Veteran spouses.

Since over 70% of those receiving DIC are surviving spouses of those who served in Vietnam, ***this really is another unpaid bill come due from the Vietnam War.*** It is time to take care of the families who were tasked with taking care of our Vietnam Veterans while Agent Orange slowly ravaged their lives.

Why is an increase so needed? Let's look at the numbers. A **married** Veteran rated 100% disabled, receives monthly compensation in the amount of \$4,044.91. When that Veteran dies, the compensation for the surviving spouse left behind drops to 43% of a **single** Veteran's compensation (single = \$3,831.30). This means that the household income drops from \$4044.91 to only \$1653.07 per month. The annual household income of **\$48,532 drops to a mere \$19,836**, while the fixed expenses, such as the mortgage or rent, utilities, and property taxes remain the same.

By contrast, if a Federal Government employee dies, the surviving spouse can receive up to 55% of the employee's salary. Certainly, the sacrifices made by our Service Members are just as important and worthy as other Federal Employee jobs.

Since the flat rate was implemented in 1993, the only changes to the DIC have been the Adjustment (COLA) increases. There has been no raise to either flat rate or rank based DIC and it is long overdue. When DIC is compared to payments to surviving spouses of other Federal employees, DIC lags by almost 12%.

Since 1993, surviving spouses of military Veterans are finding themselves falling further and further behind in meeting their financial obligations from month to month. Many surviving spouses of the WWII, Korea, and Vietnam eras are receiving only DIC; some receive DIC and minimum Social Security benefits. These DIC recipients struggle monthly with their budget of \$1,653.07, juggling bills to meet rising costs of housing, utilities, food, clothing and other personal living expenses. This scenario can lead too often to homelessness, a plight we do not wish to befall anyone, and least of all the surviving spouses of our military Veterans.

Only 15% of those receiving DIC also receive SBP. Those that receive SBP include those widows of military spouses who attained full retirement status both pre and post 9/11; AND widows of active-duty deaths post 9/11. **85% of surviving spouses do NOT qualify for SBP because their spouse died on active duty prior to 9/11; or because their non-retired spouse died due to service connected (such as Agent Orange and other toxins).** For many of these widowed, the DIC is their only source of compensation.

The following are examples of two of our Gold Star Wives today and the impact on their lives.

A member of GSW, living in OR, is now in her 70's and relies on DIC and Social Security. Her spouse was killed on active duty in the 80's when her children were very young. In order to make ends meet she still has to work part time by house sitting and running errands for neighbors. An increase in DIC, which would amount to just a few hundred dollars a month, would allow her to not have to keep looking for ways to supplement her income to pay her bills. This should not be happening to a surviving spouse in the United States of America.

When her husband flew home after serving in Vietnam, he got off the plane in Alaska, and the first thing he did was kiss the ground. His love for our country never wavered, even when he faced harsh treatment, including being spit upon.

A 68-year-old widow of a Vietnam Veteran living in MN has been living on DIC and Social Security since her husband passed from Agent Orange related diseases four years ago. Since her husband was unable to care for even his basic needs and did not want to go to a nursing home, she had to quit work to take care of her husband for many years before he passed. The hospice nurse stated that the Veteran probably survived longer because of the spouse's loving care.

The Social Security is at a reduced rate due to early retirement to care for her husband. She has been unsuccessful in finding part-time work to augment her income. The proposed modest increase in DIC would assist her in obtaining needed dental work. It would also help with purchasing groceries. She states that with the rising cost of groceries her ability to purchase healthy foods has been adversely affected.

It is incumbent upon Congress to take action to rectify this inequity by increasing the current amount of DIC paid at least to a level comparable to other Federal employees. This would be in keeping with the promise our country made to its Veterans and survivors. Our widows from

WWII, Korea, and Vietnam eras are now in their seventies through nineties. These are the survivors who need the increase the most.

It is no secret how our Vietnam Veterans were treated upon their return home after serving their Country. Now we can send a message to them by showing our respect for their service by ensuring that their families left behind are treated with the respect they deserve by providing them with more financial support.

Passage of **The Caring for Survivors Act of 2025** would increase the DIC from 43% to at least 55% of a single 100% disabled Veterans' compensation. Bringing DIC compensation to at least 55% would provide parity with other Federal survivor programs.

Moreover, the passage of this bill would allow the surviving families of Veterans who are rated as 100% disabled to receive benefits at the 5-year mark instead of the 10 year mark of a death *deemed* not caused by the disability.

These families have put their lives on hold while caring for their disabled Veteran. Providing this financial assistance is vital to the stability for these families. After caring for their loved one for many years, having the household income be reduced to less than 50% causes severe financial hardship and may result in the loss of their home.

We need to provide peace of mind to Veterans, especially Vietnam Veterans, and their families that their sacrifices are recognized and those left behind will not be forgotten.

Burial Allowance

We are in favor of an increase in the amount of burial allowance provided for the burial/transportation of our Veterans. The current burial allowance for a service-connected death is a mere \$2000 and the amount for a marker is \$231. We all know that a burial can cost more than \$10,000.

At a time when the family is grieving and facing a drastic reduction in finances, they also must find a way to pay for a proper and respectful burial of their Veteran. The allowance amount should be raised to \$10,000.

Issues for Surviving Families of Veterans Mental Health Deaths

We need to address a major problem that not only has consequences for some survivors, but it also impacts Veterans with mental health. That problem is the death of a Veteran who did not have a 100% VA rating. A service connected-connected Veteran may have a rating from 70% to 90% and a Military Base access privilege ID is still not available to the surviving family.

Only surviving spouses of active-duty deaths and survivors of Veterans rated at 100% can get an ID. A rating change can only occur after death if there is an open claim. This is all too common a scenario when dealing with a mental health death of a Veteran. The way to fix this is to either have an automatic 100% rating when it is decided the death is service-connected or a DOD ID policy change that includes " Veteran service-connected surviving spouses."

We know that data is not kept regarding the number of Veterans, or surviving spouses, from service-connected mental health deaths. Mental health deaths can occur from alcohol and other substance abuse, poor decision-making, and suspected suicide (and suicide). We know that the Veterans Administration and our Government has a high priority to prevent active duty and Veteran suicide. We need this critical data which could be used to **prevent** these deaths, get a clearer picture of what is happening, and know how many survivors had a Veteran with a rating under 100%. We also need to know how many survivors are denied claims due to mental health claims.

A young GSW member, living in RI, and mother of two children with disabilities:

In 2019, I lost my husband to a PTSD death. The VA gave him a rating of 90% when he got out and that rating stayed until death. He was in a crisis at the end, and he asked for an increase in rating to 100%; he was denied, and he died less than a year later. At the time of death, his rating should have automatically be increased to 100%. At the least, when I was awarded DIC due to his death, his rating should have been raised to 100%.

When he died, I was unable to focus on grieving and healing because all my attention was on how I was going to survive caring for two children with significant disabilities. I worried about homelessness, keeping my car, and, most importantly, health insurance to keep my children alive. Due to the needs of my children with disabilities, I am unable to work. I immediately applied for DIC. Almost three years later he was rated as service connected.

Suicide Prevention

According to the VA 2022 National Veteran Suicide Prevention Annual Report, Veterans make up an estimated 8.2% of the U.S. population, yet account for nearly 14% of all reported suicide deaths in the U.S. There is an increasing trend in the suicide rate across all military branches, including Active Duty, Reserve, and National Guard; however, the rate has decreased slightly among active-duty service members in recent years.

There is still a great stigma attached to death by suicide. We are strongly in favor of more research into the causes of death by suicide. The Veteran's Administration is making strides in the area of mental health and the relation to death by suicide. However, we would like to see more research done on the relationship between TBI (Traumatic Brain Injuries) and death by suicide.

Trine Madsen, Michael Benros, and their colleagues conducted a (non-military) study in 2014 and found that the rates of suicide increased with severity of the injury, but even those who had experienced even one mild TBI/concussion had almost double the rate (38.6 per 100,000 person-years) when compared to those without TBI (19.9 per 100,000 person-years).

Many of our Service Members have experienced multiple concussions in the course of their service. More needs to be done to provide protection from TBI, early detection, and prompt treatment.

Love Lives On Act

Currently Survivors over the age of 55 are allowed to remarry and retain their financial benefits. Many of those under the age of 55 would like to remarry, to have children, to find love again after losing their Service Member. The prospect of losing their benefits looms as a large barrier to them in moving forward with their lives.

Recent passages now allow them to retain their educational benefits and to retain commissary/exchange privileges. However, there is still much to be done for these Survivors to be able to retain all of their financial benefits. To quote Senator Moran: *“A survivor who remarries is still a survivor, regardless of when they remarry. No survivor should have to choose between getting married again or keeping benefits that are actively supporting their family.”*

Toxic Exposures

The PACT Act made great strides in addressing issues of toxic exposures experienced by our Military and their families. However, we still have a long way to go.

Just one instance is the higher incident of cancer among air crews. We are in full support of the “ACES Act” which would provide for a study by the National Academies of Sciences, Engineering, and Medicine on the prevalence and mortality of cancer among individuals who served as active-duty aircrew in the Armed Forces, and for other purposes.

Previous findings have indicated that Active Component aircrew members had higher incidence of melanoma (by 87 percent), thyroid (by 39 percent), and prostate (by 16 percent) cancers compared to demographically similar U.S. population in SEER.

Findings have indicated that Active Component ground crew members had higher rates of cancers of brain and nervous system (by 19 percent), thyroid (by 15 percent), melanoma (by 9 percent), and kidney and renal pelvis (by 9 percent) cancers compared to demographically similar U.S. population in SEER.

We are also strongly in favor of the *Veterans Exposed to Toxic PFAS Act* - the VET PFAS Act.

This bill provides eligibility for Department of Veterans Affairs (VA) hospital care and medical services to veterans and their family members (including those in utero) who have specified conditions and resided at a military installation where individuals were exposed to perfluoroalkyl and polyfluoroalkyl substances, commonly known as PFAS. PFAS are man-made and may have adverse human health effects.

As surviving spouses, as parents of Active-Duty Service Members, as Veterans, as citizens grateful to our Military, we support further research in every area of toxic exposures which are brought to light. We want and need our Service Members to know that they are not needlessly exposed to toxins harmful to their health and longevity. We need to know that studies will continue to be done to reduce known exposures, and that treatments will be provided to those exposed and harmed. We need to act swiftly to make resulting health issues presumptive of these exposures.

Conclusion

Gold Star Wives of America, Inc. is appreciative for the work Congress has done to provide vital benefits and support for surviving spouses and children of our military members who gave their lives in service for our country. It is our duty to stand together with you to ensure that President Lincoln's words still ring true that we provide for our brave men and women who answer the call to service, believing that our Nation will take care of their wounds both seen and unseen, and will properly care for their loved ones they leave behind.

We honor their memories by asking for your help to properly care for our Veterans and their surviving families. President John F. Kennedy said: "A nation reveals itself not only by the citizens it produces, but also by the citizens it honors, the citizens it remembers."

Our benefits are not "entitlements", but have been earned through the blood, sweat, and (our) tears of their service and sacrifice. While our spouses paid the ultimate sacrifice, we are the ones left behind to live that sacrifice each and every day.

Contributors

Nancy Menagh:	Widow of Philip S. Menagh, US Marine Corps/VA National Guard
Deborah Skeldon:	Widow of Patrick Skeldon, US Marine Corps
Madie Tillman:	Widow of Arthur Tillman, US Air Force
Cynthia Gibson:	Widow of Parks Gibson, US Air Force
Crystal Wenum:	Widow of James Wenum, US Army
Donna Eldridge:	Widow of Gary W. (Bo) Eldridge, US Army
Ann Pringle Washington:	Widow of Richard Lee Washington, US Army
Heather Kennedy-Clague:	Widow of Timothy Clague, US Navy
Pamela Laurion:	Widow of Donald Laurion, US Coast Guard



Gold Star Wives of America, Inc.

Nancy Menagh is the proud widow of Captain Philip S. Menagh, USMC, who served in the USMC from 1966- 1979. Philip served in Vietnam from December 1967 to January 1969 earning the Silver Star, the Navy Commendation Medal with Valor, and the Navy and Marine Corps Medal. During their marriage they spent time at Camp Pendleton, Okinawa, and Quantico. He joined the Virginia National Guard in 1983 and was shot and killed on active duty on June 9, 1984. At that time, Nancy was pregnant with their fifth child, while the other four children were aged 10, 8, 5, and 3.

Nancy raised their children as a single mother working multiple part time jobs to retain flexibility in caring for her children. Nancy became a Blue Star Mother when her youngest daughter, Jaime, joined the USAF after high school and medically retired as a Tech Sgt. Her youngest son joined the USAF after college and became a Captain while serving for 6 years. Nancy was proud to arrange to have her son, also named Philip, pinned with the USMC Captain bars which belonged to his father. Another of her proudest moments was watching her son swear in her daughter when she joined the USAF Reserves.

Nancy has been an active member of Gold Star Wives of America, Inc. since 1996 and has served in many leadership positions including National President (2019-2021). Nancy also serves on the local Board for St. Vincent De Paul and spends many hours serving as Treasurer, Pantry Manager, and serving the homeless. Nancy is working to obtain a Woody Williams Gold Star Families Monument installed at the Willamette National Cemetery. In addition, Nancy also volunteers with many local Veteran groups in her area, as well as the local VA Hospital.





**OFFICIAL STATEMENT OF
MATTHEW L. SCHWARTZMAN**

**FOR THE
U.S. SENATE AND HOUSE COMMITTEES ON
VETERANS' AFFAIRS**

**ON
119th CONGRESS
VETERANS' POLICY PRIORITIES**

FEBRUARY 25, 2025

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www.roa.org

The Reserve Officers Association of the United States, now doing business as the Reserve Organization of America, is a military service organization incorporated under Internal Revenue Service Code section 501(c)(19), and comprising all ranks of servicemembers, veterans, and family members of our nation's eight uniformed services separated under honorable conditions. ROA is the only national military service organization that solely and exclusively supports the reserve components.

ROA was founded in 1922 by General of the Armies John "Black Jack" Pershing, during the drastic reductions of the Army after World War I. It was formed to support a strong national defense and focused on the establishment of a corps of reserve officers who would be the heart of a military expansion in the event of war. Under ROA's 1950 congressional charter, our purpose is unchanged: To promote the development and execution of policies that will provide adequate national defense. We do so by developing and offering expertise on the use and resourcing of America's reserve components.

Executive Director:

Maj. Gen. Jeffrey E. Phillips, U.S. Army (Ret.) 202-646-7701

Director, Legislation and Military Policy:

Matthew L. Schwartzman 202-646-7713

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Reserve Officers Association of the United States, now doing business as the Reserve Organization of America, has not received any grants, contracts, or subcontracts from the federal government in the past three years.

CURRICULUM VITAE

Matthew Schwartzman serves as the Director, Legislation and Military Policy, for the Reserve Organization of America. Responsible for ROA's government relations program and public policy portfolio, Matthew has more than seven years of experience in government affairs, legislative analysis, customer relations, and communications.

In his more than five years working in the military and veterans' policy sector, Matthew has testified before Congress, analyzed more than 300 public policy proposals, cultivated relationships with more than 60 mission partners in a non-partisan manner, planned events with more than 100 attendees, and presented briefings before crowds exceeding 500 people.

Matthew is also the Secretary, Board of Directors, for The Military Coalition, representing, on select issues, a consortium of more than 30 military and veterans service organizations with approximately 5.5 million members collectively.

INTRODUCTION

Chairmen Bost and Moran, Ranking Members Takano and Blumenthal, and distinguished members of the Senate and House Committees on Veterans' Affairs, on behalf of the Reserve Organization of America, the only national military organization that solely and exclusively supports the Reserve and National Guard, *thank you* for the opportunity to testify on our veterans' policy priorities for the 119th Congress.

Before diving in, ROA thanks the members and staff of the Committees on Veterans' Affairs from the 118th Congress for addressing challenges unique to reserve component servicemembers, veterans, and families. Particularly, through Sections 221 and 222 of Public Law No: 118-120, the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*.

For more than a century, ROA has fought for a strong and ready reserve force to ensure military readiness and national security. Although the Department of Veterans Affairs (VA) as we know it today was not formally established until the signing of Executive Order 5398 by President Herbert Hoover in 1930¹, eight years after ROA's founding, ROA recognizes the inextricable connection between the VA and Department of Defense (DoD).

This connection has been compelled by law and policy and should be strengthened through the common-sense reforms proposed by ROA in this statement.

As outlined in the VA-DoD Joint Executive Committee's *Joint Strategic Plan for Fiscal Years 2022-2027*, "Today, VA and DoD leadership . . . have moved past the historically bifurcated views that DoD's role ends and VA's role begins when the Service member separates, to embrace a new appreciation of overlapping interests and intertwined responsibilities across the Service member and Veteran life cycle."²

While this sentiment is commendable, significant discontinuities remain that hinder effective collaboration between DoD and VA in executing their individual and joint mission(s). Indeed, this has directly and uniquely impacted servicemembers, veterans, and families of the reserve components.

A retired Air Force Master Sergeant once shared with me that the military "likes to work in threes." Three notable discontinuities uniquely impacting those in the reserve components include:

- ❖ DoD not sharing sufficient data with VA, hindering claims processors' ability to accurately and timely process claims.
- ❖ Lack of DoD guidance on line of duty determinations limiting access to VA disability compensation.
- ❖ Inaccessibility of DD Form 214s preventing access to VA benefits and leaving no recourse to appeal or retroactively receive otherwise earned benefits.

With this in mind, ROA offers its veterans' priorities for the 119th Congress and urges the members and staff of the Committees on Veterans' Affairs, Armed Services, and Appropriations to achieve a degree of interoperability equal to, if not greater than what is expected and needed between DoD, VA, and other agencies, including the Department of Homeland Security (DHS), Department of Health and Human Services (HHS), and Department of Labor (DoL).

¹ <https://department.va.gov/history/featured-stories/va-created/>

² https://prhome.defense.gov/Portals/52/Documents/JEC%20Joint%20Strategic%20Plan%202022-2027_FINAL_Unsigned.pdf

EXECUTIVE SUMMARY

- ✚ ROA supports efforts to eliminate waste, fraud, and abuse (WFA) within government, and *constitutionally* promote efficiency.
- ✚ ROA opposes efforts to reduce VA's budgetary liability at the expense of DoD's value proposition, including the OMB's withholding of Duty Status Reform.
- ✚ ROA urges Congress to acquire more information about the recent dismissal of more than 1,000 VA employees and exercise oversight where appropriate.
- ✚ ROA urges Congress to confer veteran status (for federal veterans' hiring preference) on reserve component members after 180 "cumulative" days on active duty.
- ✚ ROA urges Congress to compel the VA to administer specialized training for its workforce on reviewing reserve component claims.
- ✚ ROA urges Congress to help the nation and VHA overcome the critical nurse workforce shortage by establishing a national strategy, funding academic nurse education, expanding student nursing programs, and authorizing a "Health Care Workforce Commission."
- ✚ ROA urges Congress to establish a presumption of service connection to those service members who were in the Pentagon on 9/11 and were forced to come back to work beginning 9/12.
- ✚ ROA urges Congress to amend TAP's eligibility requirements to allow reserve component servicemembers who accumulate 180 cumulative days of active service, which includes drill weekends and active duty for training, to participate.
- ✚ ROA urges Congress to provide reserve component servicemembers who take TAP multiple times with diminishing returns the opportunity to opt out of their TAP requirements, with certain restrictions.
- ✚ ROA urges Congress to add certain reserve component focused matters to the TAP preseparation checklist and process.
- ✚ ROA urges Congress to ensure military spouses are fully integrated in their service spouse's TAP process.
- ✚ ROA urges Congress to expand VA Home Loan program eligibility for Reserve and National Guard servicemembers who spend 30 or more consecutive days on Active Duty for Training (ADT).
- ✚ ROA urges Congress to ensure veterans prescribed black box warning drugs provide written informed consent and include caregivers in the process.
- ✚ ROA urges Congress to allow all members of the Reserve and National Guard to receive a VA furnished headstone or grave marker for their burial site.
- ✚ ROA urges Congress to create a reserve component committee within the VA-DoD Joint Executive Committee (JEC).
- ✚ ROA urges Congress to support the *Restore VA Accountability Act*.
- ✚ ROA urges Congress to require the VA to disapprove courses offered by a public institution of higher learning not priced at the in-state tuition rate to MGIBSR enrollees, regardless of their state of residence.
- ✚ ROA urges Congress to prohibit the use of forced arbitration disputes under USERRA and SCRA.
- ✚ ROA urges Congress to incorporate reserve component data in VA's *National Veteran Suicide Prevention Annual Report*.
- ✚ ROA urges Congress to allow all paid points days to count towards the Post 9-11 GI Bill.

SHORTENED STATEMENT

ROA THANKS THE COMMITTEES FOR THE USERRA REFORMS CODIFIED IN THE DOLE ACT

ROA is pleased that many of its recommendations related to modernizing USERRA were included in the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*, signed into law on January 2, 2025. ROA appreciates the Committees' support and will monitor these reforms' implementation.

Read more on page 12.

VA'S BUDGET

VA's budget is the fifth largest in the federal government, with its spending increasing by almost 300% since 1980, even as the veteran population has declined. VA's budget has quadrupled since 1999 and is projected to reach \$500 billion in five FYs. ROA supports efforts to eliminate waste, fraud, and abuse within government while promoting efficiency through constitutional means. This includes funding the government on time with full-year appropriations.

ROA opposes reducing VA's budget at the expense of DoD's value proposition and believes funding for veterans' programs is an obligation, not a convenience. ROA further urges the Committees to consider the *Independent Budget Recommendations for FYs 2026 and 2027*.

Read more on pages 12 to 14.

VA'S WORKFORCE

VA needs sufficient, capable staff to fulfill its mission, and ROA supports efforts to hire the right people and ensure accountability. However, ROA is concerned about the dismissal of over 1,000 VA employees, which appears tied to the Administration's goal of reducing the federal workforce. This has impacted veterans, military spouses, and national security personnel, and ROA urges the Committees on Veterans' Affairs to stress the importance of ensuring job opportunities for veterans, who make up 23% of the federal workforce.

Additionally, ROA advocates for reforming federal veterans' hiring preference, specifically by conferring veteran status on reserve members after 180 cumulative days of active duty. Reserve members bring specialized skills, leadership, and valuable perspectives to the federal workforce.

ROA also monitors VA healthcare and benefits, particularly within the Veterans Benefits Administration (VBA) and Veterans Health Administration (VHA). VBA's claims processing workforce has grown by 50% since FY 2021, leading to faster claim processing, but ROA is concerned about the lack of specialized training for Reserve and National Guard claims.

ROA urges Congress to require VA to provide specific training on reserve component claims and offer extra credit for processing these claims. In VHA, severe staffing shortages persist, especially in clinical roles like Medical Officers and Nurses.

ROA proposes a national strategy to address the nursing shortage, including expanding Medicare funding for nurse education and establishing a Health Care Workforce Commission to help recruit and retain needed talent.

Read more on pages 15 to 18.

EXPAND PACT ACT PROTECTIONS TO CERTAIN ELIGIBLE 9/11 SURVIVORS

Since the codification of the *PACT Act*, over 1.9 million claims have been processed, with a 74.5% approval rate.

Despite its successes, veterans exposed to toxicants at the Pentagon on 9/11 and in the days and weeks following have been overlooked. Many, including those who returned to work the next day, were exposed to harmful substances such as asbestos, lead, and mold. Although programs like the World Trade Center Health Program support first responders, servicemembers who returned to the Pentagon after the attack remain excluded.

Retired Air Force Reserve Lt. Col. Susan Lukas shared her ongoing health struggles related to this exposure, including a tracheomalacia diagnosis, which she only connected to her time at the Pentagon after seeking outside medical help. ROA urges Congress to establish a presumption of service connection for these veterans to recognize their service and the toxic exposure they endured.

Read more on pages 18 to 20.

IMPROVE THE TRANSITION ASSISTANCE PROGRAM (TAP) FOR THE RESERVE COMPONENTS

TAP plays a crucial role in helping service members and their families navigate the transition to civilian life. However, it does not adequately meet the needs of reserve component members, who frequently move between military and civilian life.

A recent RAND report highlighted several shortcomings of TAP for these individuals, such as a lack of tailored support for their specific transition needs and limited understanding of VA benefits processes. The codification of a reserve component curriculum track within TAP is set to occur via Section 571 of the *Fiscal Year 2025 National Defense Authorization Act*.

ROA wrote to DoD, VA, and DoL urging inclusion in the implementation process and detailed its vision.

ROA urges Congress to amend TAP eligibility requirements to include reserve component members with 180 cumulative days of service, create a waiver system for members who have repeatedly taken TAP, and ensure that reserve component matters are included in the TAP preseparation checklist.

Additionally, ROA supports fully integrating military spouses into the TAP process, as proposed in Chairman Van Orden's *Enhancing the Transition Servicemember's Experience (ETS) Act*, introduced in the 118th Congress.

Read more on pages 20 to 23.

EXPAND THE VA HOME LOAN PROGRAM TO THE RESERVE AND NATIONAL GUARD

Affordable housing is a growing national concern, with median home prices surpassing \$419,000 and reserve component servicemembers facing challenges similar to civilians.

The VA Home Loan program offers a valuable solution, with no down payments and lower interest rates, yet many reserve members struggle with eligibility. Unlike active duty servicemembers, reserve component members cannot count all their duty days, including training, toward home loan eligibility, restricting access.

The *Expanding Home Loans for Guard and Reservists Act*, introduced in the 118th Congress, seeks to address this gap by allowing training days to count toward VA loan eligibility.

This expansion would enhance financial stability, support homeownership, and strengthen national security by reducing debt burdens among reserve component members. ROA urges Congress to reintroduce and swiftly codify this legislation.

Read more on pages 23 to 25.

REQUIRE THE VA TO AUTHORIZE WRITTEN INFORMED CONSENT WHEN PRESCRIBING BLACK BOX WARNING LABEL DRUGS

ROA urges Congress to require the VA to obtain written informed consent before prescribing medications with black box warnings. These warnings, issued by the FDA, highlight serious, potentially life-threatening side effects and critical usage instructions.

While the VA's Informed Consent Handbook mandates consent for treatments, it does not require written consent for black box drugs.

Written informed consent would ensure both clarity for patients and healthcare providers and enable veterans to collaborate with their providers on treatments that will not negatively impact their wellbeing or military status. Additionally, caregivers should be included in this process.

Read more on page 25.

ALLOW ALL MEMBERS OF THE RESERVE AND NATIONAL GUARD TO RECEIVE A VA FURNISHED HEADSTONE OR GRAVE MARKER FOR THEIR BURIAL SITE

The tradition of military funeral honors recognizes those who have served the nation. However, current law restricts eligibility for a VA-furnished headstone or grave marker to certain members of the Reserve and National Guard, creating disparities.

Only reservists entitled to VA retirement pay, those called to active duty for purposes other than training, or those who die due to training are eligible for a headstone or marker.

H.R.5114, the *Giving Reservists a Valiant Eternity (GRAVE) Act*, introduced in the previous Congress by Rep. Mike Lawler, aims to amend this, and allow all Reserve and National Guard members to receive a VA-furnished headstone or marker.

ROA supports the reintroduction of this bill to ensure access to this significant benefit.

Read more on page 26.

ROA URGES SUPPORT FOR THE RESTORE VA ACCOUNTABILITY ACT

ROA strongly supports H.R.472/S.124, the *Restore VA Accountability Act of 2025*, which seeks to close the gaps in the *2017 VA Accountability and Whistleblower Protection Act*.

While that law granted the VA additional authority to hold employees accountable, its implementation has been hindered by court decisions, making it largely ineffective. H.R.472/S.124 will restore Congress's original intent by enabling the VA to swiftly remove, demote, or suspend employees who fail to serve veterans effectively, and strengthen disciplinary measures for middle managers.

ROA emphasizes that accountability is essential for improving VA care, as poor performance has cost veterans their health and lives. ROA has voiced concerns about the issuance of over \$10 million in bonuses to senior VA executives despite their failures and urges Congress to ensure rigorous oversight of the VA to ensure accountability measures are effectively used.

Read more on pages 26 to 27.

ESTABLISH A RESERVE COMPONENT EXECUTIVE COMMITTEE UNDER THE VA-DoD JOINT EXECUTIVE COMMITTEE

The VA-DoD Joint Executive Committee (JEC) aims to improve the overall well-being of service members, veterans, and their families by enhancing coordination, shared resources, and ensuring an efficient healthcare, transition, and benefits experience.

The JEC's goals focus on healthcare collaboration, benefits integration, transition support, business modernization, and strengthening interoperability. However, ROA highlights the lack of representation for reserve component servicemembers and veterans in the JEC's structure, despite their critical role in national defense.

The absence of a federal reserve representative in key military advisory bodies, such as the Joint Chiefs of Staff, further underscores this gap.

To address this, ROA proposes creating a dedicated Reserve Component Executive Committee within the JEC to ensure reserve component needs are considered in policymaking and program development. This would give reserve forces a consistent voice in joint VA-DoD matters and ensure their unique needs are addressed, especially as the JEC plans for its next strategic phase beyond 2027.

Read more on pages 27 to 28.

PROHIBIT FORCED ARBITRATION OF DISPUTES UNDER USERRA

Under USERRA, veterans and servicemembers are protected from discrimination due to their military service, including the right to return to their civilian jobs after active duty. However, mandatory arbitration agreements, increasingly required by employers, undermine these protections by preventing servicemembers from accessing the court system to seek justice.

Arbitration clauses have become common in workplaces, limiting servicemembers' ability to file USERRA claims, which have declined from 1,675 in 2011 to 862 in 2021.

DoL and DOJ have recommended amending USERRA to prohibit forced arbitration for servicemembers unless both parties' consent after a complaint is filed. This change would ensure servicemembers' rights are upheld.

ROA thanks Ranking Member Mark Takano for sponsoring H.R.5116, the *Justice for Servicemembers Act*, in the previous Congress, which would prohibit forced arbitration in USERRA and SCRA disputes and urges its reintroduction in the 119th Congress.

Read more on pages 28 to 30.

REQUIRE THE VA TO DISAPPROVE COURSES OFFERED BY A PUBLIC INSTITUTION OF HIGHER LEARNING NOT PRICED AT THE IN-STATE TUITION RATE TO MGIBSR ENROLLEES

ROA thanks Chairman Van Orden and Rep. McGarvey (KY-03) for introducing H.R.7323, the *MGIB-SR Tuition Fairness Act*, in the previous Congress. This bill seeks to extend protections to Montgomery GI Bill Selected Reserve (MGIB-SR) enrollees by requiring the VA to disapprove courses at public institutions not priced at in-state tuition rates, regardless of the student's state of residence.

While similar protections already apply to other GI Bill programs, including the Post-9/11 GI Bill and Survivors' and Dependents' Educational Assistance, they have yet to be extended to the MGIB-SR.

Given rising college tuition costs and the growing disparity between in state and out-of-state rates, this legislation is crucial for ensuring the financial stability of reserve component enrollees. It will help sustain the VA's educational benefits program and maintain the financial readiness of reserve component servicemembers. ROA urges Congress to support this bill and ensure its enactment in the 119th Congress.

Read more on pages 30 to 31.

ALLOW ALL PAID POINTS DAYS TO COUNT TOWARDS THE POST 9-11 GI BILL

Under current law, reserve component members *do not* earn Post-9/11 GI Bill benefits for their standard annual service requirement and certain orders on Titles 10 and 32, putting them at a disadvantage compared to active-duty counterparts who receive credit for the same training days and missions.

This discrepancy discourages reserve participation in critical missions and undermines recruitment, retention, and operational readiness.

Expanding Post-9/11 GI Bill eligibility would create parity, strengthen national security, and support the economic stability of reservists, who often rely on dual incomes and benefit from higher education for career advancement. Additionally, ensuring fair compensation aligns with the All-Volunteer Force's original intent of reducing turnover, lowering training costs, and enhancing force readiness.

The *Guard and Reserve GI Bill Parity Act of 2024* (H.R.7543/S.3873), introduced in the previous Congress, addresses this issue by allowing reserve service members to count all paid points days toward Post-9/11 GI Bill eligibility.

ROA thanks Reps. Mike Levin (CA-49), Juan Ciscomani (AZ-06), Trent Kelly (MS-01), Andy Kim (NJ-03), Mark Takano (CA-49), Frank Mrvan (IN-01), Mike Thompson (CA-04), Mike Lawler (NY-17), Derrick Van Orden (WI-03), and Chris Pappas (NH-01), and Sen. Jerry Moran (KS), for their leadership in sponsoring this legislation in the previous Congress.

We urge its reintroduction and swift passage into law.

Read more on pages 31 to 32.

Full Statement

ROA THANKS THE COMMITTEES FOR THE USERRA REFORMS CODIFIED IN THE DOLE ACT

ROA testified twice before the House Committee on Veterans Affairs Economic Opportunity Subcommittee in the previous Congress on ways to modernize Public Law No: 113-353, the *Uniformed Services Employment and Reemployment Rights Act* (USERRA).

We once again thank Subcommittee Chairman Derrick Van Orden (WI-03) for the opportunity to testify.

We also extend our gratitude to Rep. Scott Franklin (FL-18) for introducing H.R. 3943, the *Servicemember Employment Protection Act*, in the previous Congress, which incorporated many of ROA's recommendations.

ROA is very pleased to see most, if not all, of these provisions included in the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*, signed into law January 2, 2025, by President Joe Biden.

Notably, Sections 221 and 222, which include:

- ❖ Elimination of the word “noncareer” from USERRA’s first statutory purpose, ensuring proper judicial interpretation regarding the duration of permissible absences from civilian work for uniformed service.
- ❖ Increase in liquidated damages to the greater of \$50,000 or the amount of actual damages if an employer is found to have willfully violated USERRA.
- ❖ Prohibition on courts denying motions for injunctive relief on the grounds that an employee may be awarded “wages unearned” after an unlawful termination of employment.
- ❖ Mandatory awarding of reasonable attorney fees, expert witness fees, and other litigation expenses to plaintiffs in cases before the Merit Systems Protection Board.
- ❖ Government Accountability Office (GAO) report requirement on how the Secretary of Labor processes actions for relief under USERRA, including details on erroneously dismissed actions, referrals to the Department of Justice, and trends in such actions.
- ❖ GAO report requirement to assess compliance with USERRA in certain federal intelligence agencies.
- ❖ Review by the secretary of labor of the *Veterans’ Employment and Training Service Investigations Manual*, with necessary changes and a subsequent report to the Committees on Veterans’ Affairs.³

ROA thanks the Committees for their support in advancing these important reforms and looks forward to closely monitoring their implementation, as well as the anticipated reports.

VA’S BUDGET

VA’s budget is currently the fifth largest in the federal government. Since Fiscal Year (FY) 1980, overall federal spending has risen by 193%, while VA’s spending has increased by almost 300%.⁴

³ https://www.doi.gov/sites/doi.gov/files/VETS/files/USERRA-VEOA-VP-Investigations-Manual-v2024-1_Redacted.pdf

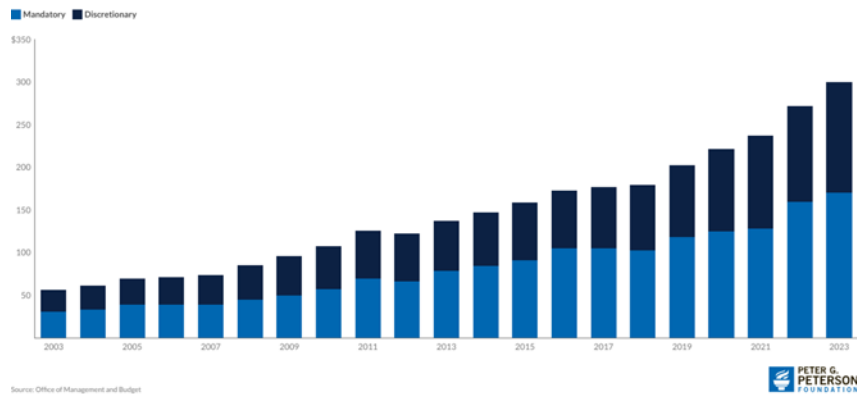
⁴ <https://usafacts.org/explainers/what-does-the-us-government-do/agency/us-department-of-veterans-affairs/>

According to the Congressional Budget Office (CBO), VA's budget has quadrupled in real terms since 1999, though the number of veterans has declined.⁵ This includes an increase in VA's compensation benefits liability from approximately two trillion dollars in 2014 to an estimated \$7.4 trillion currently.

Based on this rate of growth, total VA appropriations will rise to roughly \$500 billion in five FYs.

Veteran support includes mandatory and discretionary programs

Total Veteran Spending, by Budget Enforcement (Billions)



ROA supports efforts to eliminate waste, fraud, and abuse (WFA) within government, and *constitutionally* promote efficiency.

Our founders, in their wisdom, embedded friction within government to prevent tyranny, encourage deliberation and compromise, and maintain federalism. As Alexander Hamilton and/or James Madison wrote in Federalist No. 51, "Ambition must be made to counteract ambition."⁶

In accordance with Article I, Section 9, Clause 7, of the Constitution⁷, one action Congress can take to eliminate WFA is to fund the government on time with full-year appropriations, which *has not* happened in my lifetime. ROA has joined forces with other military and veterans' organizations urging this in the past and will continue to do so.⁸

ROA opposes proposals or efforts aiming to reduce VA's budgetary liability at the expense of DoD's value proposition.

⁵ <https://www.cbo.gov/system/files/2023-12/59475-Military-Compensation-Infographic.pdf>

⁶ <https://guides.loc.gov/federalist-papers/text-51-60>

⁷ <https://constitutioncenter.org/the-constitution/articles/article-i/clauses/756>

⁸ <https://www.ausa.org/sites/default/files/Military-Assn-Letter-Urging-FY24-Appropriations-20240315.pdf>

One example is the Office of Management and Budget's (OMB's) insistence on withholding Duty Status Reform⁹, last reviewed in detail by the House Committee on Veterans' Affairs Subcommittee on Economic Opportunity in October 2019.¹⁰

The term "service-connection" is commonly viewed in the context of illnesses or injuries caused by "active military service."¹¹

However, ROA sees a deeper meaning.

Indeed, a servicemember's experience in uniform dictates their experience with the VA. Thus, DoD's resourcing inevitably dictates VA's.

One example is the impact DoD safety equipment (or lack thereof) has on VA's budget via the presumptive process.

Caring for veterans is one of the inherent responsibilities of having a military and waging war. In the 118th Congress, ROA urged Congress to see funding for effective veterans' programs as "an obligation, not an afterthought to be indulged in when budgetarily convenient."¹²

ROA maintains this position and urges the Committees on Veterans' Affairs to seriously consider the Independent Budget Recommendations for the Department of Veterans Affairs for Fiscal Years (FYs) 2026 and 2027.¹³

VA'S WORKFORCE

Like any organization, VA needs sufficient and capable staff to execute its mission, which requires competing successfully for talent and high-quality training. The difference? Veterans' lives and wellbeing are at stake.

ROA generally supports providing VA with the tools it needs to hire the right people and "fire" the wrong people.

However, ROA is concerned with VA's most recent "dismissal" of more than 1,000 employees¹⁴ and thanks Ranking Member Mark Takano (CA-39) and Reps. Julia Brownley (CA-26), Sheila Cherfilus-McCormick (FL-20), Morgan McGarvey (KY-03), Delia Ramirez (IL-03), Nikki Budzinski (IL-13), Timothy Kennedy (NY-26), Maxine Dexter (OR-03), Herbert Conway (NJ-03), and Kelly Morrison (MN-03) for seeking further information.

These dismissals seem to be related to the Administration's goal of "significantly" reducing the size of the federal government.¹⁵ It has not gone unnoticed that the actions of the president and his

⁹ <https://www.defense.gov/News/News-Stories/Article/Article/3761131/top-reserve-component-officials-express-support-for-pay-benefit-alignment/>

¹⁰ <https://docs.house.gov/Committee/Calendar/ByEvent.aspx?EventID=110102>

¹¹ <https://www.va.gov/disability/eligibility/#:::text=A%20service%20connected%20condition%20means,of%E2%80%94your%20active%20military%20service,>

¹² https://cdn.vmax.com/www.roa.org/resource/resmgr/legislation/roa_statement_for_hvac_svac_.pdf

¹³ https://www.dav.org/wp-content/uploads/IB_FY26_27.pdf

¹⁴ <https://news.va.gov/press-room/va-dismisses-more-than-1000-employees/>

¹⁵ <https://www.whitehouse.gov/fact-sheets/2025/02/fact-sheet-president-donald-j-trump-works-to-remake-americas-federal-workforce/#:::text=The%20Executive%20Order%20will%20make,limit%20hiring%20to%20essential%20positions,>

Department of Government Efficiency (DOGE) Commission have directly impacted veterans, military spouses, and key national security personnel.¹⁶

ROA believes that for DOGE to avoid irreversible consequences, it must be more deliberate. VA's most recent financial report expressed concerns about the impact of staffing levels on delaying appointments within the direct care system and moving care into the community, where "VHA has struggled to oversee the performance of third party administrators."¹⁷

Further, ROA urges the Committees on Veterans' Affairs to communicate with DOGE and the president the need for and importance of ensuring ample employment opportunities for our nation's veterans, who constitute approximately 23 percent of the federal workforce.¹⁸

ROA also believes that reforming eligibility for federal veterans' hiring preference must be a part of the federal workforce reform conversation. Specifically, ROA urges Congress to confer veteran status on reserve component members after 180 "cumulative" days on active duty, as opposed to 180 "consecutive" days.

While the goals of veterans' hiring preference may appear to be at odds with efforts to reduce the federal workforce, including the president's hiring freeze¹⁹, ROA sees it as a tool to increase the pool of qualified candidates for roles in areas where the government may want to maintain or optimize personnel levels following enterprise-wide downsizing.

Specifically, reserve component members can help the federal workforce by offering specialized skills, leadership, adaptability, and cost-effective support, while bringing valuable perspectives from their military and civilian careers.

In addition, ROA also closely monitors how changes and nuances in VA healthcare and benefits eligibility impact its workforce, with an emphasis on the Veterans Benefits Administration (VBA) and Veterans Health Administration (VHA).

VBA

ROA is pleased that VBA's claims processing workforce has increased by more than 50 percent since FY 2021.

ROA believes this played a role in enabling VBA to process claims "faster than ever before."²⁰ In FY 2024, VA reduced over 112,000 claims in its inventory, decreased its backlog by nearly 60,000, and processed its one millionth benefits claim faster than the previous record (established the prior year).

ROA is displeased, however, that VA *does not* provide specialized education, training, or guidance on processing claims for Reserve and National Guard claimants.

¹⁶ The Trump Administration abruptly laid off an estimated 350 employees at the National Nuclear Security Administration (NNSA); 30 percent, of whom, were responsible for reassembling nuclear warheads (<https://fox4kc.com/politics/ap-politics/trump-administration-tries-to-bring-back-fired-nuclear-weapons-workers-reversing-doge-cuts/>).

¹⁷ <https://department.va.gov/wp-content/uploads/2024/11/2024-va-afr-full-report.pdf>

¹⁸ <https://www.opm.gov/fedshirevets/hiring-officials/ved-fy21.pdf>

¹⁹ <https://www.whitehouse.gov/presidential-actions/2025/01/hiring-freeze/>

²⁰ <https://department.va.gov/wp-content/uploads/2024/11/2024-va-afr-full-report.pdf>

In October 2023, the Government Accountability Office (GAO) released a report revealing that, from 2012 to 2021, the VA approved 11 to 20 percent fewer initial disability compensation claims for reserve component members compared to their active-duty counterparts. This trend was consistent across all branches of service, ranks, races, ethnicities, sexes, and during both wartime and peacetime, as well as within each wartime service period.²¹

There are many reasons for this problem, and many of ROA's solutions jointly involve DoD and VA.

Specific to VBA's workforce, ROA urges Congress to compel the VA to administer specialized training on reviewing reserve component claims for its claims workers, including Veterans Service Representatives (VSRs) and Ratings Service Veterans Representatives (RSVRs). Such training should include, for example, information on how to find and review a reserve component member's detailed retirement points statement.

ROA further urges Congress to compel the VA to provide VSRs and other applicable claims workers with extra "credit" as part of VBA's performance management system, acknowledging the additional time and effort to process reserve component claims due to insufficient paperwork and an outdated duty status system.

VHA

The VA Office of Inspector General (OIG) is required to report annually on a minimum of five clinical and nonclinical VHA shortages within each VHA medical facility.

According to the OIG's most recent report, VHA facilities reported a total of 2,959 severe occupational staffing shortages.²²

While this is a five percent decrease from FY 2023, there are recurring trends, and the top two reported shortages were both clinical occupations (Medical Officers and Nurses).

ROA has previously detailed its concerns about the national nursing workforce shortage, estimated to soon reach upwards of 300,000. The solution? ROA proposes²³:

- ❖ Establishing a national strategy to combat the shortage and prevent future shortages.
- ❖ Broadening Medicare's aperture beyond physician training to include funding for academic nurse education.
- ❖ Expanding programs administered by the Health Resources and Services Administration to increase the throughput of students and expand their programs.

²¹ <https://www.gao.gov/assets/gao-24-105400.pdf>

²² <https://www.vaogig.gov/sites/default/files/reports/2024-08/vaogig-24-00803-222.pdf>

²³ <https://thehill.com/opinion/healthcare/3856126-nurses-are-in-critically-short-supply-in-the-defense-department-will-congress-act/>

- ❖ Authorize a “Health Care Workforce Commission” dedicated to reducing the likelihood of future crises.

While these solutions would not solve VHA’s nursing shortage overnight, they would better position the VA and its community care partners to recruit and retain needed talent in the future.

EXPAND PACT ACT PROTECTIONS TO CERTAIN ELIGIBLE 9/11 SURVIVORS

As part of the 72-hour “fire watch vigil” that ensured the codification of the *PACT Act*, I slept alongside toxic-exposed veterans and patriotic Americans on the Capitol steps.

With ROA’s Minute Man Memorial Building located within walking distance, I ensured those present could access our building for use of our facilities, thus sustaining the vigil in its waning hours. That night, a veteran satirically called me “bathroom guy,” a nickname I wear as a badge of honor to this day.

Since then:

- 1,963,141 PACT Act claims have been completed.
- 1,461,759 PACT Act claims have been approved (74.5% approval rate).
- 6,023,932 toxic exposure screenings have been administered.²⁴

Indeed, the *PACT Act* has met expectations. That said, there are still veterans left behind, including those servicemembers who were in the Pentagon on 9/11 and were forced to return to work beginning as early as the next day.

At 9:37 a.m. on September 11, 2001, American Airlines Flight 77 crashed into the Pentagon, killing all 64 people on the plane and 125 people in the Pentagon. Flight 77 was the third plane to strike its target that day.²⁵

Shortly after the attack, Secretary of Defense Donald Rumsfeld held a news briefing at the Pentagon to tell the world what had happened. Secretary Rumsfeld spoke on the importance of ensuring the continuation of operations at the Pentagon, beginning as early as the very next day.

“It’s an indication that the United States government is functioning in the face of this terrible act against our country. I should add that the briefing here is taking place in the Pentagon,” said Rumsfeld. “The Pentagon’s functioning. It will be in business tomorrow.”²⁶

With that announcement, thousands of dedicated employees, including members of ROA, arrived for work at the Pentagon on Sept. 12, 2001.

Unfortunately, those who returned were exposed to these toxicants²⁷:

- Cement dust
- Glass fibers

²⁴ <https://department.va.gov/pactdata/interactive-dashboard/>

²⁵ <https://history.defense.gov/Portals/70/Documents/pentagon/Pentagon9-11.pdf>

²⁶ <https://www.americanrhetoric.com/speeches/donaldrumsfeld911pentagonpresser.htm>

²⁷ <https://history.defense.gov/Portals/70/Documents/pentagon/Pentagon9-11.pdf>

- Asbestos
- Crystalline Silica
- Metals
- Polycyclic aromatic hydrocarbon
- Polychlorinated biphenyls
- Pesticides
- Dioxins
- Mold
- Lead

The initial concern following the impact was about the effects of the fire and associated toxic fumes. However, after the fire was controlled and extinguished, additional concerns became evident, including asbestos and lead contamination; surface contamination from residues resulting from the fire; lingering air contamination; and the potential compromise of the water system.²⁸

Programs established by Congress such as the World Trade Center Health Program (WTCHP) and September 11th Victim Compensation fund provide healthcare and other forms of support to 9/11 survivors and first responders.²⁹

In fact, Congress recently expanded access to WTCHP via Public Law No. 118-41, the *National Defense Authorization Act for Fiscal Year 2024*, for employees of DoD and other federal agencies who worked between September 11 and September 18, 2001, for a contractor of those agencies or were part of the uniformed services, and who were involved in rescue, recovery, debris cleanup, or related activities at the Pentagon site following the 9/11 terrorist attack, until the cleanup was finished as determined by the WTC Program Administrator.³⁰

This extension, and the WTCHP is narrowly tailored to support first responders.

Still left behind are those servicemembers who were in the Pentagon on 9/11 and were forced to return to work at the Pentagon.

Retired Air Force Lt. Col. Susan E. Lukas shared with ROA how her exposure to toxicants at the Pentagon continues to impact her mental and physical health:

“Feeling the impact of the plane and seeing the dark plumes of smoke and debris was an experience I will never forget. There were many people who had difficulties getting out of the building. Those who did get out saw horrific things. A woman who was picked up out of the rubble cried hysterically about seeing a ball of flame coming down the corridor in her direction. Everyone in her office died. At first, we weren’t thinking about our health. We were just happy to be alive. My supervisor required me to come back to the Pentagon for work beginning the very next day. For years, I did not realize my health issues were related to the 9/11 Pentagon attack. I actually discovered how that impacted my health by accident. In part, this was because I was relying on military doctors who were not trained in how to treat and identify toxic exposure. However, it’s also the case that I was relying on military doctors who served in a military that did not identify us as a cohort for toxic exposure. After experiencing persistent and significant

²⁸ <https://pubmed.ncbi.nlm.nih.gov/12363145/>

²⁹ <https://www.cdc.gov/wtc/vcf.html>

³⁰ <https://www.congress.gov/118/plaws/publ31/PLAW-118publ31.pdf>

difficulties with swallowing and breathing, I went to a doctor and was diagnosed with tracheomalacia. My doctor said off handedly that I was 'very young to have this condition' and that I was the 'fourth patient in recent time' suffering from this condition. I asked my doctor if those individuals had been at the Pentagon on 9/11. It was almost as if my doctor had an epiphany when he answered 'yes.' One of the reasons I had to quit my job was because of the impact that my diagnosis had on my breathing. But the truth is, that was just the tip of the iceberg. Aside from strong flashes of PTSD, my toxic exposures, in the absence of any protection from the VA, have impacted my day to day life. I even had to purchase a special iodizing system to purify the air in my house, which cost me thousands of dollars. It's no exaggeration to suggest that every action I take is designed to overcome the health challenges posed by my time in the Pentagon on and after 9/11."

Lt. Col. Lukas' story is unfortunately one of many, as evident by the exchange she had with her doctor.

To recognize the patriotic service of those bravest among us during the 9/11 terrorist attacks, ROA urges Congress to establish a presumption of service connection to those service members who were in the Pentagon on 9/11 and were forced to come back to work beginning as early as 9/12.

IMPROVE THE TRANSITION ASSISTANCE PROGRAM (TAP) FOR THE RESERVE COMPONENTS

TAP has a significant role in ensuring service members and their families are equipped to manage transition(s) between military and civilian life.

Unlike their active-duty counterparts, reserve component members and their families must frequently transition between their military and civilian lives prior to separating from service.

Also, some reserve component retirees, referred to as "gray area" retirees, are required to wait many years before receiving their retirement benefits, including retirement pay and healthcare under TRICARE Prime, TRICARE Standard, TRICARE for Life, and the U.S. Family Health Plan.³¹

Despite this, TAP *is not* uniquely structured to meet the transition needs of citizen-warriors and their families.

This fact was recently validated by a RAND report³² assessing the transition experiences of Reserve and National Guard servicemembers and making recommendations on how to better meet their transition needs.

ROA provides the following excerpts from the report, which capture numerous challenges reserve component members and their families face throughout their many transitions between military and civilian life:

- ❖ "Many reserve component members feel that, in its current form, TAP does not adequately address reserve component needs." (page vii)
- ❖ "... research has demonstrated that some reserve component members experience difficult transitions back to civilian life after prolonged active military service of 180 consecutive days or more." (page 1)

³¹ <https://www.dfas.mil/RetiredMilitary/plan/Gray-Area-Retirees/>

³² https://www.rand.org/pubs/research_reports/RRA2071-1.html

- ❖ “Unfortunately, for many reserve component members heading back to college, their schools do not provide specific guidance or programming to address their particular needs.” (page 14)
- ❖ “Research shows that reserve component members desire more time than they received to readjust to their civilian lives.” (page 15)
- ❖ “. . . service providers noted that reserve component members need assistance in better understanding the details of the GI Bill.” (page 17)
- ❖ “Service providers noted that TAP course content could be better suited to address reserve component members’ needs.” (page 19)
- ❖ “. . . the needs of reserve component do not end once they have fully transitioned from the military to civilian world.” (page 21)
- ❖ “The retiring reserve component subpopulation is more dispersed and less connected to their represented services, especially for those members for whom there is a gap in active service between meeting their 20-year service requirement and reaching retirement age.” (page 23)

Also validated by the report was TAP’s “one-size two-components” construct, which places reserve component members in a position where:

- ❖ They may not qualify for TAP and must partake in an unorganized, non-standardized out-processing.
- ❖ They are required to participate in TAP many times with diminishing returns.
- ❖ Commanders question their readiness.
- ❖ The information received through TAP is not tailored to their needs.
- ❖ The location and timing of TAP is inconvenient at best and obstructive at worst.

ROA was pleased to see TAP become a major focus for the Committees during the 118th Congress, including the Senate Committee on Armed Services. Hearings on TAP were held in both chambers.³³

At the kind invitation of Chairman Derrick Van Orden of the House Committee on Veterans' Affairs Subcommittee on Economic Opportunity, ROA had the opportunity to testify on its five-step plan to improve TAP for reserve component members and their families, referred to as the *Delivering Reservist Integration and Veterans Education (DRIVE) Plan*.

One of the steps outlined was the creation of a reserve component curriculum track within TAP.

Section 571 of the *Servicemember Quality of Life Improvement Act and National Defense Authorization for Fiscal Year 2025*, based on legislation introduced by Rep. Jennifer McClellan (VA-04) and Rep. Trent Kelly (MS-01) and supported by ROA,³⁴ established this track.

In a letter to the secretaries of the various agencies responsible for TAP, ROA detailed its vision for this track and urged cooperation during implementation. ROA further urges the Committees to closely monitor the implementation of Sec. 571 and work with ROA to ensure appropriate partners participate in the process.

³³ <https://www.veterans.senate.gov/2023/10/military-to-civilian-transition-ensuring-success-after-service>

³⁴ <https://mcclellan.house.gov/media/press-releases/mcclellan-kelly-introduce-bipartisan-legislation-ease-servicemembers-transition-Washington%2C%20D.C.%20%E2%80%93%20Today%2C%20Congresswoman.transition%20back%20to%20civilian%20life>.

Beyond Sec. 571, there is more Congress can do to improve TAP for reserve component members and their families. This includes:

1. Amending TAP's eligibility requirements to allow servicemembers who accumulate 180 cumulative days of active service, which includes drill weekends and active duty for training, to participate.

Current TAP eligibility requires servicemembers to spend "180 continuous days" on active-duty, severely limiting access.

Additionally, time on inactive duty for training (IDT) and active duty for training (ADT) does not count toward eligibility, further restricting access.

ROA spoke with a retired Air Force Master Sergeant who shared their experience of separation and retirement without TAP:

"At the beginning of my out processing, I was given a bunch of literature and told to ask questions if confused. If done right, retirement is something you do only once. So, going in, I didn't know exactly what questions to ask. Frankly, I only really learned those questions when going through the motions. I've been out for a little over a year now and I'm still learning. It would have been nice to sit down in an auditorium or seminar just to make sure I was doing everything I had to do and to learn more about my benefits."

To ensure better access to TAP, ROA urges Congress to amend existing law so reserve component members who serve a cumulative total of 180 days of active service (including IDT and ADT) can participate.

2. Provide reserve component members that take TAP multiple times with diminishing returns the opportunity to opt out, with certain restrictions.

In the 118th Congress, Chairman Van Orden introduced H.R.7732, the *Enhancing the Transition Servicemember's Experience (ETS) Act*³⁵, which aims to improve TAP. ROA sees great promise in this bill and would like to work with the Chairman and Committee staff on further refining it in the 119th Congress.

Sec. 2(c) grants reserve component members the ability to waive their TAP requirement(s) if they have already participated within the past three years.

Many reserve component members report diminishing returns with TAP, mainly because its curriculum has not been tailored to their needs. Allowing these members to waive their TAP requirement(s) if they recently attended could help address this issue.

However, ROA recommends that reserve component members seeking a waiver be properly informed about any changes to TAP's content since last receiving counseling. Additionally, waivers should not be granted in cases of anticipated or unanticipated retirement or separation, or a retirement or separation due to disability.

³⁵ <https://www.congress.gov/bills/118/congress/house-bill/7732/text?s=1&r=4>

3. Add reserve component focused matters to the TAP preseparation checklist and process.

Currently, TAP requirements are heavily based on the active-duty servicemember's battle rhythm, which is reflected in the preseparation process. To address this, ROA urges that the checklist be amended to include the following:

- ❖ An explanation of the circumstances under which the member may be subject to a retried recall to active duty.
- ❖ Information, discussion, and counsel on pathways to obtain and properly use military service records for the purpose of accessing benefits available to the member under the laws administered by the Secretary of Defense and Secretary of Veterans Affairs.
- ❖ Information, discussion, and counsel on pathways to report and document health conditions and duty status, during time in service and following separation from service, for the purpose of accessing benefits available to the member under the laws administered by the Secretary of Defense and Secretary of Veterans Affairs.
- ❖ Information and discussion on the Retirement Points Accounting System, verifying retirement point calculations, and retirement benefits to which the member may be eligible for, including retirement pay.

4. Ensure military spouses are fully integrated in their service spouse's TAP process.

Allowing military spouses to participate in their servicemember spouse's TAP experience has the upside of improving decision making and providing better support throughout the transition process.

Sec.2(e) of Chairman Van Orden's *ETS Act* offers this, and ROA fully supports it.

EXPAND THE VA HOME LOAN PROGRAM TO THE RESERVE AND NATIONAL GUARD

Affordable housing is a pressing national issue. With median home prices currently exceeding \$419,000³⁶, many Americans, including Reserve and National Guard servicemembers, are facing adverse housing conditions that could get worse before they get better.

Current housing challenges:

- ❖ Home prices are 66.7 percent higher than in the first quarter of 2008.³⁷
- ❖ Homeowner vacancy stands at just one percent³⁸, well below the ideal range of five to seven percent.³⁹
- ❖ The number of mortgages originated is at its lowest level in 20 years.⁴⁰

The VA Home Loan program can significantly improve access to homeownership by offering no-down-payment loans and lower interest rates compared to conventional home loans.

³⁶ <https://fred.stlouisfed.org/series/MSPUS>

³⁷ https://www.bls.gov/data/inflation_calculator.htm

³⁸ <https://www.census.gov/housing/hvs/current/index.html>

³⁹ <https://www.uslendingcompany.com/blog/what-is-a-vacancy-rate-how-does-this-help-predict-housing-markets/>

⁴⁰ <https://nationalmortgageprofessional.com/news/origination-volume-plummets-lowest-level-millennium-began>

In fact, 85% of first-time VA home loan buyers are unable to qualify for conventional loans due to debt-to-income ratios or down payment requirements.⁴¹

Expanding access to the VA Home Loan program will provide reserve component members and their families with a more reliable path to homeownership, which ROA supports for reasons of national security and parity.

National Security

Excessive debt is the leading reason for security clearance denials or revocations, leaving service members vulnerable to foreign adversaries who may try to exploit personal vulnerabilities for intelligence purposes.⁴²

By expanding VA Home Loan eligibility to more Reserve and National Guard members, Congress can offer a key tool for financial stability, reduce debt burdens, and protect servicemembers against predatory practices from adversaries.

Parity

While active-duty servicemembers can count all their duty days, including training and deployments, toward VA Home Loan eligibility, reserve component members currently cannot. Congress can fix this.

The last expansion to the VA Home Loan program, under Public Law No. 116-135, the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*, was limited to National Guard servicemembers who perform “full-time” state active-duty for at least 90 days, of which 30 are consecutive.⁴³

Current VA Home Loan program eligibility for Reserve and National Guard members:

- ❖ Completed a minimum of 90 days of active duty service.
- ❖ Served at least 6 years in the Reserves or National Guard.
- ❖ Completed at least 181 days of active service during peacetime.
- ❖ Accrued a total of 90 cumulative days of active service under Title 10 or Title 32, with at least 30 consecutive days of Title 32 service.
- ❖ Be the spouse of a military service member who died in the line of duty or because of a service-related disability.

While these changes made some progress, eligibility remains a barrier for many reserve component members. In the 118th Congress, Reps. Jen Kiggans (VA-02) and Pat Ryan (NY-19) sponsored ROA H.R.6225, the *Expanding Home Loans for Guard and Reservists Act*, which ROA supports.⁴⁴

This bill would expand eligibility to Reserve and National Guard servicemembers who spend 30 or more consecutive days on ADT, helping close the gap in eligibility between reserve component members and their active-duty counterparts.

⁴¹ https://www.benefits.va.gov/homeloans/documents/docs/final_report.pdf

⁴² <https://news.clearancejobs.com/2024/01/08/top-causes-of-clearance-denial-and-revocation-in-2023/>

⁴³ <https://www.congress.gov/116/plaws/publ315/PLAW-116publ315.pdf>

⁴⁴ <https://www.congress.gov/bills/118th-congress/house-bill/6225/all-info>

Like drill weekends, time spent on ADT is service to the nation. Its primary purpose is to instill and ensure that members of the reserve component have the skills required to support military operations or future mobilizations within the first 30 days of deployment.⁴⁵

As former Chairman of the Joint Chiefs of Staff Gen. Mark Milley has said, America's military cannot go to war without the reserves.⁴⁶ The U.S. Army Reserve, for example, plays a crucial role in theater-opening operations, including logistics, infrastructure, and medical support, enabling rapid deployment of combat units.

ROA has long advocated for reservists to receive benefits for every day in uniform, including Inactive Duty for Training (IDT) and ADT. Expanding VA Home Loan eligibility to include these training days would help reserve component members achieve homeownership and contribute to national security by promoting financial stability.

ROA respectfully calls for the reintroduction of the *Expanding Home Loans for Guard and Reservists Act* and urges Congress to codify it swiftly in public law.

REQUIRE THE VA TO AUTHORIZE WRITTEN INFORMED CONSENT WHEN PRESCRIBING BLACK BOX WARNING LABEL DRUGS

A black box warning is the most serious warning the Food and Drug Administration (FDA) can issue for a medication. These warnings typically highlight rare but dangerous side effects and provide important instructions for safe use.

According to FDA Industry Guidance, black box medications may cause "persistent or significant incapacity" or "substantial disruption of the ability to conduct normal life functions," as well as "life-threatening adverse events."

The *Veterans Health Administration Handbook 1004.01(5)*, which covers informed consent for clinical treatments and procedures, requires informed consent but does not mandate that healthcare providers obtain written consent.

Requiring written informed consent would improve clarity in the prescription process for both healthcare providers and patients. It would also help patients work with their providers to select treatments that do not negatively affect their military status, overall wellbeing, or ability to function.

ROA urges Congress to direct the Secretary of Veterans Affairs to ensure that patients prescribed black box warning drugs provide written informed consent before any authorization or agreement to undergo such treatments.

Additionally, caregivers should be included in the written consent process.

⁴⁵ <https://www.mynavyhr.navy.mil/Career-Management/Reserve-Personnel-Mgmt/IRR/ADT/#?text=The%20primary%20purpose%20of%20ADT,be%20contacted%20with%20recall%20opportunities>.

⁴⁶ https://www.army.mil/article/155850/general_milley_there_is_only_one_army

ALLOW ALL MEMBERS OF THE RESERVE AND NATIONAL GUARD TO RECEIVE A VA FURNISHED HEADSTONE OR GRAVE MARKER FOR THEIR BURIAL SITE

The tradition of military funeral honors renders the highest commemoration to those who have served the nation honorably. As former President George W. Bush said, "Their sacrifice was great, but not in vain. All Americans and every nation on earth can trace their liberty to the white markers of places like Arlington National Cemetery."

Currently, certain members of the Armed Forces can receive a headstone or grave marker from the VA at no cost. However, the existing eligibility requirements disadvantage members of the Reserve and the National Guard.

Under current law, only reservists who were entitled to VA retirement pay, who were called to active duty for purposes other than training, or who died because of training are eligible to receive headstones or grave markers.⁴⁷

The *Giving Reservists a Valiant Eternity (GRAVE) Act*, introduced by Rep. Mike Lawler (NY-17) in the previous Congress, seeks to amend this law to allow all members of the Reserve and National Guard to receive a VA-furnished headstone or grave marker for their burial site at no cost.

As mentioned throughout this statement, law and policy ration the delivery of service-earned benefits for reserve component members and their families based on the amount of time they spend continuously on active duty. These disparities must be addressed.

As President Bush highlighted, the markers at cemeteries like ANC are more than just a mold of granite, marble, or bronze. They are symbols of the courage and commitment shown by service members in defending our nation and the cause of freedom worldwide.

Without equitable access to these markers, surviving reserve component family members may be denied the opportunity to honor their loved ones with the customary military funeral honors. This would also deny the American public, and every nation on earth, the chance to "trace their liberty."

ROA thanks⁴⁸ Rep. Lawler for introducing the *GRAVE Act*⁴⁹ in the previous Congress and urges its reintroduction and codification in the 119th.

ROA URGES SUPPORT FOR THE RESTORE VA ACCOUNTABILITY ACT

In 2017, ROA supported Public Law No: 115-41, the *Department of Veterans Affairs Accountability and Whistleblower Protection Act*, which granted the Secretary of Veterans Affairs additional authorities to hold employees accountable while protecting whistleblowers.⁵⁰

⁴⁷ <https://www.va.gov/vaforms/va/pdf/VA40-1330.pdf>

⁴⁸ <https://lawler.house.gov/news/documentsingle.aspx?DocumentID=617>

⁴⁹ <https://www.congress.gov/bills/118th-congress/house-bill/5114?q=%7B%22search%22%3A%22Giving+Reservists+a+Valiant+Eternity+%28GRAVE%29+Act%22%7D&s=3&r=1>

⁵⁰ <https://www.govinfo.gov/content/pkg/PLAW-115publ41/pdf/PLAW-115publ41.pdf>

Unfortunately, the legislation has not been implemented as intended. Instead, decisions from the Federal Circuit, the Federal Labor Relations Authority, and the Merit Systems Protection Board (MSPB) have rendered these authorities ineffective.

H.R.472/S.124, the *Restore VA Accountability Act of 2025*,⁵¹ introduced by House Committee on Veterans Affairs Chairman Mike Bost (IL-12) and Senate Committee on Veterans Affairs Chairman Jerry Moran (KS), aims to give the VA the authority it needs to hold employees accountable. It does so by:

- ❖ Closing gaps created by court decisions, ensuring the VA can swiftly remove, demote, or suspend employees who do not serve the interests of veterans.
- ❖ Strengthening VA's authority to discipline unsatisfactory middle managers, aligning the process with that used for Senior Executive Service members.⁵²

Veterans, and the American people, must trust the VA's ability to provide veterans, survivors, and caregivers the support they deserve with dignity and respect.

As mentioned earlier, the stakes are high. Veterans' lives are on the line. Poor VA care has already cost countless veterans their health and even their lives. In 2024, for example, five veteran suicides were attributed to VA failures.⁵³

Civil servants must be held accountable. Poor performance should not be tolerated, and mediocre work should not be rewarded with promotions and bonuses.

This is why ROA expressed serious concerns about the wrongful issuance⁵⁴ of more than \$10 million in bonuses to VA senior executives in June, and why ROA supports this critical legislation.

That said, the "buck does not stop" with this bill.

Congress must continue to exercise rigorous oversight over the VA and federal government, as evidence shows that merely giving a federal agency the tools to make internal corrections *does not* necessarily lead to their use.

ESTABLISH A RESERVE COMPONENT EXECUTIVE COMMITTEE UNDER THE VA-DOD JOINT EXECUTIVE COMMITTEE

The mission of the VA-DoD Joint Executive Committee (JEC) is to "enhance the overall social, physical, emotional, mental health and well-being of Service members, Veterans, and their eligible beneficiaries throughout the duration of their life cycle journey." Its vision is to "Provide an efficient, effective, and quality health care, transition, and benefits experience through enhanced coordination and shared resources, with a commitment to interoperability, accountability, collaborative growth, and long-term stewardship."⁵⁵

⁵¹ <https://www.congress.gov/bills/119th/congress/senate-bill/124?q=%7B%22search%22%3A%22Moran%22%7D&s=4&r=36>

⁵² https://veterans.house.gov/uploadedfiles/restore_accountability_act_of_2025_one_pager_final.pdf

⁵³ <https://www.propublica.org/article/how-veterans-affairs-fails-mental-health-patients>

⁵⁴ [https://www.vaog.gov/reports/administrative-investigation/va-improperly-awarded-108-million-incentives-central-office?text=In%20total%2C%20VA%20awarded%20\\$2410.8VBA%20at%20VA's%20central%20office.](https://www.vaog.gov/reports/administrative-investigation/va-improperly-awarded-108-million-incentives-central-office?text=In%20total%2C%20VA%20awarded%20$2410.8VBA%20at%20VA's%20central%20office.)

⁵⁵ https://www.va.gov/opa/docs/remediation-required/oei/JEC_Joint_Strategic_Plan_2022_2027_FINAL.pdf

The JEC has five shared goals, according to its current strategic plan:

1. Health care collaboration.
2. Integration of benefits and services delivery.
3. Enhancement of the transition and post-separation experience.
4. Modernization of shared business operations.
5. Strengthening interoperability.

Codified under Title 38, U.S.C., Sec. 320, the JEC is required to have various subordinate Executive Committees, along with “such other committees or working groups as considered necessary” by the Deputy Secretary of Veterans Affairs and the Under Secretary of Defense for Personnel and Readiness.⁵⁶

ROA believes that the voices and experiences of reserve component servicemembers and veterans must be integrated into the JEC’s structure. Despite the critical role that federal reserve forces have in national defense, their representation at the highest levels of government is still lacking.

For example, the Joint Chiefs of Staff, the primary body advising the president and secretary of defense on military matters, does not have a representative from the federal reserve.⁵⁷

This absence highlights the gap in direct representation for this essential component of our Armed Forces.

Given the nature of reserve service, which often involves serving in non-continuous periods, it is essential that reserve members and representatives have access to and the ability to inform and influence different entities within the federal government, including the JEC.

To address this, ROA proposes the creation of a dedicated reserve component Executive Committee within the JEC.

This would provide the reserve components with a consistent, authoritative voice in joint VA-DoD matters, ensuring that the component’s unique needs are fully considered in the formulation of policy, procedures, and programs.

Given that the JEC’s current strategic plan extends only until 2027, ROA believes swift action is crucial and advocates for the establishment of the Reserve Component Executive Committee in time to inform the development of the JEC’s next strategic plan.

PROHIBIT FORCED ARBITRATION OF DISPUTES UNDER USERRA

Under USERRA, veterans and servicemembers are entitled to protections against discrimination due to their military service, including the right to return to their civilian jobs after active service.

⁵⁶ <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title38-section320&num=0&edition=prelim>

⁵⁷ <https://uscode.house.gov/view.xhtml?path=/prelim@title10/subtitleA/part1/chapter5&edition=prelim>

In 1991, the U.S. Supreme Court ruled⁵⁸ that claims under the *Age Discrimination in Employment Act of 1967* (ADEA) could be subjected to compulsory arbitration if required by an arbitration agreement in a securities registration application. Since then, many employers have increasingly demanded workers sign mandatory arbitration agreements.

Recent estimates indicate that over half (53.9%) of nonunion private-sector employers and 65.1% of large companies (with more than 1,000 employees) have adopted mandatory arbitration procedures.⁵⁹ These procedures often prevent servicemembers from seeking judicial relief, as courts have upheld arbitration clauses, ruling that USERRA's procedural rights can be waived in favor of arbitration.

USERRA was enacted to ensure servicemembers, particularly those in the Reserve and National Guard, are not penalized for their military service in civilian jobs. However, forced arbitration clauses undermine these protections by denying servicemembers access to the court system.

This may be evident in the decline of new USERRA claims, from 1,675 in 2011 to 862 in 2021, with an average of 924.5 new claims annually between 2016 and 2021.⁶⁰ In comparison, the share of workers subject to mandatory arbitration has more than doubled since the early 2000s, now surpassing 55%.

Servicemembers returning from service may face unlawful termination or demotion, and arbitration clauses enable employers to avoid accountability. Moreover, the confidential nature of arbitration makes it difficult to track the full extent of such violations.

According to GAO, federal courts have upheld arbitration clauses in USERRA cases, limiting servicemembers' ability to seek justice.⁶¹

DoL and the Department of Justice (DOJ) have jointly recommended that Congress amend USERRA to explicitly prohibit forced arbitration for servicemembers unless both parties' consent to arbitration after a complaint has been filed.⁶²

This change is essential to protect servicemembers' rights and reinforce USERRA and the Servicemember Civil Relief Act (SCRA).

Requiring servicemembers to submit to arbitration could deny them access to critical legal processes typically available in court, such as discovery or appeals, and may reduce the compensation awarded to successful parties.

Studies on mandatory arbitration highlight the disadvantages for employees. In a 2011 study of 1,213 arbitration cases between 2001 and 2007, employees won only 21% of the time and were awarded median damages of \$36,500.

Subsequent research showed a similar trend, with employees winning 19% of cases and receiving median damages of \$49,000 in 2014. By contrast, employees in federal and state courts win at higher

⁵⁸ <https://supreme.justia.com/cases/federal/us/500/20/>

⁵⁹ <https://files.epi.org/pdf/135056.pdf>

⁶⁰ https://www.dol.gov/sites/dolgov/files/VETS/legacy/files/USERRA_Annual_FY2021.pdf

⁶¹ <https://www.gao.gov/assets/720/712678.pdf>

⁶² https://www.dol.gov/sites/dolgov/files/VETS/legacy/files/USERRA_Annual_FY2015.pdf

rates, with some studies showing win rates of 33% to 44% and significantly higher awards, particularly in state courts.⁶³

Given these disparities, ROA supports the *Justice for Servicemembers Act*⁶⁴, which prohibits forced arbitration of USERRA and SCRA disputes.

ROA urges the reintroduction and codification of this bill in the 119th Congress, and thanks Ranking Member Mark Takano for sponsoring it in the 118th Congress.

REQUIRE THE VA TO DISAPPROVE COURSES OFFERED BY A PUBLIC INSTITUTION OF HIGHER LEARNING NOT PRICED AT THE IN-STATE TUITION RATE TO MGIBSR ENROLLEES

ROA thanks Chairman Van Orden and Rep. McGarvey (KY-03) for introducing H.R.7323, the *Montgomery GI Bill Selected Reserves Tuition Fairness Act of 2024*, in the previous Congress. This bill directs the VA to disapprove courses at public institutions of higher learning that charge tuition rates higher than in-state tuition rate for Montgomery GI Bill Selected Reserve (MGIB-SR) enrollees, regardless of their state of residence.

The MGIB-SR is the first GI Bill to offer educational and training assistance to eligible members of the Selected Reserve. As of FY 2023, the program serves 39,849 enrollees, representing approximately five percent of the total GI Bill population.⁶⁵

Under Title 38, U.S.C., Sec. 3679(c), the VA is required to disapprove educational programs for payments of benefits under the Post-9/11 GI Bill, Montgomery GI Bill-Active Duty (MGIB-AD), and Survivors' and Dependents' Educational Assistance (DEA) program if students are not charged in-state tuition, no matter where they live.

This protection was most recently extended in 2021 to DEA with the signing of Public Law No: 117-68, the *Colonel John M. McHugh Tuition Fairness for Survivors Act*. However, it has not yet been extended to MGIB-SR.

The cost of attending public institutions of higher learning is continuing to increase for most students. So too is the gap between in state and out-of-state tuition rates. In fact, college tuition rates have increased by 153 percent in the last 40 years (when adjusting for inflation).⁶⁶ In the past 20 years, the difference between in and out of state tuition has grown by 38 percent.⁶⁷

Requiring these institutions to charge in-state tuition under MGIB-SR, regardless of the student's state of residence, is vital for maintaining the financial health of the VA's educational benefits program and ensuring the financial readiness of reserve component enrollees.

H.R.7323, the *MGIB-SR Tuition Fairness Act*, simply extends this existing protection to MGIB-SR enrollees, ensuring that citizen-warriors receive the same tuition fairness as all other veterans.

⁶³ <https://www.annualreviews.org/deliver/fulltext/lawsocsci/19/1/annurev-lawsocsci-120822-112007.pdf?itemid=/content/journals/10.1146/annurev-lawsocsci-120822-112007&mimeType=application/pdf>

⁶⁴ <https://www.congress.gov/bills/118th-congress/house-bill/55167?q=%7B%22search%22%3A%22Takano%22%7D&s=1&r=9>

⁶⁵ <https://www.benefits.va.gov/REPORTS/abr/docs/2023-education.pdf>

⁶⁶ <https://www.bankrate.com/loans/student-loans/college-tuition-inflation/>

⁶⁷ <https://gradlime.com/in-state-vs-out-of-state-tuition/>

ROA thanks Chairman Van Orden and Rep. McGarvey for sponsoring this bill and the House of Representatives for passing it⁶⁸, and urges strong support for its reintroduction and codification in public law in the 119th Congress.

INCORPORATE RESERVE COMPONENT DATA IN THE NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT

Since 2016, the VA has published an annual report on veteran suicide rates. According to the most recent report, in 2022, there were 6,407 veteran suicides (an average of 17.6 per day). Unfortunately, the report *does not* include any data specific to reserve components. In fact, after the 2020 report, the VA stopped tracking suicides among former members of the Guard and Reserve who were not federally activated.⁶⁹

This oversight highlights the broader issue of systemic data collection and reporting failures that negatively impact veterans in the reserve force.

To address this, H.R. 6873⁷⁰, introduced in the 118th Congress by Reps. Guy Reschenthaler (PA-14), Joe Neguse (CO-2), and Derrick Van Orden, directs the Secretary of Veterans Affairs to include suicide rate data for reserve components in future reports.

ROA thanks Reps. Reschenthaler, Neguse, and Van Orden for sponsoring this bill and urges its reintroduction and codification in the 119th Congress.

ALLOW ALL PAID POINTS DAYS TO COUNT TOWARDS THE POST 9-11 GI BILL

Under current law, reserve component members can earn “qualifying days” toward Post-9/11 GI Bill benefits if they serve at least 90 cumulative or 30 continuous days on active duty and are discharged with a service-connected disability or awarded the Purple Heart after September 10, 2001.

However, their standard annual service requirement (24 inactive duty training days and 15 days of active duty in annual tour status) *does not* count toward eligibility. Additionally, many activation statuses under Titles 10 and 32 are not covered.

This discrepancy puts reserve component members at a disadvantage. For the same training day or mission, an active-duty member may earn GI Bill credit, while a reserve member does not.

Expanding eligibility would not only create parity but also increase reserve participation in operations vital to national security, such as the southern border mission.⁷¹ The All-Volunteer Force (AVF) was designed with economic and readiness benefits in mind, including longer service terms, lower turnover, reduced training costs, and capital substitution for labor.⁷²

⁶⁸ <https://www.congress.gov/congressional-record/volume-170/issue-150/house-section/article/H5778-1>

⁶⁹ In 2018, there were 538 suicides among former members of the Armed Forces who were never activated for Federal military service, an average of 1.5 suicide deaths per day, according to the 2020 National Veteran Suicide Prevention Annual Report.

⁷⁰ <https://www.congress.gov/bills/118/congress/house-bill/6873/text/s=3&r=5>

⁷¹ <https://www.usar.army.mil/News/News-Display/Article/4059729/photo-gallery-us-army-reserve-soldiers-assist-with-southern-border-mission/#:~:text=U.S.%20Army%20Reserve%20Soldiers%20are,border%20with%20additional%20military%20forces>

⁷² <https://digital-commons.usnwc.edu/cgi/viewcontent.cgi?article=1951&context=nwc-review>

Ensuring fair compensation for reserve service aligns with these principles by improving recruiting, retention, and operational readiness.

Indeed, educational benefits remain a crucial factor in labor market competitiveness.

Servicemembers with higher education have more civilian career opportunities, making GI Bill benefits particularly valuable for reservists who rely on dual incomes. Additionally, education plays a key role in military career advancement, enhancing leadership, critical thinking, and technical skills that are essential for promotion to senior enlisted and officer positions.

For DoD, ensuring GI Bill parity would support recruitment and retention by making military service more competitive with civilian employment.

Currently, Regular Military Compensation (RMC) for senior enlisted personnel falls below the 70th percentile compared to civilians with bachelor's degrees, dropping to the 59th percentile after 20 years of service.⁷³ Improved educational benefits would help address this gap and retain skilled personnel.

Reservists are increasingly tasked with supporting expanded mission sets that reflect modern security challenges. Yet, they do so without the same educational benefits as their active-duty counterparts. A more inclusive GI Bill policy recognizes the evolving nature of military service and ensures reserve personnel receive the support needed to sustain operational readiness.

This policy change enhances fairness, strengthens readiness, and ensures America's military remains the world's most capable force.

Introduced in the previous Congress, H.R.7543/S.3873, the *Guard and Reserve GI Bill Parity Act of 2024*⁷⁴, resolves this disparity by allowing reserve component service members to count all paid points days toward Post-9/11 GI Bill eligibility.

ROA thanks Reps. Mike Levin (CA-49), Juan Ciscomani (AZ-06), Trent Kelly (MS-01), Andy Kim (NJ-03), Mark Takano, Frank Mvran (IN-01), Mike Thompson (CA-04), Mike Lawler, Derrick Van Orden, and Chris Pappas (NH-01), and Sen. Jerry Moran, for sponsoring this legislation in the previous Congress.

We urge its reintroduction and swift passage into law.

CONCLUSION

ROA thanks you again for the opportunity to testify.

All too often, military and veterans' law and policy are developed without an understanding of or appreciation for the important distinctions between reserve and active-duty service. The members of the Reserve and National Guard invariably lose out. And so, too, their families.

We look forward to collaborating with you further on these priorities and other areas of mutual interest for the remainder of the 119th Congress.

⁷³ https://militarypay.defense.gov/Portals/3/Documents/ORMC_14_Vol1_final_web.pdf?ver=p14Ni7eKXPoL2HFr5S_XQA%3d%3d

⁷⁴ <https://www.congress.gov/bills/118th-congress/senate-bill/3873/text>



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February 18, 2025

The Honorable Pete Hegseth
Secretary
U.S. Department of Defense
By e-mail

The Honorable Doug Collins
Secretary
U.S. Department of Veterans Affairs
By e-mail

The Honorable Julie Sue
Acting Secretary
Department of Labor
By e-mail

Dear Secretary Hegseth, Secretary Collins, and Acting Secretary Sue:

The Reserve Organization of America writes to you today regarding implementation of Sec. 571 of the *FY 2025 National Defense Authorization Act*, which established a reserve component curriculum track within the Transition Assistance Program.

ROA played a key role in the creation of this TAP track, testifying before Congress on several occasions and proposing draft legislation that shaped the adopted language. We believe it is crucial to remain involved.

Our goal is to ensure that the TAP track addresses the needs of reserve component members throughout their time in service and in retirement. We envision a curriculum that provides tailored counseling and assistance:

- ✦ Throughout each phase of the deployment cycle as a complimentary asset to DoD's Yellow Ribbon Reintegration Program.
- ✦ Prior to and upon separation and retirement.
- ✦ Throughout retirement, including for "gray area" retirees.

We also advocate for delivering certain services virtually to provide flexibility, allowing geographically dispersed reserve component members to access support at their convenience.

ROA is committed to supporting the successful implementation of this track and looks forward to collaborating with you and your team. Please feel free to contact me to coordinate next steps at mschwartzman@roa.org or 202-646-7713.

Respectfully,

A handwritten signature in black ink, appearing to read 'MSchwartzman', with a long horizontal line extending to the right.

Matthew Schwartzman
Director, Legislation and Military Policy



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Matthew L. Schwartzman

Director, Legislation and Military Policy

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Matthew Schwartzman became the legislation and military policy director of the Reserve Organization of America (ROA) on July 1, 2022.

Responsible for the management and execution of ROA's government relations program and public policy portfolio, Matthew brings more than seven years of experience in government affairs, legislative analysis, customer relations, and communications.



Founded in 1922, ROA is the only national military service organization dedicated to supporting the reserve components of the uniformed services and their critical role in national defense. With more than a century of experience in advocating for the readiness of the reserve components and the well-being of reserve families, ROA is a powerful voice in Washington, D.C., engaging with all branches of government and national security offices.

Since joining ROA, Matthew has led advocacy campaigns resulting in the establishment of a reserve component curriculum track within the Transition Assistance Program (TAP), an increase in paid military leave for federal employees who are members of the Reserve or National Guard, and the modernization of the Uniformed Services Employment and Reemployment Rights Act (USERRA).

During his time in the military and veterans' policy arena, Matthew has testified before Congress, analyzed more than 300 public policy proposals, cultivated relationships with more than 60 mission partners in a non-partisan manner, planned events with more than 100 attendees, and presented briefings before crowds exceeding 500 people.

Previously, Matthew served as the policy advisor, legislative affairs for the Air Force Sergeants Association, a congressionally chartered veterans service organization. In this role, Matthew was a federally registered lobbyist representing the personal and professional interests of more than 75,000 service members and their families. Matthew was also a legislative aide in the Maryland General Assembly, state field director for a United States senatorial candidate, and a marketing coordinator for the Morris County Chamber of Commerce.

Matthew holds a Bachelor of Science degree in political science from Towson University.

(Current as of February 2025)

Submissions for the Record



VFW Calls on Administration, Congress to Stop Indiscriminate Firing of Veterans

The following is a message from VFW National Commander Al Lipphardt

Feb 25, 2025

WASHINGTON —Ten days ago, I shared the Veterans of Foreign Wars' (VFW) concerns for the news of mass lay-offs coming out of our nation's capital. Since then, it has become clearer that the veteran community has been hit hard as probationary federal jobs are being axed across the country, to include the latest announcement of [1,400 more just let go from the VA](#).

With veterans making up approximately 30% of the more than 2.2 million employed by the federal government, the potential of losing thousands of veterans from the government work force is troubling. A lot of these aren't brand-new, off-the-street employees. These are employees who have been serving the American people for years, in uniform and in civil service, and at least some of whom have been or are being caught by a formality in administrative statuses. There are bigger ramifications in firing veterans than just faceless workers being let go. The American people are losing technical expertise, training and security clearances already bought and paid for by taxpayers. These veterans are now being told their skills are no longer useful to the government. We're losing people who are genuinely committed to the mission and find a continued sense of purpose in what they do. On top of all this, studies show having gainful employment is a social determinate of health and gets ahead of arguably one of the root causes of veteran suicide. Since the federal government is the single largest employer of veterans in the nation, it's veterans who are being indiscriminately harmed in this bull-"DOGE"-ing of the federal work force.

I was wounded in combat during the Vietnam War. I am thankful that the medics who treated me chose not to take my whole arm for the sake of efficiency. It took a trained eye, a skillful hand and human intuition to fix me up and get me back in the fight. In my experience, those operating with a scalpel have a better chance at saving limbs than those

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Online Version: <https://www.vfw.org/media-and-events/latest-releases/archives/2025/2/vfw-calls-on-administration-congress-to-stop-indiscriminate-firing-of-veterans>

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who operate with a chainsaw.

Unfortunately, it appears humans have been taken out of what is a human capital issue. It has been reported to us from veterans who have lost their jobs that the emails they received letting them go were disjointed, and inconsistent across the board. This leads us to believe they were automated with little to no oversight or thought. When it comes to complex problems, we rely on humans to make the right choices at the right times. We should never leave the hard decisions that impact people's lives and livelihoods to an algorithm or an email distribution list.

On Tuesday, March 4th, I will testify before a joint session of the congressional veterans' affairs committees to deliver the VFW's priorities and call on Congress and this administration to put an end to the indiscriminate firing of veterans in the government workforce. I am also calling on VFW members to "march forth" and join me on that day. I want to see hats in the hallways of our Capitol as our legislative committee members engage with lawmakers in demanding that they "Honor the Contract" the government made with those who have already served and sacrificed so much for America and their fellow Americans. It's time to apply pressure and stop the bleeding.