STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

116th Congress

before the

SENATE and HOUSE VETERANS' AFFAIRS COMMITTEES

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EXECUTIVE SUMMARY

Since the dark days in 2014 when media headlines reported secret waiting lists at the Department of Veterans Affairs (VA) hospital in Phoenix, Ariz., the department has set about closing this chapter in history and steering a new course to rebuild its reputation and commitment to serving veterans.

In the last five years, VA has been undergoing some of the most transformational changes in history in an effort to move its health and benefit systems into the 21st century. Congress has played a crucial role in helping VA move out of its antiquated and bureaucratic ways of doing business in order to put the nation's nearly 22 million veterans at the center of all its reform efforts.

This began with the swift passage of two key pieces of legislation: the Veterans Access, Choice and Accountability Act of 2014[1] and Title IV of the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015[2], as well as additional funding to address shortfalls in several VA Health Administration (VHA) accounts; these bills provided the foundational steps needed to begin reforming VA's health care and benefit systems.

In more recent years, the monumental passage of a number of other massive legislative reform bills has propelled the department on a path to achieving the much-needed overhaul veterans deserve. This includes such legislation as:

- ***The Veterans Affairs Accountability and Whistleblower Protection Act,*** establishing an Accountability and Whistleblower Protection Office in VA to advise the secretary on all matters relating to employee accountability and senior executive service and supervisory misconduct, and revising whistleblower protections, signed into law June 23, 2017.[3]
- **The *Harry W. Colmery Veterans Educational Assistance Act***, improving veterans' G.I. bill education benefits, signed into law August 16, 2017.[4]
- **The *Veterans Appeals Improvement and Modernization Act***, modernizing the woefully outdated benefits claims appeals process at the VA, signed into law August 23, 2017.[5]
- **The *John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act***, streamlining and strengthening VA community care and other medical program enhancements to ensure veterans receive efficient, timely, and quality care, signed into law June 6, 2018.[6]

In addition to legislative overhauls, in June 2017, then-Secretary Dr. David Shulkin announced VA would adopt "the same EHR [electronic health record] system as the Department of Defense

[1] P.L. 113-146, or the Choice Act
[2] P.L. 114-41, or the VA Budget and Choice Improvement Act
[3] P.L. 115-41
[4] P.L. 115-48, or the "Forever GI Bill"
[5] P.L. 115-55
[6] P.L. 115-182

(DoD), now known as MHS [military health system] GENESIS."[7] The Cerner contract, according to VA, will "ultimately result in all patient data residing in one common system and enable seamless care between the Departments without the manual and electronic exchange and reconciliation of data between two separate systems."

Since then, Congress has put forth other legislative requirements and appropriations to assure VA and DoD achieve full interoperability in transferring medical data between their respective departments, including data transfer with academic affiliates and community partners — something never done before, but which MOAA, other VSO stakeholders, and Congress have been pressing to achieve for over two decades now.

These reforms, while necessary and innovative, significantly challenge the status quo and will likely bring to the forefront a number of other underlying systemic issues plaguing the department, reported by the Government Accountability Office (GAO) for years in its high-risk areas series on federal agencies. In its most recent report[8], GAO highlighted several areas in VA health care needing substantive attention:

> *"Since we added VA health care to our High-Risk List in 2015, VA has acknowledged the significant scope of the work that lies ahead in each of the five areas of concern: (1) ambiguous policies and inconsistent processes; (2) inadequate oversight and accountability; (3) information technology (IT); (4) inadequate training for VA staff; and (5) unclear resource needs and allocation priorities. It is imperative that VA maintain strong leadership support, and as the new administration sets its priorities, VA will need to integrate those priorities with its high-risk actions…*
>
> *VA developed an action plan for addressing its high-risk designation but the plan describes many planned outcomes with overly ambitious deadlines for completion. We are concerned about the lack of root cause analyses for most areas of concern, and the lack of clear metrics and needed resources…In addition, with the increased use of community care programs, it is imperative that VA's action plan discuss the role of community care in decisions related to policies, oversight, IT, training, and resource needs."*

While GAO specifically addresses high-risk areas within VHA, policy, oversight, IT, training, and resource needs are issues prevalent across the agency in all administrations and not isolated to its health system, which is integrally and critically aligned with other operational systems within the VA Benefits Administration (VBA) and National Cemetery Administration (NCA).

[7] https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2914
[8] GAO-17-317 HIGH RISK SERIES: Progress on Many High-Risk Areas, While Substantial Efforts Needed on Others

While MOAA has a number of legislative priorities for 2019, the association recognizes there is no higher priority for veterans than to ensure Secretary Robert Wilkie and his staff have the opportunity, tools, and support they need to implement these critical reforms. In order for the department to be successful, Congress, VA, the administration, and military and veterans service organizations must ensure there is ongoing monitoring, oversight hearings, and — most important — transparency, as well as continuous funding and resources to make VA a viable and sustainable institution veterans and their families can count on today and for decades to come.

CHAIRMEN ISAKSON AND TAKANO AND RANKING MEMBERS TESTER AND ROE, on behalf of the Military Officers Association of America (MOAA), I am grateful for the opportunity to present testimony on MOAA's major legislative priorities for veterans' health care and benefits for 2019.

MOAA does not receive any grants or contracts from the federal government.

The association believes the 115th Congress was one of the most successful for veterans in recent years, due to the committees' unwavering commitment to working in a bipartisan and bicameral way on behalf of our veterans and uniformed servicemembers and their families while other congressional committees struggled to do their work. MOAA commends you for the monumental reforms and measures enacted to change the trajectory of VA in the next 20 years, improving the health and benefits systems that are important to those serving our nation.

MOAA joins our veterans service organization (VSO) partners in thanking Congress, the administration, and VA for including our organizations in the policy-making process and enacting these consequential measures.

MOAA recognizes the current fiscal challenges and constraints facing the 116th Congress. Our organization remains committed to working with lawmakers to find solutions during these challenging times.

As one of the cochairs of The Military Coalition (TMC, 32 military and veterans service organization partners representing 5.5 million members), our work in supporting veterans is guided by three principles in executing our advocacy mission:

- promoting national recognition and understanding of military service and how health care and benefits are earned through service and sacrifice in defense of the nation and are qualitatively different from those normally described as "entitlement" or "social welfare" programs.
- opposing deficit-driven or political decisions that would erode foundational services and benefits delivered through the VHA, VBA, and NCA or decisions that would align veterans' earned medical or other benefits with unrelated federal or civilian benefit programs.
- opposing proposals that would eliminate or diminish veterans' health care and benefits to overcome national or federal agency economic woes.

MOAA and TMC are confident that if we continue to work together in the same fashion as with the previous Congress, veterans will receive the level of health care and benefits they have earned and deserve. We are not, however, opposed to responsible reform efforts that will yield greater efficiencies within VA, reduce wasteful spending and practices, and allow for the fulfillment of promises made to our veterans. While we recognize the fiscal pressures the committees are under, MOAA considers it our sacred obligation as a leadership organization to do what's right for

veterans and their families and to do all we can to make them as whole as possible as they live out their lives once taking off the uniform.

This year MOAA will focus our advocacy efforts not only on assuring the implementation of major reforms mentioned earlier, but also on ensuring any legislation enacted in this Congress results in the safeguarding and improvement of timely access to service-earned VA benefits.

VETERANS' HEALTH CARE PRIORITIES

HEALTH CARE SYSTEM MODERNIZATION

Passage of the VA MISSION Act June 6, 2018, was the culmination of almost four years of continuous negotiation and unrelenting pursuit to fix VA's Choice program and reform the veterans' health system. Its enactment in law was a victory for veterans.

The legislation is historic for a number of reasons, the least of which is because it became a law in just a few short weeks. It also represents a major shift in how the VA will deliver care — a system virtually untouched by major transformation in more than 25 years. In the end, these reforms are expected to cost in excess of $50 billion over the next five years. That estimate could skyrocket if system improvements aren't carefully managed, with ongoing oversight during implementation.

Congress, the administration, and the VA deserve a great deal of credit for this historic move and for keeping VA health care reform a priority. In the end, thanks to the commitment and shared desire to make veterans' health care better, congressional leaders, administration officials, and veterans groups remained intent on keeping the dialog open and inclusive throughout the process, which ultimately clinched the victory.

Now the hard work begins, as VHA moves out on these reforms and begins integrating its community care programs — work which will require a great deal of vigilance and oversight in order for the department to strike the right balance of public and private care, while at the same time ensuring it maintains the ability to be the primary resource for delivering veterans' health care.

Nine months into implementation, VA just last month released its proposed rules for accessing the VA Community Care Program (VCCP) and urgent care with private retail providers, leaving a very short three months to meet the congressional deadline for implementation of June 6, 2019.

MOAA, like many members of Congress and other VSO stakeholder groups, was very disappointed not to have input into the rule-making, as had been expected. It is our hope that, going forward, VA will be more transparent and inclusive as it rolls out the MISSION Act. Given the massive number of provisions in the law, VA will need the help of all stakeholders to keep the

reform process moving in the right direction if veterans and their families are ever to realize the fruits of the hard work put forth on their behalf.

MOAA will continue to monitor and actively engage in the implementation of the VA MISSION Act by:

- refining the measure as necessary to ensure the following four main pillars of the Act are implemented as intended by Congress:
    1. Consolidating VA's community care programs
    2. Expanding the VA Program of Comprehensive Assistance for Family Caregivers (PCAFC) to eligible veterans of all eras
    3. Providing VA the necessary flexibility to align its infrastructure footprint with the needs of our nation's veterans
    4. Strengthening VA's ability to recruit and retain quality health care professionals
- expanding the VA Program of Comprehensive Assistance for Family Caregivers outlined in the Act to include "illness" as a condition for defining serious injury for purposes of program eligibility.

No veteran should be left with the impression VA isn't responsible for providing them the health care they require. Accordingly, MOAA is supportive of legislative solutions and funding scenarios that preserve foundational and specialty services inherently under the purview of VA, place VA as the primary provider of medical care and services, and provide for clinically appropriate solutions and patient outcomes across the system, leaving no veteran behind. As such, VA must have the necessary funding to implement the reform legislation, including a budget to sustain the integrated health care network over the longer term, both direct care and community care (or non-VA care).

Concurrently, the association will continue to monitor funding for Choice-VCCP and address any funding disparities as necessary. We urge the committees to invest in the modernization of VHA technology, financial, infrastructure, electronic health record, and human resource systems. It is imperative VA has the necessary resources, funding, and staffing if it is to deliver timely access to high-quality health care. Equally important is the need to preserve and enhance VA's core health system mission functions — clinical, education, research, and national emergency response.

MOAA continues to be an avid champion of our VSO partners (Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars), coauthors of *The Independent Budget (IB): Veterans Agenda for the 116th Congress*[9]. Once again, we ask the committees to consider the IB's recommendations when determining VA's budget to ensure VA has adequate funding for delivering timely, quality health care when and where veterans need it.

[9] http://www.independentbudget.org

MOAA asks the committees to:

- ***reject proposals aimed at cutting or eroding VA foundational health care services or modernization efforts, as well as efforts to use veterans' disability compensation or other benefits to pay for VA health care requirements.***
- ***provide a continuous, full level of funding for VHA, aligning funding, staffing, and resources to meet veteran needs, which includes preserving foundational programs and services unique to VA to meet evolving veteran and health system requirements.***
- ***provide continuous congressional monitoring, oversight, and accountability for all VHA reforms and organizational changes.***

VHA HEALTH CARE WORKFORCE

While VA touts turnover in its health system "compares favorably with the healthcare industry, including for those occupations identified as mission critical,"[10] MOAA remains concerned VHA vacancy rates will continue climbing well beyond the more than 42,000 already reported,[11] especially with the advent of the MISSION Act and other significant health system reforms — multiple competing priorities which have the potential to further limit the department's capacity to provide care.

MOAA applauds Secretary Wilkie's efforts in recent months to look at more robust and aggressive initiatives to attract and retain high-quality providers. These efforts and momentum must continue if the department is to compete for professionals in health care markets across the country in order to fill these vacancies and prevent any erosion in VHA's reputation as "providing veterans the same or better care at VA as patients at non-VA hospitals."[12]

[10] News Release, August 31, 2018: VA releases data on vacancies as required under MISSION Act, https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5104

[11] VA MISSION Act Section 505 Workforce Data, February 2, 2019, https://www.data.va.gov/dataset/va-mission-act-section-505-data

[12] Journal of General Internal Medicine, October 2018, Volume 33, Issue 10, Pp 1631-1638: Comparing Quality of Care in Veterans Affairs and Non-Veterans Affairs Settings, https://link.springer.com/article/10.1007%2Fs11606-018-4433-7

One MOAA veteran shared her concerns on this topic and experiences at her VA medical facility:

> *Interestingly I have been using the VA since 1995 and have had great success with their care until recently. I am in category 1. In the past two years I have been assigned five different medical providers because the VA cannot keep them. They all keep leaving. I am a cancer survivor who is not considered cured. I have had three different tests to keep everything in check. None of these tests have been reviewed with me.*
>
> *I used to get a written summary of these in the mail but for the first time since I have been using the VA this has not happened. I called the VA and did get an appointment but not with the doctor I was told I was last assigned to. I have a different medical provider again and was not notified of this change. Without the VA directly saying it I was definitely dropped through the cracks and they started scrambling to rectify this situation but only after I called it to their attention.*
>
> *Is the new VA legislation proving to be a real improvement? I am very concerned.*
>
> *Maj USAF Retired, Helena, Mont.*

Specifically, MOAA urges Congress to eliminate employee vacancies by:

- ***recruiting and retaining health care professionals, especially in high-shortage areas such as physicians, physician assistants, mental health care providers, and nurses from other government and civilian sectors***
- ***implementing independent practice authority for advance practice nurses (APRNs) at VA medical facilities to ensure their health care professionals are practicing at the full scope in their field of practice.***
- ***growing the existing Memorandum of Understanding (MOU) between the VHA and the Department of Health and Human Services from 30 to over 100 billets for members of the U.S. Public Health Service (USPHS) to serve in clinical and non-clinical roles.***
- ***establishing an MOU between VHA and USPHS to create and fund 10 slots per year at the Uniformed Services University of the Health Sciences for medical students who agree to join USPHS and then serve in VHA clinics and hospitals to repay the government for their medical education.***

CHAMPVA YOUNG ADULT

When the Patient Protection and Affordable Care Act (ACA) became law in 2010, ACA required health insurance plans to provide dependent coverage of children, and to continue to make such coverage available for an adult child until age 26. Private-sector insurance and DoD TRICARE

insurance plans conform to the law, however the authorizing statute for CHAMPVA has yet to conform to the ACA requirement.

The association once again is seeking legislation, as has been offered in previous sessions of Congress, to allow children eligible for CHAMPVA to maintain their coverage until their 26th birthday, bringing the program in line with private insurance plans and DoD's TRICARE Program. A child would be ineligible for CHAMPVA if he or she is eligible for coverage in an employer-sponsored health care plan. Those eligible would include adult children of:

- veterans rated permanently and totally disabled for a service-connected disability;
- veterans who have died from service-connected disabilities;
- veterans who are totally disabled from a service-connected disease at the time of their death; and
- military members who have died in the line of duty.

MOAA urges Congress to expand CHAMPVA to include children of eligible veterans, family members, and survivors until age 26 to align eligibility with TRICARE Young Adult and private-sector health insurance plans.

BEHAVIORAL HEALTH AND WELL-BEING

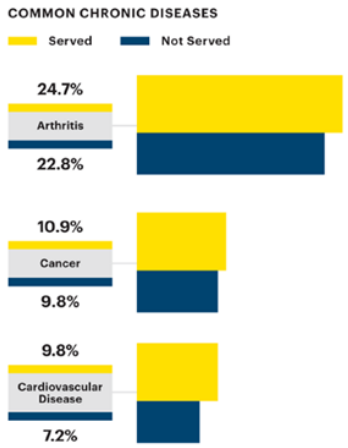
For nearly four years, MOAA has partnered with the United Health Foundation (UHF) with the goal of determining how the unique demands of military service could affect long-term health so research and public policy can be directed toward understanding and improving these factors and conditions.

Last year's national study revealed those who have served are more likely to describe their health as "good" or "excellent," than their civilian counterparts — but they're also more likely to suffer from a litany of chronic diseases and to engage in unhealthy behaviors.

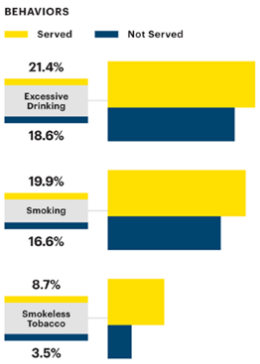
The 2018 *America's Health Rankings Health of Those Who Have Served Report* captures trends over six years, comparing recently available 2015-2016 data to a baseline of 2011-2012 data[13]. Some of the findings:

- Those who have served are more likely to have cancer (10.9 percent, compared with 9.8 percent of civilians), cardiovascular disease (9.8 percent to 7.2 percent), and arthritis (24.7 percent to 22.8 percent) than their civilian counterparts.

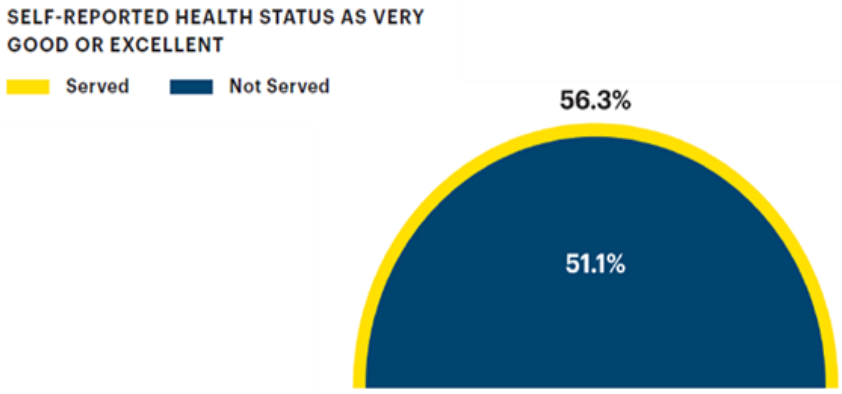
[13]https://www.americashealthrankings.org/learn/reports/2018-health-of-those-who-have-served-report



- Those who have been in uniform reported higher rates of excessive drinking (21.4 percent, compared with 18.6 percent of civilians), smoking (19.9 percent to 16.6 percent) and insufficient sleep (42.5 percent to 34.6 percent) than civilians, as well as more than double the rate of smokeless tobacco use (8.7 percent to 3.5 percent).



- Despite the above, 56.3 percent of those who have served reported being in good or excellent health, compared with 51.1 percent of those who didn't serve.



Those who have served also show a tendency to engage in preventive health care services at a higher rate than their civilian counterparts, with more of them visiting the dentist (69.6 percent,

compared with 65.2 percent of civilians), getting a flu vaccine (50.6 percent to 37 percent), and undergoing a colorectal cancer screening (72.4 percent to 66 percent).

The report compared its survey findings with a similar survey from 2011-2012. Those comparisons showed some improvements in key health areas among those who've served: declines in excessive drinking and smoking, for instance, and greater access to health insurance.

It also showed some troubling trends, particularly among women who've served: Their rates of suicidal thoughts more than tripled, for example, from 1.8 percent in 2011-12 to 7 percent in 2015-16.

These trends from the UHF-MOAA studies and other reports are concerning and highlight the need for a greater national engagement strategy to address these frightening statistics.

MOAA and other VSO stakeholders continue to highlight the need to strengthen VA and DoD collaboration and services by fully implementing and sustaining an integrated, multidisciplinary, biopsychosocial, comprehensive behavioral health system, incorporating traditional and nontraditional prevention and treatment protocols to address the rising rates of suicides and growing numbers of servicemembers, veterans, and family members suffering from pain and traumatic injuries.

There is no doubt VA has made great strides in expanding its health care services to help veterans with mental health conditions, including providing emergency care to veterans discharged under other-than-honorable conditions who normally are not eligible for VA benefits, expanding telemental health services, and advancing complementary and integrative health treatments to promote self-help and healing and supplement traditional medical approaches.

While efforts so far are promising, there is evidence indicating big gaps still exist in how VA is delivering the kind of wrap-around services and continuity of care to veterans suffering from mental health issues or exposed to traumatic injuries. According to VA, only around 1.3 million (of the almost 22 million veterans in the U.S.) receive specialized mental health treatment from VA for mental health related issues;[14] clearly much more work is needed in outreach and educating veterans about the services available in VHA.

A January 2018 congressionally mandated report[15] by the National Academy of Sciences, Engineering and Medicine also corroborates the notion that a significant number of Iraq and Afghanistan veterans were unaware of the services in VHA or didn't know how to access care.
VA also must continue to work with Congress to look for innovative solutions for hiring additional providers and expanding services to meet the growing demand and needs of high-risk veteran

[14] https://www.va.gov/opa/issues/mental_health.asp
[15] National Academy of Sciences Health and Medicine Division, January 31, 3018: Evaluation of the Department of Veterans Affairs Mental Health Services, http://nationalacademies.org/hmd/Reports/2018/evaluation-of-the-va-mental-health-services.aspx

populations with debilitating issues associated with homelessness, military sexual assault, chronic medical conditions, drug and alcohol abuse, brain or traumatic injuries, and suicidal ideation.

MOAA recommends:

- ***investing in programs and research to identify and treat at-risk populations and leverage the VA-DoD electronic health record to complement data collection, prevention, and treatment strategies to promote mental health and well-being and eradicate suicides.***
- ***monitoring VA Suicide Prevention Office efforts to increase behavioral health staff, resources, and crisis line capacity, ensuring outreach efforts are expanded and synchronized with the DoD Suicide Prevention Office to address the high rates of suicide among servicemembers and veterans, ensuring every call to the VA or military crisis lines is promptly answered.***
- ***monitoring VA and DoD outreach and policy efforts to address mental health needs of veterans with other-than-honorable discharges.***
- ***expanding evidence-based and complimentary-integrative medical treatment approaches to improve delivery of care.***
- ***investing in resources and programs to aggressively promote prevention before crisis, incorporating self-help tools and services for empowering, educating, and engaging veterans' involvement in managing their individual health care outcomes.***
- ***evaluating the Department of Health and Human Services' Pain Management Best Practices Inter-Agency Task Force (Task Force Report recommendations to be published in May 2019) to identify opportunities to eliminate gaps and improve VA-DoD pain-management programs and medication-assisted treatments, including opioid treatment, mental health, and suicide prevention programs.***

WOMEN VETERANS' HEALTH CARE

Women continue to enter military service in record numbers. Over the next 10 years the total population of women veterans is expected to increase at a rate of about 18,000 women each year.[16] VA continues to struggle to adapt and grow to meet the rising demand in delivering health care and benefits to this diverse veteran population.

The elimination of combat exclusion policies regarding women in 2015 set a new course for women in military service and presents new challenges and opportunities for collaboration between VA and DoD. More research will be needed to better understand the impact of military service on women's health, as well as new treatments and ways to deliver care to meet their unique health needs. Both health systems must be prepared to address not only the most pressing medical conditions and needs women face today but also the unique and evolving health issues associated with women serving in combat.

[16] Department of Veterans Affairs National Center for Veterans Analysis and Statistics, February 2017, Women Veterans Report: The Past, Present and Future of Women Veterans, https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf

An earlier study in November 2017, when MOAA again partnered with the UHF, called, the *America's Health Rankings® Health of Women Who Have Served Report,*[17] found women veterans reported higher rates of cancer, mental illness, chronic obstructive pulmonary disease (COPD), and depression. This distinctive study, developed in collaboration with an advisory steering group of leading military, veterans', and public health organizations, including VA, establishes a baseline portrait of the health of women who have served in the U.S. armed forces compared to the health of their civilian counterparts.

Year after year, we hear of the substantial amount of work VA has done to encourage women veterans to "choose VA" for their health needs by reducing gender gaps in clinical care and expanding services and care across the country. However, a number of significant barriers still linger, as pointed out in recent Government Accountability Office (GAO) high-risk studies[18] and ongoing reports by VA's Advisory Committee on Women Veterans[19].

MOAA is grateful for the committees' efforts in recent years to address these lingering barriers and willingness to ensure women veterans have equal access to medical and other benefits. Legislative initiatives put forth in the previous Congress, such as the Deborah Sampson Act, sponsored by Senator Tester and Representative Esty, and the efforts of Chairman Takano and Representative Brownley this year in establishing a women veterans task force, must aggressively continue if we are to break down these barriers so they can get the medical treatment and services they have earned through their service.

MOAA recommends:

- ***enacting the House-passed H.R. 95 bill, the Veterans' Access to Child Care Act, directing VA to provide child care assistance to an eligible veteran for any period the veteran receives health care services in a VA facility and is required to travel to and from the facility for such care.***
- ***aggressively investing and implementing VA's Strategic Priorities to provide comprehensive primary care, health education, and reproductive health services; improve communication and partnerships; and increase access to gender-specific medical and mental health care to meet the unique needs of women servicemembers and transitioning women veterans. Ensure emphasis on programs for women veterans with special needs, including rural, homebound, and aging veterans, as well as women who have lost limbs.***
- ***ensuring VA transformational changes such as the VA MISSION Act, community care, and other health and benefit programs and support service reforms consider the impact of change on women veterans and include their perspective in VA system changes.***
- ***assessing current research, studies, and treatments being used to address the higher rates of mental health and suicidal ideation among women who have served, and requiring VA to establish a comprehensive strategy and prevention plan for incorporating***

[17] http://www.moaa.org/uploadedFiles/Content/Take_Action/Womens_Health_Report/hwwhs17_final.pdf
[18] https://www.gao.gov/assets/690/682765.pdf
[19] https://www.va.gov/womenvet/docs/acwv/acwvReport2016.pdf

evidence-based approaches and practical, wrap-around, gender-specific health care programs and services to meet the unique needs of women veterans.

- ***directing VA to produce a report regarding disability compensation claims filed by women veterans compared to male veterans to determine whether there is a disparity between the disability ratings awarded to women versus men for the same conditions.***
- ***the committees conducting a joint oversight hearing with the Armed Services committees to review how the unique needs of women transitioning from active duty to veteran status are addressed and can be improved upon.***

SERVICE-CONNECTED ILLNESSES AND ENVIRONMENTAL EXPOSURES

With greater emphasis on psychological and physical health care, including veterans exposed to toxic substances, environmental hazards and catastrophic injuries during military service, the need for long-term disability care and support services will rise with the aging veteran population.

Reports like the UHF-MOAA *Health of Women Who Have Served* and the *Health of Those Who Have Served Reports* continue to raise questions about what might be contributing to key differences in the health of our servicemembers and veterans, such as higher rates of several chronic diseases, cancer, coronary heart disease, and heart attacks than are seen in their civilian counterparts. A growing body of evidence and reports indicate more documentation, research, and treatment solutions are needed to address the growing number of veterans coming forward with conditions for which they are unable provide evidence to support their claim of service-connection.

It is time for Congress to establish standing policies and procedures for addressing these and future toxic and environmental exposures so veterans no longer need to fight each battle individually. This can be accomplished through legislation addressing current veterans who have suffered exposures to provide proper presumptions to facilitate them being awarded health care and disability compensation, as well as legislation establishing a process moving forward for those who might be exposed to as yet unidentified toxins or environmental hazards.

Congress also must require VA to use that information to establish benefits for those conditions and not require each individual veteran to scientifically prove exposure-related ailments with each claim made. It is inefficient, ineffective, and unreasonable to place the burden on veterans to provide scientific and medical evidence for each claim when such expertise necessarily resides within the government itself.

Here's one currently serving MOAA member's story of his father's difficulties in proving service connection — difficulties that impact this servicemember's perception of VA:

My father served as a U.S. Army finance officer from June 1973-June 2001. He died from brain cancer on September 28, 2007, at the age of 56. He served in Desert Shield/Desert Storm as part of the 7th Finance Group, which was under VII Corps. Around the time of his retirement he received a note from the VA that several units had personnel who were dying at an abnormally high rate from brain related issues. His was one of those units…

Ultimately the claim for cancer was denied because it was more than one year after he retired and we could not prove sarin exposure was a carcinogen. I do think it was a direct cause and, both correlation and causation.

The care he received from providers, doctors, and nurses, and staff was great. The bureaucracy was not. After his brain surgery, the steroids he took for brain swelling caused his intestines to rot and burst. He was admitted to the ER and after an emergency surgery and short stay he was discharged. He could not heal. He was subsequently readmitted but needed hospice. At that point there were no programs for veterans under the age of 65 who needed hospice. It took the director of the Indianapolis VA to authorize hospice because they use supplemental insurance (Medicare) to pay for hospice, listed on their website under geriatric care…

The providers and staff are awesome and care for veterans like no other. I see concerns in lag between discharge from service and VA taking over health care…While it seems the newer processes are speeding up ratings and the like, the bureaucracy continues.

Major, USA

MOAA urges Congress to support medical research to determine the impact of servicemembers exposed to occupational or environmental toxins or other hazardous substances resulting from their military service assignments in or outside of the U.S. Also, MOAA asks Congress to ensure health care and benefits are established to appropriately compensate and support veterans and family members, including children and survivors, particularly of veterans who experience catastrophic and devastating cancers, diseases, illnesses, or other health conditions, or death.

Specifically, MOAA recommends:

- ***enacting Agent Orange and Burn Pit legislation—H.R. 299/203, H.R. 1005, S. 191/H.R. 663, and H.R. 637.***
- ***allowing surviving family members to add deceased veterans to the Burn Pit or other established registries.***
- ***requiring DoD-military services to formulate a strategy and implementation plan incorporating protocols for establishing baseline health assessments and collecting military service assignment, deployment, military history, and other appropriate medical-personnel data at the point of entry into military service and at regular intervals throughout military service.***
- ***requiring VA-DoD to establish standard data elements and procedures, leveraging the departments' electronic health record platform as the official data management system for collecting, retrieving, and managing military assignment, deployment, military history, and other appropriate medical-personnel data needed to provide health care and benefits to veterans and uniformed servicemembers and their families.***
- ***the committees conducting a joint oversight hearing with the Armed Services committees to review current data collection and information sharing between VA and DoD related to military service, including scope of medical conditions and discharges for disabilities, diseases, and illnesses, and to identify trends and opportunities to improve data management and medical and benefit programs for current and future exposures.***

VETERANS' BENEFITS PRIORITIES

PRESERVE THE INTEGRITY OF VETERANS' EARNED BENEFITS

MOAA's overarching priority is to preserve the integrity of veterans' earned benefits, ensuring those who are serving and those who have served are able to access their service-earned benefits in a timely manner.

Like VHA, VBA has undergone major changes in recent years. MOAA is grateful for the committees' partnership in championing major reforms to improve veterans and survivor education benefits, notably the Forever GI Bill, as well as legislation to streamline and modernize the claims and appeals process, as in the Veterans Appeals Improvement and Modernization Act.

Implementing these massive reforms presents major challenges for VBA, as we've seen in recent months with technology glitches rolling out the Forever GI bill.

MOAA will continue to closely monitor implementation of VBA reforms and press for more transparency, oversight, and accountability throughout execution.

MOAA extends a special thanks to the leadership of the committees for your commitment in picking up where we left off in the 115th Congress and doing what it takes to get the Blue Water

Navy Vietnam Veterans Act enacted this year. We are grateful for Chairman Takano and Ranking Member Roe leading off with the introduction of H.R. 299 and H.R. 203. In addition, we are appreciative of the committees' pledged commitment to streamlining processes and protocols for determining toxic and environmental exposures to establish presumptive service conditions, and we look forward to working together to streamline and enhance delivery of veterans benefits.

MOAA recommends:

- ***enacting the Blue Water Navy Vietnam Veterans Act.***
- ***continuing congressional oversight efforts on VA's implementation of the Forever GI Bill to ensure Congress' intent is being met by the quality of educational institutions being funded by the GI Bill, including positive student-veteran outcome measures.***
- ***introducing and passing legislation to align VA protections for student-veterans with Department of Education and DoD protections.***
- ***integrating VA and DoD Disability Evaluation Benefit Systems to achieve true interoperability of electronic medical, personnel, and benefit records to improve medical outcomes and delivery of benefits.***
- ***Strengthening the VA Vocational Rehabilitation and Employment (VRE) program to provide consistent and predictable benefits for veterans with disabilities. Establish a cost-of-living stipend for VRE participants.***

CONCLUSION

In closing, it is important to reinforce three key messages from our testimony today:

- Recent major reforms are monumental, massive, and extremely complex, and we can expect challenges during implementation. VA must receive the time and tools it needs to implement these reforms.
- There should be more collaboration between VA and DoD, as well as joint hearings between the Veterans' Affairs and Armed Services committees on important issues such as toxic exposure, women veterans, the electronic health record, and mental health and suicide prevention.
- Safeguarding and improving timely access to service-earned VA benefits and health care are paramount to MOAA and veterans and their families.

MOAA looks forward to working with the committees to ensure VA has what it needs to implement these reforms and help the department continue down the path of building a VA all veterans can be proud to call their own.

Biography of René Campos, CDR, USN (Ret)
Senior Director, Government Relations for Veterans-Wounded Warrior Care

Commander René Campos serves as the Senior Director of Government Relations, managing matters related to military and veterans' health care, wounded, ill and injured, and caregiver policy.

She began her 30-year career as a photographer's mate, enlisting in 1973, and was later commissioned a naval officer in 1982. Her last assignment was at the Pentagon as the associate director in the Office of Military Community and Family Policy under DoD Personnel and Readiness.

Commander Campos joined MOAA in October 2004, initially helping to establish a military family program working on defense and military quality-of-life programs and readiness issues. In September 2007, she joined the MOAA health care team, specializing in Veterans and Defense health care systems, as well as advocating for wounded warrior care and women military-veteran policies and programs.

Commander Campos serves as a member of The Military Coalition (TMC) — a consortium of nationally prominent uniformed services and veterans' organizations, representing approximately 5.5 million current and former members of the seven uniformed services, including their families and survivors, serving as the cochair on the Veterans Committee and as a member of the Health Care, Guard and Reserve, and Personnel, Compensation and Commissary committees.