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**STATEMENT OF
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COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
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Chairman Tester, Ranking Member Moran and members of the Committee:

Thank you for inviting DAV (Disabled American Veterans) to testify at this legislative hearing of the Senate Veterans' Affairs Committee. As you know, DAV is a non-profit veterans service organization (VSO) comprised of more than one million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity.

We are pleased to offer our views on the bills impacting service-disabled veterans, their families and the programs administered by the Department of Veterans Affairs (VA) that are under consideration by the Committee.

S. 89, the Ensuring Survivor Benefits During COVID-19 Act of 2021

The VA reports that there have been 211,779 coronavirus cases afflicting veterans using VA health care services, and more than 11,686 veteran deaths as of April 26, 2021. DAV is concerned that survivors of some service-disabled veterans will be denied benefits because their death certificate lists the cause of death as COVID-19, but does not mention the service-connected conditions which may have been contributing factors.

The Ensuring Survivors Benefits During COVID-19 Act would address this issue by requiring the VA to seek a medical opinion in the case of any veteran who has a service-connected condition and who passes away due to the coronavirus. This medical opinion could be crucial in obtaining survivors' benefits.

DAV supported this legislation in the 116th Congress and continues to support legislation that would ensure adequate compensation to the survivors of veterans whose deaths are held to be service connected.

S. 189, the Veterans' Disability Compensation Automatic COLA Act of 2021

S. 189 would provide an automatic annual cost-of-living allowance (COLA) increase for veterans' disability compensation, additional compensation for dependents,

clothing allowance for certain disabled veterans, and dependency and indemnity compensation for surviving spouses and children. It will link all future COLA rates directly to Social Security COLA increases.

COLA calculations within the Social Security Administration use a formula that has been directly linked to the Consumer Price Index since 1975. The formula that derives the level of increase is tied to the United States economy on a very broad basis. In several instances of a stagnant economy, COLAs for Social Security and VA did not increase. It is important to note that stagnant economic activity does not mean disabled veterans' cost of living is flat, in fact, as they age, their costs increase.

If the Social Security Administration changes the formulas for COLAs to a less favorable calculation, veterans and their families will be tied to that formula based on this legislation. While this bill would provide consistency each year for veterans and their families, it will also remove any independence in establishing and negotiating increased rates for veterans and their families in the future. DAV does not support S. 189.

S. 219, the Aid and Attendance Support Act of 2021

VA Aid and Attendance or Housebound benefits provide additional payments added to the amount of monthly compensation for veterans and survivors who need help with daily activities. This bill would increase by 25% the amount paid in Aid and Attendance to caregivers of seriously disabled veterans in order to help with COVID-19 related increases in personal protective equipment and other medical necessities.

DAV supports this legislation, as it would seek to address the added financial burden brought on by the ongoing pandemic to our nation's seriously disabled veterans.

S. 437, the Veterans Burn Pits Exposure Recognition Act of 2021

In 2007, DAV leaders and members were the first to raise the issue of burn pits through the media, and DAV has continued with legislative efforts ever since. DAV initiated a pilot for the Burn Pit Registry, which was passed into law in 2014.

S. 437, the Veteran Burn Pits Exposure Recognition Act, would help overcome the current barriers to establishing direct service connection for diseases related to burn pits and airborne hazards. The legislation would provide a concession of exposure for veterans who served in specific countries during periods with active burn pits, which have been confirmed by the DOD. The legislation identifies and lists the toxins, chemicals, and airborne hazards to which each veteran would be conceded to have been exposed and mirrors the VA's adjudication manual acknowledged list.

Veterans have two paths for establishing service connection for diseases related to toxic exposures, presumptive and direct. As the VA has not established presumptive diseases based on these exposures, veterans must seek claims on a direct basis.

If a veteran submits a claim for a disease related to these exposures and has insufficient medical evidence for VA to grant, the legislation requires VA to provide an examination with a request for an opinion to a link between the disability and the exposures. When providing the medical opinion, the examiner must consider the synergistic effect of all combined toxins through inhalation, dermal exposure, and ingestion.

An estimated 3.5 million veterans have been exposed to burn pits and toxic exposures and it can take decades for the scientific evidence required for presumptive diseases to be established. We cannot stand by and let veterans continue to suffer without access to VA health care and VA benefits.

In the 116th Congress, this Committee unanimously passed this legislation. We thank Senators Sullivan and Manchin for their dedication to veterans exposed to burn pits. DAV strongly supports S. 437 and looks forward to its favorable passage by this Committee.

S. 444, the AUTO for Veterans Act

This bill would expand the existing automobile grant program through the VA to allow veterans to receive an additional grant, 10 years after they received their first grant. Currently, a severely disabled veteran can be authorized \$21,795.57 once in their life. This one-time grant is used toward the purchase of a new or used automobile to accommodate a veteran or service member with certain disabilities that resulted from a condition incurred or aggravated during active military service.

However, on average, the cost to replace modified vehicles ranges from \$40,000 to \$65,000 when the vehicle is new and \$21,000 to \$35,000 when the vehicle is used. These substantial costs, coupled with inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches its life of service. The cost of replacing modified vehicles purchased through the VA automobile grant program presents a financial hardship for veterans who must bear the full replacement cost once the adapted vehicle has exceeded its useful life, and the divergence of a vehicle's depreciating value and the increasing cost of living only compounds this hardship.

DAV strongly supports this legislation in accordance with Resolution No. 121, which advocates for legislation to establish multiple automobile grants, for veterans to use once every 10 years that would replace the once-a-lifetime grants.

S. 454, the K2 Veterans Care Act of 2021

S. 454, the K2 Veterans Care Act, would create a requirement to establish presumptive service connection for veterans who served at Karshi-Khanabad (K2) Air Base in Uzbekistan, and require the VA to provide health care and benefits.

As many as 15,000 U.S. service members deployed to K2 Air Base in Uzbekistan between 2001 and 2005 to support military operations into northern Afghanistan following the terrorist attacks of September 11, 2001. DOD has known for years that U.S. service members were exposed to toxic chemicals and radiological hazards while serving at K2. Among the harmful substances acknowledged were radioactive processed uranium, jet fuel, tetrachloroethylene, total petroleum hydrocarbons (TPH), and the residuals of chemical weapons, including cyanide, in the showers. K2 veterans now have a 500% increased likelihood of developing cancer.

However, the VA does not associate service at K2 with high probability of exposure to any toxic substances, and K2 veterans are denied VA disability compensation and medical treatment for illness associated with toxic exposure. This legislation aims to change that.

DAV strongly supports the K2 Veterans Care Act, in accordance with DAV Resolution Number 049, as it will establish presumption of service connection for K2-related diseases. However, we do have recommendations to help strengthen this legislation:

Agreement with National Academies. DAV recommends a provision directing the Secretary of Veterans Affairs to enter into an agreement with the National Academies of Sciences, Engineering and Medicine to study the associations between illnesses and exposure to the toxic and radiological material identified at K2 Air Base between 2001 and 2005.

Future studies. We recommend a provision directing future studies of the associations between illnesses and exposures every two to four years to ensure that additional diseases are consistently reviewed and reported.

S. 458, the Veterans Claim Transparency Act of 2021

For over seven decades, the Veterans Benefits Administration (VBA) maintained a policy, as previously included in their M21-1 Adjudication Procedures Manual, which allowed accredited VSOs a pre-decisional review period of all VA decisions on those veterans and claimants they represented.

The pre-decisional review period assisted VSOs in identifying errors before the decisions were formally promulgated. The types of mistakes identified included incorrect effective dates of grants, incorrect combined evaluations, incorrect evaluations and incorrect denials of benefits. If VA took actions on our recommendations, a new decision would be rendered. This process helped thousands of veterans and claimants and in many instances avoided the time-consuming and often costly appeals process.

Although DAV, along with seven other VSOs representing millions of veterans and 42 State Attorneys General representing millions of citizens, opposed the removal

of this policy, on April 24, 2020, VBA officially eliminated the pre-decisional review period. DAV believes VBA's decision was wrong, ill-timed and responsible for additional negative impacts on veterans and their representatives. At the beginning of the COVID-19 pandemic, VA ceased delivering paper copies of written notices to VSOs that are co-located at VA facilities. Due to the elimination of the review period, VA was not advising VSOs electronically of decisions being rendered.

We agree with the intent of S. 458, the Veterans Claim Transparency Act of 2021; however, since February of this year, VBA has reengaged and collaborated with the VSO community to address the notification concerns and errors in decisions. On April 19, 2021, VBA launched the pilot, Claims Accuracy Request (CAR). The program will allow representatives opportunities to request an expeditious review and determination in accordance with the Higher Level Review. If successful, VBA may make this pilot program permanent and expand its scope to include all claimants.

DAV is encouraged by the collaboration with VBA and optimistic that changes to the notification process and the CAR pilot will address our concerns and if successful, we will request this be codified into law. However, we remain vigilant and if these collaborations with VBA fail, we will need legislation such as S. 458.

S. 565, the Mark Takai Atomic Veterans Healthcare Parity Act of 2021

S. 565, the Mark Takai Atomic Veterans Healthcare Parity Act would amend Title 38, United States Code (USC), Section 1112 by adding the cleanup of Enewetak Atoll period of January 1, 1977 to December 31, 1980, as a radiation-risk activity.

Forty-three nuclear tests were conducted for 10 years beginning in 1948 at Enewetak Atoll in the Marshall Islands, leaving behind contaminated debris and soil. The area was so contaminated that the local population was forced to steer clear of the area for 30 years. Between 1977 and 1980, approximately 4,000 U.S. service members were assigned to clean up the area.

Due to the high temperatures and humid climate of the area, service members did not wear contamination suits, nor did they decontaminate after working in the affected areas. Radiation monitors frequently broke, rendering them ineffective. VA's position has been "veterans who participated in the cleanup at Enewetak Atoll encountered low levels of radiological contamination and have a low risk of health problems."

Veterans that participated in the Enewetak Atoll cleanup are currently not eligible for VA health care under Title 38, USC, Section 1710, toxic exposures, as VA defines a radiation-exposed veteran as one who participated in a radiation-risk activity. S. 565 would designate the Enewetak Atoll cleanup as a radiation-risk activity thus providing these veterans VA health care eligibility for diseases related thereto. Additionally, this legislation would provide that veterans who participated in the cleanup would be eligible for presumptive service connection benefits.

In alignment with DAV Resolution No. 049, we strongly support S. 565. This legislation will finally allow veterans exposed to radiation during the Enewetak Atoll cleanup to obtain health care and benefits for illnesses they would not have if it were not for their military service.

S. 657, a bill to modify the presumption of service connection for veterans who were exposed to herbicide agents while serving in the Armed Forces in Thailand during the Vietnam era

S. 657 would codify conceded herbicide exposure to all veterans who served at any military installation in Thailand from January 9, 1962 to June 30, 1976.

Per the 1971 Contemporary Historical Examination of Current Operation (CHECO) Project Southeast Asia Report, more than 40,000 gallons of herbicide were used in Thailand; however, current statutes and regulations do not automatically recognize veteran exposure to herbicides while serving there. VA's adjudication manual does acknowledge herbicide exposure for specific military occupational specialties on the perimeter of eight specific Thai bases; however, this provides an additional burden of proof and development upon the VA and veterans to prove their exposure.

S. 657 would automatically concede herbicide exposure for all veterans who served at military installations in Thailand, regardless of the base, duty on the perimeter or military occupational specialty. The presumptive diseases currently associated with herbicide exposure would be applicable to all veterans who served at Thailand military installations.

Consistent with DAV Resolution No. 362, DAV supports the inclusion of herbicide exposure to veterans who served at military installations in Thailand, as this will provide greater equity and establish parity with those veterans who served in Vietnam.

S. 731, the Department of Veterans Affairs Information Technology Reform Act of 2021

S. 731 would establish a number of new reporting and budgeting requirements to improve management and control of VA's information technology (IT) programs. The bill would provide new reporting requirements for "major" IT projects, defined as those that are designated by VA or OMB, or those that have total project costs over \$50 million in a single year, \$200 million for the duration of the project, or \$500 million for total lifecycle costs of the project. Each major IT project would be managed by a VA interdisciplinary team, which must include a project manager from VA's Office of Information Technology and a functional lead from the part of VA requesting the project. The VA would be required to report to Congress each major IT project's cost, schedule and performance information before expending any funds; update these baseline estimates annually; and report any changes or variances from the baselines to Congress.

The bill would require VA to include in each annual budget submission a list of every current IT project, along with current and planned expenditures, as well as projected schedules for completion. In addition, VA would be required to include a ranked list of all unfunded IT projects for each part of VA, together with cost and benefit estimates. Finally, VA would be required to include a list of IT systems the Department is planning to phase out, with accompanying cost-benefit analyses, as well as a one-, five- and ten-year estimate of VA's overall IT budgetary needs.

Too often in the past, VA has failed to develop and implement critical IT systems on time and on budget. With an annual IT budget of approximately \$5 billion—which does not include the ongoing 10-year, \$16 billion electronic health record modernization (EHRM) project—it is important that VA have stronger internal controls and greater transparency into the planning, budgeting and implementation of major IT projects. S. 731 would provide Congress, VSO stakeholders and the public tools to help hold VA more accountable without creating burdensome operational management obstacles.

In accordance with DAV Resolution No. 359, which calls for "...reforming and improving the budgeting and funding of VA IT system..." DAV supports S. 731.

S. 810, Fair Care for Vietnam Veterans

Approximately 21 million gallons of Agent Orange were sprayed in Vietnam between 1962 and 1971. Fifty years later, Vietnam veterans are still seeking health care and benefits for diseases associated with their exposure. Even with positive scientific evidence of an association, VA is failing to include these additional diseases.

The National Academies of Science, Engineering and Medicine (NASEM) update, "Veterans and Agent Orange," published in 2016, stated bladder cancer, hypothyroidism, and Parkinsonism had a positive scientific association with Agent Orange. After four years of delays and inaction by VA, it took an act of Congress to add these three diseases earlier this year. We thank Senator Tester, Senator Moran, and this Committee for making this happen.

However, Vietnam veterans are in a similar position in reference to hypertension and monoclonal gammopathy of undetermined significance (MGUS), which have significant evidence of an association. S. 810, the Fair Care for Vietnam Veterans Act, would include these two diseases as presumptive to Agent Orange exposure.

The 2016 VA study, "Herbicide Exposure, Vietnam Service, and Hypertension Risk in Army Chemical Corps Veterans," found that exposure to herbicides is "significantly associated" with the risk of hypertension, or high blood pressure, in members of the Army Chemical Corps.

The December 2018 NASEM updated report reviewed the VA study and stated there is sufficient evidence of a positive scientific relationship between hypertension and Agent Orange exposure. Further, the NASEM report revealed that MGUS holds that

same level of association with Agent Orange. For over two years, VA has not taken action on these two additional diseases and instead, determined they needed additional scientific evidence before making a decision.

At the Senate Veterans' Affairs Committee hearing on March 10, 2021, Dr. Karl Kelsey, Professor of Epidemiology, Professor of Pathology and Laboratory Medicine at Brown University and member of the NASEM Committee for the Veterans and Agent Orange Update of 2018, provided written and oral testimony. In his written statement, he provided, "the Update 11 committee reviewed six new studies of exposure to the chemicals of interest and hypertension that had been published since the previous update. The decision to change the classification from limited or suggestive evidence of an association to sufficient evidence of an association by the Update 11 committee was motivated in large part by a 2016 paper by VA researchers Yasmin Cypel and colleagues. These investigators conducted a study of U.S. Vietnam veterans (specifically, the Army Chemical Corps [ACC]), that was characterized by a large sample size, appropriate controls, and validated health endpoints. The statistical analyses conducted were robust, included several levels of exposure (herbicide sprayers and non-sprayers and Vietnam-deployed and non-Vietnam-deployed) used state-of-the-art methods, and adjusted for relevant confounders."

The scientific community has determined the highest level of association for hypertension and MGUS, yet VA has not taken action. Based on DAV Resolution No. 109, we strongly support S. 810. Congress must intervene and provide justice to the Vietnam veterans, their families and survivors that have been suffering for over five decades.

S. 894, the Hire Veteran Health Heroes Act of 2021

This legislation would require VA and DOD to identify service members that are health care professionals transitioning from active military service. If VA is notified of interest, the service member would be referred to a recruiter for open positions for their particular specialty. The recruiting process can begin once the service member has one year remaining on active duty and is advised that recruitment is not a guaranty of employment. The bill requires a report to Congress on the success of the program.

DAV supports S. 894, in accordance with DAV Resolution No. 077. DAV agrees that VA should carry out a program to increase efficiency in the recruitment and hiring by VA of health care professionals that are undergoing separation from the armed forces.

S. 927, the Toxic Exposure in the American Military (TEAM) Act

S. 927, the Toxic Exposure in the American Military Act, would extend health care eligibility to all veterans exposed to toxic substances by expanding VA Priority Group 6 to cover veterans eligible for the Airborne Hazards and Open Burn Pit Registry

or who received certain medals since the first Persian Gulf War. It further requires DOD to identify veterans who may have been exposed and makes them eligible as well.

Veterans exposed to toxins struggle with access to VA health care if they have no other avenue for eligibility. DAV agrees with the expansion of eligibility for veterans exposed to toxins and the amendment to Title 38, USC, Section 1710.

Additionally, this bill would provide a new framework for the presumptive decision making process including requiring VA to enter into a contract with NASEM to conduct studies regarding associations between diseases and exposure to toxic substances.

For years, DAV has been advocating for a codified, consistent, and rapidly responding framework to address all currently known and unknown exposures. If a framework is established, it will reduce time for acknowledgement of exposures and the addition of presumptive diseases. Most notably, this could have eliminated the amount of time it has taken for adding diseases related to Agent Orange as well as establishing presumptives for burn pits and other exposures. We applaud this inclusion.

In the 116th Congress, this Committee unanimously passed this legislation and we look forward to favorable consideration again this year. In accordance with DAV Resolution Number 049, which calls for legislation to ensure veterans exposed to toxic and environmental hazards receive all earned benefits and health care, DAV strongly supports S. 927.

S. 952, the Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act of 2021

S. 952, the Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act would establish presumptive diseases related to toxic exposures for veterans who received certain medals since the first Persian Gulf War.

It is VA's duty and responsibility to study and investigate known toxic exposures as well as weigh the addition of presumptive diseases. For nearly two decades, VA has failed to establish presumptive service connection, related diseases, and health care for the men and women exposed to burn pits, airborne hazards and toxins. Therefore, it is time for Congress to take action and provide appropriate access to health care and benefits. Veterans and their families cannot afford to wait.

The bill would also provide an avenue for interested parties to petition the addition of diseases to NASEM for review. We recommend this process be streamlined and regularized to allow for their timely and thorough review.

When addressing health care and benefits for the men and women exposed to toxins and environmental hazards, our nation must have a heightened sense of duty and take appropriate and expeditious actions. We look to Congress to take action now.

S. 976, the Caring for Survivors Act of 2021

This legislation would improve Dependency and Indemnity Compensation (DIC) by increasing the amount paid to survivors of disabled veterans and expanding the eligibility criteria.

Since Dependency and Indemnity Compensation (DIC) was created in 1993, major improvements have been legislated only once, in 2003. While minor enhancements have been implemented, there is still much that can be done to improve benefits for the survivors of America's veterans. DIC rates have failed to keep up with the cost of living and fallen short of what federal employees' survivors receive. In addition, many disabled veterans pass away from nonservice-connected conditions prior to the eligibility period; thus, leaving their families with no DIC eligibility. Improvements are needed for those left behind to assist with their education and provide benefits to help survivors rebuild their lives. Now that we see the combined effects of a pandemic, plus a war that has spanned almost two decades, the urgency for these improvements is dire.

Increase DIC Rates

DIC is a benefit paid to surviving spouses of service members who die in the line of duty or veterans who die from service-related injuries or diseases to provide surviving families with the means to maintain some semblance of economic stability after the loss of their loved ones. When a service-disabled veteran passes away, not only does the surviving spouse have to deal with the heartache of losing their loved one, but they also have to contend with the loss of their veterans' compensation. This loss to a survivor's budget is devastating, especially if the spouse was also the veteran's caregiver and dependent on that compensation as their sole income source.

The rate of compensation paid to survivors of service members who die in the line of duty or veterans who die from service-related injuries or diseases was established in 1993 and has been minimally adjusted since then. Currently, the rate of compensation paid to a veteran's survivors is significantly lower than the monthly benefits for survivors of federal civil service retirees. This creates inequity for survivors of our nation's heroes compared to survivors of federal employees.

The Caring for Survivors Act would increase the rate of compensation for DIC to 55% of a totally disabled veteran's compensation to correspond with what federal employee survivors receive.

Reduce the 10-Year Rule for DIC

Many veterans who are rated 100% disabled or have individual unemployability due to their service-connected disabilities are unable to work in full-time occupations, if

at all. In recognition of the severity of many disabilities and the impact on veterans and their families, if a veteran is 100% disabled, to include individual unemployability, for 10 consecutive years before the veteran's death, surviving spouses and minor children are eligible for DIC benefits.

However, if a veteran dies due to a nonservice-connected condition before they reached 10 consecutive years of being totally disabled, their dependents are not eligible to receive the DIC benefit. This happens even though many of these survivors put their careers on hold to act as primary caregivers for the veteran, and now with the loss of their veteran, could potentially be left destitute.

The Caring for Survivors Act would modify the DIC program and institute a partial DIC benefit starting at five years after a veteran is rated totally disabled and reaching full entitlement at 10 years. This would mean if a veteran is rated as totally disabled for five years and dies, a survivor would be eligible for 50% of the total DIC benefit increasing until the 10-year threshold and the maximum DIC amount is awarded.

Consistent with DAV Resolution Nos. 011 and 360, DAV supports S. 976, the Caring for Survivors Act.

S. 1031, a bill to require the Comptroller General of the United States to conduct a study on disparities associated with race and ethnicity with respect to certain benefits administered by the Secretary of Veterans Affairs

This bill would require the Government Accountability Office (GAO) to conduct a study to determine if there are disparities associated with race and ethnicity when it comes to compensation benefits, disability ratings associated with pain and denials of fully developed claims. It would include recommendations on how to collect the data on these disparities and require a final report due to Congress outlining the results of the study.

VA needs to continue identifying and addressing social and behavioral determinants that may affect outcomes in addition to barriers for all service-connected veterans by minority and ethnic groups.

In accordance with DAV Resolution No. 373, we support S. 1031, and call for VBA to routinely report data on the number of applications, utilization and completion of programs for veterans by racial and ethnic background.

S. 1039, a bill to amend Title 38, United States Code, to improve compensation for disabilities occurring in Persian Gulf War veterans

Currently, Title 38, USC, Chapter 1117, requires compensation for disabilities occurring in Persian Gulf veterans become manifest to a degree of 10% or more during the presumptive period described. Additionally, in section 3.317(i), Title 38, Code of

Federal Regulations, stipulates the presumptive period as not later than December 31, 2021.

S.1039 would amend the statute by reducing the threshold for eligibility by requiring the disability “became manifest to any degree at any time.” Additionally, the legislation would remove subsection (b) of the statute, which would require the Secretary to prescribe by regulation the period of time following service in the Southwest Asia theater of operations during the Persian Gulf War that the Secretary determines is appropriate for presumption of service connection for purposes of this section.

The provisions of the statute apply to Gulf War veterans and to veterans who served in Southwest Asia since September 11, 2001, including Afghanistan. A time limit on the development of diseases and a restriction of a presumptive period for service members still serving in Southwest Asia is materially unfair and dispassionate to the hundreds of thousands still suffering from chronic and unexplained physical symptoms.

The legislation would require the Secretary to develop a disability benefits questionnaire (DBQ) for health care personnel for the identification of Gulf War Illnesses. We recommend the Secretary coordinate and collaborate with the War Related Illness and Injury Study Center (WRIISC) to develop the appropriate DBQ to ensure that all aspects of symptoms and illnesses related to the Persian Gulf War are appropriately addressed. Additionally, this bill would amend the statute to expand the definition of Southwest Asia by including more countries.

In accordance with DAV Resolution Number 168, we support S. 1039 as filing periods for injuries and illnesses related to service in any theater of military operations must remain open ended to assure that benefits and services are available when those conditions ultimately manifest and not limited by a predetermined time period.

S. 1071, a bill to authorize a claims enhancement services pilot program wherein the Department of Veterans Affairs would provide a service to veterans and spouses to create a claim for pension benefit with Aid and Attendance

This legislation would create a three-year pilot program during which the VA would contract a third-party entity to help veterans file their claims for wartime, nonservice-connected pension. The intent is to help ease the backlog and processing time of the pension claim process.

DAV has concerns this pilot, which would add a third party contractor, would take additional resources from VBA while not reducing the backlog of approximately 700 nonservice-connected pension claims. Considering the number of nonprofit organizations available to veterans in the form of state veteran service organizations, county service organizations and congressionally chartered VSOs, this program seems superfluous. DAV opposes this legislation in accordance with DAV Resolution No. 358.

S. 1095, a bill to amend Title 38, United States Code, to provide for the disapproval by the Secretary of Veterans Affairs of courses of education offered by public institutions of higher learning that do not charge veterans the in-State tuition rate for purposes of Survivors' and Dependents' Educational Assistance Program

This bill would require eligible schools to extend in-state tuition benefits to beneficiaries of the Dependents Educational Assistance (DEA) program bringing the rules for this program in line with the Post 9/11 GI Bill. The DEA program, also known as Chapter 35, currently provides tax-free benefits to spouses and children of seriously disabled veterans and survivors of those who died on active duty or due to their service-connected conditions.

DAV supports this legislation in accordance with Resolution No. 398, which supports legislation that would improve educational benefits to service-disabled veterans and their survivors.

S. 1096, a bill to amend Title 38, United States Code, to expand eligibility for the Marine Gunnery Sergeant John David Fry Scholarship to include spouses and children of individuals who die from a service-connected disability within 120 days of serving in the Armed Forces

This legislation would extend eligibility for the Marine Gunnery Sergeant John David Fry Scholarship to the spouses and children of individuals who die from a service-connected disability within the first 120 days after leaving the Armed Forces. Currently, only surviving children or spouses of those who died during active duty, on or after September 11, 2001 are eligible for this scholarship.

DAV supports this legislation in accordance with Resolution No. 398, which supports legislation that would improve educational benefits to service-disabled veterans and their survivors.

S. 1093, a bill to realign the Department of Veterans Affairs education, housing and vocational training programs under a fourth administration

This legislation would separate from the VBA programs under the purview of the Office of Economic Opportunity and elevate them by creating a new fourth administration within VA, with a new Under Secretary for Economic Opportunity and Transition. The new Veterans Economic Opportunity and Transition Administration (VEOTA) would include critical programs such as Veteran Readiness and Employment (VR&E), the Forever GI Bill, and the Transition Assistance Program for transitioning service members.

At present, VA is comprised of three administrations: VBA, the Veterans Health Administration (VHA), and the National Cemetery Administration (NCA). VBA includes

not only compensation and pension programs for veterans, but also education, VR&E, housing, and veteran-owned business programs, and the broadly-defined transition assistance program, which is shared with the Departments of Defense (DOD), Labor (DOL) and Homeland Security (DHS). All of these programs are currently overseen by the Office of Transition and Economic Development (OTED).

Currently, the OTED programs inside VBA must compete with the Compensation, Pension and Insurance programs, of which Compensation is by far the largest program and historically tends to dominate the attention of VBA leadership and personnel. Because of the scale and scope of the claims and appeals processing reforms, VA's economic opportunity programs have too often been challenged to secure funding and resources.

VA should have as much focus on the economic opportunities for veterans as it has for their health care and benefits. When service members are newly discharged, not all will seek VA health care or disability compensation, nor will they be seeking NCA services. However, the vast majority of new veterans will be looking for gainful employment, educational or entrepreneurial opportunities. Congress should recognize the value of these programs by separating and elevating them into their own administration within VA, whose main goal would be the economic empowerment of transitioning service members and veterans.

In accordance with DAV's Resolution No. 390, DAV supports the VET OPP Act to create a fourth Administration.

S. 3885, SFC Heath Robinson Burn Pit Transparency Act

The SFC Heath Robinson Burn Pit Transparency Act would require VA to regularly report to Congress on each reported case of burn pit exposure. This includes the enrollment status of covered veterans, summary of health care visits, diagnosed conditions, enrollment in the Burn Pit and Airborne Hazards Registry, as well as the outcomes of VA decisions on claims for benefits for conditions related to burn pits.

VA does not currently track or report on individual exposures, treatment, diagnoses or claims regarding burn pit exposure. DAV supports this legislation, as it will provide a clearer picture of burn pit exposures, health care relative to the exposure, diagnoses and claims for benefits. This information could reveal previously unknown exposures to burn pits, health care struggles, successful claims and any gaps in benefits and health care.

TIME FOR ACTION ON TOXIC EXPOSURE LEGISLATION

Mr. Chairman, hope for veterans exposed to toxic exposures is on the horizon. Multiple legislative solutions have been introduced and to some, it may appear that these bills are competing or duplicative; instead, we believe they are complementary. Each addresses a different piece of the larger toxic exposure puzzle.

The Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act would extend presumptive service connection for more than 20 serious respiratory conditions and cancers that may be linked to exposure to burn pits and other chemicals. While VA has yet to affirm that existing data is sufficient to prove associations for these conditions, they must acknowledge that due to the nature of military deployments, requisite data might never have been collected in the first place. After two decades, it is unreasonable to ask critically ill veterans to continue to wait for more data that might never come, when we can help them today.

The Veterans Burn Pits Exposure Recognition Act would concede exposure to dozens of chemicals for all veterans who served in areas where burn pits are known to have been widely used, meaning those seeking health care and benefits for illnesses not yet considered presumptive would no longer have to provide specific evidence of such exposures.

The TEAM Act would provide permanent health care enrollment eligibility for all veterans who were exposed, regardless of their disability claim status. Under this legislation, veterans who become ill will not have to wait for their VA disability claims to be decided before they receive care. Those who were exposed but may not yet be ill would be able to receive preventive care to catch potential illnesses before they become life-threatening. It would also create a framework with an independent commission charged with establishing additional presumptive conditions that stem from all toxic exposures, foreign and domestic, now and in the future.

No single bill will address all the challenges veterans exposed to toxic hazards must overcome. But together, these and other complementary bills form the pieces of a larger puzzle that would provide care and benefits for all veterans, past, present, and future. Veterans should never again have to wait decades, like our Vietnam veteran brothers- and sisters-in-arms, to receive earned health care and benefits at VA. Congress needs to act quickly, setting aside partisanship and political differences, and send the president a comprehensive bill this year to help our veterans by addressing exposures to toxic hazards while in service.

Mr. Chairman, this concludes my testimony. I will be pleased to answer any questions you or members of the Committee may have.