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WOUNDED WARRIOR PROJECT®

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STATEMENT OF
LT. GEN. MICHAEL S. LINNINGTON (RET.)
CHIEF EXECUTIVE OFFICER

ON

WOUNDED WARRIOR PROJECT'S 2022 LEGISLATIVE PRIORITIES

March 2, 2022

Chairmen Takano and Tester, Ranking Members Bost and Moran, distinguished members of the House and Senate Committees on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit the following written statement to highlight our legislative priorities for 2022.

As your committees move toward completion of the 117th Congress and our nation continues to navigate the stressors associated with the COVID-19 public health emergency, WWP remains firmly committed to delivering on our mission to honor and empower wounded warriors. We continue to carry out our vision to foster the most successful, well-adjusted generation of wounded service members in our nation's history by providing more than a dozen programs and services that promote mental, physical, and financial health and well-being. Although the pandemic continues to present challenges and hardships experienced by all Americans, it has created opportunities for WWP to explore new and innovative ways to offer care and support to more than 163,000 veterans and Service members, and more than 40,000 of their family support members and caregivers. In Fiscal Year 2021 (October 1, 2020, to September 30, 2021), WWP:

- Connected warriors to more than **43,900** hours of post-traumatic stress disorder (PTSD) treatment;
- Placed more than **22,000** emotional support calls to warriors and their families to help mitigate psychological stress and improve quality of life and resilience;
- Delivered over **190,000** hours of in-home and local care through our Independence Program to the most severely injured warriors, helping them reach and maintain a level of autonomy that would not otherwise be possible;
- Helped place over **2,100** warriors and family members with new employers;
- Secured over **$159 million** in Department of Veterans Affairs (VA) disability compensation benefits for warriors;
- Hosted more than **8,600** virtual and in-person events, keeping warriors and their families connected and out of isolation; and

- Reached out to over **33,000** warriors who served in Afghanistan to offer care and support to any who expressed a need for it[i].

In addition to these lifesaving programs, an integral part of WWP's impact has been our robust network of partner organizations which amplify, augment, and broaden the reach of our own programs and services. In 2021, WWP granted more than $52 million to 60 organizations – including more than $34 million to our academic medical center partners in the Warrior Care Network[ii] – operating in communities across the country. These investments are far more than financial fuel; they are conduits to meaningful partnerships that enable information sharing, coalition-building, and most importantly, greater access to resources for our nation's wounded warriors and their families. Through our role as a community integrator, every dollar generously donated by the American public goes farther to provide holistic support in high-need areas such as suicide prevention, support for the Special Operations community, brain health, women veterans, caregiver support, and improvements to quality of life[iii].

Lastly, WWP remains resolved to identify, develop, and pursue public policy changes that will have the biggest impact on the wounded warriors we serve. In 2022, we are committed to the same areas of need that we brought to the committees' attention during our testimony before you in March 2021. Our advocacy over the remainder of the 117th Congress will build upon momentum your committees have given to these initiatives over the past 12 months. We hope that together our work will deliver large scale impact in the following areas:

- **Toxic Exposure**: Our aim is to grant health care eligibility and improve the disability benefits process for all veterans who served in areas of known toxic exposures.
    - As many as 3.5 million post-9/11 veterans served in areas where they may have been exposed to burn pits or other toxic substances, and 97.9% of warriors responding to WWP's *Annual Warrior Survey*[iv] reported exposure to environmental hazards during military service.
    - **Key Legislation**: The *Comprehensive and Overdue Support for Troops (COST) of War Act* (S. 3003) and the *Honoring our Promise to Address Comprehensive Toxics (PACT) Act* (H.R. 3967)

- **Mental Health**: We will strive to ensure that VA is a leader in evidence-based treatment and research, and an indispensable coordinator of wider community efforts to prevent veteran suicide.
    - Approximately 29% of Veterans Health Administration (VHA) health care users have been seen for a mental health condition, and 88.5% of WWP's *Annual Warrior Survey* respondents reported having at least one mental health injury or condition.

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[i] For more insight on WWP programmatic impact, see Appendix 1.
[ii] For more insight on Warrior Care Network and our Mental Health Continuum of Support, see Appendix 2.
[iii] For more insight on WWP partnerships, see Appendix 3.
[iv] Unless otherwise noted, the *Annual Warrior Survey* reference corresponds to the twelfth edition of the survey, which was published in 2022 and reflects data gathered in 2021. To learn more, please visit https://www.woundedwarriorproject.org/mission/annual-warrior-survey.

- **Key Oversight**: The *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019* (P.L. 116-171)
- **Key Legislation**: The *Post-9/11 Veterans' Mental Health Care Improvement Act* (S. 3293) and the *Support The Resiliency of Our Nation's Great Veterans Act of 2022* (H.R. 6411)

- **Women Warriors**: We must continue to support the growing population of women veterans by expanding access to gender-specific care, fostering ongoing connection and support, building safe and welcoming VA environments, and improving coordination of care and benefits for survivors of military sexual trauma (MST).
  - Seven in 10 women who responded to WWP's *Annual Warrior Survey* reported experiencing MST, and only half (49%) of women warriors agreed that VA was able to meet their needs after military service[v].
  - **Key Oversight**: The *Deborah Sampson Act* (P.L. 116-315 §§ 5101-5503)
  - **Key Legislation**: The *Women Veterans TRUST Act* (H.R. 1957), the *VA Peer Support Enhancement for MST Survivors Act* (H.R. 2754), the *Making Advances in Mammography and Medical Options for Veterans Act* (S. 2533, H.R. 4794), and the *Servicemembers and Veterans Empowerment and Support Act* (S. 3025)

- **Long Term Care and Support**: We support policies to promote the utilization and success of VA's long term care programs for younger veterans, including those who have suffered traumatic brain injuries in service.
  - In 2020, 27% of VA's Geriatrics and Extended Care program users were veterans under the age of 65. With more than 430,000 TBIs reported by Service members since 2000, recent research indicates that 1 in 4 veterans who have been hospitalized with TBI will develop long-term disability[1].
  - **Key Legislation**: The *Elizabeth Dole Act of 2022* (House draft) and the *Long-Term Care Veterans Choice Act* (S. 2852)

- **Caregivers**: We seek to ensure that the Program of Comprehensive Assistance for Family Caregivers (PCAFC) continues to support veterans who require great care and attention, even if they are not completely dependent on their caregivers.
  - As the PCAFC expands to support veterans and caregivers of all generations, many post-9/11 households are expected to be removed from the program. Warriors participating in the program made up nearly 1 in 4 (23.6%) of *Annual Warrior Survey* respondents, yet 30.5% reported needing more than 40 hours of aid or assistance each week and the average warrior reported needing 21 to 30 hours of assistance per week.
  - **Key Implementation Oversight**: The *VA MISSION Act* (P.L. 115-182 §§ 161-163)

[v] This data is reflected in WWP's Women Warriors Initiative Report available at https://www.woundedwarriorproject.org/media/tt0ftq4a/wwp-women-warriors-initiative-report-2021.pdf.

- **Financial Security**: We aim to modernize and improve VA's systems of support for wounded warriors in recognition of how financial security is an important factor in overall wellness and a key component to a veteran's success after service.
    - Nine in 10 Warriors (92.5%) reported debt other than mortgage debt, of which, nearly half (49.8%) have at least $20,000 in total debt. Forty-two percent of those who participated in our *Annual Warrior Survey* indicated that they experienced financial strain in the last year.
    - **Key Legislation**: The *Major Richard Star Act* (S. 344, H.R. 1282); the *Brian Neuman* and *Mark O'Brien VA Clothing Allowance Improvement Acts* (S. 2513, H.R. 4772)

The sections that follow will explain why each of these issues have become a priority for WWP, how our organization is addressing these issues programmatically, and what public policy initiatives we are pursuing to improve the health and well-being of the wounded, ill, and injured veterans we serve. We are confident these recommendations will help the lives of our nation's wounded warriors, their families, caregivers, and those who will come after them.

TOXIC EXPOSURE

Last year, our nation marked the 20th anniversary of the beginning of the Global War on Terrorism. Throughout this period, young Americans volunteered for service in the U.S. Military, understanding the risk that they would be deployed to combat in places like Iraq, Afghanistan, Uzbekistan, and elsewhere. They did so with some understanding of the danger to life and limb posed by enemy fire and roadside bombs. Less understood was the very real possibility that they would experience prolonged and pervasive exposure to toxic fumes from burn pits and other dangerous chemicals that they would not be able to avoid, resulting in serious illnesses that would follow them long after they returned home.

Just as our nation has a responsibility to provide health care and benefits to veterans who suffer physical and mental injuries in service, we must also meet the needs of those who suffer from illnesses associated with toxic exposures, both on the battlefield and in peacetime. VA estimates that as many as 3.5 million post-9/11 veterans served in areas where they may have been exposed to burn pits and other toxic substances. Now, many of them have developed rare and early onset diseases like cancers, respiratory conditions, and other serious illnesses, which we strongly suspect are associated with their exposures. WWP is committed to addressing their toxic wounds with the same urgency which we address the physical and invisible wounds of war.

Results from WWP's 2021 *Annual Warrior Survey* illustrate the extent to which our population suffered toxic exposure during their service and the health conditions they are now facing. Among those deployed in support of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND), 72.8% reported serving near a burn pit, meaning a burn pit was located either on their base or close enough that they could see smoke. Of those, 67.4% report being near a burn pit on a daily basis. Additionally, nearly all warriors (97.9%) reported some exposure to hazardous or toxic substances during military service, which include desert sands, petrochemicals, and powerful solvents.

Historically, Congress has dealt with military toxic exposures with era-specific legislation. Vietnam veterans' exposures were addressed with the *Agent Orange Act of 1991* (P.L. 102-4), and Desert Storm/Desert Shield veterans' exposures were addressed by the *Persian Gulf War Veterans Act of 1998* (P.L. 105-368 §§ 101-107). However, no comprehensive legislation has been enacted to specifically address the toxic exposure concerns of current and future generations of veterans.

Multiple pieces of legislation introduced in the 117th Congress would address individual challenges faced by current-era veterans who were exposed to toxic substances. Recognizing that many of these bills were complementary, they were combined into omnibus legislation offering comprehensive solutions: Chairman Tester's *Comprehensive and Overdue Support for Troops (COST) of War Act* (S. 3003), and Chairman Takano's *Honoring our Promise to Address Comprehensive Toxics (PACT) Act* (H.R. 3967). WWP strongly supports these landmark pieces of legislation, which would accomplish all of our legislative priorities regarding toxic exposures as outlined below.

Health Care Eligibility for All Exposed Veterans

Wounded Warrior Project strongly believes that VA health care enrollment eligibility should be granted to any veteran who suffered toxic exposures while in service, regardless of their service-connected disability claim status. Context proves that this is an exceedingly difficult task for those seeking treatment for toxic-exposure related conditions. According to VA, from June 2007 to July 2020, only 2,828 of the 12,582 veterans (22%) who claimed conditions related to burn pit exposure were granted service connection.[2] This is generally consistent with findings from our *Annual Warrior Survey*, which revealed that warriors who filed claims for conditions related to toxic exposures were successful only 31.9% of the time. One critical consequence of a denied disability claim is delayed access to VA care.

Our call for guaranteed health care access is not unprecedented. Legislation enacted over the course of several decades has provided health care eligibility to previous generations of veterans with toxic exposure concerns. Veterans who served in the Republic of Vietnam between January 9, 1962, and May 7, 1975, and the Persian Gulf War between August 2, 1990, and November 11, 1998, are eligible for permanent Priority Group 6 VA health care enrollment without the need to establish a service-connected disability. Those who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987, where they were exposed to contaminated drinking water are also guaranteed permanent Priority Group 6 enrollment eligibility. In contrast, veterans who served in combat and were discharged after January 27, 2003, all of whom were potentially exposed to burn pits or other toxic substances, are only eligible for enrollment on this basis for a period of five years after separation.[3]

To illustrate the impact of the five-year policy, we point to VA data showing that as of June 30, 2015, there were 1,965,534 separated veterans of OEF, OIF, and OND,[4] all of whom are now outside the five-year enrollment eligibility period. Taken together with the fact that only 62 percent of deployed post-9/11 veterans have established a service-connected disability as of March 2021,[5] it can be reasonably estimated that nearly 750,000 current-era veterans who served in areas of known exposure are presently ineligible for VA health care if they have not

established a service-connected disability. Should any of them become ill with a condition they suspect is related to their exposure and seek care at a VA facility, they would be turned away and told to return only after they are service connected.

If enacted, the *COST of War Act* and the *Honoring Our PACT Act* would expand permanent Priority Group 6 enrollment eligibility to any veteran who served in an area of known exposure, regardless of era or location. This would include any veteran identified by the Department of Defense (DoD) as having been possibly exposed to a toxic substance inside or outside the United States as reflected by the Individual Longitudinal Exposure Record (ILER). The *COST of War Act* would also include any veteran who earned certain medals associated with current-era deployments, while the *Honoring Our PACT Act* would include any veteran who served after certain dates in locations of current-era deployments. This would finally provide parity to current and future generations by granting them the same access to VA care that Congress has established for previous generations of exposed veterans. WWP strongly supports these provisions and believes their enactment would provide lifesaving treatment and preventative care to all those who were exposed to toxic substances, now and in the future.

A Scientific Framework

In recognition of the challenges associated with establishing direct service connection for toxic exposure-related conditions, Congress has historically created mechanisms that require VA to make determinations on whether to establish presumptive service connection when scientific data show a link between specific exposures and associated illnesses, as it did for Vietnam veterans with the *Agent Orange Act of 1991*. However, no law currently exists to require VA determinations on illnesses associated with all toxic exposures, regardless of location or period of service.

The *COST of War Act* would address this by establishing an independent Toxic Exposure Review Commission comprised of scientists, health care professionals, and veteran service organizations (VSOs). This commission would collect information and hold public meetings to identify all possible military toxic exposures and make recommendations on whether scientific reviews by the National Academies of Science, Engineering, and Medicine (NASEM) are warranted. Upon receiving a report from NASEM, VA would be required to respond within an established timeframe and the Secretary would be authorized to grant presumptive service connection for diseases by reason of having a positive association with exposure to a toxic substance.

The *Honoring Our PACT Act* would create a Formal Advisory Committee, the majority of whom would be appointed by the VA Secretary, to review scientific data on potential exposure-related conditions. They would then have the option to advance recommendations to an Independent Science Review Board, all of whom would be appointed by the Secretary, to determine the likelihood of association. This would generate reports to the Toxic Exposure Working Group, comprised of VA employees, which would make recommendations to the Secretary to establish a presumption of service connection within established timetables.

We recognize that VA is also piloting its own internal presumptive decision-making model. WWP praises VA for taking this proactive step to formalize the Secretary's broad authority to establish presumptive disabilities when warranted by scientific data. The pilot is scheduled to conclude in April 2022, and we will assist VA in any way we can to support this process. Beyond the potential paths of arrival, we look forward to supporting the establishment of a scientific framework that maintains a level of independence, adheres to an evidentiary standard of positive association, and requires decisions within established timeframes.

Concession of Exposure

Traditionally, VA disability claims are granted by establishing direct service connection through a medical nexus that links a veteran's current diagnosis to an in-service event. In the case of toxic exposure-related claims, however, the in-service event, such as burn pit exposure, can be nearly impossible to prove since these events were often never documented. Since the veteran has no documentation of burn pit exposure (e.g., time and location), no in-service event is established, and VA often rejects the claim without providing additional consideration of whether the claimed illness is connected to the veteran's service.

Both the *COST of War Act* and the *Honoring Our PACT Act* would solve this problem by conceding exposure to burn pits and other toxic substances currently accepted by the VA adjudication manual for any veteran who was deployed to locations of known exposure, to include Iraq, Afghanistan, and surrounding areas. It would also require VA to request a medical opinion on the link between illness and exposure when the underlying facts do not provide prima facie evidence to grant the claim.

While VA's grant rate of 22 percent for burn pit-related claims is discouragingly low, we believe that claims will be more likely to succeed if burn pit exposure is conceded for veterans who served in areas where burn pits are known to have been used. Current law grants a concession of exposure to herbicide agents for Vietnam veterans (38 U.S.C. § 1116(f)), in recognition of that fact that many lack documentation of where and when they were exposed to Agent Orange. Current era veterans deserve concession of exposure for the same reason. We note that even if a list of presumptive disabilities was established in connection with burn pit exposure, proving exposure would still be necessary for veterans who wish to claim direct service connection for any illness that is not presumed to be related to exposure.

Presumptive Disabilities

Recognizing the possible relationship between in-service exposure and illnesses, the U.S. has invested resources in scientific studies to determine if there is an association. Still, after two decades of war, the science is disappointingly inconclusive. In its most recent report on the topic, released on September 11, 2020, National Academies of Science, Engineering, and Medicine (NASEM) stated that its analysis of the previous epidemiologic studies found them inadequate to determine an association, largely due to a lack of good exposure characterization. However, they stated, "this should not be interpreted as meaning that there is no association between respiratory health outcomes and deployment to Southwest Asia, but rather that the available data are, on the whole, of insufficient quality to make a scientific determination."

Consequently, NASEM recommends that new epidemiologic studies should be conducted.[6] Unfortunately, new studies could take years without the promise of more conclusive outcomes.

The *COST of War Act* and the *Honoring Our PACT Act* would bypass this scientific gridlock by establishing a presumption of service connection for any veteran who served on current-era deployments to areas of known exposure and is now suffering from certain cancers or serious respiratory conditions. While both bills include the same list of non-cancerous respiratory diseases and the *COST of War Act* includes respiratory cancers and glioblastoma, WWP strongly prefers the list of conditions in the *Honoring Our PACT Act*, which also includes eight additional cancers of various body systems, as well as granulomatous disease. WWP urges Congress to include all of these diseases in its final bill.

In August 2021, VA announced that it would begin processing claims for asthma, rhinitis, and sinusitis on a presumptive basis for veterans who served in Southwest Asia, Afghanistan, Uzbekistan, and surrounding areas due to presumed exposure to particulate matter. While WWP applauded the Secretary for using his rulemaking authority to establish these presumptive conditions, we opposed VA's decision to only include veterans who can produce evidence that their conditions manifested within 10 years of discharge. We believe that this unfairly excludes many veterans who were discharged over 10 years ago and may have chosen to self-treat for these conditions. Since they had no reason to believe they had a reasonable chance of being granted direct service connection, they may have never gathered evidence to file a claim or sought a formal diagnosis of their symptoms. Consequently, they have no way to prove when their conditions first manifested, even if they have been experiencing symptoms ever since returning from deployment. For this reason, we also urge Congress to codify these presumptive conditions without the 10-year time limitation.

Additional Legislation

The *Health Care for Burn Pit Veterans Act* (S. 3541, H.R. 6659) – introduced by Chairman Tester and Ranking Member Moran in the Senate and by Ranking Member Bost in the House – would extend eligibility for Priority Group 6 enrollment for recently discharged combat veterans from five years to 10 years. For those who were discharged over 10 years ago, it would establish a one-year enrollment period, beginning on October 1, 2022. An outreach plan by VA would be required to inform veterans of these new eligibility rules. The bill also contains various requirements for toxic exposure-related reporting, studies, screening, and training for VA employees. The sponsors of this legislation state that it is "the first of a three-step approach to expand access to health care for toxic-exposed veterans, establish a new process through which VA will determine future presumptive conditions, and provide overdue benefits to thousands of toxic-exposed veterans who have been long-ignored or forgotten."

Although WWP has publicly stated that the *Health Care for Burn Pit Veterans Act* represents a first step towards expanding access to care for recently discharged combat veterans, all of whom served in areas of known exposure, it is only a short-term solution. We continue to support passage of the *COST of War Act* and the *Honoring Our PACT Act* to provide a long-term health care solution for veterans exposed to toxic substances. Our commitment from the start of the 117th Congress has been to establish permanent access to VA health care for any veteran

who suffered toxic exposures while in service, regardless of his or her service-connected disability claim status.

No veteran who served in an area where they were forced to inhale fumes from burn pits or endure exposure to other dangerous toxic substances should be turned away from VA care, regardless of how many years ago they were discharged. Extending the special combat eligibility rule to 10 years only delays the point at which they will be denied access to care. The brief one-year enrollment provision for those discharged over 10 years ago does not alleviate our concerns. Previous generations of exposed veterans are not limited by arbitrary deadlines, and we see no reason why the post-9/11 generation should face this barrier to care.

Wounded Warrior Project is also concerned that those who have been discharged for more than 10 years may remain unenrolled at the end of the special 12-month enrollment period offered by the *Health Care for Burn Pit Veterans Act*. We believe that those who are presently ill but have been denied service-connection will likely enroll. In contrast, veterans who chose not to enroll during the initial five years following discharge and never filed a disability claim likely consider themselves healthy and will continue not to seek enrollment until their health status changes. We also recognize some adhere to a principle of not seeking care when others "more deserving" of the care should find needed care sooner. Others may be completely disconnected from VA and veteran service organization (VSO) communications at this time for any number of reasons. It is unrealistic that any amount of outreach from VA and VSOs would be enough to overcome these perceptions within a short 12-month period, especially for rural veterans. Consequently, many of them will remain unenrolled after October 1, 2023, leaving them once again ineligible for care and operating without a safety net should they become ill in the future.

Additionally, we are concerned whether veterans who become eligible for enrollment under the *Health Care for Burn Pit Veterans Act* would still be guaranteed access to care after the 10-year or 1-year windows close. VA's current policy assigns recently discharged combat veterans to the highest priority group they qualify for at the end of the five-year period. For those who are unable to establish a service-connected disability, qualify by virtue of a means test, or meet other eligibility criteria, this means a downgrade to Priority Group 8. Veterans in this priority group have been historically vulnerable to changes by VA in the level of services they are offered. According to the Congressional Budget Office, "[w]hen priority groups were established in 1996, the Secretary of the Department of Veterans Affairs was given the authority to decide which groups VA would serve each year. Because of budgetary constraints, VA ended enrollment of veterans in Priority Group 8 in 2003. Veterans who were enrolled at that time were allowed to remain in VA's health care system."[7] WWP is concerned that future budgetary constraints could prompt VA to end the provision of care for Priority Group 8 veterans altogether, leaving those who suffered toxic exposures and were downgraded to Priority Group 8 without access to care. Additionally, for a veteran who is unable to establish a toxic exposure service-connected condition, it is unclear what subgroup of Priority Group 8 they would be in or whether they would be eligible for health care benefits.

In sum, WWP will continue to champion the *COST of War Act* and the *Honoring Our PACT Act,* which would finally provide parity to current-era veterans and beyond who suffered

toxic exposure by guaranteeing them the same access to care as previous generations of exposed veterans. While we support the *Health Care for Burn Pit Veterans Act* as a first step towards achieving this goal, we oppose it a substitute for the *COST of War Act* and the *Honoring Our PACT Act.*

In closing, WWP thanks the committees for prioritizing this urgent issue and considering the *COST of War Act* and the *Honoring Our PACT Act*. We now urge Congress to work swiftly on a bicameral basis to resolve any differences in the legislation and send a comprehensive toxic exposure bill that accomplishes each of our stated goals to the president's desk without delay.

MENTAL HEALTH

With more than one million OEF, OIF, and OND veterans having some mental health need, and approximately 11 percent to 20 percent of post-9/11 veterans presenting with PTSD in a given year, WWP is committed to a public health approach that addresses suicide prevention and prioritizes providing high-quality mental health resources and treatment to veterans[8]. We offer a continuum of mental health programs to help warriors and their families build resilience and overcome mental health challenges, and support for public policies to support VA's ability to do the same has been a core tenet of our advocacy before Congress.

The Senate and House Committees on Veterans' Affairs delivered on the top priorities of WWP's 2020 legislative testimony by passing the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*. Specifically, the new law provides authorization for VA to pursue a community grant program to connect more veterans with clinical and non-clinical services in their communities (§ 201) and enhanced research capabilities related to precision medicine for PTSD and TBI with a goal of developing diagnostic tests and personalized therapeutics for millions of veterans who suffer the devastating effects of trauma to the brain (§§ 305, 704, 705). WWP applauded the passage of this historic legislation, along with key supplemental improvements provided by the *Veterans COMPACT Act*, which will strengthen support during military transition, implement suicide prevention initiatives, and improve care and services for women veterans. Your committees have continued the positive momentum in the 117th Congress and delivered on many of the top priorities of WWP's 2021 legislative testimony by introducing the *Post-9/11 Veterans Mental Health Improvement Act* (S.3293) and the *Support The Resiliency of Our Nation's Great Veterans Act of 2022* (H.R. 6411), also known as the *STRONG Veterans Act of 2022*.

The *Post-9/11 Veterans Mental Health Improvement Act* and *STRONG Veterans Act* would collectively help make future improvements in several areas WWP has identified as top priorities, including: improving treatment for sleep disorders (S.3293 § 101; H.R. 6411 § 502); streamlining mental health consultations for veterans filing for disability compensation for mental health disorders (S.3293 § 102; H.R. 6411 § 404); and increasing access to treatment offered at Residential Rehabilitation Treatment Programs (RRTPs) (S.3293 § 103; H.R. 6411 § 503) and for co-occurring mental health and substance use disorders (SUDs) (S.3293 § 104; H.R. 6411 §504). WWP endorses both bills and believes they would make significant strides to

fills the gaps in care that have become pronounced within the community of post-9/11 wounded warriors that we serve.

Many of the provisions in the *Post-9/11 Veterans Mental Health Improvement Act* and the *STRONG Veterans Act of 2022* are particularly timely given the environment many veterans have been facing since the onset of the COVID-19 pandemic and the end of the war in Afghanistan. For example, eHome Counseling has been a partner of WWP since 2018 and currently serves warriors with nationwide, metrics based, video face-to-face mental health counseling services for general counseling along with PTSD- and addiction-specific programs. Over the past three years, eHome has served more than 1,600 warriors referred by WWP's mental health programs, including the Warrior Care Network. Data developed through this partnership has shown that the pandemic has significantly impacted veteran mental health. Pre-COVID (April to December 2019), 67% of warriors showed moderate or severe conditions compared to 77% post-COVID (April to December 2020). PTSD showed a particular rise from 54% to 64%. As the pandemic has progressed, scores have declined slightly (e.g., moderate/severe from 77% in 2020 to 75% in 2021), yet all are still significantly higher than pre-COVID. Co-occurring conditions increased significantly during the pandemic, making treatment more complex. Additionally, intake assessments showed a "September Anomaly" effect this year, with suicidality doubling month over month from 13% to 26%, and alcohol misuse from 20% to 31%. This is potentially related to the U.S. withdrawal from Afghanistan on August 31.

While connecting veterans to care through WWP programs and our programming partners, including VA, has certainly helped veterans manage or overcome their mental health symptoms, more work can be done to improve the mental health care landscape for wounded warriors. In addition to passage of the *Post-9/11 Veterans Mental Health Improvement Act* and *STRONG Veterans Act*, WWP also supports broader mental health reforms across American health systems which will provide a strong path forward to empower veterans facing mental health conditions and crises. The following recommendations represent what we believe to be the best path forward to improve access to care, provide greater quality of care, deliver needed services, and keep the mental health community accountable.

Community-based Suicide Prevention Services

Wounded Warrior Project has been a leading advocate for programs and policies that recognize the interconnectedness of factors such as social connection, financial security, physical health, and mental resilience on overall health and wellness. In 2022, VA is set to bring this approach to communities across the country when it launches the new Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (P.L. 116-171 § 201). A signature component of the *Commander John Scott Hannon Veterans Mental Health Improvement Act*, this program will further implement the agency's public health approach through new authority to combine community-based prevention with evidence-based clinical strategies through community efforts. Congress can play a pivotal role in ensuring its success.

In April 2021, WWP and many other organizations submitted public comments to VA advising the agency on what factors to consider when implementing this new grant program.[9] Generally speaking, we believe that protective factors like social connectedness, outreach, and

economic security – pursued by the WWP community in greater numbers during the spread of COVID-19 – underscore the importance of broadly defining "suicide prevention services." In addition to accommodating protective support services with inherent value, we believe many of these programs will drive referrals to the VA health system for clinical care. Accordingly, WWP stands by to assist the committees' efforts to oversee implementation of the SSG Parker Gordon Fox Suicide Prevention Grant Program, a critical new tool to prevent veteran suicide and a top mental health policy priority for WWP.

Additionally, we support Section 304 of the *STRONG Veterans Act* that seeks to implement more veteran suicide prevention proposals through the Governors Challenge Program, another avenue to develop and implement state-wide suicide prevention best practices using a public health approach. To date, 35 states take part in the challenge, and we believe the *STRONG Veterans Act* can help expand and bolster this program. WWP also endorses the peer support provisions included in Sections 302 and 401 of the *STRONG Veterans Act*. These provisions would make significant strides to engage more warriors through peer connection, including through the proposed designation of "Battle Buddy Check Week" to help increase outreach and education concerning peer wellness checks for veterans.

Substance-Use Disorder, Residential Care, and Challenges with Sleep

Wounded Warrior Project is working to address co-occurring mental health and substance use disorders by connecting veterans to the care they need, including investments in programs and studies. A 2020 report, *Improving Substance Use Care: Addressing Barriers to Expanding Integrated Treatment Options for Post-9/11 Veterans*[10], published by the RAND Corporation and commissioned by WWP, provided several key findings. This study reveals that co-occurring SUDs and mental health disorders are common among post-9/11 veterans. Substance use disorder is often present in veteran suicide, and screening positive for PTSD or depression has been associated with being almost 20 percent more likely to screen positive for hazardous alcohol use or a potential SUD. In our most recent *Annual Warrior Survey*, we note VA's estimate that two out of 20 veterans with PTSD also have SUD[11]. Monitoring substance use within the WWP warrior population is critical given the high prevalence of PTSD and other mental health problems that may put warriors at risk of self-medicating.

Despite this common co-occurrence, treatment facilities typically specialize in treating one type of disorder or the other. Mental health treatment facilities – particularly within VA's community care network – often require veterans to abstain from substance use; however, veterans may be using substances to manage their mental health symptoms. Veterans who receive substance use treatment alone may be at risk for failing to meet their treatment goals if their mental health symptoms are not addressed. Addressing both simultaneously and concurrently can be necessary for lasting improvement. It is critical that veterans can access programs and facilities that are equipped to treat the veteran population and that post-care plans are strong and coordinated with VA to help prevent relapse. Taken together, these findings underscore a recent $10 million investment from WWP in our Warrior Care Network partners – where each location also hosts a VA employee to help coordinate post-care referrals into VHA – of which $1.3 million will be utilized to offer treatment programs dedicated to treating SUD and co-occurring PTSD and SUD.

Wounded Warrior Project recently submitted further commentary on this topic in response to the November 4, 2021 Notice of Request for Information Regarding Health Care Access Standards[12]. WWP documented the challenges our organization has encountered while assisting veterans needing residential care, especially veterans presenting with co-occurring mental health and substance use disorders. We believe that the absence of an access standard specifically for Residential Rehabilitation Treatment Programs (RRTPs) has permitted inconsistent experiences for veterans seeking these placements. Without clearer regulations or policies to ensure consistent and predictable RRTP referral practices, we believe that veterans will continue to face unnecessary wait times for care that can jeopardize health and discourage health-seeking behavior.

In this context, WWP supports Section 104 of the *Post-9/11 Veterans Mental Health Improvement Act* and Section 504 of the *STRONG Veterans Act of 2022* which call on VA to conduct a study on treatment for co-occurring mental health and SUDs. We also support Section 103 of the *Post-9/11 Veterans Mental Health Improvement Act* and Section 503 of the *STRONG Veterans Act of 2022* that require a study on access to care through RRTPs and require consideration of whether new SUD tracks should be added.

Similarly, WWP supports Section 101 of the *Post-9/11 Veterans Mental Health Improvement Act* and Section 502 of the *STRONG Veterans Act of 2022*. These provisions focus on improving sleep disorder care furnished by VA, including requiring VA to conduct an analysis of the department's ability to treat sleep disorders. In WWP's *Annual Warrior Survey*, sleep problems (78 percent) are the most frequently self-reported injury or health problem, which can be a result of both physical and mental health injuries or problems. Sleep deficits can exacerbate or increase the risk for chronic conditions such as pain, anxiety, PTSD, depression, and unhealthy weight, which affect most veterans served by WWP. According to the National Veteran Sleep Disorder Study, veterans are six-times more likely to suffer from sleep disorder than the general population. Knowledge about the importance of sleep quality and awareness of sleep disorder treatment is the first step in impacting change for better health outcomes. Minor, incremental changes in behavior leveraging non-pharmacological treatment methods such as exercise and behavior-based sleep therapy to improve sleep quality and ultimately support improved health outcomes should also be promoted.

National Suicide Prevention Lifeline and Veterans Crisis Line

Wounded Warrior Project was pleased to witness passage of the *National Suicide Hotline Designation Act of 2020* (P.L. 116-172) to launch 9-8-8 as the new three-digit dial code for the National Suicide Prevention Hotline. WWP remains committed to helping more veterans learn about the new three-digit number following the July 2022 launch. We also recognize more work needs to be done to help the veteran community, and Americans more broadly, learn about this new number. To this end, we support the *Suicide Prevention Lifeline Improvement Act* (H.R. 4564) that would develop a plan to ensure the provision of high-quality service for the hotline, strengthen data-sharing agreements to transmit epidemiological data from the program to the Centers for Disease Control, and implement a pilot program focused on using other communications platforms for suicide prevention. WWP also applauds the provisions of Title II

of the *STRONG Veterans Act of 2022* which aims to strengthen training, quality, and oversight of the Veterans Crisis Line for veterans who dial "1" after calling 9-8-8.

Finally, WWP supports the *9-8-8 Implementation Act*. This comprehensive mental health legislation would provide sustained congressional support for state and local implementation of 9-8-8 and the continuum of crisis care services, including the hotline, mobile response, and dedicated crisis care. This legislation includes several key provisions that will bolster the effectiveness of 9-8-8, thereby helping ensure more Americans, including veterans, receive prompt and quality care when accessing this resource.

Telehealth

Based on figures from 2019, 11 out of 17 veterans who died by suicide were not connected to VA, and among those veterans who were connected, 40%[13] were not being treated for a mental health or substance use disorder. WWP's 2021 *Annual Warrior Survey* notes that a significant number of post-9/11 wounded warriors receive mental health care outside of a VA Medical Center, with only 56.6% of warriors receiving mental health care at a VA Medical Center despite the pervasiveness of PTSD (75%), anxiety (74%), and depression (72%). While many of these warriors rate VA as a top resource for mental health care and most (approximately 4 out 5) reported being able to receive the care they need, it follows that more can be done to increase accessibility to care for those not doing so at VA.

Wounded Warrior Project supports expanding access to telemental health by allowing practice over state lines – like VA's "Anywhere to Anywhere" initiative – by passing the *Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021* (S. 1512, H.R. 2903). VA has been able to deliver exceptional mobile care throughout COVID-19, due to the strength of its telehealth laws. This legislation would provide the Department of Health and Human Services (HHS) with the authority to waive telehealth restrictions, remove geographic restrictions for services like mental health and emergency medical care, and allow rural health clinics and other community-based health care centers to provide telehealth services. This, in turn, stands to benefit the many veterans who seek mental health care outside of VA, including in more rural parts of the country.

Wounded Warrior Project also supports H.R. 6202, the *Telehealth Extension Act of 2021*. This legislation ensures permanent access to telehealth for patients across the country by ending outdated geographic and site restrictions on where patients can receive approved telehealth services. The bill also temporarily extends emergency authorities established during the COVID-19 pandemic that authorize a wide range of providers and services via telehealth. The temporary extension of these authorities will prevent an abrupt cliff in services at the end of the Public Health Emergency (PHE) period and allow for further study of the utilization and impact of telehealth in different medical settings. This legislation also stands to benefit veterans seeking mental health care from community providers. Similarly, the *Stopping the Mental Health Pandemic Act* (S. 165, H.R. 588) directs HHS to award grants to upgrade technology to support effective delivery of telehealth services, promote collaboration between primary care and mental health providers, and support emergency crisis intervention.

Lastly, WWP supports interstate compacts that help increase access to mental health treatment. WWP supports the Psychological Interjurisdictional Compact (PSYPACT), an interstate compact designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries as this stands to help veterans have access to more mental health care providers. To date, 28 states have enacted PSYPACT legislation. We encourage the committees to consider ways of advocating for interstate compacts that can provide more flexibility for both mental health providers and patients/clients. For example, committee members may consider introducing legislation similar to 10 U.S.C. § 1784(h) that is designed to provide funding to support the development of interstate compacts.

WOMEN VETERANS

In the past several years, there have been important bipartisan legislative victories that have invested in our women veterans. However, as the fastest growing segment of the veteran population, WWP believes there are new opportunities for us to better understand, empower, and advocate for these women who have served our nation. With over 27,000 women warriors registered with WWP, our programs provide support and serve the unique and evolving needs of this population. We also are continuing to evaluate and develop new and innovative ways to serve women veterans.

Last year, WWP released the Women Warriors Initiative Report. This report was based on information collected from over 5,000 women veterans who gave us important insights into their lives, challenges, and experiences. In follow-up roundtables, we focused on five major issue areas these women identified: access to care, mental health, transition, isolation, and financial stress. Combined with our work collecting data through the *Annual Warrior Survey*, we set out to use the information we collected to determine how we and the veteran's affairs community at large, could assist women veterans. Our advocacy before your committees in the First Session of the 117th Congress was built upon the following foundations, and that advocacy will continue over the remainder of the Second Session.

Gender-Specific Care

Wounded Warrior Project continues to believe that increasing access to VA-facilitated care should be a top priority. While almost all our WWP-registered female veterans are enrolled in VA health care (95%), nearly two-thirds (64%) have had challenges accessing the care they need. Additionally, women veterans are more likely to report fair or poor health compared to women who are still serving and non-veteran women.[14,15] Simply put, more needs to be done to improve access and quality of health care for our women veterans. We also know that for post-9/11 women veterans, over 70% of all health care visits (both VA and non-VA) were to address women-specific health care needs.[16]

One important avenue for access to gender-specific care that continues to receive overwhelmingly favorable feedback on is women's health clinics. We have found that when available, women veterans prefer to use these specialty clinics and we believe VA should continue to invest additional resources to expand their sizes, staffs, and locations.

Another important avenue of care for women veterans is through telehealth. WWP women warriors were more likely to utilize telehealth than their male counterparts. We commend the tremendous efforts VA has made in leveraging telehealth throughout the COVID-19 pandemic and believe it is continued use will help to expand care to those that otherwise may not be able to access it, including rural women veterans and those that have difficulty finding childcare to attend appointments.

Unfortunately, according to the AWS, the type of care that women warriors are most likely to go outside of the VA for is infertility or reproductive services, further illustrates the need for greater access to gender-specific care. The reasons most often cited for going outside of VA for this type of care, include poor providers, inconsistent services, lack of available services, and difficulty accessing the type of contraception preferred or accessing the pharmacy at all. Because of these difficulties, WWP continues to support legislation that makes it easier for women veterans to access contraception and other reproductive services.

Wounded Warrior Project similarly supports the *Making Advances in Mammography and Medical Options for Veterans Act* (S. 2533, H.R. 4794). We believe this legislation will markedly improve access to potentially lifesaving care for the 1 in 8 women veterans in the VA health care system that develop breast cancer in their lifetimes. WWP is also proud to support the *Women Veterans TRUST Act* (H.R. 344), which would require VA to analyze the need for long-term, residential, women-specific drug and alcohol dependency treatment and rehabilitation programs, as well as a related pilot program. We thank the members that have sponsored these important pieces of legislation and urge quick action on them.

Military Sexual Trauma (MST)

Devastatingly, 44% of WWP women warriors report experiencing sexual assault, a rate which is 2.5 times higher than females in the general U.S. population. MST continues to be one of the most complex yet widespread challenges facing Servicewomen and women veterans. The prevalence of MST in the population of warriors we serve, and the severity of its impact make this issue a priority for WWP, both in the delivery of our programs and in our role as advocates for the veteran community. WWP has done extensive work to ensure our programming reflects the needs of sexual trauma survivors, including through clinical and non-clinical mental health programs or through social events designed to facilitate peer connection and healing.

While the effects of MST are wide-ranging, women warriors commonly described feeling a sense of isolation, experiencing a lack of support in the wake of traumatic events, and struggling to avoid further traumatization when seeking treatment or benefits. One of the top three challenges with transition WWP women warriors identified was coping with mental health issues related to MST. We believe that this point of transition is a critical junction for MST survivors. It is essential that we reach these survivors early and effectively in their transition to civilian life, not only to connect them with MST-specific resources, but to avoid some of the other challenges frequently cited during transition, including isolation, anxiety, or crises of identity.

We appreciate the efforts VA and Congress have made to begin to address and highlight this issue; however, more can be done to integrate MST-informed care across all disciplines, programs, and outreach efforts. One of the legislative efforts to do this that WWP has endorsed, is H.R. 2724, the *VA Peer Support Enhancement for MST Survivors Act*. This bipartisan bill establishes a peer support program at the Veterans Benefits Administration (VBA) for survivors of MST. We believe this bill will enhance support for MST survivors and better integrate peer support into the VA system. Similarly, the compensation and pension exam continues to be a point of frustration for survivors due to the risk of re-traumatization and the often intense nature of the exam. While we understand the need for these comprehensive exams, we continue to urge VA to ensure they are consistently compassionate and trauma-informed. We believe the *Servicemembers and Veterans Empowerment and Support Act* (S. 3025, H.R. 5666) would both improve the MST claims process and outcomes for survivors, and we urge Congress to pass this important legislation.

In 2020, WWP was pleased to see the passage of the *Deborah Sampson Act*. We believe this legislation has already resulted in positive changes for women veterans but want to highlight several provisions that we believe deserve especially close oversight and continue to ensure successful implementation. Sections 5501, 5502, and 5503 implement commonsense improvements in reporting requirements and benefits processing for MST-related claims that will enhance many veterans' disability, mental health, and physical health options.

Ongoing Connection and Support

Through our Women Warriors Initiative, WWP has found that women warriors often infrequently see themselves represented in the veteran community yet struggle to relate to civilian women who cannot relate to their military experiences. Many reported not having strong connections with other veterans but also describe a sense of relief in being with one another. In addition, over 80% of women warriors scored as lonely based on the UCLA Three-Item Loneliness Scale.

We believe that peer support programs are needed to fight against this isolation that many women warriors experience. Peer support groups facilitate the expression of their shared challenges and concerns while building support systems to fight against isolation. WWP has found that women-only virtual peer support groups can be especially useful. Over the course of the pandemic, WWP saw female representation rise dramatically through our virtual events. With barriers like physical distance and lack of access to childcare, virtual support groups have allowed many of our women warriors to connect in ways they could not before. As a response, WWP now has 12 Peer Support Groups meeting virtually across the country. We encourage VA to continue to capitalize on this time when many veterans are becoming more comfortable with virtual platforms and pilot online peer support for women veterans.

Given the importance of the transition process, WWP also recommends that DoD establish peer support groups for Service members going through the transition process. Many women warriors report that some of the best information they received during their transition was from other Service members who had previously transitioned or worked with those who had. These types of peer support groups will provide additional spaces for women veterans to receive

emotional support, share their challenges and concerns and fight against the isolation many describe during this period of transition.

In this context, WWP supports close oversight of Section 5206 of the *Deborah Sampson Act*, which requires VA to develop a staffing improvement plan for women peer specialists. As discussed, WWP understands the significant impact of peer support, especially for women veterans in underserved or hard-to-reach areas. This provision will ensure that women veterans across geographies are comfortable in engaging with qualified and resourceful peer specialists.

Safe and Welcoming VA Care Environments

One of the most common barriers for WWP women warriors to VA care was lack of sensitivity to women's needs. We know that the environments of care at VHA facilities can significantly impact women veteran's experiences and willingness to access care. Especially for the 1 in 4 women warriors that have experienced MST, entering a VA facility can be an overwhelming and scary experience. Many women have reported harassment, anxiety over being forced to walk through crowded spaces or their veteran status being questioned at VA facilities.

Because of these issues, we support VA's recent efforts to create a more inclusive and safe experience at VHA facilities, including initiatives like the White Ribbon VA and establishing designated points of contact for reporting harassment at each facility. However, we continue to believe more effort needs to be made to ensure safety, convenience, and overall ease of access by women veterans. WWP recommends that VHA facilities' physical layouts and utilization patterns are evaluated for potential issues that may arise for women veterans or trauma victims. This includes evaluating proximity to parking lots, lighting, distribution of functioning security cameras and private entrances. Facilities should, when necessary, adapt these layouts to improve privacy and safety for women veterans accessing care.

There are several additional provisions of the *Deborah Sampson Act* that reflect a number of the priorities we have mentioned, and we want to urge particularly careful oversight of a few specific provisions, including sections 5102 and 5103. These sections take steps to ensure that women veterans receive their health care in facilities that are well-equipped, functional, and comfortable by implementing the women veterans retrofit initiative – to address deficiencies in fixtures and other outfitting measures – and uniform standards and inspection requirements. Another section we are closely monitoring progress on is section 5107. This section establishes a permanent program to facilitate childcare for veterans utilizing regular or intensive health care services. This measure addresses a barrier that has long been identified by women veterans as burdensome, expensive, stressful, and an obstacle in their ability to access medical appointments and opportunities for peer support.

Wounded Warrior Project is excited to see the changes that have already been made because of the *Deborah Sampson Act* and we look forward to working with you to ensure these necessary updates and programs are carefully adapted to ensure the best outcomes for women veterans. Additionally, as VHA continues to modernize its facilities and operations to better serve women warriors, we are eager to see the nomination and confirmation of an Under

Secretary of Veterans Affairs for Health. This position – which has not been officially filled since January 2017 – will be key to guiding VHA's strategic efforts to improve the delivery of health care to all veterans, including more than 580,000 enrolled women and thousands more who will seek care at VA in the future.

LONG-TERM CARE AND SUPPORT

All veterans enrolled in VA's health care system are potentially eligible for long-term services and supports (LTSS), a suite of VHA programs that includes facility-based services, end-of-life services, and – most critically to the post-9/11 generation's severely wounded warriors – geriatric outpatient programs and home and community-based services. Providing necessary LTSS, to include enough of those services, to veterans who are relying on them earlier in life is a WWP priority. While WWP is meeting that priority through services like our Independence Program, the House and Senate Committees on Veterans' Affairs can drive critical improvements to VA LTSS by considering three key facts.

First, veterans under the age of 65 are using VHA's Geriatrics and Extended Care (GEC) programs at a high and increasing rate. In 2020, 27% of GEC program users were veterans under the age of 65.[17] That figure represents a 10% increase over 2019, when veterans under age 65 accounted for 16.7% of GEC program users.[18] Across all VA long term programs from fiscal year 2014 through 2018, the number of veterans who served on or after 9/11 and received long-term care has increased at a faster rate than the overall number of veterans who received this care.[19]

Second, veterans under the age of 65 are more likely to have been the beneficiaries of modern life-saving military medicine and technology during their time in service. Improvements in combat casualty care including better use of tourniquets, quicker blood transfusions, and faster prehospital transport times have saved the lives of many who would have been lost in previous wars, including those most critically injured, who experienced a three-fold increase in survival rates from 2001 to 2017.[20] Many of those who survived due to these advances in medical technology and battlefield care were very seriously wounded and will be challenged by lifelong physical disabilities or mental health conditions. Thus, this increased survival rate will continue to contribute to the need for LTSS services that are responsive to a community of younger veterans who will require more intensive care and case coordination over a longer period.[21]

Lastly, the current state of research in traumatic brain injury (TBI) indicates that there is still much to learn about the long-term care needs of those who incurred these invisible wounds in service. What is clear is that from 2000 to the third quarter of 2020, the Department of Defense (DoD) reports 430,720 TBIs among Active Duty Service members.[22] Research indicates that this figure could be even higher due to undocumented injuries in Iraq and Afghanistan before improvements in documentation implemented in November 2006.[23] Other research indicates that 1 in 4 veterans who have been hospitalized with TBI will develop long-term disability.[24]

Taken together, the factors above provide compelling evidence for the committees to consider the perspective of how younger veterans are relying on LTSS, how that reliance will grow and shift over time, and what can be done to ensure the best outcomes for veterans with a history of TBI.

Long Term Support Services

Our primary focus within LTSS is for Congress to explore whether the Geriatrics and Extended Care (GEC) services at VA are meeting the needs of a younger generation of veterans who are using these services earlier in life. The clinical diagnoses and symptomatology of veterans relying on VA LTSS is diverse, but for younger veterans with serious, persistent combat injuries, certain presentations may be more common and illustrative. For the post-9/11 generation, traumatic brain injury (TBI) provides a helpful benchmark of how VA programs are currently meeting the need of wounded warriors who are relying on LTSS.

In a recent study of the service needs and barriers faced by veterans years after sustaining moderate to severe TBI, the most frequently cited barrier to care was not knowing where to get help.[25] This finding underscores the fact that, while the number of Service members catastrophically injured in service has decreased in recent years, the needs of severely injured Service members and veterans with TBIs have not diminished over time and will, in many cases, grow. In the experience of WWP's Independence Program and Complex Case Coordination team, this lack of awareness is not limited to those with brain injury and is often an issue across the spectrum of injury and illness.

Wounded Warrior Project has found that establishing treatment and support programs may simply not be enough. Overlapping resources and nonuniform availability of federal, state, and local resources require a broad community effort to connect those in need with the services created for them. For this younger generation, VA's nomenclature has an impact. The word "Geriatric" – in reference to VA's Geriatric and Extended Care program office – can be a source of confusion or deterrence for both the veteran and their case manager or social worker to seek services. To overcome even this most basic barrier as well as others, a menu of available program options tailored to the veteran/family and based on his or her needs and eligibility would maximize the use and impact of those services. In addition, younger veterans with long term care needs and their caregivers are often overlooked for programs like Veteran Directed Care (VDC) and Home-Based Primary Care because they are a small – but vulnerable – portion of the eligible population. In many cases, they are in desperate need of these services but simply are not aware they exist. Because this population is relatively small and geographically diverse, increased training to identify younger veterans in need of LTSS may be needed.

Although contextually limited to the TBI landscape of care, the need for more coordinated care and outreach has been previously acknowledged. In a June 2013 report to Congress, the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) outlined three broad goals for TBI care in the military and veteran community: (1) increased awareness, (2) improved surveillance, and (3) stronger collaboration across the federal government.[26] Several recommendations – which were composed in collaboration with DoD

and VA – have been implemented, but guiding factors can still serve to improve the landscape of care today.

To improve continuity of quality care and service delivery along with inter-service, interagency, intergovernmental, and public and private collaboration for care, CDC and NIH called on VA to establish multiple reforms including implementing uniform training for recovery coordinators and medical and non-medical care/case managers, establishing a single tracking system, and providing a comprehensive plan for the seriously injured. The Federal Recovery Coordination Program was cited as a main driver of these reforms, but that office has since transformed into the Federal Recovery Consultant Office (FRCO) in February 2018 in response to the Presidential Executive Order, "Comprehensive Plan for Reorganizing the Executive Branch." While this shift may have created some efficiencies, WWP encourages a fresh assessment of whether the FRCO is sufficiently resourced to address the reforms that have not been fully realized. Additionally, we believe that similar efforts can be undertaken to support a broader population of veterans with complex needs and should include steps to ensure central oversight of policy implementation.

In consideration of the above, WWP supports draft legislation being developed by Rep. Julia Brownley (D-CA-26) that would commit VA to making improvements aligned with WWP's priorities for LTSS. We are pleased to see this legislation includes a section that would increase the amount VA can pay for non-institutional care provided to an individual veteran, making it more affordable for a veteran to choose care at home instead of in a nursing care facility. This will be particularly impactful for younger warriors who require a heightened level of care but for whom life in a nursing home is neither age nor culturally appropriate. Additional provisions to codify programs like VDC and Purchased Skilled Home Care will increase the likelihood that these programs become more accessible around the country. Lastly, we are encouraged by steps this legislation would take to make VA's non-institutional care programs more visible to veterans and caregivers who may no longer be eligible for the Program of Comprehensive Assistance for Family Caregivers (PCAFC). As new heighted eligibility standards have made PCAFC unattainable for many who nevertheless need or provide considerable support, improvements designed to help connect these veterans and caregivers to other programs that may provide needed assistance will be a critical backstop.

Traumatic Brain Injury

Wounded Warrior Project has previously advocated for new and continuing investment in research and programs to address near- and long-term needs, as well as the risk associated with brain injury. While Congress has extended support through several of these initiatives within the context of mental health, suicide prevention, and aging, WWP has called on Congress to concentrate efforts on TBI specifically. As the population of post-9/11 veterans living with the aftereffects of TBI during service continues to grow, little is known about the expected course of their condition or how to best meet their needs for long-term support service. To this end, two recent comprehensive reports offer constructive recommendations for improving TBI care and research: the DoD has released a report to Congress, *Eleven-Year Update: Longitudinal Study on Traumatic Brain Injury Incurred by Members of the Armed Forces in Operation Iraqi*

Freedom and Operation Enduring Freedom, and the National Academies of Sciences, Engineering, and Medicine released *Traumatic Brain Injury A Roadmap for Accelerating Progress*. These reports provide better understanding about which approaches may offer the best care for veterans with TBI, as well as help inform the policies and research needed to improve the care and support offered to veterans and their family members.

Wounded Warrior Project believes these reports highlight areas where oversight and new polices can play a role in ensuring the current and long-term care outlooks for post-9/11 veterans are a strong as possible. Some areas for potential oversight include (1) exploring how well VA is doing screening all veterans from OEF/OIF for possible TBI during their initial visit to VHA to enhance identification and treatment of TBI and any related physical, cognitive, and emotional problems; (2) reviewing the accessibility and capacity of polytrauma intensive TBI and PTSD programming across the Polytrauma System of Care; (3) assessing the adequacy and scope of current TBI research, including biomarker research authorized in *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019* (P.L. 116-171 § 305); and (4) determining whether the current Federal Recovery Coordination Program is adequately resourced to meet current needs.

Another key area to explore is ensuring access to care. DoD's report makes many strong recommendations, finding Service members, veterans, and family members report barriers, such as distance to health care, time issues, and scheduling/availability of wanted services, as challenges to address ongoing needs[27]. The report also notes "[a]mong Service members and veterans with the most rehabilitation needs, over half report experiencing primary barriers, including community access to care limitations, availability of wanted or needed information, and attitudes of the family members or caregivers providing support."[28] Because veterans with cognitive problems have an impaired ability to engage in their care, efforts need to be made to find alternative and proactive ways to address these unique challenges[29]. Additionally, it is necessary to begin coordinating care soon after the onset of TBI and then continue the care as veterans age[30].

Warriors also indicate they face continued challenges navigating the system of care. Family education and support are critical components of acute inpatient rehabilitation. Additionally, needs are common in chronic stages of TBI, highlighting the importance of providing ongoing services through chronic stages of TBI and ensuring both veterans and their family members have the resources needed[31]. The access to support and educational services that are generally available to veterans during the acute stages of recovery wane across the patient's lifespan; therefore, it will be important to explore coordinated and enduring engagement for patients and families for those with severe and chronic functional impairment.[32] Service members and veterans experience physical, psychological, and cognitive problems that may impair their ability to recognize, participate in, or access care to address their needs; therefore, care programs should continue to adapt as needed to increase accessibility for disabled Service members and veterans who lack assistance or family support.[33]

As another compounding challenge, the National Academies of Sciences, Engineering, and Medicine TBI report, flags: "TBI care and recovery also involve multidisciplinary teams, diverse rehabilitation and community interactions during recovery, and needs that can evolve

over long time. Handoffs can easily turn into gaps, and coordination is challenging across the many phases of care, specialties, types of providers, and community environments. Patients and families often are left to navigate specialized services that are confusing and difficult to find and do not share data with other services. Many patients with TBI lack access to the types or amount of rehabilitation care and supportive services they may need over time. Furthermore, families and caregivers of people with TBI continue to report significant burdens and unmet needs."[34]

We also encourage more efforts to improve physical and mental health care rehabilitation needs. DoD's report notes, "Service members and veterans who received inpatient TBI rehabilitation continue to have rehabilitation needs for at least five years after TBI. On average, they report eight ongoing rehabilitation needs and three needs unmet by current care. Frequently cited areas of ongoing need include cognitive health (e.g., help with memory, problem solving), managing physical symptoms, and mental health (e.g., stress, emotional disturbances). Service coordination of physical and mental health needs is also critical."[35]

We also believe VA may need to revisit the current policy of not paying for room and board in assisted-living facilities as the current policy likely does not meet the long-term care needs of veterans with TBI. From 2009 to 2018, VA conducted a pilot program, Assisted Living for Veterans with TBI, in which veterans with moderate to severe TBI who needed long term neurobehavioral rehabilitation were placed in private-sector TBI rehabilitation facilities.[36] VA submitted an evaluation of the program to the House and Senate Committees on Veterans' Affairs finding the program experienced improvements in physical and emotional health, TBI symptoms, and other outcomes, and veterans and family members were highly satisfied with the care received.[37] Currently, VA facilitates such care through the Traumatic Brain Injury – Residential Rehabilitation program but does not pay the full cost. Veterans must pay for room and board, which can be a considerable out-of-pocket expense, often $800–$1,200 per month.[38] Long-term care for TBI can create significant financial barriers for many veterans, and VA may need more regulatory authority to pay for long-term rehabilitation; otherwise, a supplementary disability benefits may need to be considered for these veterans.

Wounded Warrior Project supports the recommendations found in DoD's *Eleven-Year Update: Longitudinal Study on Traumatic Brain Injury Incurred by Members of the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom* and The National Academies of Sciences, Engineering, and Medicine released *Traumatic Brain Injury A Roadmap for Accelerating Progress*. These reports provide better understanding about the approaches that may offer the best care for veterans with TBI, as well as help inform the policies and research needed to inform the care, resources, and support offered to veterans and their caregivers. We encourage Congress to review these reports and take steps to begin implementing the recommendations intended to provide better long-term support and care to veterans with TBI.

CAREGIVERS

Supporting our nation's military and veteran caregivers is one of the most effective ways to improve the health and wellbeing of wounded, ill, and injured Service members and veterans. Without the support of 5.5 million military and veteran caregivers who provide billions in service value each year, VA would face insurmountable costs related to home-based care and supports. However, caregivers face a unique set of challenges in supporting their veterans. Caregivers suffer from high rates of depression, physical illness, and burnout. Critically, they are also on the frontlines of the veteran suicide crisis, watching for every emotional trigger, and monitoring every change in behavior.

As an early and enduring champion for caregivers and the warriors they care for, WWP has kept care for this community as a centerpiece of our advocacy and programming. Currently serving more than 700 warriors and nearly 500 caregivers, our Independence Program pairs seriously injured warriors who rely on their families and/or caregivers with a specialized case management team to develop a personalized plan to restore meaningful levels of activity, purpose, and independence into their daily lives. As PCAFC expansion drives forward, we a rapidly learning how new eligibility criteria are affecting post-9/11 veterans and caregivers who have had access to the program and using this perspective to guide our advocacy efforts.

Impact of PCAFC Expansion

Following passage of the *VA MISSION Act* (P-L 115-182 §§ 161-163), VA published a proposed rule to modify PCAFC eligibility criteria as part of the program's expansion to veterans and caregivers of all eras. In March 2020, WWP and more than 200 other commenters submitted public comments generally raising apprehension about the proposed eligibility standards' lack of clarity in key areas and their potential to exclude many caregivers to veterans with moderate and severe needs who would seemingly fit the program's intent of serving the most catastrophically wounded veterans.

Wounded Warrior Project is hopeful that PCAFC regulations will preserve (or help establish) eligibility for a meaningful number of veterans with moderate and severe needs, but the reassessment process for the program's legacy participants (those post-9/11 veterans and caregivers who were enrolled prior to the effective date of the new expansion-era regulations) are creating cause for concern that is consistent with forecasts WWP and others made in March 2020. Data from our 2019 *Annual Warrior Survey* data supported the proposition that several additions and modifications to PCAFC definitions may be too restrictive to accommodate formerly eligible and prospective PCAFC participants with moderate and severe needs. Extremely few warriors are completely dependent on caregivers to complete those activities of daily living (ADLs) that correspond with PCAFC ADLs. Less than two percent of responding warriors reported total dependence on another to complete an ADL – a statistic that spanned each of the seven PCAFC ADLs.

While this data is self-reported and not clinically verified, the number of warriors requiring assistance only some of the time to complete these ADLs was generally six to nine times higher than those requiring assistance each time. Of all warriors who completed the 2019

Annual Warrior Survey, only 1.7 percent reported complete dependence on assistance from another for 3 or more ADLs that align with VA ADLs (561 warriors). It is worth noting that this finding may not be consistent with clinical evaluations used by PCAFC for determining eligibility; however, it can reasonably be viewed alongside the 31.8 percent of all warriors who reported the need for aid and attendance of another person because of post-9/11 injuries or health problems.

Although these concerns were not addressed in VA's final rule that requires a caregiver to help a veteran with at least one of seven ADLs "each time" it is completed (or three of seven ADLs for the higher tier)[39], WWP has continued to work alongside warriors and VA to ensure that warriors and their caregivers are provided with the care, support, and acknowledgement that is consistent with the original intent of PCAFC. Unfortunately, anecdotal evidence being gathered from warriors and caregivers across the country suggests that clinical eligibility reviews are resulting in unexpectedly adverse decisions upon strict application of program rules by VA Clinical Eligibility and Appeals Teams and even examples of caregiving expectations that exceed the already high bar of entry for the program. Of note, WWP is concerned by the perceived differences in how PCAFC decision teams determine eligibility, how warriors with cognitive and/or behavioral health issues who do not meet the ADLs "each time" requirement – but require a full-time caregiver – are evaluated, and by the number of caregivers who have reached out to WWP and other veteran service organizations in anguish after being notified that they are no longer eligible to participate in the PCAFC.

As your committees oversee implementation of the long overdue and deserved expansion to veterans and caregivers of all ages, we encourage members to keep these concerns in mind. WWP will be continuing its work with warriors and caregivers to ensure the best outcomes for those who regularly provide for more assistance than the standards set forth by VA, often at great personal sacrifice.

FINANCIAL SECURITY & COMPENSATION REFORM

Along with physical and emotional health, financial security is an important factor in overall wellness and a key component to a veteran's success after service. Although our country has begun to recover from the economic impacts of the COVID-19 pandemic, many warriors and their families continue experience financial difficulties. With 42 percent of those who participated in our *Annual Warrior Survey* indicating that they experienced financial strain in the last year, WWP remains dedicated to promoting the economic empowerment of wounded warriors.

To that end, our Warriors to Work program provides a range of employment services to assist warriors and family support members with resumé building, job placement, interview skills, and skill translators. Through our Benefits Service, our network of accredited service officers located across the country stand ready to ensure that warriors are able to access the disability compensation and other financial benefits they have earned through their service. With a large population of our Alumni receiving benefits and services from VA, it is vital to ensure that the benefits approval process is friendly and places minimal stress on the veteran population.

Below are recommended legislative changes identified by our *Annual Warrior Survey* and through Warriors to Work and WWP national service officer analysis of VA programs and services that wounded warriors depend on.

Concurrent Receipt

When Service members retire from the military, they are entitled to retirement pay based on their years of honorable service. Most Service members become eligible for retirement after serving 20 or more years. Those who are forced to retire early due to medical conditions are known as Chapter 61 retirees. Like all veterans, military retirees who were injured while in service are also entitled to VA disability compensation. Unfortunately, many retirees are unable to collect both earned benefits due to a statutory dollar-for-dollar offset. WWP strongly believes that DoD retirement pay and VA disability compensation are two different benefits established by Congress for two different purposes, and no eligible veteran should have to forfeit a portion of their earned retirement income simply because they suffered a service-connected disability.

In 2004, Congress acknowledged this injustice by ending the offset for military retirees with at least 20 years of service and disability ratings of at least 50 percent. If enacted, the *Major Richard Star Act* would extend this policy to approximately 46,000 Chapter 61 retirees whose military careers were cut short due to combat-related injuries and illnesses, finally allowing them to collect the hundreds of dollars per month that they have been denied until now.[40] This would not only fully honor the extraordinary sacrifices they have made in service to our Nation but would also represent a meaningful step towards ending the offset for all.

This legislation was named in honor of Major Richard Star, an Army veteran who was diagnosed with stage 4 lung cancer after completing multiple deployments to the Middle East. Since his illness triggered a medical retirement before he could complete 20 years of active service, he was a Chapter 61 retiree, unable to collect the earned benefits that would have helped him and his family during this difficult time in their lives. Tragically, Major Star passed away of his illness in February of 2021 before the bill that was named for him could become law. WWP calls on Congress to honor his legacy by swiftly passing S. 344 and H.R. 1282, the *Major Richard Star Act*, finally eliminating the offset for all Chapter 61 retirees who were retired due to combat-related injuries and illnesses.

VA Clothing Allowance

One of the challenges faced by veterans whose injuries require the use of prosthetics, orthopedic appliances, and wheelchairs is that these devices often cause significant wear and tear to their clothing. This is also true of veterans who require medications and ointments for skin conditions such as severe burns. The need to frequently replace clothing that would have otherwise remained serviceable can create a significant financial burden for these veterans. For this reason, the VA provides an annual clothing allowance for eligible veterans to reimburse them for any clothing that may be damaged or require alterations throughout the year.

The VA clothing allowance is an important benefit to the population WWP represents. In our most recent *Annual Warrior Survey*, 15 percent of respondents reported service-connected

spinal cord injuries, 4 percent reported that they use a prosthesis. These responses represent warriors whose injuries may require them to use devices that cause damage to their clothing.

Under current law, veterans with a service-connected disability requiring the use of a prosthesis, orthopedic device, or skin medicine that causes damage or requires alterations to their clothes qualify for the VA clothing allowance. [41] This benefit is not, however, issued automatically to qualifying veterans. Even those with static disabilities such as amputations and permanent paralysis due to spinal cord injuries must reapply by submitting VA Form 10-8678, the Application for Annual Clothing Allowance, before August 1 of each year. This creates an overly burdensome process for veterans with disabilities that will not improve with time.

If enacted, the *Brian Neuman* and *Mark O'Brien VA Clothing Allowance Improvement Acts* (S. 2513, H.R. 4772) would solve this problem by directing VA to establish standards for determining whether a veteran's qualifying disability is static, meaning the veteran has an ongoing established need for a clothing allowance. If it is determined that the disability is static, clothing allowance payments would continue automatically on a recurring annual basis, finally removing the burden on these severely injured veterans to reapply each year. If the disability is non-static, VA will conduct periodic reviews to determine the veteran's continued eligibility. WWP believes this legislation will remove an unnecessary burden on severely injured veterans and urges Congress to pass it without delay.

Claims File Accessibility

When a veteran submits a claim for VA benefits, a claims file – commonly referred to as a "C-File" – is created. The C-File may contain the veteran's service records, VA exam results, additional information submitted by the veteran, and anything else VA deems necessary to decide a disability claim. A veteran may want to view their C-File to ensure all the information it contains is accurate and complete before the claim is decided or, once a case has been decided, to better understand how VA reached its decision.

Unfortunately, the process for a veteran to be able to view their C-File is antiquated and inconvenient. Currently, if a veteran wants to view their C-File, their options are: (1) making an appointment with their VA Regional Office (RO) to physically view the C-File in person. This option is often inconvenient to veterans who do not live within a reasonable proximity to the RO and to those who struggle to find time to visit during business hours; (2) submitting VA Form 3288, *Request for and Consent to Release of Information from Individual Records*, by mail or fax with no confirmation of receipt and a wait period that may last several months; or (3) submitting a *Freedom of Information Act* (FOIA) request, which is difficult for veterans who are not familiar with the procedure. Such requests often take substantial processing time.

It is also noteworthy that C-Files are delivered in paper form or as a compact disc (CD). As computer manufacturers are well along with a migration away from building internal CD drives, the CD format is quickly becoming old technology which many computers do not support. Accordingly, the time has come for VA to provide the option for electronic delivery of a C-File. VA has the technology to make information available online, and precedent has already been established by making medical records available through the My HealtheVet portal.

If enacted, the *Wounded Warrior Access Act* (H.R. 5916), would modernize this process by allowing veterans to electronically request and receive their C-Files easily and securely. It would also create reasonable timeliness standards for VA to confirm receipt of the request and provide the veteran with their records. This would make the process more convenient for veterans, increase veterans' faith in VA transparency, and decrease unnecessary appeals since more veterans will have access to all the information VA used to decide their claims. WWP urges Congress to pass this legislation.

Veteran Readiness and Employment (VR&E)

Under Chapter 31 of Title 38, the VR&E program provides employment opportunities through job training and other employment-related services, including education, job search services, and small business start-up funds. The program is designed to evaluate and improve a veteran's ability to achieve his or her vocational goal; provide services to qualify for suitable employment, enable a veteran to achieve maximum independence in daily living, and enable the veteran to become employed in a suitable occupation and to maintain suitable employment. WWP supports using the VR&E program as a pathway to long-term employment for disabled veterans.

The VR&E program offers five different support-and-services tracks to help veterans reach their individual employment goals. These tracks include Reemployment, Rapid Access to Employment, Self-Employment, Employment Through Long-Term Services, and Independent Living. Our Warriors to Work employees who help connect warriors to VR&E services report that the Self-Employment track, which is designed to help veterans start their own businesses, suffers from an unclear approval process and that VR&E counselors often lack expertise in key requirements such as building business plans and writing feasibility studies. These gaps in clarity and support lead to possible underutilization of the benefit. In our most recent survey, about 2 in 10 (20.2%) warriors indicated they have used the VR&E program but of those, only 8.4% took advantage of the Self-Employment track. WWP encourages Congress to conduct oversight to determine whether improvements to the VR&E Self-Employment track are needed.

ADDITIONAL AREAS OF FOCUS

Rural Veterans

One of the biggest ongoing challenges both VA and WWP continues to face is how to deliver care and services to veterans who live in rural and hard to reach areas. Our rural warriors report earning less on average than non-rural warriors, being less likely to be in the work force, being more likely to need aid or assistance than urban warriors and are more likely to report experiencing financial strain.

Travel is another issue faced by many of our rural warriors as they often must travel farther for care and with limited or no public transportation options. One study reported nearly 84% of urban veterans lived within a 30-minute drive of a VA primary care center, compared to

13% of rural veterans.[42] Another study found that rural veterans receiving care for PTSD from the VA had nearly 20% fewer visits to VA facilities over one year compared to urban veterans and 22% fewer visits to PTSD specialty clinics.[43] Many rural veterans also live in areas with outdated infrastructure, limited paved roads and roads with two lanes or fewer.[44] Given the importance of peer support for veterans, these physical barriers and geographic distance make it even more important for WWP and the veteran community to think more creatively about how we reach veterans in all parts of the country.

We also know that rural veterans are less likely to have high-speed internet or have access to a smartphone.[45] In fact, the VA reports that 26% of rural veterans enrolled in their healthcare do not have access to the internet at home.[46] Thankfully, VA has made great strides over recent years to lessen the digital divide experienced by many rural veterans and their embrace of telehealth has been largely effective and widely used by our warriors. Interestingly, our 2021 *Annual Warrior Survey* did not reveal any statistical differences on the use of telehealth between rural and urban warriors. However, WWP believes continued efforts need to be made to reach others through expansion of infrastructure and other IT resources.

Ensuring greater access to programs like telehealth by giving rural veterans access to broadband, is even more important given the limited access to healthcare providers in most rural areas. While many rural veterans qualify for community-based care under the *VA MISSION Act* due to their distance from VA facilities, they may still have difficulty finding providers in their area. The federal government now estimates that nearly 80% of rural U.S. is designated as medically underserved and this problem is only getting worse.[47] We are looking forward to reviewing the recommendations on how to "modernize and realign" the VA required under the *VA MISSION Act* soon and hope to work with you and the broader community in ensuring we are meeting the needs of our veterans in rural communities.

Airport Travel

As we have seen in the last several years, air travel continues to be a stressful experience for everyone, but it is an especially serious challenge for severely disabled veterans. The process of having to remove prosthetics or other assistive devices, vacate wheelchairs, or make other accommodations to go through security can not only take quite a bit of a time but also leave a veteran stressed, frustrated, or embarrassed.

The *Veterans Expedited TSA Screening (VETS) Safe Travel Act* (S. 2280, H.R. 855) addresses this issue by offering TSA Pre-Check at no cost to severely disabled veterans who are amputees, paralyzed, blind, or require an assistive mobility device. This benefit is already offered to Active Duty, Reserve, and National Guard Service members. WWP believes this will allow veterans a more dignified travel experience and will also improve efficiency and safety. WWP thanks the sponsors and cosponsors and encourage Congress to take quick action to help our severely injured veterans.

CONCLUSION

Wounded Warrior Project thanks the Senate and House Committees on Veterans' Affairs, their distinguished members, and all who have contributed to a robust discussion of the challenges – and the successes – experienced by veterans across our great nation. Your actions to address the impact of toxic exposure; to support quality mental health care and interventions; to meet the growing needs of women veterans; to consider the needs of veterans who are using long term care programs earlier in life; to recognize and support the indispensable contributions of caregiver; and to bolster the financial security of wounded warriors will have a particularly strong impact on the post-9/11 generation. WWP stands by as your partner in meeting the needs of all who served – and all who support them. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.

APPENDIX 1

WOUNDED WARRIOR PROJECT®

★FISCAL YEAR 2021 IMPACT★

158,800+ WARRIORS | 40,800+ FAMILY MEMBERS | 41 NEW REGISTRANTS EACH DAY

Wounded Warrior Project® (WWP) is transforming the way America's veterans are empowered, employed, and engaged in our communities. Our direct service programs focused on connection, independence, and mental, physical, and financial wellness create a 360-degree model of care and support. This holistic approach empowers warriors to create a life worth living and helps them build resilience, coping skills, and peer connection, which are known to reduce the risk of veteran suicide. The following statistics represent program activity and impact during the 2021 fiscal year (10.01.20 – 09.30.21).

MENTAL HEALTH

ABOUT 1 IN 5 WARRIORS SAY THEY STRUGGLE TO GET THE MENTAL HEALTH CARE THEY NEED. WWP IS BRIDGING THAT GAP WITH ACCESSIBLE, INNOVATIVE CARE.

43,900 +
hours of PTSD treatment provided

RESULTING IN

72%
experiencing fewer PTSD symptoms

22,000 +
emotional support calls conducted with warriors and family members

RESULTING IN

68%
improving psychological well-being, increasing overall quality of life

AND

61%
becoming more resilient, a key factor in preventing suicidal ideation

1,300 +
participants in Project Odyssey®, a WWP mental health program that teaches coping skills to improve resiliency

PHYSICAL HEALTH

IMPROVED PHYSICAL WELL-BEING IN VETERANS IS ASSOCIATED WITH LOWER HEALTH CARE COSTS, FEWER DOCTOR VISITS, AND GREATER MENTAL HEALTH OUTCOMES.

Among warriors who participated in WWP Physical Health and Wellness Coaching:

56%
experienced an improvement in sleep quality

AND

51%
experienced a reduction in pain, reducing the interference of physical injuries on daily life

AND

33%
experienced an improvement in mobility

59%
improved psychological well-being, contributing to their mental health recovery

INDEPENDENCE

190,900 +
hours of in-home and local care provided to the most severely injured warriors, helping them reach and maintain a level of autonomy that would not otherwise be possible

FINANCIAL WELLNESS

WARRIORS WORKING FOR AN EMPLOYER THAT HAS AN AFFINITY GROUP OR MENTORSHIP PROGRAM FOR VETERANS ARE MORE LIKELY TO BE SATISFIED WITH THEIR EMPLOYMENT.

58,100 +
career coaching services provided, including resume review, interview prep, and post-placement counseling

RESULTING IN

2,100 +
warriors and family members achieving employment with veteran-friendly employers

$159 MILLION
economic impact of V.A. benefits claims filed by WWP

WITH AN

89%
approval rate

74%
say they feel optimistic about their financial future after participating in the WWP Financial Education program

CONNECTION

VETERANS WITH GREATER SOCIAL SUPPORT HAVE MORE POSITIVE MENTAL HEALTH OUTCOMES, INCLUDING LOWER RATES OF SUICIDAL IDEATION.

8,600 +
virtual and in-person events, keeping warriors and their families connected and out of isolation

Among those who participated in these events:

96%
reported that they feel socially connected to their peers

AND

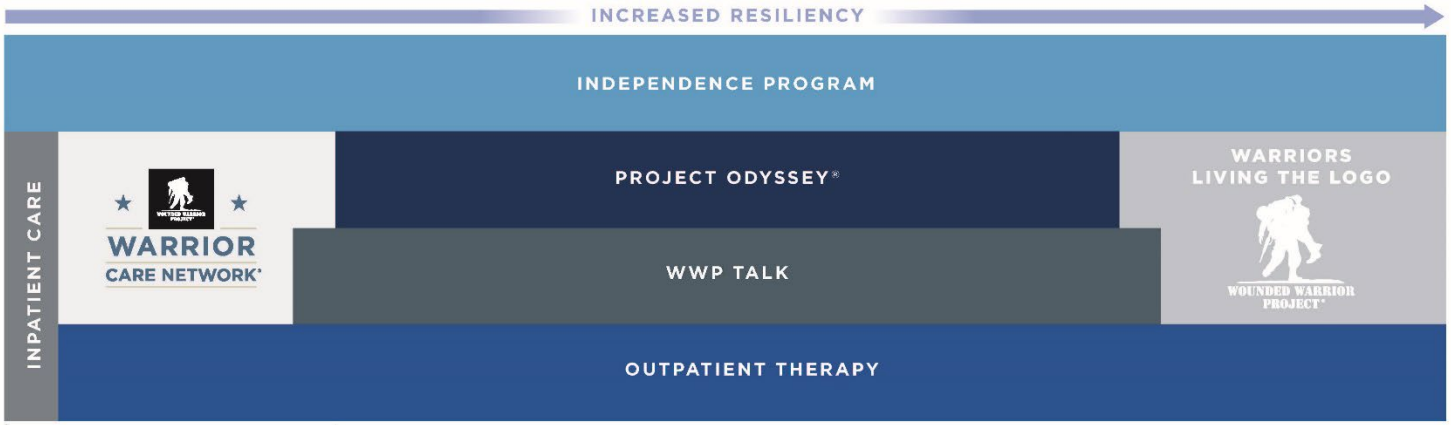
96%
said they have people they can depend on

1,200 +
warrior-only peer-to-peer support group meetings held

92%
of participants in WWP Soldier Ride events say they have greater self-confidence after participating in the event

MENTAL HEALTH CONTINUUM OF SUPPORT

The Wounded Warrior Project® (WWP) Mental Health Continuum of Support is composed of a series of programs that address mental health care needs of warriors. These programs allow us to engage with warriors based on their unique needs. The continuum is made up of internal resources and programs to assist warriors on their journey to recovery. WWP uses the Connor-Davidson Resilience Scale© (level of resilience), the Rand QoL Scale (psychological well-being), and other validated scales and measurements to determine the appropriate level of care for each warrior.



WOUNDED WARRIOR PROJECT®

WARRIOR CARE NETWORK®

EMORY HEALTHCARE Veterans Program

HOME BASE VETERAN AND FAMILY CARE

ROAD HOME PROGRAM RUSH

UCLA Health OPERATION MEND

eHome COUNSELING GROUP

headstrong

CENTERSTONE

NR Neuro-Rehab Management

Neuro Community Care

APPENDIX 2

The continuum of support doesn't define an exact, prescriptive path to recovery, rather the individual needs of each warrior to determine the order and frequency of appropriate program engagement. For example, a warrior in acute psychological distress may be referred to a number of clinical intervention programs. Another warrior with less severe mental health issues may participate in only one or two programs. Subsequently, any warrior who has a setback may be re-evaluated and referred back to one or more programs for additional care. The goal is to provide the appropriate amount of care a warrior may need to get to his or her highest possible level of resilience, psychological well-being, and healing.

INPATIENT CARE
Clinical Intervention

Inpatient care is reserved for warriors in severe psychological distress who have exhausted all other resources. WWP may be able to fund inpatient services in order to stabilize warriors so that they can be engaged with other mental health programs in the continuum. The goal is to sustain and facilitate movement in the continuum through other programs.

WARRIOR CARE NETWORK
Clinical Intervention

To accelerate the development of advanced models of mental health care, WWP partners with four world-renowned academic medical centers to form Warrior Care Network®, leveraging our collective commitment and expertise. The Warrior Care Network treatment model delivers a year's worth of mental health care during a two- to three-week intensive outpatient program (IOP). This unique veteran-centric approach increases access to treatment and improves outcomes. Warrior Care Network provides a path to long-term wellness, improving the way warriors are treated today and for generations to come.

PROJECT ODYSSEY
Engagement Intervention

Project Odyssey is a 12-week mental health program that uses adventure-based learning to help warriors manage and overcome their invisible wounds, enhance their resiliency skills, and empower them to live productive and fulfilling lives. Based on their unique needs, warriors can participate in an all-male, all-female, or couples Project Odyssey. The program starts with a five-day mental health workshop, where warriors are challenged to step outside the comfort of their everyday routines. This opens them up to new experiences that help develop their coping and communication skills. After the workshop, participants work together with WWP to stay engaged, achieve their personal goals, and make lifelong positive changes.

★ PROGRAMS WITH MULTIPLE STAGES OF ENGAGEMENT ★

Within the continuum of support there are additional programs/resources that can be engaged at nearly any point in the continuum. These are WWP Talk and outpatient therapy. The Independence Program, which also encompasses multiple stages of engagement, is a unique component of the continuum. The resources provided by the Independence Program allow the most severely wounded warriors the ability to lead a full life at home instead of a long-term facility.

OUTPATIENT THERAPY • *Engagement and Clinical Intervention*

An additional clinical resource available to warriors across the stages of the continuum is outpatient therapy. Here WWP funds external partners to provide individual, family, or couples therapy delivered by a culturally competent therapist in the closest geographic location to the warriors as possible. With multiple funded clinical partners, warriors are able to engage in traditional outpatient sessions or, if in a remote location, engage in virtual therapy.

WWP TALK • *Engagement and Coordination Intervention*

WWP Talk is a telephonic emotional support program that breaks down the barriers of isolation and helps both warriors and family members plan an individualized path toward their personal growth. Participants work one-on-one with a dedicated team member during weekly emotional-support calls. Together, they set tangible goals and develop skills that lead to positive changes, like increased resilience and improved psychological well-being.

INDEPENDENCE PROGRAM
Engagement, Coordination, and Clinical Intervention

The Independence Program provides long-term support to catastrophically wounded warriors living with injuries such as: a moderate to severe brain injury, spinal cord injury, or neurological condition that impacts independence. The program is designed to support warriors who, without high-touch services, would struggle to live day to day due to the severity of their injuries. The Independence Program increases access to community services, provides rehabilitation through alternative therapies, and empowers warriors to achieve goals leading to a more independent life. Because every journey is different, we work as a team with warriors, their family members, and their caregivers to set goals to live a fulfilling life, at home, with their loved ones.

★ LIVING THE LOGO ★

WOUNDED WARRIOR PROJECT®

The WWP logo is much more than a trademark — it is what we see as the ultimate goal for all warriors engaged with the continuum of support to achieve. It is the collective goal of the continuum of support (through resources and teammates) to empower warriors to make it to this final phase and live our logo. The logo, one warrior carrying another warrior, represents a peer assisting a fellow veteran — in essence, carrying him through the recovery process until he can walk of his own accord (through heightened resiliency and psychological well-being). Eventually, as resiliency reaches the highest levels in the continuum, warriors are empowered to help carry fellow veterans, essentially becoming force multipliers as they are engaged as peer mentors.

APPENDIX 3

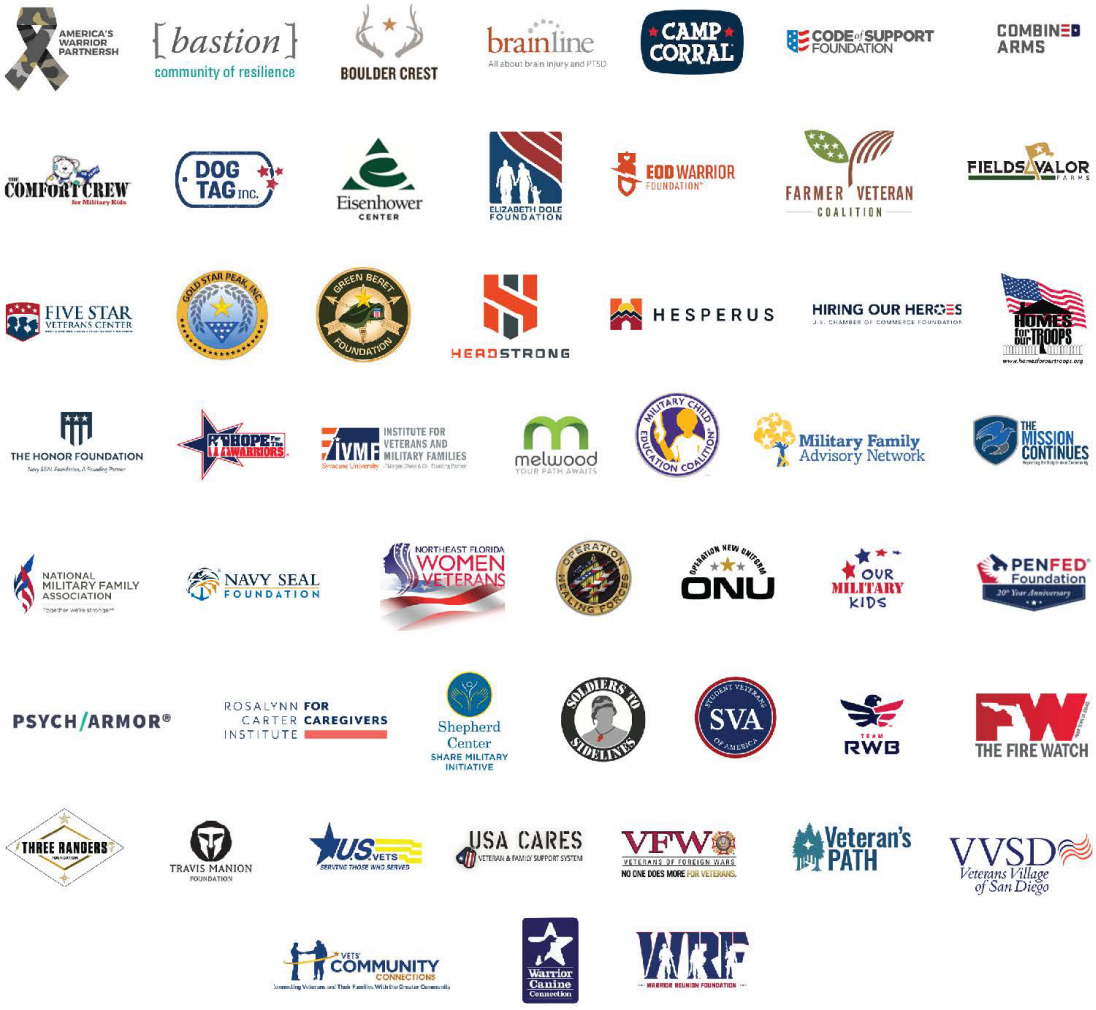
WOUNDED WARRIOR PROJECT®

COMMUNITY PARTNERSHIPS

Wounded Warrior Project (WWP) believes that no one organization can meet the needs of all wounded, injured, or ill veterans alone. Our Community Partnerships team reinforces our programmatic efforts and expands our impact by investing in like-minded military and veteran support organizations.

★ CURRENT PARTNERS

The organizations listed below are WWP's current partner organizations. They exist as a network of support for the warriors and families we serve. Please refer to this list as you seek out resources beyond WWP.



Wondering which of our partners might best suit your current needs?

The WWP Resource Center can help! Call 888.WWP.ALUM (997.2586)

Current List Of Partner Organizations (11.1.21)

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