



WOUNDED WARRIOR PROJECT
STATEMENT OF
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CHIEF EXECUTIVE OFFICER

ON

WOUNDED WARRIOR PROJECT'S 2021 LEGISLATIVE PRIORITIES

March 4, 2021

Chairmen Takano and Tester, Ranking Members Bost and Moran, distinguished members of the Senate and House Committees on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit the following written statement to highlight our legislative priorities for 2021.

Much has been seen, said, and felt about the impact of the COVID-19 public health crisis on America's wounded warriors. This pandemic has created additional and worsening challenges to mental health, physical health, and financial wellness. The stressors of social distancing along with other adversities associated with the virus (e.g., loss of employment, sudden homelessness, isolation) may lead to long-term hardships including psychological distress, physical decline, depression, and sustained unemployment.

In 2021, WWP remains deeply committed to understanding and advocating for the needs of more than 150,000 wounded, ill, and injured veterans Service members, and 38,000 family members and caregivers who we serve. Although many have been adapted to virtual platforms over the past several months, WWP continues to offer more than a dozen free programs and services that promote mental, physical, and financial health and well-being. In Fiscal Year 2020 (October 1, 2019 to September 30, 2020), WWP:

- Hosted more than **4,300** virtual and in-person events to keep warriors connected;
- Facilitated over **900** warrior-only peer-to-peer support group meetings;
- Provided more than **149,500** hours of mental health treatment across our continuum of mental health care and support programs;
- Connected more than **1,850** warriors and family members to meaningful employment with veteran-friendly employers;
- 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; and

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE



- Extended more than **\$11 million** in direct COVID-19 relief payments to help 11,000 warriors in financial crisis cover food and shelter expenses during the pandemic.¹

We continue to partner with other organizations who share our vision to transform the way America's veterans are empowered, employed, and engaged in their communities. In 2020, WWP granted \$43 million to 51 nonprofit organizations – many within your states and districts – to address a range of purposes touching on the invisible wounds of war, housing insecurity, economic empowerment, quality of life, and caregiver support. WWP is grateful for the opportunity to partner with like-minded organizations – and for the public's generosity that makes it possible – to improve the long-term well-being of the warriors we serve by creating a holistic and interconnected support network.

Lastly, we are dedicated to championing legislative efforts to help the federal government continue to be our most critical partner in meeting needs throughout the veteran community. For those returning to the committees in the 117th Congress, your leadership over the last twelve months has provided steady and unwavering support for the well-being of veterans across the country at a time of dramatic distress and uncertainty. Among those efforts WWP was most pleased to support:

- **Sweeping new laws to bolster mental health support:** Through the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (P.L. 116-171) and the *Veterans COMPACT Act* (P.L. 116-214), Congress has provided the Department of Veterans Affairs (VA) with more than 40 new tools to address the mental health needs of America's veterans. Through these actions, Congress is empowering VA to be a national example of how to provide for those with mental health needs.
- **Far-reaching advances in health care and services for women veterans:** The enactment of the *Deborah Sampson Act* (P.L. 116-315 §§ 5001-5503) represents a milestone in fully integrating women veterans into the VA system. Through this legislation, Congress has directed VA to implement nearly 30 provisions that will markedly expand health care, benefits, programs, and data collection in support of women veterans.
- **Improvements to the Specially Adapted Housing (SAH) Grant:** With passage of the *Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act* (P.L. 116-154), eligible veterans will now be able to use the SAH grant every 10 years instead of only once and will have access to increased grant funds. These enhancements will ensure that disabled veterans are able to update their homes as their needs change over time.
- **A new three-digit dial code for veterans in crisis:** By passing the *National Suicide Hotline Designation Act* (P.L. 116-172), Congress has acted upon the need to reduce barriers to emergent suicide prevention support. By July 2022, reaching out in an emergency will only require dialing 9-8-8, and we believe many lives will be saved because of it.

¹ See Appendix 1 for more figures on WWP's programmatic impact in FY 2020.

- **Access to toxic exposure records:** Thanks to a successful amendment to the *FY 2021 National Defense Authorization Act* (P.L. 116-283 § 9105), veterans will now have access to their own Individual Longitudinal Exposure Record (ILER) which contains data linking individual Service members to known toxic exposure incidents. Previously available only to VA and Department of Defense (DoD) clinicians and researchers, ILER access will help veterans better understand their own health care needs and assist them with filing VA disability claims.
- **Veterans' life insurance modernization:** With the passage of the *Veteran Families Financial Support Act* (P.L. 116-315 § 2004), the maximum amount payable under the Service-Disabled Veterans Life Insurance program was increased from \$10,000 to \$40,000. This will provide surviving families with greater financial security in the event that a veteran passes away.

While WWP was proud to generate awareness, understanding, and support for these proposals, the Senate and House Committees on Veterans' Affairs made these new laws possible. As we begin the 117th Congress with a slate of new members and new leaders, WWP remains a partner in identifying challenges, developing solutions, and advocating for swift, sustainable, and positive impacts in communities we serve across all 50 states. We are pleased to be a voice for the warriors and families we engage through our programs, and many more we reach through our advocacy before Congress. In this context, we have identified several priority issues – rooted in our 2020 *Annual Warrior Survey*² – that will guide our actions in the 117th Congress:

Women Veterans: Nearly all women warriors reported being enrolled in VA health care (95%), but less than half agree (49%) that VA was able to meet their needs after they left military service.

- *Improve accessibility and ubiquity of women's health care.* Increase resourcing of women's health services, adapt facility operations to create safer and more welcoming environments, and optimize alternative channels of care.
- *Enable stronger networks of professional and social support for women veterans during transition.* Establish programs connecting women warriors to peer and professional mentors who can serve as amplifiers of VA resources and reliable support systems.
- *Enact greater coordination across agencies and disciplines to improve awareness, accessibility, and quality of care for military sexual trauma (MST) survivors.* Establish clear and consistent platforms for clinical and non-clinical providers of MST-related care to communicate, streamline access to services, and build a stable community of support.

Toxic Exposure: 89% of survey respondents indicated they were definitely or probably exposed to toxic substances during their military service, and 98% of them report one or more symptoms or illnesses related to those exposures.

- *Prioritize the extension of health care.* Grant VA health care enrollment eligibility to any veteran who suffered toxic exposures while in service, regardless of their service-connected disability claim status.

² The 2020 *Annual Warrior Survey* is available for download and review at <https://www.woundedwarriorproject.org/mission/annual-warrior-survey>.

- *Adoption of presumptive service connection criteria.* Develop a framework that requires VA to establish presumptive service connection in a timely manner when there is credible evidence of association between toxic exposures and illnesses.
- *Improve training and awareness among VA health providers.* To provide better care and service, VA providers should be able to properly identify, treat, and assess the impact of illnesses related to toxic exposures. A toxic exposure questionnaire at the beginning of every VA primary care appointment should be required.

Mental Health: PTSD (83%), anxiety (77%), and depression (72%) continue to rank among the top five most common health problems self-reported by WWP warriors.

- *Assist with mental health referrals and resilience building in community settings.* Successful implementation of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* Section 201 will boost VA's ability to leverage non-profit support and outreach services.
- *Improve the quality and coordination of care for co-occurring substance use and mental health disorders.* Ensure that provider toolkits and training developed under the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* Section 302 help create sufficient support for veterans with co-occurring substance use and mental health disorders, including strong aftercare plans to help prevent relapse.
- *Drive broader mental health reforms across American health systems.* As the majority of our nation's veterans receive care outside of VA³, improvements to the national mental health care landscape have potential to create a stronger and more accommodating network of care for all who need it.

Brain Health: Traumatic brain injury (TBI) remains a signature wound of the post-9/11 generation as 37% of survey respondents reported experiencing a TBI in service.

- *Improve the continuity of care through effective case coordination services and raise awareness of support systems currently available.* Reduce barriers to care caused by the difficulty of navigating federal and state resources, especially for moderate to severe TBI.
- *Prepare for long-term care needs of the post-9/11 generation.* Fund and oversee efforts to research the care needs of veterans with TBI.

Caregivers: WWP directly serves more than 700 warriors and 500 caregivers through our Independence Program. Additionally, 55% of survey respondents indicated that they needed some assistance or were completely dependent on assistance from another person for at least one daily living activity.

- *Expand VA mental health care to caregivers.* Extend these services to caregivers to help address heightened risk of developing or suffering from a mental health issue and bolster resilience in a community that provides an estimated \$14 billion of unpaid care each year⁴.

³ The Department of Veterans Affairs' FY 21 budget request included funding to provide for 7.2 million veteran patients. According to U.S. Census Bureau research published in June 2020, there are approximately 18 million veterans in the United States.

⁴ RAJEEV RAMCHAND ET AL., HIDDEN HEROES: AMERICA'S MILITARY CAREGIVERS 122 (RAND Corp., 2014), available at https://www.rand.org/pubs/research_reports/RR499.html.

- *Remove barriers and increase funding for respite programs.* Create more opportunities for quality self-care and respite to mitigate against increased likelihood of personal health emergencies and burnout.
- *Protect severely wounded veterans' eligibility for services.* Ensure that the Program of Comprehensive Assistance for Family Caregivers continues to support veterans who necessitate great care and attention, even if they are not completely dependent on their caregivers.

Compensation Reform: While 72% of respondents reported VA disability ratings of 80 percent or higher, one in three agreed with the statement that they “have or expect to run out of money for myself or my family’s necessities.”

- *Create efficiency in VA’s Clothing Benefit Allowance.* Remove the annual requirement to file VA Form 10-8678 for those with static, non-changing disabilities.
- *Modernize VA’s approach to static disability ratings.* Reduce current thresholds related to permanent designation of service connection and disability ratings.
- *Implement an online portal for veterans to request claims files.* Create an option for veterans beyond current inconvenient and antiquated offerings.
- *Allow for concurrent receipt of VA and DoD benefits by medically retired veterans:* Pass the *Major Richard Star Act* to receive both retirement pay and disability benefits without offset.

The remainder of this statement will explain why each of these issues has 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.

WOMEN VETERANS

The year 2020 represented a landmark year for women veterans, bringing with it innovations in health care, historic and bipartisan legislative victories, and new opportunities for WWP to invest in the women veterans we serve. Alongside our programmatic offerings, many of which provide options for female-only engagement, WWP has committed to strengthening our advocacy efforts dedicated to women veterans by enhancing both qualitative and quantitative data collection. As nearly 25,000 women warriors are registered with WWP – approximately 17 percent of all those registered as Alumni with WWP – our organization set itself on the course to dig deeper into the lives of this population.

In January 2020, WWP initiated our Women Warriors Initiative by distributing a survey to all registered women veterans. Approximately 5,000 women responded with consequential insights into the challenges, gaps, and opportunities that women warriors experience and served as the backbone of several roundtables that followed. The discussions revolved around five key themes: access to care, mental health, transition, isolation, and financial stress. Combined with more than a decade’s worth of data collected through the *Annual Warrior Survey* and WWP’s

programming expertise, findings from the Women Warriors Initiative inform our testimony today.

As we collectively address new opportunities to assist women veterans, WWP offers the following areas for your consideration:

- ***Improve accessibility and ubiquity of women's health care. Increase resourcing of women's health services, adapt facility operations to create safer and more welcoming environments, and optimize alternative channels of care.***

Increasing access to VA-facilitated care remains among WWP's foremost priorities. While nearly all registered WWP female veterans (95%) report being enrolled in VA health care, less than half (49%) believe that VA was able to meet their needs after they left service. The explanations for this gap between utilization and satisfaction may lie within the barriers to care that women veterans have consistently identified via the *Annual Warrior Survey*. Chief among them are issues with appointment availability, hours of operation, provider turnover, and quality of care.

The COVID-19 pandemic has motivated VA and all service-minded organizations to think innovatively about how to address these barriers to care. As WWP transitioned to virtual programs during the public health crisis, we learned that women warriors were participating at unprecedented levels. For example, WWP's Physical Health and Wellness program offers health coaching services and facilitates wellness-focused activities like educational seminars, fitness challenges, and exercise inspiration. In Fiscal Year 2020, 55% of participants in virtual Physical Health and Wellness program engagements were women, or more than three times their share of the WWP population and a notable increase from in-person event participation.⁵ Across all programs, women made up 43% of participants in our virtual programming events, which was both higher than their engagement during in-person programming (27%) and higher than their share of the overall Alumni population (17%). These findings indicate that removing the barrier of in-person interaction increases women's interest and ability to engage in programs that can help address their needs.

Just as WWP has committed to continuing virtual offerings after COVID-19, VA should capitalize on this moment of social distancing to deeply analyze and reflect on how health care delivery has functioned effectively in a virtual environment and bolster options like telehealth that are serving women veterans in meaningful ways. While telehealth and other technology-driven solutions represent exciting new opportunities, this same level of innovation should also be applied to traditional health care delivery models to break down long-standing barriers to accessing women's health care.

The emergence of women's health clinics, for example, represents progress toward the provision of holistic and gender-informed health care for women veterans. Where they are available, women warriors shared with WWP overwhelmingly positive feedback with specific recommendations for improvement in mind. Namely, standardizing quality of care across clinics will improve both access and experience for those across geographies. Women ask for larger

⁵ 42% of participants in face-to-face Physical Health and Wellness events were women.

spaces and staffs, separate entrances and waiting areas, and greater consistency of care. In sum, VA should continue to invest in women's health clinics and identify best practices to standardize or lift the quality of those in underperforming, less populated, or newly established clinics.

Women's health clinics, however, represent only a microcosm of the larger VA health care system. The factors prioritized in their operation – like privacy, gender-sensitivity, and safety – are not applied universally at all VA medical facilities. As a result, participants in WWP's Women Warriors Initiative commonly reported their discomfort and high levels of anxiety when attending VA health care appointments. Of those who do not use VHA as their primary health care provider, one in three cited “bad prior experience” as a topmost reason. Their explanations vary and reflect many of the barriers we explored through the Women Warriors Initiative – including frustrations with provider turnover or competency, hours of operation, and accessibility of the Community Care Network – but in nearly all cases, the stress of navigating male-dominated, often security-laden health care facilities posed a significant challenge. These findings underscore how the environments of care at VA facilities significantly impact women warriors' experiences and willingness to utilize care. The physical layouts and utilization patterns of VHA facilities should be regularly assessed to maximize safety, convenience, and overall ease of access by women veterans.

- ***Enable stronger networks of professional and social support for women veterans during transition. Establish programs connecting women warriors to peer and professional mentors who can serve as amplifiers of VA resources and reliable support systems.***

The period of transition from Active Duty military service to civilian status can prove challenging for any Service member. While still conducting their military duties, Service members may face a range of stressors like securing new employment, finding and financing a home, coping with service-connected injuries both physical and mental, and adapting to significant differences in cultural norms and expectations, all while guiding their families through their own changing lives. For women, however, these challenges can be compounded by their overall sense of connection to the military and veteran community.

In large part, fostering a strong sense of community underlies every aspect of WWP's mission and programming. Understanding that their experiences as a small minority of the military population may impact their enthusiasm to connect with other veterans, WWP proactively creates spaces exclusively serving women veterans. For example, WWP operates twelve women-only peer support groups, all of which currently function online in a virtual setting. This format enables meaningful communication and connection despite distance or other obstacles that may dissuade women such as childcare, drive time, and anxiety in crowded spaces. Another lesson on how mental and social wellness can be cultivated virtually is illustrated through WWP's Connection program, which facilitates events and activities designed to connect warriors to their peers, families, and communities. While women warriors made up only 26 percent of participants in face-to-face events, their stake rose to 43 percent in virtual engagements. These observations clearly underscore the heightened accessibility and interest that virtual options make possible.

Through the Women Warrior Initiative, we also learned that many women veterans found effective support resources accidentally or were directed to them by peers rather than by DoD or VA-led outreach. WWP facilitates these opportunities with the knowledge that high rates of MST and lack of recognition for their service can leave some women veterans with a negative impression of their military service, engendering mistrust or reluctance to access VA resources and underscoring the importance of peer connection during transition. Women veterans feel more strongly connected to one another than to male veterans, and yet given their small share of the overall veteran population, forging these bonds can prove challenging.⁶ Nevertheless, peer connection is an essential tool for connecting women veterans to the resources and networks of support that can help, whether facilitated through VA or external entities.

Social support also plays a critical role in fostering financial wellness during transition. While DoD's Transition Assistance Program (TAP) offers preparation and professional skill-building courses, these options are not universally effective for all. Many women warriors interviewed through our Women Warriors Initiative felt inadequately prepared to be competitive or successful in the civilian workforce, calling for greater access to personalized career counseling, networking and mentorship opportunities, and clearer preparation for the cultural differences many have encountered in civilian workplaces.

The value provided by a sense of community, word of mouth, and education all underscore the impacts of individualized connection and support. Women warriors are seeking mentors who can not only assist them in navigating the job market, but who also can help them grow professionally with an understanding of their military background, unique skills, and the life experiences that set them apart. Mentors are hugely beneficial as women veterans' transition into civilian careers, providing guidance on practical skills like resume writing and interview practice as well as preparation for the cultural changes they are likely to experience.

- ***Enact greater coordination across agencies and disciplines to improve awareness, accessibility, and quality of care for MST survivors. Establish clear and consistent platforms for clinical and non-clinical providers of MST-related care to communicate, streamline access to services, and build a stable community of support.***

Military sexual trauma remains one of the most complex yet widespread challenges facing Servicewomen and women veterans. While one in three women utilizing VA health care screen positive for MST⁷, WWP's population of women veterans report even higher rates; a majority (61%) of women who completed the 2020 *Annual Warrior Survey* reported experiencing sexual harassment in service, and 44% reported experiencing a sexual assault. WWP is acutely aware of the presence of MST among the veterans we serve, especially women veterans and as such has taken steps to ensure our programming reflects the needs of sexual trauma survivors. WWP seeks to create supportive spaces – both environmentally and emotionally – for MST survivors to heal, be it through clinical and non-clinical mental health programs or through social events designed to facilitate authentic peer connection.

⁶ 52% of respondents to the Women Warriors Initiative survey agree that they have strong connections with female veterans, while 45% agree they have strong connections with male veterans.

⁷ U.S. DEP'T OF VET. AFFAIRS, MILITARY SEXUAL TRAUMA FACT SHEET, https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf (last visited Mar. 1, 2021).

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 a traumatic event, and struggling to avoid further traumatization when seeking treatment or benefits. Given its prevalence and severity, VA and Congress have similarly worked to expand MST-related care to all survivors who seek it. However, more can be done to integrate MST-informed care across all disciplines, programs, and outreach efforts.

Care and benefits should exist along a continuum that meets MST survivors where they are along their journey to recovery, beginning at the point of incident and being fully inclusive of DoD, the Veterans Health Administration, the Veterans Benefits Administration, and external partners with the responsibility to provide care. One specific point of frustration along the continuum of care is the compensation and pension exam, during which MST survivors are at risk for re-traumatization due to the thorough and often intense nature of the exam. While it is justifiable to ensure that compensation and pension exams are comprehensive, VA should strive to adopt a consistently compassionate, trauma-informed perspective. The risk of re-traumatization can be greatly reduced by ensuring that examiners execute VA's policy to allow family members, caregivers, and significant others into exam rooms, and by conducting wellness checks with veterans after examinations in order to connect them with mental health or social support resources. These actions can lead to more productive, dependable information gathering practices and ensure that MST survivors have access to support systems they can lean on during that difficult step of the benefits process.

The issues discussed above characterize only a fraction of the findings and recommendations WWP has developed because of the Women Warriors Initiative. WWP looks forward to sharing with the committees our in-depth analysis and providing greater detail to the ideas we have put forth today.

TOXIC EXPOSURE

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 exposure to toxic substances, both on the battlefield and in peacetime. With the legacy of a decades-long campaign to deliver care and benefits to those who have and continue to suffer from Agent Orange exposure, WWP is striving to ensure that today's veterans struggling to receive recognition for toxic exposure illnesses are not fighting for treatment years from now like their Vietnam Era counterparts. Over the course of nearly 20 years and, for many, multiple deployments, post-9/11 veterans have been exposed to contaminants such as burn pits, toxic fragments, radiation, and other hazardous materials found on deployments to places like Iraq, Afghanistan, Uzbekistan and elsewhere. Now, far too many of them are experiencing serious, rare, and early-onset conditions which we strongly suspect are correlated to those exposures, and WWP is committed to addressing their toxic wounds with the same urgency that we address the physical and mental wounds of war.

Historically, Congress has dealt with toxic exposure related illnesses 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 specifically addressing the toxic exposure concerns of the current and future generations of veterans. In recognition of this fact and motivated by our own data and the shared priorities of other advocates, WWP spearheaded formation of the Toxic Exposure in the American Military (TEAM) Coalition. Currently comprised of over 30 military and veteran service organizations and experts, the TEAM Coalition is collectively dedicated to raising awareness, promoting research, and advocating for legislation to address the impact of toxic exposures on all those who have been made ill as the result of their military service, now and in the future.

After nearly two years of collaboration and consensus building, the TEAM Coalition was successfully advocated for the introduction of the *TEAM Act*, a comprehensive bill which would provide VA health care eligibility for all veterans exposed to toxic substances, create a framework for establishing presumptive disabilities for all toxic exposures to include the post-9/11 generation and beyond, and improve the provision of care for toxic exposure-related conditions. First introduced in July 2020 as S. 4393 (116th Congress), the *TEAM Act* was advanced unanimously by the Senate Committee on Veterans' Affairs in December 2020 after undergoing a bipartisan amendment process which we believe made the legislation stronger. WWP and the TEAM Coalition fully supported the amended version of S. 4393, and we look forward to its reintroduction and passage this year.

While WWP has been and will continue to be a staunch advocate for the *TEAM Act*, and its passage would satisfy each of our below recommendations, we recognize that there will be other toxic exposure-related legislation introduced in the coming months that we will be proud to support as well. We also understand and are grateful that the Chairmen and Ranking Members of both committees have identified toxic exposures as a top priority this year. With that in mind, WWP eagerly looks forward to working with both committees as you move forward to confront this urgent matter in the 117th Congress.

- ***Prioritize the extension of health care. Grant VA health care enrollment eligibility to any veteran who suffered toxic exposures while in service, regardless of their service-connected disability claim status.***

Traditionally, eligibility for VA health care is established when a veteran is granted one or more service-connected disabilities. In the case of toxic-exposure related conditions, however, this is often an exceedingly difficult task. According to VA data, from June 2007 to July 2020, only 2,828 of the 12,582 (22%) veterans who claimed conditions related to burn pit exposure were granted service connection.⁸ The most critical consequence of these decisions is delayed access to VA care.

Results from WWP's 2020 *Annual Warrior Survey* illustrate how the segment of warriors we serve generally confirms that those exposed to toxic substances are more likely to struggle

⁸ *Toxic Exposures: Examining Airborne Hazards in the Southwest Asia Theater of Military Operations: Hearing Before the Subcomm. on Disability Assistance and Memorial Affairs of the H. Comm. on Vet. Affairs, 116th Cong., (2020)* (testimony of Laurine Carson), available at <https://docs.house.gov/meetings/VR/VR09/20200923/111024/HHRG-116-VR09-Wstate-CarsonL-20200923.pdf>.

with their health. We found that a majority (70.6%) of warriors reported that they were “definitely” exposed to toxic substances or hazardous chemicals during their service, and another 18.1% reported they were “probably” exposed. Warriors who reported exposures were more likely to indicate poor health. Those who answered, “definitely yes” or “probably yes” to whether they were exposed were more likely to rate their health as poor or fair (49.6%) compared to those who indicated “probably no” or “definitely no” (38.8%). Alarming, only 16.1% of those definitely or probably exposed said they had received treatment at VA for their exposure, while another 11.1% reported that they tried to receive treatment but were unsuccessful. A mere 2.4% of warriors who report being exposed to toxic substances during military service believe that they suffer no symptoms or illnesses as a result.⁹

Our call for expedited health care access is not unprecedented. Legislation enacted over the course of several decades has provided health care eligibility to veterans of previous generations. Vietnam and Persian Gulf War veterans are eligible for priority group 6 VA health care enrollment without the need to establish a service-connected disability due to the known exposures associated with those conflicts. Currently, veterans who served in combat and were discharged after January 28, 2003 are eligible for enrollment on a similar basis, but only for a period of five years. We can achieve parity for post-9/11 veterans who served in areas of known exposure by granting them permanent priority group 6 enrollment eligibility. We believe this is critically important, as it would eliminate the need for veterans who are already ill to wait months while their claims are decided – or years if their claims go to appeal – from accessing the care they need. Furthermore, we believe that veterans who were exposed to toxic substances but may not be ill yet should have access to regular preventative care so that any illnesses that may arise can be diagnosed and treated early before they become serious or even life-threatening.

For these reasons, access to care is WWP’s top priority regarding toxic exposure legislation. To achieve this, the *TEAM Act*, as amended, would expand priority group 6 health care enrollment eligibility to any veteran who earned certain service-specific accommodations and awards associated with post-9/11 deployments or is eligible for inclusion in the Airborne Hazards and Open Burn Pit Registry. This bill would also grant eligibility to any veteran who DoD identifies as having been possibly exposed to a toxic substance inside or outside the United States (and establish a mechanism that would allow veterans to self-identify as having been exposed). 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.

- ***Adoption of presumptive service connection criteria. Develop a framework that requires VA to establish presumptive service connection in a timely manner when there is credible evidence of association between toxic exposures and illnesses.***

Traditionally, VA disability claims are granted by establishing direct service connection with a medical nexus linking an in-service event with a veteran’s current diagnosis. In the case of toxic exposure-related claims, however, direct service connection is often impossible for veterans to prove due to inconsistent documentation of exposure and long latency periods in

⁹ For a closer review of the variety of exposures and ailments considered in the 2020 *Annual Warrior Survey*, please see Appendix 2.

which the onset of diseases may not occur until several years after discharge. To address this, Congress has historically created mechanisms that require VA to make determinations on whether to establish presumptive service connection when scientific data indicate 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 that may be associated with all toxic exposures, to include the post-9/11 generation and beyond.

The *TEAM Act*, as amended, would require a framework for establishing presumptive conditions for veterans exposed to toxic substances now and in the future. This would include the establishment of 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 to VA on whether scientific reviews are warranted. VA would also be required to enter into an agreement with the National Academies of Science, Engineering, and Medicine (NASEM) to conduct scientific reviews regarding associations between diseases and military toxic exposures. These reviews would be based on the recommendations of the commission and NASEM's own analysis of available scientific evidence. 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. If NASEM reports a positive association and the Secretary determines the disease does not warrant presumptive service connection, VA must publish their scientific reasoning in the Federal Register for public comment.

Recognizing that scientific research takes time and that far too many veterans are already suffering from toxic exposure-related illnesses, we urge the establishment of this framework without delay. While WWP has and will continue to support legislation that creates presumptive conditions by statute in cases where VA has failed to act, we believe that all veterans who have been exposed to toxic substances deserve a system that requires VA to respond to scientific data in a timely, transparent manner.

- ***Improve training and awareness among VA health providers. To provide better care and service, VA providers should be able to properly identify, treat, and assess the impact of illnesses related to toxic exposures. A toxic exposure questionnaire at the beginning of every VA primary care appointment should be required.***

One of the strengths of the VA health care system is the cultural competency of its providers. VA clinicians receive training and learn over time to speak the language of military service and associated conditions. This not only puts veterans at ease with a provider that understands them and their experiences but can also lead to better health outcomes when providers know what potential conditions and comorbidities may be present based on the nature of a veteran's service. We believe that this could be especially beneficial when treating veterans who were exposed to toxic substances.

By developing and implementing a primary care questionnaire and training module to ensure that VA health care personnel are prepared to identify, treat, and assess toxic exposure-

related illnesses they will be able to generate a dialogue that could lead to early detection of symptoms that the veterans may not have otherwise brought up. Ideally, this training would be completed by both VA and non-VA providers.

MENTAL HEALTH

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. Within the specific context of mental health and suicide prevention, the Senate and House Committees on Veterans' Affairs delivered on the top priorities of our 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 aggressively connect more veterans with clinical and non-clinical services in their communities (Section 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 (Sections 305, 704, and 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.

At the outset of the 117th Congress, improving mental health continues to be a top priority throughout all of WWP's programs to address some of the most serious issues impacting our warriors. In the last twelve months, warriors have faced added stress due to the social isolation and economic insecurity of COVID-19, which, combined with the ongoing prevalence of factors such as PTSD and TBI, has resulted in new and greater mental health challenges. According to data collected through our 2020 *Annual Warrior Survey*, over 60 percent of registered WWP Alumni feel more disconnected from family, friends, or their community, and 52 percent stated that their mental health is worse since socially distancing themselves.

Many of the provisions in the newly passed *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* and *Veterans COMPACT Act* are particularly timely given the environment many veterans have been facing for months. In addition to swift and effective implementation of these laws, broader mental health reforms across American health systems 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.

- ***Assist with mental health referrals and resilience building in community settings. Successful implementation of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act Section 201 will boost VA’s ability to leverage non-profit support and outreach services.***

Wounded Warrior Project’s approach to mental health care is grounded in several core and scientifically supported beliefs. We agree that no one organization – and no single agency – can fully meet all veterans’ needs. We recognize that empirically supported mental health treatment works when it is available and when it is pursued, but the best results will be found by embracing a public health approach focused on increasing resilience and psychological well-being and building an aggressive prevention strategy. With passage of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*, Congress has become a key driver of reform that will test the validity of this approach at levels not seen before in mental health.

Research and evidence have consistently shown that social connection is an extremely important protective factor for suicide. Pursuing such engagement through local community organizations can be especially impactful. For example, the *2019 Community Integration: Annual Survey Report* by America’s Warrior Partnership reported that, on average, nearly 24 percent of warriors felt a sense of wellbeing within the first three months of engagement with a community organization. After three months of participation, a considerably larger share (76 percent) of warriors indicated a sense of wellbeing. The report also found that twice as many warriors who engaged and sought resources were found through outreach efforts as opposed to walk-ins.¹⁰

Amidst the current public health crisis, WWP has witnessed first-hand the effects of social isolation on veterans’ mental health and wellbeing. To provide connection and support during this time of uncertainty, WWP initiated Operation Check-In. This initiative involved WWP staff making 39,757 calls, resulting in 996 program referrals. Forty-one percent of referrals were for connection programs to give warriors and their families the opportunities to virtually engage with their peers and WWP, 35 percent of referrals were to financial wellness programs, and another 19 percent of the referrals were for mental health programming, including a range of services from telephonic health to intensive outpatient care.

These sources illustrate the variety and value of supports being sought by wounded warriors who self-report mental health challenges on a level that exceeds their civilian peers. Protective factors like social connection 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” as they are written into the SSG Parker Gordon Fox Suicide Prevention Grant Program (P.L. 116-171 § 201). 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 committee 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.

¹⁰ *2019 Community Integration: Annual Survey Report*, AM. WARRIOR P’SHP, <https://www.americaswarriorpartnership.org/community-integration>.

- ***Improve the quality and coordination of care for co-occurring substance use and mental health disorders.*** Ensure that provider toolkits and training developed under the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* Section 302 help create sufficient support for veterans with co-occurring substance use and mental health disorders, including strong aftercare plans to help prevent relapse.

Wounded Warrior Project is working to address co-occurring mental health and substance use disorders (SUDs) 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*¹¹, 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 also screen positive for hazardous alcohol use or a potential SUD.

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 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 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.

Wounded Warrior Project believes that Section 302 of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* is vital to accomplish these goals. Establishment of a clinical provider treatment toolkit and accompanying training materials for comorbidities will pave the way for more consistent and effective treatment. We look forward to this toolkit increasing the adoption of evidence-based patient-centered treatment for co-occurring disorders, including plans focused on relapse prevention, while also expanding VA’s internal capacity and military-culture training in community providers.

- ***Drive broader mental health reforms across American health systems.*** As the majority of our nation’s veterans receive care outside of VA, improvements to the national mental health care landscape have potential to create a stronger and more accommodating network of care for all who need it.

Through the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* and the *Veterans COMPACT Act*, VA has been given the critical task of implementing over 40 new mental health initiatives across multiple modalities and a range of scale. VA’s efforts will provide many improvements, including to upstream interventions, telehealth, and precision medicine; however, many opportunities exist to collaborate with other federal and state agencies

¹¹ Available at https://www.rand.org/pubs/research_reports/RR4354.html.

to lead more veterans to care. Pursuing strategies to improve the greater care landscape like training more providers, improving reimbursement, and lowering stigma will improve access for all Americans, including veterans who may not choose VA or choose not to seek care at all.

Eleven out of 17 veterans who die by suicide are not connected to VA, and among those veterans who were connected, 40 percent¹² were not being treated for a mental health or substance use disorder. Additionally, according to the President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) Task Force, nearly 60% of veterans choose to receive healthcare outside of VA for many reasons.¹³ WWP’s 2020 *Annual Warrior Survey* confirms that a considerable amount of post-9/11 wounded warriors may follow that path due to the belief that VA health care is not as good as other available care (42%), bad prior experiences at the VA (41%), or difficulty accessing the VA due to parking and/or appointment availability (39%). Nevertheless, VA has consistently been rated as the top mental health resource by survey respondents over the last three years.

Wounded Warrior Project strives to connect more veterans to mental health care and has long espoused that there should be no wrong door when seeking treatment. VA remains a national leader in developing an array of treatment and support, but data illustrates that many veterans will not seek care at VA or otherwise. As such, WWP supports a public health approach that leverages care and support beyond the VA health system.

The following pieces of legislation present ways to improve the nation’s mental health landscape, which would, in turn, improve the mental health landscape for veterans. VA has many successful and innovative mental health programs already in place that can be expanded and replicated outside VA. To this end, WWP recommends that the following measures be adopted. All of the bills mentioned were originally introduced in the 116th Congress. The accompanying bill numbers reflect each bill’s most recent introduction; so far, the *Stopping the Mental Health Pandemic Act* (S. 165, H.R. 588) is the only one to have been reintroduced this year. WWP hopes to see all of these initiatives reintroduced and passed into law.

- Increase proactive emergency room interventions – similar to VA’s Safety Planning in Emergency Departments (SPED) program – by reintroducing and passing legislation like the *Effective Suicide Screening and Assessment in the Emergency Department Act* (S. 3006, H.R. 4861) and the *Improving Mental Health Access from the Emergency Department Act* (S. 1334, H.R. 2519). Nearly half of all patient health care visits each year occur in emergency departments, presenting a significant opportunity to identify and treat patients at risk of suicide.
- Expand access to telemental health by allowing practice over state lines – like VA’s “Anywhere to Anywhere” initiative – by reintroducing and passing the *Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act* (S. 2741, H.R. 4932). VA has been able to deliver exceptional mobile care

¹² OFF. OF MENTAL HEALTH AND SUICIDE PREVENTION, U.S. DEP’T OF VET. AFFAIRS, 2019 NATIONAL SUICIDE PREVENTION ANNUAL REPORT, https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf (last visited Mar. 1, 2021).

¹³ U.S. DEP’T OF VET. AFFAIRS, PRESIDENT’S ROADMAP TO EMPOWER VETERANS AND END A NATIONAL TRAGEDY OF SUICIDE, https://www.va.gov/PREVENTS/docs/PRE-007-The-PREVENTS-Roadmap-1-2_508.pdf (last visited Mar. 1, 2021).

throughout COVID-19, due to the strength of its telehealth laws. This bill 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.

- Improve the detection, prevention, and treatment of mental health issues among public safety officers. Although the *Helping Emergency Responders Overcome (HERO) Act* (S. 3244, H.R. 1646) is not specific to veterans, many would benefit due to the large number of veterans in the profession. Six percent of the population at large has served in the military, but 19 percent of police officers are veterans; it is the third most common occupation for the veteran population.
- Strengthen the National Suicide Prevention Lifeline. WWP was thrilled 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. The *Suicide Prevention Lifeline Improvement Act* (H.R. 4564) 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.
- Address behavioral health needs caused by COVID-19. 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.

BRAIN HEALTH

Over the past several years, public health and advocacy communities have come to know traumatic brain injury (TBI) as a signature wound of post-9/11 conflicts. From 2000 to the third quarter of 2020, the DoD reports 430,720 TBIs among Active Duty Service members.¹⁴ Other research indicates that this figure could be even higher due to undocumented injuries in Iraq and Afghanistan before improvements in documentation implemented in November 2006.¹⁵ Most TBIs are diagnosed as “mild” and result in relatively manageable clinical symptoms that resolve soon after injury; however, long-term effects are widely varied and can include cognitive deficits, memory loss, personality changes, sleep difficulties, sensory deficits, mood volatility, and substance use disorders that can place significant stress on a warrior and his or her support system.

¹⁴ DEF. HEALTH AGENCY, U.S. DEP’T OF DEF., <https://www.health.mil/About-MHS/OASDHA/Defense-Health-Agency/Research-and-Development/Traumatic-Brain-Injury-Center-of-Excellence/DoD-TBI-Worldwide-Numbers> (last visited Mar. 1, 2021).

¹⁵ Rachel P. Chase & Remington L. Nevin, *Population Estimates of Undocumented Incident Traumatic Brain Injuries Among Combat-Deployed US Military Personnel*, J. HEAD TRAUMA REHAB, Jan.-Feb., 2015, at E57, available at https://journals.lww.com/headtraumarehab/Abstract/2015/01000/Population_Estimates_of_Undocumented_Incident.14.aspx.

Many veterans will ultimately benefit from 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 supports more concentrated efforts on TBI specifically. In addition to a general call for VA to collaborate with DoD to create a strong continuum of policies across prevention, documentation, diagnosis, rehabilitation, and treatment, WWP provides the following recommendations:

- ***Improve the continuity of care through effective case coordination services and raise awareness of support systems currently available. Reduce barriers to care caused by the difficulty of navigating federal and state TBI resources, especially for moderate to severe TBI.***

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.¹⁶ 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. Establishing treatment and support programs may simply not be enough. We must work to connect those in need with the resources created for them to maximize the impact of those services and, in many cases, improve the veteran's quality of life. Additionally, understanding the treatment and support for those diagnosed with a mild TBI, or repeated mild TBIs, will likely require a renewed focus especially as these Service members and veterans age.

In its 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.¹⁷ Several recommendations – which were composed in collaboration with DoD and VA – have been implemented, and WWP was pleased to see specific efforts related to precision medicine adopted as part of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*. Long-term care was also addressed, and while the House Committee on Veterans' Affairs Subcommittee on Health took the laudable step of holding an oversight hearing on VA's preparation for the "Silver Tsunami,"¹⁸ more can be done to oversee the adequacy of TBI supports for a younger generation of warriors.

In 2013, CDC and NIH stated that "improving continuity of quality care and service delivery along with inter-service, interagency, intergovernmental, and public and private collaboration for care are all critical to the success of long-term care [for TBI]." In so doing, the agencies 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

¹⁶ R. Jay Schulz-Heik et al, *Service Needs and Barriers to Care Five or More Years After Moderate to Severe TBI Among Veterans*, BRAIN INJURY, vol. 31, 2017, at 1219, available at <https://www.tandfonline.com/doi/full/10.1080/02699052.2017.1307449>.

¹⁷ CTRS. FOR DISEASE CONTROL AND PREVENTION & NAT'L INSTS. OF HEALTH, *Report to Congress on Traumatic Brain Injury in the United States: Understanding the Public Health Problem Among Current and Former Military Personnel* (June 2013).

¹⁸ *The Silver Tsunami: Is VA Ready?: Hearing Before the Subcomm. on Health of the H. Comm. on Vet. Affairs*, 116th Cong., (2020).

Recovery Coordination Program was cited as a main driver of these reforms, but that office has since transformed into the Federal Recovery Consultant Office 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.

In consideration of recent research revealing the barriers created by poor awareness of programs, anecdotal evidence from warriors that supports the same conclusion, and years-old calls to improve care coordination at VA, WWP will explore ways to improve the ability of veterans with moderate and severe TBI symptomatology to navigate the systems of care available to them – and we invite Congress to join those efforts.

- ***Prepare for long-term care needs of the post-9/11 generation. Fund and oversee efforts to research the care needs of veterans with TBI.***

Congress can guide VA towards correcting the current landscape and acknowledging that today’s arrangements for care for veterans in their 20s, 30s, and 40s may not be sustainable as many of their caregivers approach their 70s and 80s. Research is needed to investigate the progression of mild and moderate TBI to better prepare VA for the challenge of supporting these injuries in the future. WWP believes Congress can help align and coordinate current research efforts and help create a roadmap for more investment in the future with considerations about current research exploring early onset of long-term, debilitating illnesses that will require increasing levels of long-term therapy. Among the initiatives that WWP invites to the committees to consider most closely:

Research at VA: The Translational Research Center for TBI and Stress Disorders (TRACTS) program promotes multidisciplinary research aimed at improving our understanding of TBI and associated symptomatology. TRACTS has become a national leader in research publication and is continually increasing the knowledge base for deployment related trauma. Continued funding for TRACTS and application of its research findings holds great potential to improve care for affected veterans as well as better identify veterans at-risk for TBI and symptom progression, enabling VA to intervene earlier on behalf of affected patients.

Longitudinal study at DoD: Pursuant to the *FY 2007 National Defense Authorization Act* (P.L. 109-364 § 721(e)), DoD is nearing the 11-Year update to its 15-Year longitudinal study on the effects of TBI incurred by OIF/OEF veterans. This study focuses on both veterans and caregivers with regard to particular needs and outcomes for TBI patients. The purpose of the study is to provide cumulative outcomes and recommendations for legislative, programmatic or administrative action in order to improve long-term care and rehabilitative programs for service members and veterans with TBI. The last report was delivered to Congress in July 2017, and we encourage the committees to assess the results of the next update due in 2021.

Coordination through HHS: The Administration for Community Living (ACL), part of HHS, manages several programs for individuals with brain injuries, including many veterans who depend on care and support across multiple federal, state, and local programs. Accordingly,

committee members should consider supporting efforts to help HHS carry out its mandate to develop a plan for coordinating federal activities impacting TBI service delivery.

CAREGIVERS

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 nearly 700 warriors and nearly 500 caregivers, our Independence Program pairs 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. With the Program of Comprehensive Assistance for Family Caregivers (PCAFC) now expanded and soon available to veterans of all generations, we are acutely aware of how new changes and existing gaps may impact the lives of the veterans and caregivers we serve.

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. Caregivers truly are America's hidden heroes, and they need our support more than ever. The areas that we are focusing on to improve caregiver's quality of life are:

- ***Expand VA mental health care to caregivers. Extend these services to caregivers to help address heightened risk of developing or suffering from a mental health issue and bolster resilience in a community that provides an estimated \$14 billion of unpaid care each year.***

Research has shown that military and veteran caregivers have higher levels of mental health problems than civilian caregivers and non-caregivers. According to RAND Corporation's *Hidden Heroes: America's Military Caregivers*, 40 percent of post-9/11 caregivers are likely to suffer from major depressive disorder (MDD) and pre-9/11 caregivers are reportedly twice as likely to suffer from MDD.¹⁹ According to this same research, roughly two-thirds of caregivers with probable depression have not received care from a mental health professional in the last year, but 80 percent of those who sought care have found such care helpful.

Although many caregivers feel their role has given them a sense of meaning and purpose, these positive emotions often coexist with feelings of strain or stress. According to the National Alliance for Caregiving's (NAC) *Caregiving in the U.S. 2020* report, these positive emotions can be accompanied by physical, emotional, and financial strain that can manifest in poorer health. Specific to mental health, nearly 4 in 10 caregivers consider their caregiving situation to be

¹⁹ RAMCHAND ET AL. at 81.

highly stressful, while an additional 28 percent report moderate emotional stress²⁰. Increases in stress also associated with caring for a relative and providing care for more than a year – both more likely to occur in the veteran community.

Based on this research and a strong and enduring relationship with caregivers through our Independence Program and our partnership with the Elizabeth Dole Foundation, WWP strongly believes that expanding access to mental health care for caregivers is an important step to ensuring our hidden heroes are equipped to continue to perform their caregiving duties.

- ***Remove barriers and increase funding for respite programs. Create more opportunities for quality self-care and respite to mitigate against increased likelihood of personal health emergencies and burnout.***

Caregivers constantly monitor their care recipients mental and physical health while oftentimes ignoring their own, and this leads to health emergencies and caregiver burnout. Respite provides a short-term break that allows caregivers to prioritize their health and gives them a chance to reset. Accessing respite care is commonly met with bureaucratic red tape and limited quality care. We need to remove any barriers to accessing respite and increase funding to VA, DoD, and community respite programs to increase accessibility.

Within this context, WWP has recognized and responded to increased caregiver needs during COVID-19. To provide additional respite and support to caregivers during these challenging times, WWP invested more than \$7 million in a caregiver relief initiative. This initiative provided direct care for caregivers to optimize quality of life outcomes for both them and the warriors they care for; additional support for caregivers, including increased access to mental health care, engagement with other caregivers, and opportunities for respite and wellness; and 35,000 hours of relief to caregivers nationwide in partnership with the Elizabeth Dole Foundation. Perhaps the biggest takeaway is the impact on caregiver outlooks: 76% felt more confident in their ability to hand personal problems after receiving the grant, and 63% felt like things were going their way. WWP looks forward to finding comparable approaches alongside Congress and VA to deliver more positive outcomes for veteran and military caregivers.

- ***Protect severely wounded veterans' eligibility for services. Ensure that the Program of Comprehensive Assistance for Family Caregivers continues to support veterans who necessitate great care and attention, even if they are not completely dependent on their caregivers.***

The newly expanded PCAFC provides crucial benefits and support to qualifying veterans and their caregivers. While this program is critical, it is not always managed uniformly across the entire VA system. Increasing oversight and making further improvements to the program will allow for more caregivers and their veterans to access critical support such as mental health services, health insurance, and a monthly stipend. The *VA MISSION Act of 2018* expanded this program and allowed for improvements to be made, but there are still improvements needed to ensure there is equal access to these benefits.

²⁰ *Caregiving in the U.S. 2020*, NAT'L ALLIANCE FOR CAREGIVING, <https://www.caregiving.org/caregiving-in-the-us-2020/>.

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. However, our 2019 *Annual Warrior Survey* data supports the proposition that several additions and modifications to PCAFC definitions may be too restrictive to accommodate currently eligible and prospective PCAFC participants with moderate and severe needs.

In its public notice to address changes to “71.15 Definitions,”²¹ VA outlined its rationale for amendments to terms including “inability to perform an activity of daily living,” “serious injury,” and “unable to self-sustain in the community.” While these definitions were eventually adopted to assist VA’s stated effort to focus on veterans with moderate and severe needs, WWP program data indicates that many veterans with moderate and severe needs – including several who are currently enrolled in the PCAFC at the Tier 3 level – would fail to meet the standards offered in the final rule. More specifically, the definition of “inability to perform an activity of daily living” now requires that a veteran or Service member need personal care services each time he or she completes any of the activities of daily living (ADLs) listed in the definition, effectively excluding veterans and Service members who need help completing an ADL only some of the time the ADL is completed.

Our *Annual Warrior Survey* data – which can be reviewed more closely in Appendix 2 – shows that this restriction may prove to be too restrictive. The data reveals that extremely few warriors are completely dependent on caregivers to complete those ADLs that correspond with PCAFC ADLs. Generally speaking, 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 the 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 or assistance from another for three 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 as a marginal cohort of the 31.8 percent of all respondent warriors who reported the need for aid and attendance of another person because of post-9/11 injuries or health problems.

Wounded Warrior Project will continue 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. As the committees oversee implementation of a long overdue and deserved expansion to veterans and caregivers of all ages, we encourage members to keep these concerns in mind.

COMPENSATION REFORM

Along with physical and emotional health, financial security is an essential factor in overall wellness and a key component to a veteran’s success after service. The 2020 *Annual*

²¹ Programs of Comprehensive Assistance for Family Caregivers Improvements and Amendments under the VA MISSION Act of 2018, 85 Fed. Reg. 46,226 (July 31, 2020).

Warrior Survey was administered during a challenging time for the WWP warrior population. The survey was administered from May 2020 to June 2020, at the peak of the coronavirus pandemic and social distancing measures. Employment has been a significant concern among most Americans during this time, and for warriors, health challenges only add to these concerns. Those who reported their health status as fair or poor were more likely to report challenges related to employment and finances than warriors with good, very good, or excellent health status. Our survey results indicate that the warrior unemployment rate has increased significantly over last year, reaching 16.5 percent, compared to 11.5 percent in 2019. Overall, one-third of warriors reported that they either have or expect to run out of money for themselves or their family's necessities.

With an increase in unemployment and a large population of our Alumni receiving monetary assistance from VA, it is vital to ensure that the disability process is friendly and exhibits minimal stress on the veteran population. Below are recommended legislative changes identified by our *Annual Warrior Survey* and through WWP national service officer analysis of VA programs and services that wounded warriors depend on.

- ***Create efficiency in VA's Clothing Benefit Allowance. Remove the annual requirement to file VA Form 10-8678 for those with static, non-changing disabilities.***

Since 1972, Public Law 92-328 has required VA to pay clothing allowances to veterans as compensation for the wear and tear caused by prosthetics, wheelchairs, and similar devices. The allowance is an annual benefit that requires annual submission of VA Form 10-8678. Although the process may be simple in theory, it creates a burden in practice that can be overcome by legislative action.

A common complaint from WWP registered Alumni and WWP national service officers is the requirement for veterans with static, non-changing disabilities to reapply for the clothing allowance every year. The annual application must be accompanied by engagement with the VA prosthetics department to receive their clothing allowance. This entire process can be uninviting and cumbersome, and it must be performed without clear guidance from the VA website.²² If a veteran is late in applying for their clothing allowance, he or she must wait until next year to reapply. We know of warriors who decide to forgo this benefit because of the difficulty in applying each year.

This process can be resolved by acknowledging that some disabilities are static and will not improve over time. We urge Congress to remove the yearly requirement to resubmit the VA Form 10-8678 each year and automatically disperse the clothing allowance to those deemed eligible. The current process is confusing to veterans and, at times, discourages veterans from applying for a benefit that they are eligible for. An automated process would allow veterans more ease in receiving the benefits they are owed, lower the administrative burden on VA, and help build trust between the veteran community and VA.

²² U.S. DEP'T OF VET. AFFAIRS, *VA Clothing Allowance* (Sept. 23, 2020), <https://www.va.gov/disability/eligibility/special-claims/clothing-allowance/>.

- ***Modernize VA's approach to static disability ratings. Reduce current thresholds related to permanent designation of service connection and disability ratings.***

Static disabilities – legal determinations established through a designated process – are service-connected disabilities that are considered to be permanent. VA's role in the process is to consider the nature, history, or severity of each disability and ascertain whether it needs to be evaluated for improvement in the future. If VA determines the disability to be permanent, the need for future examinations to ascertain whether the disability has improved is removed, and the disability earns static distinction.

During this process, VA has temporal checkpoints at 5, 10, and 20 years in the evaluation timeline. If a veteran has the same (single) disability rating for five or more years, the VA cannot reduce the veteran's disability rating unless the condition has improved. The improved disability must be sustained by all medical evidence, not just the reexamination report. After 10 years, the service-connected disability rating is protected from being dropped or removed as a disability; however, VA can lower the rating if the disability has improved. Once a rating is in effect for 20 years, VA cannot reduce it below its previous lowest rating unless the veteran submitted a fraudulent claim.

Wounded Warrior Project submits thousands of benefits claims each year on behalf of veterans. A common warrior question is whether an approved benefit can be removed over time. Once the 5-, 10-, and 20-year rules are explained to the veteran, some decide not to use the VA as their primary healthcare provider due to mistrust in the system that anything they say could be used against them in the future. Conversations in online forums, among benefit legal services professionals, and through word of mouth have also contributed to veteran distrust over how VA will use future medical information in readjusting a veteran's disability rating.

Regardless of VA decisions in any individual case, a broader sense of distrust has endured for many years. To help foster trust and collaboration between the veteran population and the VA, the 5-, 10-, and 20-year rules should be adjusted. We urge Congress to lower the 10- and 20-year rules to 5 and 10 years, respectively, and remove the 5-year rule entirely. This would build trust with the veteran community and encourage them to speak openly with their primary care doctor without fear of what they say to the VA and how those discussions will impact their future finances.

- ***Implement an online portal for veterans to request claims files. Create an option for veterans beyond current inconvenient and antiquated offerings.***

A claims file – commonly referred to as a C-File – is created when a veteran submits a claim for VA benefits. 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.

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:

- 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.
- Submitting VA Form 3288, *Request For and Consent to Release of Information from Individual Records*, by mail or fax. Unfortunately, VA's fax number and mailing address are not published online with the VA Form 3288²³, and no confirmation of VA receipt is sent to the veteran. The VA Form 3288 also asks for substantial Personal Identification Information (PII), and any response may take several months depending on the individual RO. Fax numbers listed in various corners of the internet may not be accurate, and requests delivered to inaccurate locations can lead to further complications or ambiguity.
- Submitting a *Freedom of Information Act* (FOIA) request, which is convoluted and difficult for veterans who are not familiar with the procedure. Such requests often take substantial processing time.

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 MyHealtheVet portal.

An electronic delivery option should be available to any veteran after securely logging in to the eBenefits portal. The process offers advantages to providing request confirmation, to speed and convenience of delivery, and to VA resources, which would be expectedly lower than mail service and current processing costs. VA would gain the capability to fulfill all online C-File requests in a timely manner and create additional time to redact any personally identifiable information as needed. If executed, this proposal 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.

- ***Allow for concurrent receipt of VA and DoD benefits by medically retired veterans: Pass the Major Richard Star Act to receive both retirement pay and disability benefits without offset.***

When Service members retire from the military, they are entitled to retired pay based on their rank and the number of years they served. Traditionally, Service members become eligible for retirement after serving 20 years. However, some are forced to retire early due to medical conditions, known as Chapter 61 retirees. Like all veterans, military retirees are also entitled to VA disability compensation if they are injured while in service. Unfortunately, many retirees are unable to collect both earned benefits due to a statutory dollar-for-dollar offset. WWP strongly

²³ See <https://www.va.gov/find-forms/about-form-3288/>.

believes that DoD retired 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 expand this policy and create parity for approximately 42,000 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. 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 concurrent receipt 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 full 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 this year before the bill that was named for him could become law. WWP calls on Congress to honor his legacy by swiftly passing the *Major Richard Star Act*, finally eliminating the offset for all Chapter 61 retirees who were retired due to combat-related injuries and illnesses.

ADDITIONAL PRIORITIES

VETS Safe Travel Act

Air travel security, in and of itself a stressor for many Americans, presents a significant challenge for our nation's severely disabled veterans. In the face of long lines and impatient passengers, many veterans are required to remove their prosthetics or other assistive devices, vacate their wheelchairs, or make other extensive accommodations that are time-consuming, frustrating, and potentially dangerous.

The *Veterans Expedited TSA Screening (VETS) Safe Travel Act* seeks to ease the stress and discomfort of this process by offering TSA Pre-Check at no cost to severely disabled veterans who are amputees, paralyzed, blind, or require an assistive mobility device. Doing so will provide a more dignified experience to veterans when passing through security checkpoints, improve efficiency, and enable a safer environment for all travelers. This benefit aligns with what is already offered to Active Duty, Reserve, and National Guard Service members free of charge.

The *VETS Safe Travel Act* has been introduced in the 117th Congress as H.R. 855. Its bipartisan introduction in the House of Representatives evidences the common-sense, veteran-

first solution that this legislation offers, one that we hope will be mirrored by the U.S. Senate in short order. WWP thanks Representatives Bergman (R-MI-01), Brownley (D-CA-26), Lamb (D-PA-17), and Slotkin (D-MI-08) for cosponsoring and strongly encourages members of the House Committee to join them, members of the Senate to introduce a companion, and asks that each advocate for its swift passage to ensure safety and dignity for our nation's severely injured veterans.

Rural Veterans

One of the challenges of delivering high quality, consistent VA care and services to all veterans is the diverse geographic locations in which they live. Considerations such as driving time, appointment availability, and scarcity of specialty care impact the VA experience of all veterans, and this is especially true of those who live in rural areas. While many rural veterans may be accustomed to traveling further than their non-rural counterparts to access services of any kind, they rightfully expect the same level of access and quality that all veterans deserve.

While much has been made in recent years on the promise of telehealth to alleviate many of the hurdles that rural veterans face in accessing care, recent events have greatly accelerated its usage. In response to the COVID-19 pandemic, VA increased its video health visits by 1,200% between March and July 2020.²⁴ VA's telehealth capabilities have been largely effective for the veterans who have utilized it, with large portions attesting to ease of use, satisfaction with providers, and trust in the platform. This has not, however, altered the availability of IT resources or infrastructure, particularly in rural communities where many veterans still have to drive to more populated areas just to reach cellular service. To address this issue, we urge swift implementation of Section 701 of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*, which provides grants to organizations for technological support to help rural veterans connect with their providers.

Scarcity of providers is also an issue that is compounded in rural areas, both at VA and out in the community. While many rural veterans qualify for community-based care under the *VA MISSION Act* due to their distance from VA facilities, they may still struggle to find network providers in nearby areas. Through the *VA MISSION Act* Section 203 market assessment data, we will learn more about current and projected demographics; current and future market demand and capacity of providers, broken out by specialty; average wait times and distance; quality and satisfaction measures; and all additional factors that will paint a clearer image of the true landscape of care for rural veterans. WWP looks forward to these findings so we can better understand where we need to recruit and retain VA and community providers in order to meet the needs of all veterans, especially those living in rural communities.

Wounded Warrior Project understands the challenges of providing programs and services to a geographically diverse population. Of the over 188,000 registered warriors and family members we serve, approximately 56% (84,299) of them live in areas the U.S. Census Bureau

²⁴ *VA Telehealth During and Beyond COVID-19: Challenges and Opportunities in Rural America: Hearing Before S. Comm. on Vet. Affairs, 116th Cong., (2020)* (testimony of Dr. Kameron Matthews), available at <https://www.veterans.senate.gov/imo/media/doc/7.29.2020%20Dr.%20Kameron%20Matthews%20testimony.pdf>.

defines as rural. Reflective of our commitment to meeting warriors where they are, 57% (17,199 out of 30,177) of our unique event participants in FY 2020 live in those areas. We recognize that VA is also making great strides in serving this population and we look forward to continuing to work with your committees to ensure that all veterans can access the care and services they have earned, irrespective of their geographic location.

Global War on Terror Memorial

In 2003, as a direct response to the critical needs of those severely injured, WWP came to life with a mission to honor and empower our nation's post-9/11 wounded, ill, and injured veterans. Since the attacks on September 11, almost two million of our sons, daughters, fathers, and mothers have deployed far across the globe in support of the Global War on Terror (GWOT).²⁵ Today, almost two decades after the U.S. first entered GWOT, there are 4.2 million post-9/11 veterans, 2.8 million of whom enlisted after the September 11 attacks²⁶. Approximately 5,437 Servicemen and women have been killed serving in GWOT operations, and 53,251 have been wounded.²⁷²⁸ About one out of every five veterans alive today served on Active Duty at least once since the start of GWOT.²⁹

This upcoming September 2021 will mark the 20th anniversary of the terrorists' onslaught against the United States. Perhaps the most fitting tribute we can offer in remembrance of this day is the placement of a memorial alongside other most notable monuments. Death and sacrifice surely know no date in time and can easily be understood across the battlefields of generations. A letter Lincoln once wrote to a mother of those lost in battle can rightfully be appreciated yesterday, today, and tomorrow:

Dear Madam, --

I have been shown in the files of the War Department a statement of the Adjutant General of Massachusetts that you are the mother of five sons who have died gloriously on the field of battle.

I feel how weak and fruitless must be any word of mine which should attempt to beguile you from the grief of a loss so overwhelming. But I cannot refrain from tendering you the consolation that may be found in the thanks of the Republic they died to save.

²⁵ NAT'L INST OF. MED., RETURNING HOME FROM IRAQ AND AFGHANISTAN: PRELIMINARY ASSESSMENT OF READJUSTMENT NEEDS OF VETERANS, SERVICE MEMBERS, AND THEIR FAMILIES 17 (The National Academies Press, 2010), available at <https://www.nap.edu/read/12812/chapter/4> (citing Defense Manpower Data Center, 2009b).

²⁶ NAT'L CTR. FOR VET. ANALYSIS AND STATISTICS, U.S. DEP'T OF VET. AFFAIRS, *Profile of Post-9/11 Veterans: 2016* (Mar. 2018), available at https://www.va.gov/vetdata/docs/SpecialReports/Post_911_Veterans_Profile_2016.pdf.

²⁷ U.S. DEP'T OF DEF., *Casualty Status* (Feb. 24, 2021, 10:00 AM EST), <https://www.defense.gov/casualty.pdf>.

²⁸ Includes those wounded in GWOT and Overseas Contingency Operations previously classified as GWOT. See, e.g., CONGRESSIONAL RESEARCH SERV., *In Focus: U.S. War Costs, Casualties, and Personnel Levels Since 9/11* (Apr. 18 2019), <https://fas.org/sgp/crs/natsec/IF11182.pdf>.

²⁹ Kim Parker et al., *The American Veteran Experience and the Post-9/11 Generation*, PEW RESEARCH CTR., (Sept. 10, 2019), <https://www.pewresearch.org/social-trends/2019/09/10/the-american-veteran-experience-and-the-post-9-11-generation/>.

I pray that our Heavenly Father may assuage the anguish of your bereavement, and leave you only the cherished memory of the loved and lost, and the solemn pride that must be yours to have laid so costly a sacrifice upon the altar of freedom.

*Yours, very sincerely and respectfully,
Lincoln*

In remembrance of all post-9/11 veterans, WWP urges Congress to pass the *Global War on Terrorism Memorial Location Act* (H.R. 1115), with the goal of enactment by Memorial Day 2021. We thank Rep. Jason Crow (D-CO-06) and Rep. Mike Gallagher (R-WI-08) for introducing H.R. 1115 and welcome the introduction in the Senate.

Vocational Rehabilitation

Under Chapter 31 of Title 38, the Vocational Readiness and Employment (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.

To ensure that VR&E is operating at its highest potential and capacity, VA should raise awareness and improve clarity and intentions for prospective veterans. The process to enroll in Chapter 31 educational benefits can vary significantly among locations where the program is offered. An ambiguous and seemingly subjective process for establishing entitlement can lead to meaningfully different outcomes for veterans who present with similar needs or requests. VA and VSOs can renew their commitment to educating veterans on the intent of the VR&E program before applying for its benefits, and WWP invites Congress to consider additional ways to use VR&E to better serve unemployed veterans with disabilities through programmatic shifts and fundamental quality changes.

VA Fiduciary Program

The VA Fiduciary Program was established to protect veterans and other beneficiaries who, due to injury, disease, or age, are unable to manage their financial affairs. While the program has been mostly successful in its service to veterans – currently over 180,000 – WWP has noted several continuing challenges for post-9/11 veterans and their family caregivers. While we have been pleased to work with the appropriate representatives from VBA's Pension and Fiduciary Service, we are also pleased to offer our observations and associated recommendations to the committees.

The process to have a fiduciary appointed is often long and cumbersome, even when conforming to the 141-day guidance offered by the Veterans Benefits Administration. In

emergent situations, especially those without an advocate to speak on veteran’s behalf, the inability to designate a fiduciary relatively quickly can result in the loss of funds for the veteran and his or her family. Additionally, this multiple step process is fraught with pitfalls where the process can get stuck or derailed. While the designation of a temporary fiduciary is possible, according to the VA, the Fiduciary Hub schedules their work according to several factors, only one of which is the well-being of the veteran.

The VA should explore the option of establishing a “fiduciary coordinator,” similar to caregiver coordinators, who can assist high-need veterans without an advocate during the fiduciary process. The establishment of a fiduciary coordinator could help shepherd vulnerable veterans undergoing this arduous and complex process, while at the same time acting as a liaison for inquiries from recognized service organizations.

The VA currently requires those who have been designated as fiduciaries to secure a surety bond if the funds for which he or she is responsible exceed \$25,000. Spouses are exempt from this requirement, but parents, like paid fiduciaries, are required to secure a bond which can cost several hundred dollars per year. VA’s argument for exempting spouses is that the agency wants to “minimize Government intrusion into the marital relationship.”³⁰ This is an admirable goal, but parental-child relationships should merit the same level of respect. Parents and adult children with a successful history of participation in the Fiduciary Program should be included in the same category as spouses for the purposes of the surety bond requirement.

Once a fiduciary has been appointed, no matter their status as a family member or if they are enrolled in the Caregiver Support Program, they receive relatively minimal training and support relative to their financial responsibilities. While the information provided offers general knowledge, it often does not answer many questions that can come from fiduciaries, much less by overwhelmed family members who are also coordinating complex care and services for their veteran. In addition, varying levels of training at fiduciary hubs leads to differing approaches to family caregiver fiduciaries – some individuals performing audits are more responsive to the individual circumstances of the veteran and family member, while others are far more adversarial and confrontational.

To assist family caregiver fiduciaries, Congress can explore the creation of a “family fiduciary hub” to focus training on the unique questions, issues, and circumstances of those who are very seriously injured and their family caregivers. Similarly, the creation of a hotline for family fiduciaries to answer questions about reporting requirements could raise community knowledge. Further alignment of the requirements of the VA Fiduciary Program with the Social Security representative payee program can be pursued, as could the use of a modified Supervised Direct Pay for family fiduciaries and beneficiaries in good standing who consistently meet requirements over time.

³⁰ Fiduciary Activities, 83 Fed. Reg. 32,716 (July 13, 2018).

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 meet the growing needs of women veterans; to recognize and treat the harmful effects of military toxic exposures; to support quality mental health care and interventions; to chart a course for the near- and long-term care for TBI; to support hidden heroes; and to bolster financial benefits provided to 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 2020 Impact *

MENTAL HEALTH

NEARLY 1/3 OF WARRIORS SAY THEY STRUGGLE TO GET THE MENTAL HEALTH CARE THEY NEED. WWP IS BRIDGING THAT GAP WITH ACCESSIBLE, INNOVATIVE CARE.

149,500 +

hours of PTSD treatment provided

RESULTING IN

76%

experiencing fewer PTSD symptoms



21,400 +

emotional support calls conducted with warriors and family members

RESULTING IN

69%

improving psychological well-being, increasing overall quality of life

AND

62%

becoming more resilient, a key factor in preventing suicidal ideation



1,200 +

participants in Project Odyssey®, a WWP mental health program that teaches coping skills through adventure-based activities and virtual sessions

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:

53%

experienced an improvement in sleep quality

AND

48%

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



55%

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

INDEPENDENCE

190,000 +

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

\$7.25 MILLION

granted and invested in the caregiver relief initiative, supporting caregivers of the most severely injured warriors

FINANCIAL WELLNESS

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

52,200 +

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

RESULTING IN

1,850 +

warriors and family members achieving meaningful employment with veteran-friendly employers



\$142 MILLION

economic impact of VA benefits claims filed by WWP

MAINTAINING A

90%

approval rate through FY20



\$11 MILLION

IN COVID RELIEF FUNDS to cover food and shelter expenses for over 11,000 warriors in financial crisis as a result of COVID-19

CONNECTION

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

4,300 +

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

Among those who participated in these events:

91%

reported that they feel socially connected to their peers

AND

89%

said they have people they can depend on



917

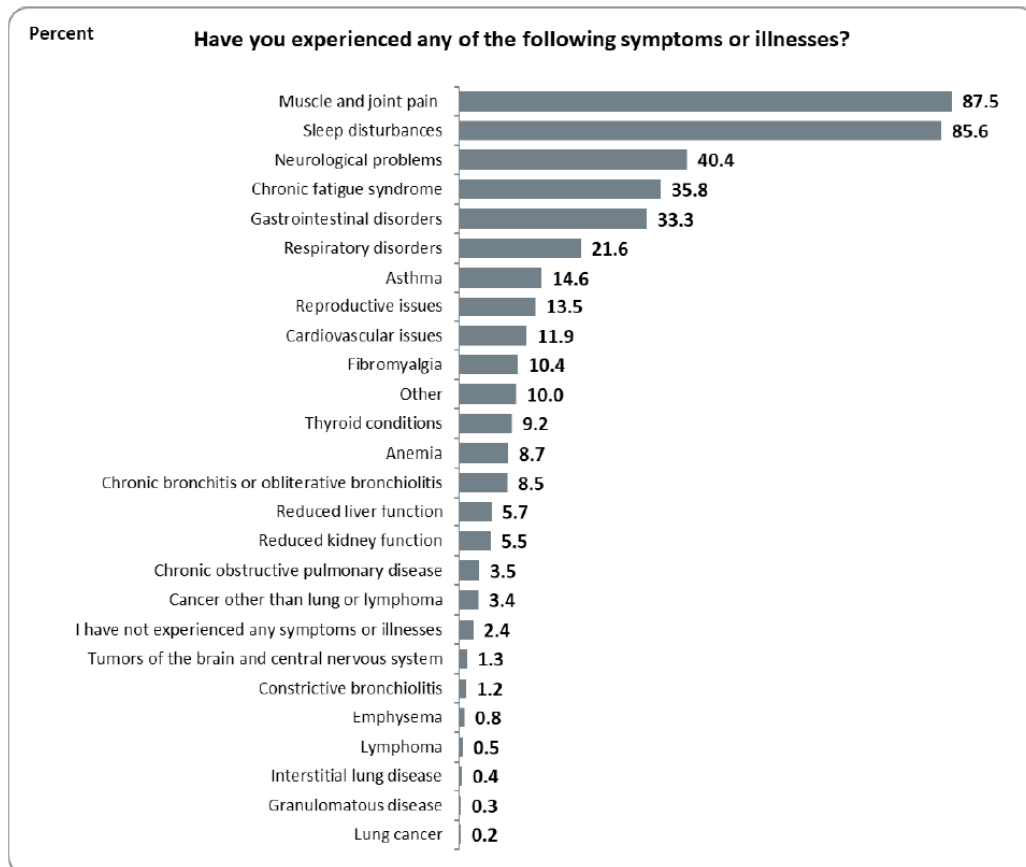
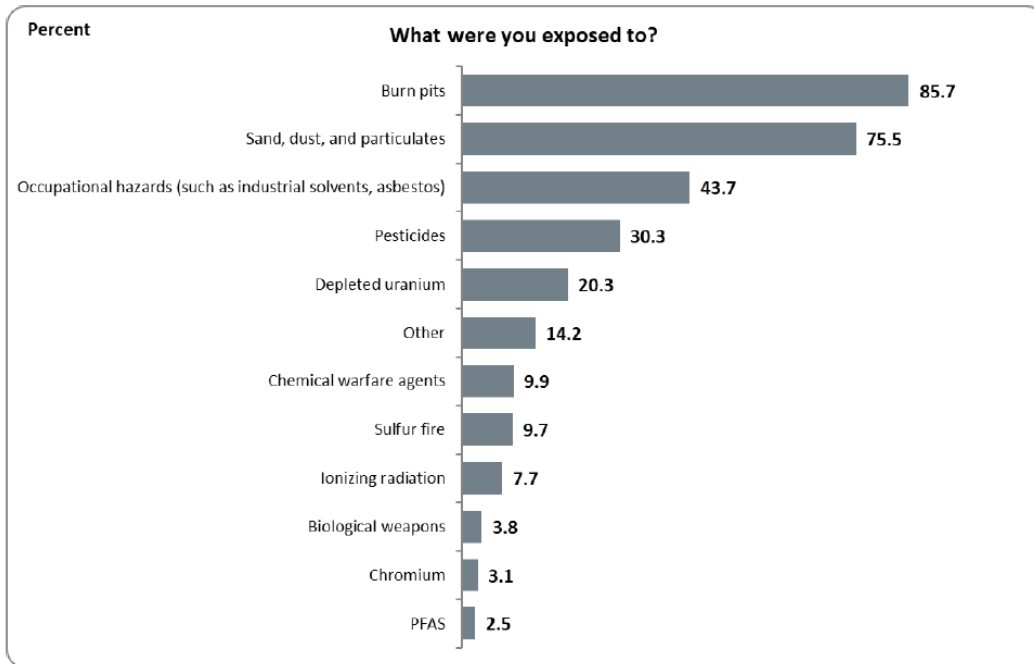
warrior-only peer-to-peer support group meetings held



92%

of participants in WWP cycling-based connection events say they have greater self-confidence after participating in the event

Appendix 2



Appendix 3

Level of Assistance Needed with Daily Activities (Average Week) by VA Rating of 70%-100% 2019 Annual Warrior Survey			
	I can do without assistance (%)	I can do with some assistance (%)	I am completely dependent on assistance (%)
Dressing			
70% Rating	88.2	10.7	0.8
80% Rating	86.5	12.2	1.0
90% Rating	80.1	18.0	1.6
100% Rating	66.3	30.5	2.7
Bathing			
70% Rating	90.1	8.5	1.1
80% Rating	88.1	9.8	1.6
90% Rating	83.3	14.6	1.7
100% Rating	69.0	27.1	3.3
Grooming			
70% Rating	91.2	7.3	1.1
80% Rating	88.8	9.5	1.3
90% Rating	85.7	12.2	1.5
100% Rating	73.0	23.7	2.7
Prosthetic adjustment/use of assistive devices			
70% Rating	40.2	3.4	0.9
80% Rating	38.7	4.2	1.0
90% Rating	38.2	5.9	1.2
100% Rating	31.7	12.1	2.7
Using the toilet			
70% Rating	95.7	3.1	0.8
80% Rating	94.8	3.9	1.0
90% Rating	92.6	5.5	1.3
100% Rating	84.8	12.3	2.3
Eating			
70% Rating	94.7	3.8	1.1
80% Rating	93.9	4.3	1.4
90% Rating	92.3	5.8	1.5
100% Rating	84.0	12.9	2.5
Mobility/Transfer from bed or chair			
70% Rating	88.4	9.4	1.2
80% Rating	85.7	12.2	1.3
90% Rating	81.2	16.4	1.4
100% Rating	69.8	26.1	2.9
Doing household chores			
70% Rating	73.5	22.0	3.1
80% Rating	68.5	25.6	4.4
90% Rating	61.0	31.4	5.3

100% Rating	44.1	42.2	9.8
Managing your money			
70% Rating	66.7	23.5	7.5
80% Rating	63.5	26.1	8.1
90% Rating	59.1	27.9	10.3
100% Rating	49.6	31.3	14.9
Taking medications properly			
70% Rating	71.3	20.1	5.5
80% Rating	68.1	23.8	5.8
90% Rating	62.9	27.8	7.6
100% Rating	46.6	37.8	13.9
Preparing meals			
70% Rating	86.4	10.7	1.9
80% Rating	83.2	13.6	2.5
90% Rating	77.3	17.8	3.4
100% Rating	60.8	28.7	7.4
Using the telephone			
70% Rating	95.3	3.0	1.2
80% Rating	94.9	3.4	1.2
90% Rating	93.1	5.0	1.3
100% Rating	87.7	9.2	2.0

Warriors Participating in the Program of Comprehensive Assistance for Family Caregivers – Level of Assistance Needed with Activities of Daily Living (Average Week) 2019 Annual Warrior Survey			
	I can do without assistance (%)	I can do with some assistance (%)	I am completely dependent on assistance (%)
Dressing	35.8	56.3	7.6
Bathing	37.6	53.6	8.3
Grooming	44.1	49.0	6.5
Prosthetic adjustment/use of assistive devices	18.6	23.9	6.4
Using the toilet	64.2	30.1	5.2
Eating	65.2	29.0	5.3
Mobility/Transfer from bed or chair	44.9	47.2	6.6
Doing household chores	14.3	55.0	22.0
Managing your money	23.2	35.5	31.9
Taking medications properly	13.1	50.8	34.5
Preparing meals	27.0	46.1	20.1
Using the telephone	73.9	20.5	3.5