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WOUNDED WARRIOR PROJECT®

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

ON

WOUNDED WARRIOR PROJECT'S 2020 LEGISLATIVE PRIORITIES

FEBRUARY 26, 2020

Chairmen Moran and Takano, Ranking Members Tester and Roe, members of the Senate and House Committees on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit the following written statement that highlights our legislative priorities for 2020. Your leadership and support over the remainder of the 116th Congress will be necessary to address the needs of veterans and those who support them, and WWP is pleased to be your partner in identifying challenges, developing solutions, and advocating for swift, sustainable, and positive impacts in the communities we serve.

Wounded Warrior Project's mission is to connect, serve, and empower our nation's wounded, ill, and injured veterans, Service members, and their families and caregivers. We are meeting our mission through life-changing programming, public policy advocacy, and partnership with like-minded organizations that are helping us fill critical gaps where government services leave off. Since our founding in 2003, WWP has grown from a small, volunteer-led program to an organization with over 700 employees across the country delivering more than a dozen free programs and services that promote mental, physical, and financial health and well-being. In 2019 alone, WWP:

- Managed the delivery of over 220,000 hours of effective in-home and community-based services to severely wounded veterans and caregivers;
- Provided over 72,000 hours of clinical care to warriors through our Warrior Care Network partners and alongside Department of Veterans Affairs (VA) staff;
- Led more than 2,500 participants in our 12-week adventure-based mental health program, Project Odyssey;
- Delivered over 16,900 career counseling services to warriors, including resumé review, interview preparation, and networking opportunities;
- Placed over 14,500 emotional support calls to warriors and family members;
- Hosted over 7,500 events across the country, providing vital connection between warriors, their peers, and communities; and

- Facilitated over 800 hours of warrior-only peer support group meetings led by 149 WWP-trained volunteer warrior leaders.[1]

Opportunities like these – and many more – are currently offered to more than 138,000 warriors and 35,000 of their family support members. Since the start of the 116th Congress, more than 17,000 new warriors have registered for our programs and services, and we continue to register nearly 50 warriors each day. This evidence strongly indicates a growing demand for a 360-degree model of care and support focused on connection, independence, and mental, physical, and financial wellness.

Meeting that demand requires more resources than any one organization or federal agency can provide alone, which is why WWP is committed in spirit and action to partnering with others who share our vision to transform the way America's veterans are empowered, employed, and engaged in their communities. WWP's external grants program is dedicated to being a multiplying force in the community by funding innovative solutions that address the most pressing challenges veterans and their families face. WWP serves as catalyst for enduring impact through effective and deliberate partnerships across the country. We consider the community stronger when we can scale organizational impact, fill gaps in direct programming, expand networks of support, and advance collective impact through grantmaking. Since 2012, WWP has invested more than $226 million in 176 best-in class organizations. In 2019 alone, WWP granted more than $43 million dollars to 41 nonprofit organizations – many within your states and districts – addressing a myriad of needs to include homelessness, community integration, post-traumatic growth, and caregiver support.

Based on thousands of programming engagements with warriors, new and enduring partnerships with other non-profit organizations, and results from the largest, most statistically relevant survey of post-9/11 veterans in the country, WWP is uniquely positioned and informed to advocate for the needs of the community we serve. In this context, we have identified six priority issues that will guide our actions over the remainder of the 116th Congress:

1. **Mental Health & Suicide Prevention**: 83% of *2019 Annual Warrior Survey* respondents reported suffering from post-traumatic stress disorder (PTSD).
   - ***Recommendation***: Authorize VA to pursue a community grant program to aggressively connect more veterans with clinical and non-clinical services in the communities where they live and work.
   - ***Recommendation***: Enhance research capabilities related to precision medicine for PTSD and traumatic brain injury (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.
   - ***Recommendation***: Explore innovations in care payment and delivery to test bundled care and value-based reimbursement models for mental health care.

[1] See Appendix 1 for more figures on WWP's programmatic impact in FY 2019.

2. **Toxic Exposure**: 70.4% of *2019 Annual Warrior Survey* respondents reported toxic exposure, and nearly 9 in 10 of these warriors reported poor or fair current health.
   - ***Recommendation***: Create a new priority group within the VA health system to deliver lifesaving treatment for toxic exposure related illnesses.
   - ***Recommendation***: Develop a platform where VA and the Department of Defense (DoD) can analyze, track, and update the Individual Longitudinal Exposure Record (ILER) and compare this data to VA records to identify "high risk" cohorts.
   - ***Recommendation***: Ensure that veterans have access to the exposure records from ILER to help with identification and treatment of toxic exposure related illnesses.
   - ***Recommendation***: Include a toxic exposure related questionnaire during VA primary care visits to track possible illnesses.

3. **Women Veterans**: 44% of female *2019 Annual Warrior Survey* respondents reported experiencing military sexual trauma (MST) in service.
   - ***Recommendation***: Support programs and services to provide compassionate, comprehensive care to MST survivors.
   - ***Recommendation***: Improve women veterans' access to care by extending hours of operation at VA facilities.
   - ***Recommendation***: Expand and make permanent VA's pilot program to provide childcare to veterans attending health care appointments as a means to reduce barriers to care for women veterans.
   - ***Recommendation***: Pass legislation to bolster programs and services that support women veterans during transition.
   - ***Recommendation***: Work to close the gap between separation from service and enrollment in VA benefits and services for all women veterans.

4. **Brain Health**: 39% of *2019 Annual Warrior Survey* respondents reported experiencing a TBI in service.
   - ***Recommendation***: Review congressional reports related to VA's expired Assisted Living for Veterans with TBI pilot program to provide qualitative recommendations on how a replacement pilot could be modified to meet the clinical and non-clinical needs of veteran patients with moderate to severe TBI.
   - ***Recommendation***: Assess current resources dedicated to the Federal Recovery Coordination Program and alignment between the program's original intent and current community needs.
   - ***Recommendation***: Pursue pathways to adequately track, document, treat, and research blast and over-pressurization injuries from service.
   - ***Recommendation***: Complete a thorough accounting of current federally funded TBI research efforts to adequately determine whether current resources are sufficient to meet future demand for care from veterans facing increased likelihood of severe neurological challenges.

5. **Caregivers**: 7.6% of *2019 Annual Warrior Survey* respondents are permanently housebound, and 56.7% of respondents indicated they need at least some assistance with activities of daily living.
    - ***Recommendation***: Support permanent (long-term) designation for caregivers of severely wounded veterans and efforts to standardize the evaluation process for caregiver program eligibility determinations.

6. **Employment and Education for Wounded Warriors**: The unemployment rate among non-Active Duty warriors completing the *2019 Annual Warrior Survey* was 11.5%.
    - ***Recommendation***: Update Chapter 31, the Vocational Rehabilitation and Education (VR&E) program, to better serve unemployed veterans with disabilities through programmatic shifts and fundamental quality changes.
    - ***Recommendation***: Increase funding for VA's education services information technology (IT) capabilities to ensure the dissemination of information, tracking of data, and general IT capabilities are in line with VA's mission.
    - ***Recommendation***: Request a federal study to understand the discrepancy between unemployment rates between disabled veterans and veterans as a whole.

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 that following these recommendations will help your committees deliver the biggest impact on the lives of our nation's wounded warriors, their families, their caregivers, and a generation of future Service members who will benefit from the lessons we have learned and actions we have and will continue to take as a community.

MENTAL HEALTH & SUICIDE PREVENTION

Veteran suicide continues to be a nationally recognized tragedy and public awareness campaigns, medical research, scientific reports, and testimonials from veterans and families have thoroughly documented the need for providing mental health services to veterans. Most military members, including those who suffer from invisible wounds, serve their country with honor and return to be productive citizens who are assets to and leaders within their communities. Others may struggle, and even those who lead healthy productive lives today have overcome significant challenges in their transition from the military.

Wounded Warrior Project's response has been guided by a philosophy that we must be willing to adapt our programs and approaches to meet the evolving needs and unique challenges facing the warriors we serve. More than 15 years into our operation, mental health continues to be a significant investment in our mission to honor and empower wounded warriors. In 2019, mental health programs were WWP's largest programmatic investment – over $63 million – for reasons grounded in data and experience.

In 2019, WWP completed the tenth administration of our *Annual Warrior Survey*[2] and received answers from nearly 36,000 warriors. Self-reported PTSD continues to rank high on the list of health problems experienced by warriors (82.8%). Delayed-onset PTSD has also been diagnosed among veterans, even years after exposure to traumatic events, and may also be a factor in the high rates of PTSD that are still being reported by warriors who may be 10 to 15 years removed from service. The percentage of warriors who reported coping with anxiety increased in 2019 (80.7% in 2019, 68.7% in 2018, and 67.9% in 2017). The percentage of warriors suffering from depression has also remained high and fairly stable (76.5% in 2019, 70.3% in 2018, and 70.1% in 2017).

Based on these responses from warriors and our experience as a program provider and partner to others in the community who are addressing veteran mental health in a variety of ways, WWP can attest to what we know and what we have learned from others. The recommendations that follow represent what we believe to be the best path to improve access to care, drive research forward, keep the community accountable, and foster collaboration among stakeholders throughout the mental health spectrum.

Recommendation: *Authorize VA to pursue a community grant program to aggressively connect more veterans with clinical and non-clinical services in the communities where they live and work.*

Wounded Warrior Project's approach to mental health care is grounded in several core and scientifically supported beliefs. We acknowledge that no one organization – and no single agency – can fully meet all veterans' needs. Empirically supported mental health treatment absolutely 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.

Section 201 of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (S. 785) captures the spirit of these beliefs. This bill recognizes that networks of support already exist, that new networks can be developed to help VA reach more veterans and enter more communities, and that VA is an indispensable partner in building and sustaining this foundation. In many ways, a new community grant program could replicate success WWP has had fostering relationships with warriors, educating and connecting them with helpful programs and services, and creating an enduring network of support.

While there is no predetermined path for warriors registering with WWP, a warrior's first engagement with our organization is often through our Alumni Program. While in the military, many Service members form bonds with one another that are as strong as family ties. WWP helps re-form those relationships by providing opportunities for warriors to connect with one another through community events and veteran support groups. This community outreach program also provides easy access to local and national resources with the help of partners like The Travis Manion Foundation, The Mission Continues, Team Red White & Blue, Team Rubicon, and over 40 other funded partner organizations. Though most events are warrior-focused, WWP also hosts a variety of family-based activities.

[2] See Appendix 2 for more information on the 10-year trends from our *Annual Warrior Survey*.

In 2019, WWP hosted over 7,500 Alumni Program events that ranged from recreational activities and sporting events to professional development opportunities and community service projects. These events are focused on engagement and connection – not simply the event or activity itself – with a goal of helping warriors develop a trusting relationship with WWP that can help resolve more challenging and personal obstacles in their rehabilitation and recovery. These engagements are often helpful independently[3], but the subsequent impact can be truly life changing.

While veterans with greater social support have more positive mental health outcomes, including lower rates of suicidal ideation, our Alumni Program ultimately connects warriors with other programs and services focused on creating a life worth living, thereby creating a protective fabric in the battle against veteran suicide. The most frequent program referral from our Alumni Program was to our Benefits Team, which assists veterans in obtaining benefits from VA and becoming more integrated into a wider network of care and support. For example, many warriors become connected to VA for the first time in this process, which contributes nearly 7 in 10 (69.6%) of WWP alumni relying on VA as their primary health care provider. Similarly, WWP mental health programs were the leading internal referral destination across all WWP programs (and the second most frequent referral from the Alumni Program), driving many towards their first engagement with our Mental Health Continuum of Support.[4] All stated, warriors may attend an engagement event to spend time with fellow veterans but may leave with newly acquired psychoeducational information, new friendships, or new awareness of helpful resources that empower them to take an additional step in their recovery.[5]

Meaningful relationships are vital to the success of warriors' transitions back into civilian life, and suicide is best combated through preventive measures such as providing mental health programs, connection opportunities, and pathways to build confidence and a sense of purpose.[6] We must be proactive when engaging warriors and showing them how their lives matter in their homes and communities.[7] WWP has relied on VA and other non-profit organizations as partners in this pursuit. Building more networks like these will help our community reach more veterans – before they reach a crisis point – and scale our impact by reaching out and connecting more veterans and families with support.

For these reasons, WWP strongly encourages members of the committee to support the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* and other initiatives that improve collaboration between VA and non-profit support networks that will connect more veterans with support services and ultimately improve mental well-being, increase resilience, and reduce veteran suicide. While WWP appreciates the need to keep VA as a coordinator of unfragmented clinical care, we believe that embracing grants to direct care

[3] Warriors participating in Alumni Program events in 2019 reported feeling more socially connected to their peers (90% versus 72% of the average WWP warrior population) and more likely to have people in their lives they can depend on (89% versus 79% of overage warrior population).
[4] See Appendix 4 for more information on WWP's Mental Health Continuum of Support.
[5] When individuals feel connected to others, they are less isolated and as a result may come to the realization that they are not alone in their suffering or that others may have experienced similar challenges (Hall, 2014).
[6] Psychological distress (i.e., depression) has been correlated with stronger negative reactions to social interactions, which may lead to further isolation (e.g., Gotlib, Kash, et al., 2004; Mogg & Bradley, 2005).
[7] Interpersonal interactions can have a strong impact upon one's cognitions, emotions, and behaviors (Baumeister & Leary, 1995).

programs – particularly when skepticism towards VA in the veteran community is an unfortunate reality we must acknowledge – is a commitment most consistent with putting the needs of the veteran first.

Recommendation: *Enhance 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.*

Every veteran who has been wounded, ill, or injured will have a unique path to recovery or adjustment to their "new normal." As their advocates in that process, WWP encourages the development of multiple effective pathways to better health and quality of life. VA provides high quality care and contributes to a growing body of research on both PTSD and TBI; however, WWP believes that a concerted effort to identify and validate brain and mental health biomarkers can unite the efforts of public and private entities and ultimately connect veterans to new and highly effective care and interventions.

Section 305 of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* would enable greater collaboration between VA and the private sector in precision medicine for two of the greatest challenges affecting post-9/11 wounded warriors. According to the *2019 Annual Warrior Survey*, 83 percent of WWP alumni have self-reported PTSD and 39 percent report sustaining a TBI in service. An internal review and assessment of these responses further suggests a high prevalence of severe and moderately severe PTSD (57 percent) that is consistent with veterans who served in Operation Enduring Freedom, Operation Iraqi Freedom, and/or Operation New Dawn and who are enrolled in the Veterans Health Administration (VHA). PTSD and TBI can have considerable impact on quality of life and daily functioning, and if left untreated, both are risk factors that may increase the likelihood of suicidal ideation, planning, and attempt.

Biomarker research has potential to lead treatment for these invisible wounds into the next generation. Just as a recent scientific report discusses a new PTSD brain imaging biomarker that may help determine an individual's response to first-line treatment[8], greater collaboration between public and private entities in this sector will help identify new diagnostic biomarkers, build predictive disease models, and develop new treatments for PTSD, TBI, and other invisible wounds such as depression, anxiety, and bipolar disorder. For these reasons, we urge you and members of your committee to support Section 305 of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2020* and other efforts to encourage research and collaboration into biomarkers for mental health and traumatic brain injury treatment.

Recommendation: *Explore innovations in care payment and delivery to test bundled care and value-based reimbursement models for mental health care.*

Section 101(i) of the *VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act* (*VA MISSION Act*) (P.L. 115-182) allows VA to incorporate value-based reimbursement principles to promote the provision of high-quality care, and this permission can

[8] Amit Ekin, et al., *Using fMRI Connectivity to Define a Treatment-resistant Form of Post-traumatic Stress Disorder*, SCI. TRANSL. MED. (Apr. 3, 2019) available at https://stm.sciencemag.org/content/11/486/eaal3236.

and should be used to help encourage innovative models in physical and mental health treatment. While the health care industry has embraced bundled payment approaches to address episodes of care for hip surgery, diabetes, stroke, cancer treatment, and others, VA lags behind, and the expanded migration of this practice to mental health would allow VA to be a pioneer in an area where veterans are catastrophically suffering and would drive the wider mental health care industry towards better quality and more cost-effective outcomes.

Additionally, new innovative approaches could address the challenge that many facilities and organizations face when seeking care reimbursement through insurance. When the process is cumbersome and challenging, providers may choose to not enter the market. Inefficient care markets can lessen veteran access to critically needed resources and high-quality treatment.

Other bills to support: In addition to the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*, WWP supports the following pieces of legislation:

- *TBI and PTSD Law Enforcement Training Act* (draft bill): This proposal would initiate the development of a federal standard of best practices and crisis intervention training tools for law enforcement and first responders to improve interactions with individuals displaying symptoms of TBI or PTSD. While not specific to veterans, many would benefit from a more informed and prepared community of first responders and law enforcement officers, many of whom are veterans.

- *National Suicide Hotline Designation Act of 2019* (S. 2661, H.R. 4194): The Federal Communications Commission (FCC) is already moving forward with plans to make 9-8-8 the nation's suicide prevention hotline. The current National Suicide Prevention Lifeline is staffed by responders who have stopped over 90 percent of suicide attempts or ideation among callers.[9] This bill would help ensure that call centers supporting the hotline are properly resourced.

TOXIC EXPOSURE

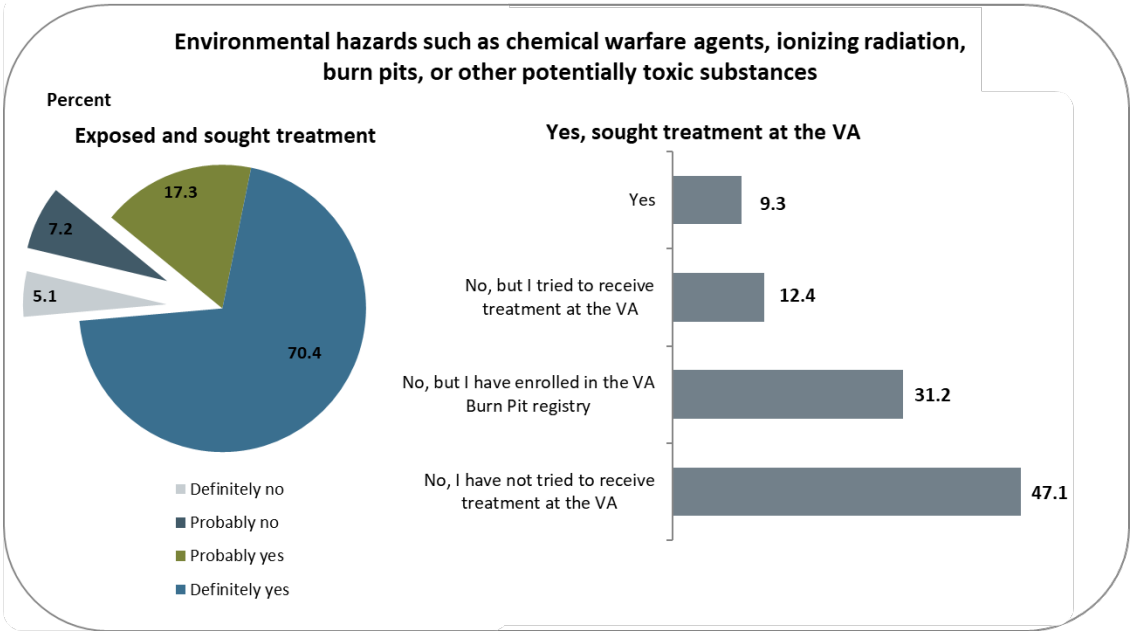
With the legacy of a decades-long campaign to deliver care and benefits to those who have or continue to suffer from Agent Orange exposure, WWP is striving to ensure that today's veterans struggling to receive health care for toxic exposure illnesses are not fighting for treatment years from now like their Vietnam counterparts. Post-9/11 generational exposure to contaminants such as burn pits, toxic fragments, or other hazards typically seen on overseas deployments are emerging as common threads among veterans who are sick, dying, or already deceased.

Results from WWP's *2019 Annual Warrior Survey* are illustrative of the issues the post-9/11 generation is facing. WWP found that a majority (70.4%) of warriors reported "certain" exposure to hazardous chemicals or substances and more than 31% are enrolled in VA's Airborne Hazards and Burn Pit Registry. Warriors who reported exposures were more likely to indicate poorer health. Additionally, 89.8 % of warriors who reported their health as "poor" or

[9] *See* SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION at https://www.samhsa.gov/suicide.

"fair" indicated "probably yes" or "definitely yes" to exposure of an environmental hazard during military service versus 81.9% of warriors who paired "very good" or "excellent" health with "probably yes" or "definitely yes" exposure of an environmental hazard during military service.

Of those who indicated exposure to environmental hazards such as chemical warfare agents, ionizing radiation, burn pits, or other potentially toxic substances during service, 9.3% stated they sought treatment at VA, 12.4% reported that they did not receive treatment at VA for toxic exposure illnesses but tried, and 31.2% indicated that they have not tried to receive treatment at VA but have enrolled in VA's Airborne Hazards and Burn Pit Registry. Although we do not clearly know why so few veterans seem to be receiving treatment at VA, our assumption is that access issues are driven by a lack of communication with veterans on this topic and the difficulty of establishing service connection for illnesses believed to be caused by toxic exposure. Whether successful in receiving VA treatment or not, it is noteworthy that nearly 22% of surveyed warriors reported seeking such treatment.



Motivated by these results and the stories and data shared by other advocates, WWP spearheaded formation of the Toxic Exposure in the American Military (TEAM) coalition to raise public awareness and investigate the harmful effects of toxic exposures in the military. To date, 22 organizations across a wide advocacy spectrum have united in their pursuit of solutions for the communities we collectively represent. Members of the TEAM coalition include AMVETS, Burn Pits 360, California Communities Against Toxics (CCAT), Cease Fire Campaign, Dixon Center for Military and Veterans Services, Enlisted Association of the National Guard of the United States (EANGUS), Hunter Seven, Iraq and Afghanistan Veterans of America (IAVA), Military Officers Association of America (MOAA), Military Veterans Advocacy, Inc., National Veterans Legal Services Program (NVLSP), Paralyzed Veterans of America (PVA), Task Force Dagger Foundation (TFD), The American Legion (TAL), The Enlisted Association (TREA), Tragedy Assistance Program for Survivors (TAPS), Veteran

Warriors, Veterans and Families for Exposure Awareness (VFEA), Veterans of Foreign Wars (VFW), Vets First, Vietnam Veterans of America (VVA), and Wounded Warrior Project (WWP). Additional organizations attend the monthly coalition meetings for broader input.

Accordingly, the TEAM coalition's efforts are focused on treating Service members and veterans before they become critically ill through early identification and better research. Using the information gathered from WWP's *Annual Warrior Survey* and lessons learned while working with the TEAM coalition, WWP has developed 2020 legislative priorities specific for toxic exposure, which are highlighted below. In addition, TEAM meetings over the past year have been convened with the express goal of developing comprehensive legislation that not only helps those affected by burn pits but also helps those affected by other toxic exposure related illnesses and builds a comprehensive structure to help those affected by toxicants not yet identified. Many of the suggestions that follow will be addressed in that bill.

Recommendation: *Create a new priority group within the VA health system to deliver lifesaving treatment for toxic exposure related illnesses.*

Generally speaking, the biggest challenge to receiving care through the Veterans Health Administration (VHA) is establishing service connection for an injury or illness. To address a rising number of terminal illness and cancers among a younger generation of warriors exposed to toxicants during service, Congress can establish a new VA priority group that offers healthcare related services to those currently ill. Connecting sick veterans to lifesaving health care should take priority over financial compensation as necessary long-term solutions are negotiated.

Currently, there are 8 VA priority groups. WWP recommends adding a new priority group placed between existing groups 6 and 7. A specific priority group for toxic exposure related illnesses would allow veterans to access VA care without a service-connected disability. This priority group will authorize veterans four toxic exposure related visits each year. During these visits, VA clinicians will be authorized to utilize any diagnostic tools needed. If a veteran is identified as having a toxic exposure related illness during one of these visits, the clinician can enroll the veteran into a new priority group 7 status which allows the veteran any treatment deemed necessary by the VA.

In addition to the establishment of a new priority group for toxic exposure related healthcare, WWP encourages VA to work with DoD to develop a "high risk" database using ILER and other evidence. This study and data collection involving VHA electronic health records, and VA's Airborne Hazards and Burn Pit Registry, should provide researchers the data needed to develop a list of illnesses that could be presumed to be related to toxic exposures and allow VA to be proactive in identifying high risk clusters in need of medical testing. Doing so would address two of WWP's primary concerns regarding toxic exposure: early identification of toxic exposure illnesses and life-saving treatment for those affected.

Recommendation: *Develop a platform where VA and DoD can analyze, track, and update ILER and compare this data to VA records to identify "high risk" cohorts.*

The difficulty in developing a "high risk" database is defining those who could be considered "high risk." WWP recommends starting with deployed Service members and veterans who have rare forms of cancer or other medical conditions that are unusual based on the prospective patient's age and background. The ILER system has potential to be used to identify at-risk clusters of individuals based off common exposures and units. Comparing these at-risk clusters with VA VHA records could help establish "high risk" groups. Once individuals are identified and treated at DoD or VA treatment centers, associated data can be fed back into the ILER system for additional tracking and research. Identifying "high risk" cohorts, compiling data on their illnesses, and administering treatment may all contribute to developing the data that could help DoD and VA become proactive in saving lives.

As discussed above, ILER is a web-based application that has been developed over the past eight years between DoD and VA that can assist in linking individuals with possible toxic exposures during military service. The system has the capacity to create a comprehensive exposure record for individual veterans by cross-referencing available DoD data. ILER links individuals with known exposure events and incidents to compile a Service member's possible exposure history.

On its current trajectory, ILER will be accessible to DoD and VA researchers, VA clinicians, and VA claims adjudicators. In theory, anyone with access to the database will have the ability to download a Service member's full ILER record in portable document format ("pdf") format. This file contains a Service member's historical exposure, a list of possible connections that exist between discovered exposures and medical symptomatology, possible diagnoses attributable to these exposures, and cross-references to other Service members from a unit that may also have been exposed. ILER is useful to researchers attempting to find and isolate specific control groups and to Service members and veterans undergoing treatment.

Recommendation: *Ensure that veterans have access to the exposure records from ILER to help with identification and treatment of toxic exposure related illnesses.*

While ILER has potential to be a lifesaving tool, it is only accessible to users at DoD and VA. Providing ILER access to Service members, veterans, and their health care providers extends the ability to identify possible exposure risk factors before or during treatment. WWP recommends that Congress direct DoD and VA to develop a portal to allow individuals to download their ILER information. Currently, a veteran seeking his or her ILER record must file a Freedom of Information Act (FOIA) request with the Defense Health Agency (DHA). This process is burdensome, unnecessary, and counterproductive when an alternative, more efficient pathway could be available. Access to personal ILER information during the diagnosis and treatment phases for exposure-related illnesses is critical and possibly lifesaving. While VA may highlight that its claim adjudicators have access to ILER, Veteran Service Organization (VSO) service officers do not have access and are limited in their ability to appropriately represent veterans.

Recommendation: *Include a toxic exposure questionnaire during primary care visits at VA facilities.*

In order to continue moving toxic exposure illness awareness towards mainstream health considerations, WWP encourages increased alignment with primary care in the VHA system. A toxic exposure questionnaire provided during VHA primary care visits can generate a dialogue between veterans and their providers about past exposure history. Increased awareness and transparency could help identify possible "high risk" veterans with toxic exposure illnesses.

Currently, during primary care exams, VA healthcare providers ask questions regarding mental health, lifestyle, and smoking to identify veterans who may need additional help or information on programs available at VA. By adding questions regarding toxic exposure to these primary care visits, we hope that the VA healthcare provider and the veteran can start to identify possible health risks to track over time and expand VA's access to data regarding veterans who need additional medical assistance. For instance, research has shown that there is a possible connection between chemicals that were inhaled by Service members while deployed and a higher risk of chronic bronchitis or chronic obstructive pulmonary disease.[10] Asking questions about toxic exposures can push the VA healthcare provider and veteran to think about other possible associations between illnesses and past service. Sometimes it can be as simple as asking, "Were you ever stationed near a burn pit?" to get both patient and provider to think more critically about toxic exposures and current medical complications.

WOMEN VETERANS

Today, women are serving our nation's military in greater numbers than ever. When all combat roles were opened to women in 2015, Active Duty Servicewomen were ushered into a modern era of opportunities to succeed, lead, and contribute to national security in new and impactful ways. Accordingly, VA anticipates a rapid increase in the population of women veterans, from the 10% they constitute today to 16% in the next twenty years.[11] WWP is seeing a similar increase in our own population; today women represent 17% of WWP Alumni, a 10% increase since 2010. Now is the time to turn our community's focus to this important group and identify where gaps in care exist to meet the unique needs of post-9/11 women veterans.

Efforts at WWP are already underway. In 2020, WWP launched our Women Veterans Initiative – a new program that will take our organization across the country, convening with women warriors to better understand the challenges they face, generate actionable solutions, and empower and enable them to reach their fullest potential. The Initiative began with distribution of a new survey to more than 20,000 female WWP Alumni to learn more about their military experiences and their challenges with mental health, economic insecurity, relationships and isolation, reproductive health, and much more.

[10] J. Liu et al., *Burn Pit Emissions Exposure and Respiratory and Cardiovascular Conditions Among Airborne Hazards and Open Burn Pit Registry Participants*, J. OCCUP. ENVIRON. MED. (July 2016) available at https://www.ncbi.nlm.nih.gov/pubmed/27218278.
[11] NAT'L CTR. FOR VETERANS ANALYSIS AND STATISTICS, U.S. DEP'T OF VET. AFFAIRS, WOMEN VETERANS REPORT: THE PAST, PRESENT, AND FUTURE OF WOMEN VETERANS, 1 (2017).

This knowledge, coupled with feedback from our experienced staff, data collected by a decade of the *Annual Warrior Survey*, and expert advice from partners and subject matter experts, has laid the foundation for the recommendations that WWP makes to Congress.

Recommendation: *Support programs and services to provide compassionate, comprehensive care to Military Sexual Trauma (MST) survivors.*

Prevalence of sexual harassment and abuse are increasing in the military. DoD's 2018 Annual Report on Sexual Assault in the Military estimated that about 13,000 Active Duty women, or 6.2 percent of the population, experienced a sexual assault in the year prior, a statistically significant increase from the previous survey in 2016.[12] These events can have lasting and damaging effects on victims, including physical and psychological challenges that will follow them long after their military service has ended. VA found that one in four women screen positively for MST.[13] WWP's population of wounded, ill, and injured women veterans report even higher rates of MST – 44 percent per the *2019 Annual Warrior Survey*. Those who live with MST in their past have experienced the ultimate betrayal by a fellow Service member. They deserve easy access to high quality, gender-sensitive care furnished by VA.

In-Focus: WWP's Mental Health Continuum of Support. MST is complex, intense, and can be deeply devastating to those it affects, contributing to a host of mental and physical health complications, including PTSD. WWP seeks to create supportive spaces, both environmentally and emotionally, for MST survivors to interact authentically with their peers. Our programs are designed with this sensitivity in mind.

For women seeking treatment through WWP's Warrior Care Network, MST presents as one of the most frequent and complex challenges; over one-third report MST as their primary stressor. Rush University Medical Hospital's Road Home Program is Warrior Care Network's leader for MST care, hosting four MST-specific cohorts per year. Due to high demand, however, Rush has increased the number of MST-specific cohorts for 2020. When participating in a Warrior Care Network MST cohort, veterans engage in a two- or three-week intensive outpatient program using evidence-based therapies to challenge one another, evolve in their mental health journey, and heal from past traumas. The emotional ramifications of MST are extensive and can impact a survivor's ability to connect with others. Warrior Care Network's mixed-gender cohort style focuses on building strong bonds between participants, helping MST survivors to develop interpersonal skills, and restoring trust in the military community.

Another outlet available to MST survivors struggling with mental health challenges is WWP's Project Odyssey program. In FY 2019, WWP facilitated 38 female-only Project Odysseys, serving nearly 400 women. The curriculum for female-only cohorts is gender-informed, dealing with the topics and issues most important to women veterans, including MST. This 12-week, cohort-style program equips women veterans with the tools to better understand

[12] SEXUAL ASSAULT PREVENTION AND RESPONSE OFF., U.S. DEP'T OF DEF., *ANNUAL REPORT ON SEXUAL ASSAULT IN THE MILITARY* FISCAL YEAR 2018 3 (2019).
[13] U.S. DEP'T OF VET. AFFAIRS, MILITARY SEXUAL TRAUMA FACT SHEET, https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf (last visited Feb. 18, 2020).

and identify mental health issues, tackle challenges as they arise, and integrate into their communities as more confident, healthy citizens.

When women transition out of service, the responsibilities that come with their newfound multi-hyphenate roles in their families, communities, and workplaces can be demanding, leaving them to prioritize their own health care last. It is critical that Congress and VA work to break down barriers to care for these veterans, ensuring they are afforded the care they deserve. To this end, WWP recommends that Congress:

Recommendation: *Improve women veterans' access to care by extending hours of operation at VA facilities.*

Section 201 of the House-passed *Deborah Sampson Act* (H.R. 3224) proposes to study extended hours of operation as a means to reduce barriers to care. WWP calls on Congress to pass this measure and ensure implementation as soon as possible. Doing so will improve access to lifesaving care for women veterans.

With suicide prevention rightly positioned as VHA's top clinical priority, it is imperative that Congress move to support all efforts that increase access to mental health care. The expansion of VA's operating hours is a key component of this mission. For the second year in a row, WWP's women veterans cited hours of operation as the number one barrier to mental health care via the *Annual Warrior Survey*. This is a population that is twice as likely to die by suicide than their civilian counterparts.[14] Extending the operating hours at VA facilities, including medical centers and community-based outpatient clinics, will ensure that female veterans, whose many roles and responsibilities make it difficult to access care during typical workday hours, are able to receive the care they need without sacrificing.

Recommendation*: Expand and make permanent VA's pilot program to provide childcare to veterans attending health care appointments as a means to reduce barriers to care for women veterans.*

In addition to extended hours, the provision of onsite childcare would vastly improve women warriors' ability to access healthcare. In VA's 2015 Study of Barriers for Women Veterans to VA Health Care, 42 percent of women indicated that finding childcare to attend medical appointments is "somewhat hard" or "very hard."[15] In that same study, three out of five women reported that they would find on-site childcare "very helpful."[16] Though Congress has enacted legislation extending certain childcare services through the *Caregivers and Veterans Omnibus Health Services Act of 2010* (P.L. 111-163), the authority is not yet permanent, and participating locations are still limited.[17] Since 2011, more than 10,000 children have benefitted from VA-enabled childcare, and women veterans used the services at a significantly greater rate

[14] OFF. OF MENTAL HEALTH AND SUICIDE PREVENTION, U.S. DEP'T OF VET. AFFAIRS, SUICIDE AMONG WOMEN VETERANS: FACTS, PREVENTION STRATEGIES, AND RESOURCES, https://www.mentalhealth.va.gov/suicide_prevention/docs/Women_Veterans_Fact_Sheet_508.pdf (last visited Feb. 18, 2020).
[15] OFF. OF WOMEN'S HEALTH SERVS., U.S. U.S. DEP'T OF VET. AFFAIRS, STUDY OF BARRIERS FOR WOMEN VETERANS TO VA HEALTH CARE (2015).
[16] *See id.*
[17] Press Release, U.S. Dep't of Vet. Affairs, *VA Launches Childcare Pilot* (July 16, 2011) (available at https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2134).

than men.[18] WWP urges the Senate to pass H.R. 840, the *Veterans' Access to Child Care Act*, which would assist veterans in securing childcare while they attend healthcare appointments.

Recommendation*: Pass legislation to bolster programs and services that support women veterans during transition.*

The point of transition from military service to civilian life is a critical one for any veteran; however, the stressors can often be compounded for women veterans, contributing to the social isolation that WWP's *2019 Annual Warrior Survey* found is more severe in women. As a smaller population, Servicewomen are less visible in the veteran community and lack the same sense of camaraderie as their male peers, while also struggling to relate to a civilian population that cannot understand their military experiences. This isolation exacerbates mental health issues, affects their ability to find meaningful employment, and discourages women from seeking benefits and services in male-dominated VA facilities.

A positive transition experience is vital to set women veterans up for success as they reintegrate into a civilian environment. Fewer than one percent of Americans serve in the Armed Forces today, and of that group, only 16 percent are women.[19] Congress and VA must provide the resources and opportunities for this under-represented group to connect with one another, share experiences and counsel, and build strong relationships as they enter into the period of transition from service. An excellent example of such an opportunity is the Women's Health Transition Training Pilot Program, which provides transition training and simplified access to VA benefits in a female-only environment. WWP urges Congress to support efforts to expand and encourage participation in this program and continue to pilot innovative solutions like it that increase utilization of VA benefits and foster social connection between transitioning women veterans.

Women veterans face unique challenges during their military transition experience and are often searching for likeminded women with whom they can bond, share, collaborate, and continue to grow even after their military service has ended. Therefore, WWP works to connect women veterans to one another through meetings and events across the country. Our WWP Alumni Program team is out in communities across the country, offering creative events and facilitating a network of women veterans. So far in FY 2020, WWP has hosted 35 women-only events.

Another way WWP brings women veterans together is through Peer Support Groups. Local Peer Support Group Leaders organize events in their communities that connect Alumni with warriors in their backyard, often enabling the organization to play a deeper role in warrior lives where we do not have a physical presence. WWP understands that veterans operate best in a unit, where each member has a key role to play in lifting and contributing to the success of their cohort. These groups provide veterans not only with the opportunity to receive support and encouragement from others with similar experiences, but also to provide that support in return. WWP has trained and provided support to 29 female Peer Support Group Leaders who are

[18] Nikki Wentling, *House Passes Bill to Offer Free Child Care at VA Facilities Nationwide*, STARS AND STRIPES, (Feb. 8, 2019), https://www.stripes.com/news/us/house-passes-bill-to-offer-free-child-care-at-va-facilities-nationwide-1.567958.
[19] George M. Reynolds and Amanda Shendruk, *Demographics of the U.S. Military,* COUNCIL ON FOREIGN REL., Apr. 24, 2018, www.cfr.org/article/demographics-us-military.

actively working to engage the women warriors in their communities, providing an outlet for women to build authentic, indispensable relationships.

Recommendation: *Work to close the gap between separation from service and enrollment in VA benefits and services for all women veterans.*

According to a 2017 VA study, only 47 percent of female veterans used VA benefits and services, and on average, women do not connect with VHA until 2.7 years after separating from service. [20] This is an unacceptable gap in well-earned care. Congress should make efforts to better identify causes of the enrollment gap, implement policies to address these causes, and support opportunities to educate women on the health care and benefits options available to them.

The *2019 Annual Warrior Survey* found that 89 percent of female Alumni receive VBA compensation benefits, far more than the roughly 25 percent of total women veterans.[21] WWP's team of accredited, highly-skilled National Service Officers play a major role in supporting these women, working with them to navigate a complex VA system and ensure that every warrior has access to the benefits they've earned. From FY 2016 to today, roughly 15 percent of total benefits claims filed by WWP were on behalf of women veterans, a percentage in line with our organization's demographic profile. The top issues for which women veterans seek compensation are PTSD, depression, migraines, lower back pain, and OBGYN-related conditions. Not only is the compensation earned from VBA compensation for service-connected disabilities life-changing and sustaining, it's a recognition of and mark of gratitude for a woman warrior's sacrifice in defense of the nation.

BRAIN HEALTH

Conversations about "invisible wounds" of war will often group PTSD and TBI together. While these are comorbid conditions for many veterans who sustained their injuries in service, medical and scientific literature clearly illustrate that these are different disease processes that present distinguishable symptoms and challenges. Accordingly, it is imperative for the committees to consider mental health and brain health along separate – though perhaps parallel – paths and to give increased attention to the current and long-term care needs of veterans living with effects of TBI.

The Defense and Veterans Brain Injury Center (DVBIC) maintains a record of worldwide medical diagnoses of TBI that occurred anywhere U.S. forces are located, including the continental United States, since 2000. According to DVBIC data, there were 413,858 TBIs as of November 8, 2019. The vast majority (82.8%, or 342,747) of these were mild TBI, followed by moderate (9.8%, or 40,378), severe (1.0%, or 4,110), and penetrating (1.3%, or 5,279) injuries.[22]

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[20] NAT'L CTR. FOR VETERANS ANALYSIS AND STAT., U.S. DEP'T OF VET. AFFAIRS, U.S. VETERANS ELIGIBILITY TRENDS AND STAT., 2016, 77 (Nov. 2017) (available at www.va.gov/vetdata/docs/QuickFacts/VA_Utilization_Profile.pdf).

[21] VET. BENEFITS ADMIN., U.S. DEP'T OF VET. AFFAIRS, ANNUAL BENEFITS REPORT FISCAL YEAR 2018 77 (available at www.benefits.va.gov/REPORTS/abr/docs/2018-abr.pdf).

[22] *See* DEF. AND VETERANS BRAIN INJURY CTR., DOD NUMBERS FOR TRAUMATIC BRAIN INJURY WORLDWIDE TOTALS (2019), available at https://dvbic.dcoe.mil/sites/default/files/tbi-numbers/DVBIC_WorldwideTotal_2000-2019_Q3.pdf.

While most TBIs result in relatively mild symptoms in the immediate aftermath of an injury, long-term effects are widely varied and can include both physical and mental symptoms ranging from seizures and loss of coordination to agitation and combative behavior.

Perhaps more significantly, individual independence – and the need for long term care – is complicated by the chronic and degenerative conditions that may accompany TBI. Studies indicate that degeneration (as well as improvement) may occur as long as twenty years after the injury.[23] Unfortunately, this degeneration most often manifests as motor or cognitive deficits.[24] A growing body of research has also started to indicate increased long-term risks for Alzheimer's disease, amyotrophic lateral sclerosis (or ALS), Parkinson's disease, and early-onset dementia.[25] Further, significant complexity in treatment and recovery for TBI makes research efforts and decisions about the appropriate type, level, and frequency of treatment for each patient more difficult.[26] Lastly, irrespective of severity, VA has traditionally relied on caregivers to provide much-needed support for patients, but caregivers may not be sufficiently able to care for veterans as they age and face health declines themselves.

In summary, research in the private sector has uncovered correlations between brain injuries and early onset of long-term, debilitating illnesses that will require increasing levels of long-term therapy as well as community-based supports. In the absence of appropriate care – or even poor coordination of care that exists but is either unknown or inaccessible – TBI patients are at an increased risk for homelessness, incarceration, and institutionalization, all of which are unacceptable outcomes.[27] In the coming years, VA is likely to face increased numbers of veterans who suffer from long-term consequences of TBI (including mild TBI) and chronic traumatic encephalopathy (CTE), including significant cognitive, behavioral, and physical health challenges that cannot be resolved by caregivers alone and must be prepared to support these patients with improved access to long-term care in a variety of settings. For these reasons, WWP offers the following recommendations:

Recommendation: *Review congressional reports related to VA's expired Assisted Living for Veterans with TBI pilot program to provide qualitative recommendations on how the pilot, or a replacement pilot, could be modified to meet the clinical and non-clinical needs of veteran patients with moderate to severe TBI.*

Traditionally, VA has provided clinical services to veterans who suffer the effects of TBI; however, many veterans with TBI may benefit from treatment in an intensive rehabilitation facility to assist with skills that can create or maintain increased independence. Because these

[23] Lindsay Wilson, et al., *The Chronic and Evolving Neurological Consequences of Traumatic Brain Injury*, THE LANCET: NEUROLOGY (Oct. 1, 2017).
[24] Helen M. Bramlett & W. Dalton Dietrich, *Long-Term Consequences of Traumatic Brain Injury: Current Status of Potential Mechanisms of Injury and Neurological Outcomes*, J. NEUROTRAUMA (Dec. 1, 2015) available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4677116/.
[25] Helen M. Bramlett & W. Dalton Dietrich, *Long-Term Consequences of Traumatic Brain Injury: Current Status of Potential Mechanisms of Injury and Neurological Outcomes*, J. NEUROTRAUMA (Dec. 1, 2015) available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4677116/; *Chronic Traumatic Encephalopathy*, MAYO CLINIC, https://www.mayoclinic.org/diseases-conditions/chronic-traumatic-encephalopathy/symptoms-causes/syc-20370921 (last visited Jan. 30, 2019); Erin Bagalman, *Health Care for Veterans: Traumatic Brain Injury*, CONG. RESEARCH SERV., 4 (Mar. 9, 2015).
[26] Joseph T. Giacino et al., *Rehabilitation Access and Outcome after Severe Traumatic Brain Injury: A TBI Model System-Sponsored Stakeholder Summit*, 9 (May 16, 2016) available at http://media-ns.mghcpd.org.s3.amazonaws.com/spauldingtbi/rehabilitation-access-and-outcome-after-severe-tbi-briefing-book.pdf.
[27] Amy Bukowski, et al., *Traumatic Brain Injury in the District: The Ignored Injury*, TBI WORK GROUP IN WASHINGTON, D.C. (July 25, 2018) available at http://www.uls-dc.org/media/1150/tbi-white-paper-final-7-25-18.pdf.

facilities are generally residential and the VA does not provide veterans with housing (with some exceptions), accessibility to such programs is limited or requires subsidized payment from other sources to cover the "housing" expense. A notable VA pilot program, the Assisted Living for Veterans with Traumatic Brain Injury (AL-TBI) Program, demonstrated a demand for these types of facilities before sunsetting in 2018.[28]

Eligible candidates typically suffered from moderate or severe TBI and benefitted from caregivers, family or otherwise, in home settings in order to escape institutionalization. Others lived in nursing homes provided by VA where those around them were much older and required different services and care. Most courses of rehabilitative treatment took place over the course of 6 to 12 months and were effective even when conducted several years after the injury occurred (although studies suggest that more immediate rehabilitative care may be favorable).[29]

Although this pilot lasted for nearly a decade, its utility in providing step-down therapies and rehabilitation has not been replicated despite ongoing need. Modest participation numbers are not reflective of the need for this type of programming and may be a false representation of actual need in consideration of the progressive nature of the TBI process. While the VA's five Polytrauma Transitional Rehabilitative Care facilities provide support for some veterans, these facilities are limited in scope, accessibility, and availability. Additionally, though directed to produce a report following the AL-TBI program, the information VA provided was limited and quantitative while lacking feedback that could help shape future programs and care within the VA system.

The AL-TBI Program was written in response to a need for "specialized residential care and rehabilitation" with the purpose of enhancing "rehabilitation, quality of life, and community integration."[30] Nothing suggests that this need for care has expired in spite of the program being allowed to terminate. Furthermore, DVBIC's *7-Year Progress Update to a 15-Year Longitudinal Study* affirms the need for this type of care by recommending that "TBI patients needing supervised environments for years beyond injury should have access to residential brain injury treatment in an age-appropriate setting and community-based extended services."[31]

The need for residential support and services remains while access to appropriate rehabilitative facilities covered by the VA is limited mostly to nursing homes where aging populations often are a poor fit for a younger person with TBI. For this reason, TBI-affected veterans and their caregivers are best served when they have the option to seek care in community-integrated rehabilitative centers where they are more likely to receive care most appropriate for TBI and also participate in therapy with similarly-injured persons whose objectives may include returning home or to participation in the community.

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[28] *See generally Polytrauma/TBI System of Care*, U.S. DEP'T OF VET. AFFAIRS (June 3, 2015), https://www.polytrauma.va.gov/about/Rehabilitation_Team.asp.
[29] Irwin M. Altman, et al., *Effectiveness of Community-Based Rehabilitation After TBI for 489 Completers Compared with those Precipitously Discharged*, PHYSICAL MED. & REHABILITATION (Nov. 2010) available at https://www.archives-pmr.org/article/S0003-9993(10)00649-0/fulltext#sec4.
[30] *Polytrauma/ TBI System of Care,* U.S. DEP'T OF VET. AFFAIRS (June 3, 2015) https://www.polytrauma.va.gov/about/AL-TBI.asp.
[31] *Report to Congress, Section 721 of the NDAA for Fiscal Year 2007 (P.L. 109-364), 7-Year Update. Longitudinal Study on Traumatic Brain Injury Incurred by Members of the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom*, DEP'T OF DEF. (June 2017).

Recommendation: *Assess current resources dedicated to the Federal Recovery Coordination Program and alignment with original intent of the program and current community needs.*

To assist veterans and caregivers in navigating the complex environment of care available to them, the Federal Recovery Coordination Program (FRCP) was created as a joint effort between VA and DoD. The intent behind the FRCP traces back to the 2017 President's Commission on Care for America's Returning Wounded Warriors[32] recommendation for the federal government to immediately create and coordinate comprehensive recovery plans for seriously injured service members.[33] Federal Recovery Consultants (FRCs) are located at ten sites across the country or are available to provide virtual consultations across the nation. FRCs are unique in their ability to operate within both DoD and VA, working with wounded warriors throughout their recovery and eventual reintegration into the community.

FRCs were designed to liaise between a veteran's Care Management Team, composed of clinical providers, DoD Recovery Care Coordinators, service wounded warrior programs, Medical Case Managers, Non-Medical Case Managers, and any others involved in a patient's care. An FRC does not provide direct services but identifies gaps in patient needs that the Care Management Team is unable to fill and facilitates access to resources provided by State and Federal governments, non-profit organizations, medical centers, and the veteran's local community. Their holistic approach is intended to synchronize four rehabilitation factors: benefits; education, training, and employment; medical and rehabilitative care; and family support services. FRCs are available to those wounded warriors who are in a military acute care setting and require high-intensity care management. Service members with moderate to severe TBIs are likely eligible for FRC support; however, those with mild TBIs typically do not have this access, meaning veterans who experience PTSD or other neurodegenerative complications associated with repeated mild TBI would not receive the same intensive, personalized care despite the long-term consequences of their injury.

While FRCs have been a successful tool in the past, investment in the FRCP has waned as demand has declined, leaving significant gaps in case management services for veterans with complex cases. Individual Case Managers are siloed within their respective agency jurisdictions without an FRC to manage care enterprise-wide and longitudinally. As a result, patients may miss out on valuable resources due to insulated treatment planning by the Care Management Team, further obscured by the vast number of programs, services, partnerships, and benefits advertised to patients and caregivers – and which are often challenging to navigate for trained social workers not part of the FRCP. In this context, the community would likely benefit from a congressionally mandated report on the evolution of the FRCP to better align resources moving forward.

[32] The group is often called the "Dole-Shalala Commission" in reference to its co-chairs.
[33] *See* PRESIDENT'S COMMISSION ON CARE FOR AMERICA'S RETURNING WOUNDED WARRIORS, SERVE, SUPPORT, SIMPLIFY, 5, 13-14, (July 2017), *available at* https://www.patriotoutreach.org/docs/presidents-commission-report-july-2007.pdf.

Recommendation: *Pursue pathways to adequately track, document, treat, and research blast and over-pressurization injuries from service.*

In its report to accompany the *National Defense Authorization Act of 2020* (P.L. 116-333), the Senate Armed Services Committee recognized "the novel research undertaken by U.S. Special Operations Command and the Uniformed Services University of the Health Sciences to identify and measure the effects on brain and spine health of repeated exposure to the blast and acceleration effects associated with military training and operations" and "commend[ed] and encourage[ed] continued innovative experimentation in emerging strategies and technologies for the prevention of TBI."[34] Just as DoD has been encouraged by Congress to take steps to expand blast injury research and assessment protocols and formalize documentation of blast injuries, WWP calls on Committee members to ensure DoD follows through on these initiatives and others to ensure veterans have clear service documentation of their injuries and access to the most appropriate care.

Most specifically, under Section 734 of the *National Defense Authorization Act for Fiscal Year 2018* (P.L. 115-91), DoD was ordered to conduct a longitudinal medical study on blast pressure exposure of Service members during combat and training, including those who train with any high overpressure weapon system. Annual reports on progress indicate that no data collection has begun, and congressional oversight may ensure that the study's objectives are achieved as soon as reasonably possible.

Recommendation: *Complete a thorough accounting of current federally funded TBI research efforts to adequately determine whether resources are sufficient to meet demand for future care from veterans facing increased likelihood of encountering severe neurological challenges.*

With the sunset of the AL-TBI program, VA does not offer sufficient options for care now and may be unprepared for the foreseeable wave of need that is 5 to 10 years on the horizon. The needs of veterans with severe TBI are relatively better understood and have more predictable outlooks into the future than less severe cases; however, less severe cases – as they evolve on a wide sphere – have potential to create significant stress for VA's care system if not properly anticipated.

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.

[34] S. REP. NO. 116-48, at 209 (2019) (Conf. Rep.).

- Alzheimer's Disease and Dementia: Notably, one study has found 30% of patients who die due to TBI exhibit plaques that are pathological features of Alzheimer's disease.[35] Greater risk exists in patients who report having lost consciousness during their traumatic event.[36] A similar study revealed cases of moderate and severe TBI in young men may increase risk of Alzheimer's Disease and dementia later in life.[37]

- Parkinson's Disease: Evidence of a connection between neurodegenerative conditions and TBI is perhaps strongest for Parkinson's Disease (PD). In a comprehensive meta-analysis, researchers found that 19 of 22 studies reported an Odds Ratio (OR) greater than 1·0, meaning the probability of PD correlating positively to TBI is more likely than not.[38] As is consistent with other neurodegenerative diseases, the severity of the TBI increases the risk of PD.

- Amyotrophic Lateral Sclerosis (ALS): A landmark 2007 study exploring head trauma in soccer player provides statistically significant evidence linking TBI to the development of ALS. Researchers found that the OR for ALS was eleven times higher among those who had multiple head injuries within the ten years prior to diagnosis.[39]

- Post-traumatic epilepsy: In 2015, researchers at the South Texas Veterans Health Care System and the University of Texas concluded that Iraq and Afghanistan veterans who had sustained mild TBIs were 28 percent more likely to develop post-traumatic epilepsy (PTE).[40] This was a breakthrough for PTE research, which points TBI-induced neuroinflammation and intracranial hemorrhaging as primary mechanisms.

- Suicide: There is no all-encompassing explanation for suicide and no single medical cause, etiology, or treatment or prevention strategy; however, it is important to recognize that individuals with a history of TBI have been shown to have higher rates of suicide than members of the general population[41]. In a recent study conducted in Denmark, researchers demonstrated that individuals with a medical contact for TBI were nearly twice as likely to die by suicide than the general population without TBI.[42]

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[35] Thamil Mani Sivanandam et al., *Traumatic brain injury: A risk factor for Alzheimer's disease,* NEUROSCI. & BIOBEHAV. REVS. (May 2012) available at https://www.sciencedirect.com/science/article/pii/S0149763412000395.
[36] Lindsay Wilson et al., *The Chronic and Evolving Neurological Consequences of Traumatic Brain Injury,* THE LANCET (Oct. 1, 2017) available at https://www.thelancet.com/journals/laneur/article/PIIS1474-4422(17)30279-X/fulltext.
[37] B.L. Plassman et al., *Documented Head Injury in Early Adulthood and Risk of Alzheimer's Disease and Other Dementias,* AM. ACAD. OF NEUROLOGY (Oct. 24, 2000) available at https://n.neurology.org/content/55/8/1158.short.
[38] S. Jafari et al., *Head Injury and Risk of Parkinson Disease: A Systemic Review and Meta-analysis,* OFFICIAL J. MOVEMENT DISORDER SOC'Y (Aug. 22, 2013) available at https://www.ncbi.nlm.nih.gov/pubmed/23609436.
[39] Honglei Chen et al., *Head Injury and Amyotrophic Lateral Sclerosis*, AM. J. EPIDEMIOLOGY (July 19, 2007) available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2239342/.
[40] M.J. Pugh et al., *The Prevalence of Epilepsy and Association with Traumatic Brain Injury in Veterans of the Afghanistan and Iraq Wars*, J. HEAD TRAUMA REHABIL. (Jan. 2015) available at https://www.ncbi.nlm.nih.gov/pubmed/24695268.
[41] G. Simpson & R. Tate, *Suicidality in People Surviving a Traumatic Brain Injury: Prevalence, Risk Factors and Implications for Clinical Management*, BRAIN INJURY (Dec. 21, 2007) available at https://www.ncbi.nlm.nih.gov/pubmed/18066936; A.W. Engberg & T.W. Teasdale, *Suicide After Traumatic Brain Injury: A Population Study*, J. OF NEUROLOGY, NEUROSURGERY, AND PSYCHIATRY (Oct. 2001) available at https://www.ncbi.nlm.nih.gov/pubmed/11561024; Nazanin H. Bahraini, et al., *Suicidal Ideation and Behaviours after Traumatic Brain Injury: A Systematic Review*, BRAIN IMPAIRMENT (May 2, 2013) available at https://www.cambridge.org/core/journals/brain-impairment/article/suicidal-ideation-and-behaviours-after-traumatic-brain-injury-a-systematic-review/686E3BEC919567BE1CC64F56B1E4B866.
[42] T. Madsen, et al., *Association Between Traumatic Brain Injury and Risk of Suicide*, J. OF THE AM. MEDICAL ASS'N (Aug. 14, 2018) available at https://www.ncbi.nlm.nih.gov/pubmed/30120477.

CAREGIVERS

As part of our mission to honor and empower wounded warriors with all ranges of disability, WWP programming and advocacy extends to the hidden heroes at their side during recovery and rehabilitation – our nation's military and veteran caregivers. As a leading voice in the passage of the *Caregivers and Veterans Omnibus Health Services Act of 2010* (P.L. 111-163), WWP is uniquely positioned to amplify the concerns of this community through data, experiences, and longstanding relationships that have evolved through our programming footprint.

Wounded Warrior Project's advocacy in the caregiver policy arena is largely informed by the community support and care coordination we provide through our Independence Program, a long-term support program available to warriors living with a moderate to severe traumatic brain injury, spinal cord injury, or other neurological condition that impacts independence. As more than 31 percent of our *2019 Annual Warrior Survey* respondents reported needing the aid and attendance of a caregiver, WWP continues to partner with specialized neurological case management teams at Neuro Community Care and Neuro Rehab Management to provide individualized services through the Independence Program. In 2019, WWP invested in over 220,000 hours of in-home and community-based services that provide case management, care coordination, cognitive rehabilitation, caregiver respite, home skills training, support to increase social engagements to decrease isolation, transportation and mobility assistance, and access to physical health and wellness training to maintain physical therapy rehabilitation gains. The goals of the program are to rely less over time on caregivers to sustain at-home living, avoid transfer to group living situations before such moves are age-appropriate, and to find greater overall comfort, peace, and quality of life. These services are provided for free and augment or complement what warriors receive from VA.

As the veteran service community awaits publication of the regulations that will govern expansion of the Program of Comprehensive Assistance for Family Caregivers (PCAFC), VA remains a critical partner. WWP's advocacy toward VA has focused on the perspective of currently eligible post-9/11 veterans and caregivers, whose unique generational needs have been documented in RAND's seminal 2014 report, *Hidden Heroes: America's Military Caregivers*. While our 2020 advocacy will focus on VA's forthcoming regulations and ensuring that the PCAFC is adequately funded and staffed, WWP can currently provide the following recommendations.

Recommendation: *Support permanent (long-term) designation for caregivers of severely wounded veterans and efforts to standardize the evaluation process for caregiver program eligibility determinations.*

Current estimates suggest that approximately 75,000 veterans will join the PCAFC once it opens to other generations – or approximately 50,000 more veterans than the program currently serves.[43] Historically, the PCAFC has had insufficient resources and staff to respond to

[43] *See* CONG. BUDGET OFF., *S. 2193 Caring for Our Veterans Act of 2017*, (Jan. 17, 2018) available at https://www.cbo.gov/system/files?file=115th-congress-2017-2018/costestimate/s2193.pdf.

all the needs of enrolled veterans. There is inconsistency in eligibility determinations, tier assignments, and revocations.

To address some of these concerns, WWP supports a permanent designation for seriously injured veterans participating in the PCAFC. For individuals classified under the new permanent designation, we recommend a non-in-home annual review to ensure payments are going to the appropriate caregiver/recipient. Further, the negative effects of the program's decentralized local-level coordination can be addressed by nationally recognized policies and standard operating procedures.

Section 2 of the *Care for the Veteran Caregiver Act* (H.R. 5701) would initiate similar processes at VA. The bill proposes that VA establish a permanent eligibility status for the most catastrophically wounded veterans using the existing criteria under the law. The bill would also standardize the evaluation process for caregiver program eligibility determinations. WWP supports this legislation and urges committee members to pass this legislation into law.

EMPLOYMENT AND EDUCATION FOR WOUNDED VETERANS

Veterans across the country are generally enjoying a labor market that values their unique experience and potential to contribute across many sectors. As of January 2020, the veteran unemployment rate was 3.5% and marking its seventeenth consecutive month below the non-veteran unemployment rate.[44] Although this historically low level of unemployment reflects a positive trend across the general veteran population, WWP's *2019 Annual Warrior Survey* data cautions that employment and debt remain areas of concern for warriors registered with our organization. As discussed in more detail below, our survey data indicates that warriors who are wounded, ill, or injured have additional challenges when faced with the military to civilian transition, especially when entering a productive long-term civilian job.

The unemployment rate among non-Active Duty warriors completing the 2019 *Annual Warrior Survey* was 11.5%. For warriors not in the labor force, the primary reasons include mental health injury (31.4%), physical injury (19.0%), retirement (18.1%), or current enrollment in school or in a training program (11.1%). While the employment struggles among this community may be attributable to the fact that 64.8% of survey respondents reported a VA disability rating of 80 percent or higher, these statistics have made employment for the severely wounded a programming and advocacy priority for WWP.

Warriors seeking employment assistance through WWP can find help through our Warriors to Work program. The Warriors to Work program assists veterans searching for jobs after military service, with an emphasis on aiding at transition. This program provides a range of services designed to meet veterans wherever they are in their job-seeking process. We assist warriors with resumé building, job placement, interview skills, and skill translators. WWP recognizes that meaningful employment is critical to a successful transition from military to civilian life. Service-connected disabilities often make finding meaningful and long-lasting

[44] U.S. BUREAU OF LABOR STAT., *Table A-5. Employment Status of the Civilian Population 18 Years and Over by Veteran Status, Period of Service, and Sex, Not Seasonally Adjusted* (Feb. 7, 2020), https://www.bls.gov/news.release/empsit.t05.htm.

employment difficult. WWP's programming is designed to fill gaps in government services and raise awareness for federal, state, and local resources that exist. Fortunately, several existing programs have an encouraging foundation that can be improved to better meet the employment aspirations of severely wounded veterans.

Recommendation: *Update Chapter 31, the Vocational Rehabilitation and Employment program, to better serve unemployed veterans with disabilities through programmatic shifts and fundamental quality changes.*

Under Chapter 31 of Title 38, the Vocational Rehabilitation and Employment (VR&E) program provides employment opportunities through job training and other employment-related services, to include 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 this program is operating at its highest potential and capacity, the following changes to Chapter 31 should be considered.

- *Raise Awareness and Improve Clarity/Intentions for Prospecting Veterans to Better Manage Expectations before Enrollment*

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 educate veterans on the intent of the VR&E program before applying for its benefits.

Additionally, there is anecdotal evidence of applicants being told to apply to less expensive online programs, program denials without enough rationale, and little consideration for approval of graduate-level degree programs even when they meet a veteran's best interest. Vocational rehabilitation counselors (VRCs) have indicated that insufficient staffing is a lingering issue, especially in large population locations. Further, VRCs have expressed concern over monetary constraints which require them to lower the average cost of each veteran using the program. VA should be allocated the appropriate funds to achieve their mission. A common complaint we have heard from veterans is the inability to switch to another counselor if they feel their current counselor is not assisting with reaching their employment goals. These are all issues that we recommend VA address with internal policy changes or Congress address through the legislative process.

- *Increase the Chapter 31 Subsistence Allowance to Align with Chapter 33*

Wounded Warrior Project requests that VA align its subsistence allowance to those outlined in Chapter 33 of Title 38. While a subsistence allowance is often necessary to support veterans completing Chapter 31 employment goals, the universal allowance amount fails to compensate for the relative costs of urban and rural living. For example, the VR&E subsistence

allowance of approximately $900 per month does not have the same financial assistance power in Los Angeles, CA, as it does in Charleston, SC. Subsequent financial pressures can lead veterans to discontinue in the VR&E program. A 2014 Government Accountability Office report showed that 18 percent of veterans who withdrew from VR&E services cited "financial difficulties." Another 27 percent indicated "family obligations," which could be considered financial difficulties as well, depending on the situation.[45]

- *Change Vocational Rehabilitation and Employment Program Name to Align with 21st Century Terminology*

Wounded Warrior Project recommends VA change the name of Chapter 31, Vocational Rehabilitation and Employment Program. We recommend VA remove the word "Rehabilitation" and replace it with something more appropriate for the 21st century. In 1918, when the VR&E program was launched, "rehabilitation" was defined as "the restoration of someone to a useful place in society.[46] Today, that same term is defined by the same dictionary as "the action, process, or result of rehabilitating or of being rehabilitated: such as […] the process of restoring a person to a drug- or alcohol-free state [or the] process of restoring someone (such as a criminal) to a useful and constructive place in society." [47]

While the word "rehabilitation" was appropriate in 1918, it is no longer widely used in the same fashion today. At the present time, the word "rehabilitation" or "rehab" is associated with programs for those seeking assistance for substance abuse. To alleviate confusion among those not familiar with the program, including prospective employers, Congress should consider a new name that more appropriately conveys the nature of the VR&E program to civilians in 2020 and beyond.

- *Streamline Veterans Utilizing Chapter 31 into Vacant VA Positions Across the Agency*

The goal of the VR&E program is to connect veterans with long-lasting employment. There is a strong anecdotal correlation between job satisfaction and the likelihood of resigning from a job within 12 months. WWP's *2019 Annual Warrior Survey* reveals that many veterans are finding employment with federal, state, and local governments. In 2018, 31.1 percent of all new government hires were veterans.[48] While veterans are applying for these open positions in record numbers, VRCs have suggested that it can be difficult finding federal employment for participants, perhaps due to the complexity of applying and obtaining employment in the federal government.

WWP recommends a pilot program to streamline veterans who are in the VR&E program into open positions at VA. By working with VA's Office of the Chief Human Capital Officer, the VR&E program can direct veterans into healthcare-related fields with the goal of filling critically needed VA positions. In 2018, there were 45,239 open vacancies at the VA[49] and

[45] U.S. GOV'T ACCT. OFF., VA VOCATIONAL REHABILITATION AND EMPLOYMENT: FURTHER PERFORMANCE AND WORKLOAD MANAGEMENT IMPROVEMENTS ARE NEEDED, 18 (Jan. 2014).
[46] WEBSTER'S (1913), *available at* https://www.webster-dictionary.org/definition/Rehabilitation.
[47] *Merriam-Webster.com Dictionary*, s.v. "rehabilitation," accessed Feb. 18, 2020, https://www.merriam-webster.com/dictionary/rehabilitation.
[48] OFF. OF MGMT. AND BUDG., EFFICIENT, EFFECTIVE, ACCOUNTABLE: AN AMERICAN BUDGET, ANALYTICAL PERSPECTIVES FISCAL YEAR 2019, 65, available at https://www.whitehouse.gov/wp-content/uploads/2018/02/ap_7_strengthening-fy2019.pdf.
[49] Press Release, U.S. Dep't of Vet. Affairs, *VA Releases Data on Vacancies as Required Under MISSION Act* (Aug. 31, 2018) (available at https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5104).

around 125,000 participants in the VR&E program. This seems to be a natural fit for those looking for employment.

Recommendation: *Increased funding for VA education services IT capabilities to ensure the dissemination of information, tracking of data, and general IT capabilities are in line with VA's mission.*

While some Service members transitioning out of the military decide to join the civilian workforce, others will choose school as a step towards future employment goals. Based on WWP's *2019 Annual Warrior Survey*, about 1 in 5 warriors are enrolled in school to obtain a bachelor's degree, associate degree, or certificate to help their employment opportunities. WWP recognizes that education is a strong pathway to employment and will continue to work with VA and Congress to ensure that this critical benefit is protected for future veterans.

After multiple conversations with VA regarding its IT capabilities inside its Office of Education Service, it has become clear that the current IT capacity is not sufficient long term. Because of this, WWP will advocate for additional funding to update VA's Office of Education Service IT structure. It is imperative that Congress not only give VA direction in how to expand programs to veterans but also allocate appropriate funds to ensure that the missions VA is directed to perform can be achieved with the resources it has been allocated. Currently, the office which handles the post-9/11 GI Bill is in need of additional funding to update its IT capabilities; and in order for this office to administer this benefit to future veterans with minimal operational failures, it is critical they are funded at an appropriate level.

Recommendation: *Request a federal study to understand the discrepancy between unemployment rates between disabled veterans and veterans as a whole.*

As discussed above, WWP data suggests that post-9/11 wounded warriors are not enjoying the same employment success as the veteran population at-large. To better understand the discrepancy between the unemployment rates between disabled veterans and all veterans, WWP requests a federal study to understand the barriers that disabled veterans have when attempting to obtain long term employment and the programs VA and the Department of Labor (DoL) are using to address unemployment within the disabled veteran population. This report will assist advocates like WWP in addressing unemployment among severely wounded veterans by knowing where to target legislation to fill lapses in federal assistance.

ADDITIONAL CONSIDERATIONS

While the issues above have been identified as the most critical, WWP supports three additional proposals before Congress to address the needs of post-9/11 wounded warriors. All three provide crucial benefits for our warriors to improve their quality of life.

Specially Adapted Housing

Support the *Ryan Kules Specially Adaptive Housing Improvement Act of 2019* (H.R. 3504) and the *Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act of 2019* (S. 2022)

For many of America's wounded veterans, everyday tasks can prove difficult and even dangerous due to mobility and accessibility challenges in their homes. In order to overcome these obstacles, it is important to adapt homes to accommodate the needs of disabled veterans.

The Specially Adapted Housing (SAH) program at VA provides funds to assist with the purchase or construction of an adaptive home to accommodate disabilities. While this program does provide great benefits, there are two shortcomings. First, the program often does not cover all the costs of adapting veterans' homes. Many veterans must spend tens of thousands of dollars out of pocket to make all necessary adjustments. Second, the SAH grant may only meet the needs of veterans at a particular moment in time. As younger veterans grow older, get married, or have families, their needs from their adaptive home can change dramatically. These changing needs also exist for those whose disabilities worsen over time. It is vital that adaptive housing is actually adaptable to meet the evolving needs of disabled veterans at various stages of life.

The *Ryan Kules Specially Adaptive Housing Improvement Act of 2019* passed the House floor on July 23, 2019, and we are pleased that it has been introduced in the Senate as S. 2022 by Chairman Jerry Moran. If passed into law, these bills would fully reinstate SAH benefits to eligible veterans every 10 years to accommodate moving and other normal life changes. This bill will also increase the number of times the benefit can be accessed from three up to six. Providing these benefits will significantly improve quality of life for many disabled veterans.

Dignified Air Travel
Support the *Veterans Expedited TSA Screening Safe Travel Act* (S. 1881, H.R. 3356)

Many of our nation's veterans face significant challenges surrounding airport security. At security checkpoints, veterans are frequently required to take off prosthetics, remove themselves from wheelchairs, and hand over assistive devices. Current airport security processes are overly intrusive and can make airport travel daunting, embarrassing, and even dangerous. Additionally, such requirements slow down the screening process for both veterans and other travelers, providing further safety concerns.

The *Veterans Expedited TSA Screening Safe Travel Act* would grant many severely injured and disabled veterans a more dignified experience when passing through security checkpoints. If passed, this legislation would provide TSA Pre-check free of charge to severely disabled veterans who are amputees, paralyzed, blind, or require an assistive mobility device. This is a benefit already offered to Active Duty, Reserves, and National Guard Service members at no cost; this bill seeks to provide equivalent consideration to severely disabled veterans.

The *Veterans Expedited TSA Screening Safe Travel Act* passed the Senate on September 10, 2019 and has been introduced in the House. WWP appreciates Rep. Paul Gosar's leadership in sponsoring this bill and supports its quick passage to ensure safety and dignity for our nation's veterans and comfortable and efficient travel experiences for all citizens.

Overlaps of TRICARE, Medicare, and Social Security
Support the *HEARTS and Rural Relief Act* (H.R. 3429) and introduce the *FAIR Heroes Act* (draft bill)

Many Service members who have suffered severe injury or illness are granted TRICARE eligibility for the rest of their lives. Unlike traditional military retirees, however, many severely injured medical retirees apply for Social Security Disability Insurance (SSDI) during their separation from the military. For most, this decision can restrict access to certain TRICARE plans and ultimately result in hundreds of dollars per year in costs for obligatory Medicare insurance that veterans may not want or use.

Congress has two approaches it can take to solve all or part of this ongoing problem. One option is the *HEARTS and Rural Relief Act* which would alleviate the challenges faced specifically by those severely wounded veterans who have recovered from their injuries, returned to work, and disenrolled from SSDI. This bill was introduced by Rep. Terri Sewell on June 24, 2019 and subsequently reported out of the House Committee on Ways & Means on June 26, 2019.

A more comprehensive legislative proposal to fix this confusing overlap of federal benefits is the *FAIR Heroes Act*. This bill's approach would address the problems faced by all veterans in this legal knot by creating an option to remain enrolled in a traditional, low-cost TRICARE plan if such a plan works better to address a particular veteran's health and financial needs. The bill would also apply the changes offered by the HEARTS and Rural Relief Act. *The FAIR Heroes Act* includes an educational component to help ensure that a veteran's health care insurance choice is as informed as possible. This bill was introduced by Rep. Susan Davis and Sen. Bill Nelson in the 115th Congress and is poised for reintroduction in the near future.

Wounded Warrior Project supports both legislative proposals but recognizes that the *FAIR Heroes Act* provides a more robust legislative fix. Pending reintroduction of the *FAIR Heroes Act*, WWP urges committee members to support and pass at least one of these bills to alleviate an unfair and unintended hurdle that a distinct population of wounded warriors face when hoping for comprehensive and affordable health services.

CONCLUDING REMARKS

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 support quality mental health care and interventions; to recognize and treat the harmful effects of military toxic exposures; to meet the growing needs of women veterans; to chart a course for the near- and long-term care for TBI; to support hidden heroes; and to bolster efforts to prepare wounded warriors for meaningful post-service employment will have a particularly strong impact on the post-9/11 generation, but 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.