



**WOUNDED WARRIOR PROJECT
STATEMENT FOR THE RECORD**

**SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES**

**LEGISLATIVE HEARING
ON**

H.R. 2568, United States Cadet Nurse Corps Service Recognition Act; H.R. 2724, VA Peer Support Enhancement for MST Survivors Act; H.R. 2800, WINGMAN Act; H.R. 2827, Captain James C. Edge Gold Star Spouse Equity Act; H.R. 3402, Caring for Survivors Act; H.R. 3793, Supporting Families of the Fallen Act; H.R. 4191, Gold Star Spouses Non-Monetary Benefits Act; H.R. 4633, to improve the repayment by the Secretary of Veterans Affairs of benefits misused by a fiduciary; H.R. 4772, Mark O'Brien VA Clothing Allowance Improvement Act; Discussion Draft, legislation to repay the estates of deceased veterans for certain benefits misused by fiduciaries; Discussion Draft, legislation to improve the manner in which the Board of Veterans' Appeals conduct hearings regarding claims involving military sexual trauma; Discussion Draft, Justice for ALS Veterans Act; Discussion Draft, to improve coordination between the Veterans Health Administration and the Veterans Benefits Administration with respect to claims for compensation arising from military sexual trauma

OCTOBER 20, 2021

Chairwoman Luria, Ranking Member Nehls, and distinguished members of the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs – thank you for the opportunity to submit Wounded Warrior Project's views on the legislation under consideration today.

Wounded Warrior Project (WWP) was founded to connect, serve, and empower our nation's wounded, ill, and injured veterans, Service members, and their families and caregivers. We are fulfilling this mission by providing more than 20 life-changing programs and services to more than 200,000 registered post-9/11 warriors and family members, continually engaging with those we serve, and capturing an informed assessment of the challenges this community faces.

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



We are pleased to share that perspective for this hearing on pending legislation. Over the next several months, we are hopeful that we can assist your work to improve the lives of veterans and their families during the 117th Congress.

H.R. 2568, the *United States Cadet Nurse Corps Service Recognition Act*

Women have played important roles in fighting our nation's wars since its very inception, though many throughout history have gone unrecognized for their service and sacrifice. This Subcommittee has played a key part in reversing that unfortunate trend, championing legislative solutions and contributing to a narrative that celebrates how Servicewomen – current and past – further national security. H.R. 2568, the *United States Cadet Nurse Corps Service Recognition Act* seeks to do the same by honoring the service of World War II-era nurses.

The U.S. Cadet Nurse Corps was established in 1943 in an effort to address the critical shortage of qualified nurses to support both military and civilian health care while so many resources were being directed to support the war raging overseas. Through the Nurse Corps program, approximately 120,000 women received accelerated nursing training, scholarships, and financial support in exchange for their service for the duration of World War II. Despite their essential contributions, these nurses are the only uniformed Service members from World War II who have not been recognized as veterans.

H.R. 2568 would provide Cadet Nurses with honorary veteran status and allow them access to burial benefits such as service medals, grave markers, and headstones. As these wartime nurses age – many are approaching or past their 100th birthdays – these benefits will provide long-deserved recognition of their contributions to our nation's stability, as well as an opportunity for their families to remember and reflect on their legacy.

Wounded Warrior Project supports the *United States Cadet Nurse Corps Service Recognition Act*, and we were pleased to see the language adopted by the House of Representatives in its version of the *National Defense Authorization Act (NDAA) for Fiscal Year 2022*. We would like to express our appreciation to Rep. Cheri Bustos for sponsoring this legislation and for her diligent advocacy for this community of nurses.

H.R. 2724, the *VA Peer Support Enhancement for MST Survivors Act*

In recent years, the Department of Veterans Affairs (VA) has made significant strides in its provision of care for survivors of Military Sexual Trauma (MST). While mental health care through the Veterans Health Administration (VHA) is generally available to MST survivors regardless of service-connection status, the Veterans Benefits Administration (VBA) remains the entry point for many seeking care and an important outlet for educating survivors on the resources available to them, building institutional trust, and supporting those who may find the

process burdensome or potentially re-traumatizing. Thus, VBA must work to integrate veteran-centric systems of support into its policies and practices to ensure MST survivors receive access to effective care and advocacy.

Given the nature of their trauma, MST survivors may develop a sense of institutional mistrust in the military and veteran community, a significant barrier to care and recovery.¹ In our own research, WWP identified a higher prevalence of loneliness among MST survivors compared to non-survivors.² This is a clear barrier to social and emotional wellness, yet the Center for Disease Control and Prevention (CDC) has also identified loneliness as a risk factor for mental and physical health conditions including heart disease, stroke, depression, and anxiety.³

Understanding these risks, WWP integrates an element of peer connection into nearly all our programming. WWP's Warrior Care Network, for instance, utilizes peer support as a key driver of mental health improvement. This multi-week intensive outpatient treatment program is intentionally delivered in a cohort model, reigniting the strong bonds and familial atmosphere that many experienced while in service. The group dynamic may be particularly impactful for those who participate in one of Warrior Care Network's MST-specific cohorts. The curriculum for this three-week treatment program is deliberately designed to address the symptoms, experiences, and challenges associated with MST, ultimately helping MST survivors to develop interpersonal skills and restore trust in their fellow veterans. Peer connection is a powerful tool – one that we encourage VA to harness at every opportunity.

The *VA Peer Support Enhancement for MST Survivors Act*, H.R. 2724, seeks to better integrate emotional support into the benefits process by establishing a Peer Support Specialist program specific to MST claims. This is a role already well-established within VHA and designed to help veterans through their recovery from mental illness or substance abuse by employing their own lived experiences and peer-level connection. WWP appreciates the flexibility that this bill would allow for VBA to craft and implement its own version of this program, and we offer a few suggestions as to how an effective Peer Support Specialist might operate.

VBA Peer Support Specialists may serve as a complement to MST Coordinators, who assist in collecting and organizing evidence but do not play a formal role in emotional support or victim advocacy. The two must work in tandem to provide enterprise-level navigation, with responsibilities not limited to: initiating contact after a claim is filed; educating a veteran on evidence-gathering to support a claim; providing advice and connections to resources provided

¹ DEP'T OF VET. AFFAIRS, NAT'L CTR. FOR PTSD, *Military Sexual Trauma: Issues in Caring for Veterans*, available at https://www.ptsd.va.gov/professional/treat/type/sexual_trauma_military.asp#two.

² Per the 2020 *Annual Warrior Survey*, 81 percent of warriors who indicated a history of MST meet the threshold for loneliness as determined by the UCLA Three-Item Loneliness Scale. Sixty-four percent of warriors who did not report MST meet the threshold for loneliness.

³ CTRS. FOR DISEASE CONTROL AND PREVENTION, *Loneliness and Social Isolation Linked to Serious Health Conditions* (2021), available at <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>.

by VA or other veteran-serving organizations; preparing a veteran for the types of questions he or she may be asked during examinations or hearings; connecting a veteran to a Veterans Service Organization (VSO) who may enhance the claim or provide wraparound services; and performing outreach after key moments along the claim's timelines such as the initial filing, the compensation and pension exam, the date that a decision is reached, and the date of an appeal, when necessary.

Regardless of the functions that VBA may ultimately implement, it is critical that a Peer Support Specialist work with a veteran through the entirety of the claims process, to include follow-up after a decision has been rendered. Continuity and reliability are key in building trust, especially with MST survivors who may be reluctant to tell their stories.

In addition, we encourage VA to consider how a VBA Peer Support Specialist may interact with his or her VHA counterpart to ensure coordinated care and reduce cause to reiterate the veteran's traumatizing experience. These two individuals, with deep insights into the offerings of their respective organizations, ought to serve as buffers against unnecessary mental health risks and navigators toward supportive services.

Wounded Warrior Project supports H.R. 2724, the *VA Peer Support Enhancement for MST Survivors Act*. We believe this bill has the potential to enhance support for MST survivors as they engage in VBA's claims process, connect more veterans to appropriate care, and better integrate peer support into the VA system. We would like to extend our thanks to Rep. Antonio Delgado for championing this important effort, and if enacted, we look forward to working with VBA to develop an effective Peer Support Specialist program for MST survivors.

H.R. 2800, the *Working to Integrate Networks Guaranteeing Member Access Now (WINGMAN) Act*

Members of Congress have a long history of advocating for constituents who face delays when seeking VA benefits. As every veteran's claim is unique, many member offices feel compelled to carefully review a constituent's VA case file in order to provide the best possible assistance.

There is no authority under current law for VA to provide expedited access to a veteran's claim file to a Member of Congress. To provide such access, the *WINGMAN Act* would authorize VA to give a veteran the option of allowing VA to provide read-only access of his or her file to the congressional employee handling a veteran's claim. A designated "covered congressional employee," whose responsibilities would have to include assisting constituents with federal agency case work, would be required to meet VA criteria for recognition as an agent or attorney in order to access the read-only claims file. By gaining access to a veteran's file, these covered employees would be able to access the status of medical records, compensation

and pension records, rating decisions, statements of cases, supplementary statements of cases, notices of disagreement, and Form-9 files.

Under the changes proposed by the *WINGMAN Act*, veterans would conceivably have an easier time working with their Member of Congress to resolve issues related to their VA benefit claims. WWP agrees with this aspirational goal but cautions against certain risks associated with its practical implementation. New Members of Congress may assume office with staff unfamiliar with a complex VA benefit process, just as more seasoned members may be affected by staff turnover. Additionally, there are risks associated with creating more opportunities for these employees to provide misguided claims advice, misinterpret nuanced details in the claims file, inadvertently misplace personally identifiable information, or hamper interactions with highly-trained service officers at VSOs or state-level veterans' agencies who may have stricter standards to adhere to in order to remain certified as agents.

Wounded Warrior Project supports the intent of the *WINGMAN Act*, but due to the risk of exposing veterans to unintended negative consequences, does not urge passage at this time.

If this Subcommittee opts to advance the *WINGMAN Act*, WWP would offer some thoughts for additional consideration and improvement. VA requires that each veteran service organization (VSO) complete Training, Responsibility, Involvement, and Preparation of Claims (TRIP) training before accessing any VA systems. TRIP training provides a basic knowledge of topics identified by VBA for VSOs. Each organization must complete the required training programs and requirements, certifying to the Office of the General Counsel (OGC) that the VSO meets the accreditation standard. VSOs must then evaluate new National Service Officers (NSOs) to ensure that they have the necessary skillsets to provide representation. If covered congressional employees are given access to constituents' VA case files, WWP urges that they, too, be required to complete a VBA-systems training, such as the annual information, security, and privacy awareness training via VA's Talent Management System (TMS) to mitigate privacy concerns and confusion about the staffer's role in the claims process. Additionally, congressional staff should also go through additional training whenever there is a change in the claims process or a change in a VBA policy governing the claims process.

H.R. 3402, the *Caring for Survivors Act*

Dependency and Indemnity Compensation (DIC) serves the dual purpose of providing financial security for survivors after the loss of their veteran counterpart and honoring their loved one's legacy. It is a core piece of VA's motto and mission – one that we as a community have an obligation to maintain. The rate of compensation paid to these survivors has received only marginal adjustment since it was first established in 1993 and lags behind other federal survivors' payments – including DoD's Survivor Benefit Plan and the Civil Service Retirement System – by approximately 12 percent.

Under current law, DIC is only available to survivors whose veteran family member was disabled for 10 or more years before his or her death. This effectively bars payment to survivors of veterans whose illness or injury onset rapidly or late in life. The basic rate of payment is statutorily defined as \$1,154 per month.

The *Caring for Survivors Act* would expand DIC eligibility by reducing the time limitation a veteran must be disabled in order to qualify from 10 years to 5 years. In addition, the legislation would increase DIC benefit payments by replacing the current monthly payment rate with an amount equaling 55 percent of the compensation a veteran was receiving at the time of his or her death. This would align VA standards to those used by comparable federal survivor benefits.

Wounded Warrior Project supports the *Caring for Survivors Act* and thanks Rep. Jahana Hayes for helping to ensure that families of Service members are appropriately cared for.

H.R. 3793, the *Supporting Families of the Fallen Act*

Servicemembers' Group Life Insurance (SGLI) and Veterans' Group Life Insurance (VGLI) payments for the death of a servicemember or veteran, respectively, are currently capped at \$400,000. These coverage amounts have not been updated since 2005. During the past 16 years, rising inflation has resulted in a cumulative price increase of over 40 percent. Therefore, the value of \$400,000 in 2005 would be greater than \$560,000 in 2021.

The *Supporting Families of the Fallen Act* would increase the maximum amount of coverage to \$500,000 to reflect inflation increases. This updated life insurance policy would help provide military and veteran families with greater financial security by allowing them to choose a policy coverage option that best matches their needs.

Wounded Warrior Project supports this legislation and is grateful for Rep. Chip Roy's efforts to enhance this fundamental element of VA care.

H.R. 4601, the *Commitment to Veteran Support and Outreach Act*

A Veteran's Service Officer can offer invaluable guidance and support to veterans who begin the benefits application process. These trained professionals provide representation to the veteran making the claim, ensuring that all necessary documentation is accurate and complete before it is submitted, thereby increasing the likelihood that eligible veterans will be granted benefits in the first instance and reducing the number of appeals. For this reason, benefits representation is a key program offered by many VSOs free of charge to veterans, to include WWP. In addition to VSOs, many state, county, local, and tribal governments offer similar

services, maintaining offices with veterans' service officers who are government employees paid for with public funds.

In addition to claims representation, one of the important functions of Veterans' Service Officers is outreach and counseling to ensure veterans are aware of all the benefits to which they may be entitled. This outreach is most important for veterans who lack transportation or may be otherwise disconnected from resources such as veterans who live in highly rural areas, elderly veterans, and veterans who are struggling with mental health conditions. State, county, local, and tribal service officers are particularly effective in reaching these potentially isolated populations, as their offices are more likely to be located in rural counties and small towns where VSOs may not maintain a physical presence. However, since these local services officers are not federally funded, gaps in geographic coverage can vary from state to state.

The *Commitment to Veteran Support and Outreach Act* would supplement funding for state, county, local, and tribal service officers by making available \$50 million in competitive grants annually to enhance states' outreach efforts, workforce training and development, and claims assistance activities of their service officer programs. The application would require a detailed plan for the use of the grant, including the programs it would fund, the state's funding distribution plan, and a strategy to use the money to meet the needs of minority veterans like tribal, elderly, women veterans, and veterans from underserved communities. In determining grant recipients, VA would be required to prioritize areas with a critical shortage of county or tribal VSOs, high rates of suicide, or high rates of referrals to the Veterans Crisis Line. VA would also develop governing policies, key goals, performance metrics, and remediation plans for the grant program. The maximum grant would be 10 percent of the total funding authorization, or \$5 million, and the grant program would operate from 2022 through 2026.

Wounded Warrior Project believes that every veteran applying for benefits should have access to a trained, accredited service officer. Recognizing that state, county, local, and tribal service officers are often the best positioned to reach veterans in rural and otherwise isolated areas, we believe grants that would allow them to expand into additional underserved locations would benefit the veterans' community in general. We support the *Commitment to Veteran Support and Outreach Act* and thank Rep. Mike Levin for introducing it.

H.R. 4633, to amend title 38 to improve the repayment by the Secretary of Veterans Affairs of benefits misused by a fiduciary.

When it is determined that a veteran is unable to manage their finances due to age or disability, VA may appoint a fiduciary to serve as a custodian of their disability compensation, pension, or other VA payments. The purpose of the fiduciary program is to protect the veteran, and fiduciaries are expected only use those funds for the veteran's care and welfare. Unfortunately, fiduciaries occasionally misuse funds, neglecting the veteran's needs. In these

cases, it is important that the veteran be made whole as quickly as possible in order to ensure that their needs are met and to avoid debt.

Under current law, a distinction is made between instances of misuse due to negligent failure by VA to investigate or monitor the fiduciary, and all other instances of misuse.⁴ In either case, VA is required to reimburse the veteran and obtain recoupment of the funds from the fiduciary. VA investigates all allegations to determine whether misuse occurred, and then determines whether the misuse was due to VA negligence, before the veteran is reimbursed. There is no timeliness standard for negligence determinations, and these investigations can be quite lengthy. According to a 2021 report by the VA Office of Inspector General (OIG), misuse determinations initiated from January 1, 2018, through September 30, 2019, took an average of 228 days to complete, while negligence determinations initiated during that time period took an average of 468 days.⁵ This is an unacceptably long amount of time for veterans, many of whom are financially vulnerable, to wait for their funds to be reimbursed.

If enacted, H.R. 4633 would remove the requirement that VA make a negligence determination in cases of fiduciary misuse prior to reimbursing the veteran. It would still require VA to establish methods and timing with respect to determining whether instances of misuse were the result of negligence, but this would become an oversight function to be completed separate from the misuse determination.

Wounded Warrior Project believes this will lead to more timely reimbursements to defrauded veterans. We support H.R. 4633 and thanks Rep. Gerry Connolly for introducing it.

H.R. 4772, the *Mark O'Brien VA Clothing Allowance Improvement Act*

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

The VA clothing allowance is an important benefit to the population WWP represents. In our most recent *Annual Warrior Survey*, 9.8 percent of respondents reported service-connected spinal cord injuries, 1.6 percent reported amputations, and 1.4 percent reported severe burns.⁶

⁴ 38 U.S.C. § 6107

⁵ DEP'T OF VET. AFFAIRS, OFF. OF INSPECTOR GENERAL, *VBA's Fiduciary Program Needs to Improve the Timeliness of Determinations and Reimbursements of Misused Funds* (July 21, 2021).

⁶ The 2020 *Annual Warrior Survey* is available for download and review at <https://www.woundedwarriorproject.org/mission/annual-warrior-survey>.

All of these responses represent warriors whose injuries may require them to use devices and medications that cause damage to their clothing.

Under current law, veterans with a service-connected disability requiring the use of a prosthesis, orthopedic device, or skin medicine that causes damage or requires alterations to their clothes qualify for the VA clothing allowance.⁷ This benefit is not, however, issued automatically to qualifying veterans. Even those with static disabilities such as amputations and permanent paralysis due to spinal cord injuries must reapply by submitting VA Form 10-8678, the Application for Annual Clothing Allowance, before August 1 of each year. This creates an overly burdensome process for veterans with disabilities that will not improve with time.

As a consequence of the bureaucratic requirements associated with this benefit, many veterans are either unable or choose not to take advantage of it at all. Some lack an understanding of the process, while others find the process so inconvenient that they forgo applying altogether. Mark O'Brien, for whom the bill is named, was a Corporal in the United States Marine Corps who suffered an amputation and other serious injuries while in service. He states, "Having to apply for a clothing allowance every year seems very ineffective, especially for those of us with traumatic brain injuries who often forget to apply." Another warrior who suffered a combat-related amputation, Brian Neuman (after whom Senate companion legislation is named), expressed his frustration, saying, "Although I am eligible for VA's clothing allowance, as an above the elbow amputee, I stopped applying and just pay for my own clothing modifications." Certainly, the need to streamline this cumbersome process for veterans who have already sacrificed so much is clear.

If enacted, H.R. 4772, the *Mark O'Brien VA Clothing Allowance Improvement Act*, would solve this problem by directing VA to establish standards for determining whether a qualifying disability is static, meaning the veteran has an ongoing established need for a clothing allowance. If it is determined that the disability is static, clothing allowance payments would continue on an automatically recurring annual basis, finally removing the burden on these severely injured veterans to reapply each year. If the disability is non-static, VA will conduct a review to determine eligibility within five years of the first allowance, on a periodic basis thereafter, and whenever VA receives notice the veteran is no longer eligible. If VA determines a veteran is no longer eligible, VA will discontinue the allowance, inform the veteran, and provide ways for the veteran to appeal the decision.

Wounded Warrior Project strongly supports H.R. 4772 and thanks Reps. Mike Levin and Barry Moore for introducing this important bill.

⁷ 38 U.S.C. § 1162

Discussion Draft, the *Restoring Benefits to Defrauded Veterans Act*

When it is determined that a veteran's fiduciary has misused the funds they were appointed to manage, the veteran becomes eligible to have those monies reimbursed. These misuse determinations can take months, and unfortunately veterans sometimes die before this process is complete. A 2021 report by the VA OIG found that misuse determinations initiated from January 1, 2018, through September 30, 2019, took an average of 228 days.⁸ The same report found that from January 1, 2016, through December 31, 2017, at least four beneficiaries died after misuse determinations were completed but before their reimbursements were processed. Misuse determinations lead to the removal of the fiduciary, and current law states that in these cases VA may only reimburse the beneficiary or beneficiary's successor fiduciary.⁹ A successor fiduciary is not always appointed before the veteran passes away. According to OIG, "because the beneficiaries were deceased, they could not be reimbursed."

The *Restoring Benefits to Defrauded Veterans Act* would provide a solution to these rare but unfortunate cases by allowing VA to reimburse a deceased veteran's estate when they pass away before funds misused by a fiduciary are reimbursed. WWP supports this draft legislation.

Discussion Draft, to amend title 38, United States Code, to improve the manner in which the Board of Veterans' Appeals conducts hearings regarding claims involving military sexual trauma and to direct the Secretary of Veterans Affairs to improve the language and practices of the Department of Veterans Affairs with respect to such claims.

As previously discussed in this testimony, the thorough nature of the VBA process may put trauma survivors – in this context, MST survivors – at risk of re-traumatization. The same is true for veterans who appeal a decision through the Board of Veterans' Appeals (BVA). Veterans who pursue this option will have already experienced key pain points along the claims timeline: retelling their traumatic experience, undergoing a comprehensive compensation and pension examination, and receiving a denial of their claim. Each of these events may pose a significant stressor or erode a veteran's confidence in the process.

However, if executed properly, BVA may offer a validating and empowering experience for MST survivors by allowing them the opportunity to share their story in a supportive, secure environment. The draft legislation under consideration today seeks to accomplish this by codifying practices that reduce a veteran's exposure to potentially re-traumatizing environments, questions, and examinations.

Notably, the bill allows an appellant to request the gender of the BVA member assigned to his or her case. This is common practice in other areas of the VA system; VHA offers

⁸ DEP'T OF VET. AFFAIRS, OFF. OF INSPECTOR GENERAL, *VBA's Fiduciary Program Needs to Improve the Timeliness of Determinations and Reimbursements of Misused Funds* (July 21, 2021).

⁹ 38 U.S.C. § 6107

veterans the option to choose the gender of their health care provider, and VBA allows the same choice in carrying out the compensation and pension examination. This draft language requires such a request to be approved unless BVA can show good cause for its denial. While we agree that this move could potentially put MST survivors at greater ease in advocating for their cases before a Veterans Law Judge, we are sensitive to the importance of timeliness, and caution that this option should not lead to a significant prolonging of the appeals process.

In addition, this draft legislation intends to reduce re-traumatization by encouraging BVA members to avoid asking questions about the incident in question or requiring additional medical examinations when such information is already included in the evidentiary record. In cases where additional medical intervention is necessary, BVA must ensure that the exam is performed by a provider whom the veteran has not previously seen or accept a Disability Benefit Questionnaire form in lieu of an exam. In so far as these proposed practices would incentivize Veterans Law Judges to thoroughly review an evidentiary record prior to a hearing, we support these provisions.

Lastly, the draft bill would require VA to conduct an audit of the letters sent to inform veterans of a claim denial in order to ensure the usage of trauma-informed language. In addition, the language directs VA to establish protocols to guarantee that contract medical providers conduct examinations using trauma-informed practices.

Wounded Warrior Project appreciates that this legislation takes care to define “trauma-informed,” a concept with no universal definition that may be interpreted differently by individual providers. The proposed definition captures many of the key components that we believe are essential in caring for veterans, such as “a knowledge of the prevalence and impact of trauma on the physical, emotional, and mental health of an individual” and “ensuring environments and services are welcoming and engaging.” However, on this matter we defer to VA to determine how this proposed definition aligns with those already deployed in tools such as its Community Provider Toolkit, or in other materials developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).^{10,11} These resources should serve as guideposts for developing this definition and subsequent “trauma-informed practices” to ensure that providers operate from clear and consistent standards.

With these considerations in mind, WWP supports this draft legislation. We appreciate its intent to codify basic policies and practices to guide Veterans Law Judges, reduce risk of additional trauma, and ensure compassionate care for veterans undergoing the claims process.

¹⁰ DEP’T OF VET. AFFAIRS, NAT’L CTR. FOR PTSD, *Trauma Informed Care: Community Provider Toolkit*, available at <https://www.mentalhealth.va.gov/communityproviders/>.

¹¹ SUBSTANCE ABUSE AND MENTAL HEALTH SVCS. ADMIN., *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach* (July 2014), available at https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf.

Discussion Draft, the *Justice for ALS Veterans Act*

According to the Amyotrophic Lateral Sclerosis (ALS) Association, over 5,000 Americans are diagnosed with ALS each year, and it is estimated that at least 16,000 Americans may be living with ALS at any given time.¹² Research sadly shows that military veterans, regardless of branch or era of service, are nearly twice as likely as non-veterans to develop ALS; one in six people currently living with ALS has served in the military.¹³

During the onset of the disease, those with ALS tend to experience muscle weakness or stiffness; over time, typical progression of symptoms includes muscle wasting and paralysis, eventually inhibiting one's control of vital functions, including the ability to speak, swallow, and breathe. How fast symptoms develop and progress varies from person to person. The average timespan for survival is three years, and 80 percent of those with ALS pass away within five years.¹⁴

Under current law, VA can pay an additional monthly allowance of DIC to surviving spouses of veterans who die from a service-connected disability if that disability was rated as totally disabling for continuous period of at least eight years immediately preceding death. This draft bill proposes to remove the eight-year criteria for spouses of veterans who died of service-connected ALS as the average life expectancy for a person with the disease is much shorter.

Wounded Warrior Project supports this draft legislation because it recognizes that the tragically accelerated disease process of ALS keeps many deserving spouses from receiving important DIC benefits that they may otherwise be entitled to. WWP thanks Rep. Elissa Slotkin for her work on this important issue.

Discussion Draft, *To improve coordination between the Veterans Health Administration and the Veterans Benefits Administration with respect to claims for compensation arising from military sexual trauma, and for other purposes.*

VHA and VBA both play critically important roles in the provision of care to survivors of MST. These two organizations must operate along the same continuum, leveraging one another's resources and skillsets to optimize the veteran experience and quality of care.

The draft legislation under consideration today would require VBA and VHA to collaborate in communicating to MST survivors who file a disability compensation claim. Under the proposed bill, the Administrations would be required to provide outreach letters, information on the Veterans Crisis Line, information on how to make a mental health appointment, and other

¹² ALS ASSOC., *Defense Health Research Programs: Relevance to National Security and Military Families*, available at https://www.als.org/sites/default/files/2020-04/navigating-als_military-veterans_als-in-military-white-paper_0.pdf.

¹³ *Id.*

¹⁴ *Id.*

appropriate resources to MST survivors after medical examinations, BVA hearings, or other events VA deems relevant.

Wounded Warrior Project has long advocated for increased integration of mental health support into the benefits process for MST survivors. This draft legislation reflects that goal and would offer tangible steps to reach it. While we strongly support this draft proposal, WWP would take this opportunity to offer context and recommendations for consideration.

In caring for veterans, WWP believes there is no substitute for personal interaction. WWP's National Service Officers work to develop sincere relationships with the veterans they serve, a goal achieved by communicating frequently, managing expectations with compassion and tact, and offering referrals to wraparound services that can provide additional support to veterans during what may be a stressful process. In FY 2021, WWP's Benefits team provided over 300 referrals to mental health programming, illustrating how WWP works to introduce emotional and mental health support into the claims process, ultimately offering a holistic stable of support for those with service-connected disabilities.

Wounded Warrior Project recommends enhancing the outreach that this legislation proposes beyond a letter campaign, instead conducting personalized wellness checks after key moments during the benefits process that may result in re-traumatization. This bill rightly identifies two of those moments: compensation and pension examinations and BVA hearings. Other pain points along the timeline include: the day a veteran writes his or her personal statement describing the trauma; the day they file the claim, if not concurrent with the written statement; the phone screening prior to a medical examination; and the day a decision is rendered, regardless of whether or not that decision is in the veteran's favor. While it may not be feasible to conduct outreach after each event mentioned, we include these to illustrate the importance of maintaining an ongoing dialogue with MST survivors.

In sum, WWP recommends that this legislation incorporate methods for more personalized and continuous engagement with MST survivors applying for disability compensation. Nonetheless, we emphatically support this draft's intent to improve coordination between VBA and VHA and integrate mental health resources into the claims process.

CONCLUSION

Wounded Warrior Project once again extends our thanks to the Subcommittee on Disability Assistance and Memorial Affairs for its continued dedication to our nation's veterans. We are honored to contribute our voice to this important conversation, and proud to support many of the legislative initiatives under consideration that will enhance access to benefits for MST survivors, the families of those we have lost, and all veterans who have borne the battle. As your partner in advocating for these and other critical issues, we stand ready to assist and look forward to our continued collaboration.