

# Pending Legislation

Oct 07, 2021

Statement of

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National Legislative Service  
Veterans of Foreign Wars of the United States

Before the

United States House of Representatives  
Committee on Veterans' Affairs  
Subcommittee on Technology Modernization

With Respect To

Pending Legislation

Washington, D.C.

Chairman Mrvan, Ranking Member Rosendale, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on legislation pending before this subcommittee.

## **H.R. 2250, Department of Veterans Affairs Information Technology Reform Act of 2021**

The VFW supports this proposal to increase oversight of the Department of Veterans Affairs (VA) information technology (IT) projects. The legacy technology platforms within VA are a common problem to providing care and benefits. This proposal would require proper accounting and planning for any major IT projects moving forward. This would also require VA to provide a priority list for all currently unfunded IT proposals. Identifying the lack of proper IT resources would help mitigate future pitfalls caused by gaps in IT programs.

In recent years there have been multiple IT challenges within VA that have obstructed the

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Department's ability to provide care and benefits for veterans. The delay in implementing the Forever GI Bill caused thousands of veterans to face delays in receiving housing payments and cost VA millions of dollars in overtime to rectify. Currently, VA is facing delays in developing the Electronic Health Record Modernization (EHRM) program because there may be additional costs associated with the project that were never fully realized at the onset.

IT projects and infrastructure issues within VA are handled in the same vague and non-prioritized fashion. Creating a detailed outline of all the projects, identifying the required funding, and prioritizing each project would help make VA's IT needs more transparent. The VFW strongly supports all efforts to streamline and prioritize projects that are vital in supporting the delivery of care and benefits to our nation's veterans.

### **H.R. 2326, Veterans' Cyber Risk Awareness Act**

Unfortunately, stories that are intentionally misleading and false have become pervasive across social media in recent years. The rise of bad actors specifically targeting veterans online is leading to increased division and mistrust among the veteran community. The VFW is keenly aware of this issue and supports efforts to curb this damaging practice.

Recently, the VFW's national office fielded calls regarding a story from DelawareOhioNews.com that spread false information regarding veterans losing their benefits if they do not receive the COVID-19 vaccine. Far too many veterans were unaware of this website's lack of validity and thought this attempt at satire was truth. This story is just one example of websites that spread misinformation without regard for the damage they cause.

The VFW supports this proposal to conduct a communications outreach campaign to educate veterans about cyber risks and predatory practices online, especially on social media. Helping to educate individuals about the spread of misinformation and how to identify unreliable sources will help to curb the harmful effects of this malpractice.

### **H.R. 4591, VA Electronic Health Record Transparency Act of 2021**

The VFW supports this proposal to provide reports on the costs of VA's EHRM program. It would require VA to identify any amount expended on infrastructure projects necessitated by this program.

In recent reports by the Office of Inspector General (OIG), significant costs were unreported, underreported, or unknown. The findings from the OIG indicate possibly as much as 15% of total costs were not identified due to inadequate physical infrastructure

conditions, such as heating, ventilation and cooling, electrical work, and cabling. This misidentification of infrastructure needs could jeopardize the overall success of the modernization program.

Lack of infrastructure resources is not a new challenge for VA. The VFW, as part of the Independent Budget Veterans Service Organizations, has repeatedly called upon past and present Congresses and Administrations to properly fund the Department's infrastructure budget in order to reduce the backlog and eliminate the ever-present roadblocks to progress because of inadequate facilities.

The VFW hopes this proposal will force VA to take an in-depth look at the overall infrastructure needs of this modernization program, and fully identify all the hurdles to accomplish this much-needed health record upgrade. The VFW also believes once all the issues are identified, VA must develop a detailed funding and work request to eliminate all remaining barriers for project completion.

### **Discussion draft to collect certain demographic data of beneficiaries of the Department of Veterans Affairs**

The VFW supports this proposal to identify and collect certain demographic data of veterans utilizing VA care and benefits. The VFW believes detailed data collection and transparency of which specific veterans are affected by which specific issues will help determine how we should focus resources and attention in the future.

Last month, VA released its *2021 National Veteran Suicide Prevention Annual Report*. The report acknowledged progress, identifying areas where the most recent picture of veteran suicide demonstrated statistical improvement. Though this should be lauded as a positive step, the VFW remains concerned that we do not have the complete picture of how this change occurred. The report, which has been issued by VA since 2014, continues to contemplate only the trends among veterans who either engaged with the Veterans Health Administration (VHA) within the past year or veterans who did not, which in our opinion seemingly presents veteran suicide as simply a crisis of health care and specifically a crisis of mental health.

For years, the VFW has insisted that VA must stop viewing suicide simply as a mental health crisis and instead seek to better understand the underlying causes. While VA has done some research in this regard, the annual report continues to ignore the full scope of engagement that a veteran may have with VA, which includes every program under the purview of the Veterans Benefits Administration (VBA) as well.

The report in its current form does not capture social determinants of health, which VA's research indicates are often better predictors of suicide or suicidal ideation. Many VBA

programs like disability compensation, GI Bill, or home loan guaranty are facets of critical social determinants of health such as steady income, workforce skill attainment, and stable housing. The VFW believes that VBA has significant data regarding recipients of these benefit programs and that VA should easily be able to cross-reference this data as it already has with VHA and now the National Cemetery Administration to produce the annual suicide prevention report.

The VFW explained this shortcoming in recent conversations with VA. While we believe that community-centered engagements have changed the discourse in the veterans' community on mental wellness, like the VFW's work with our partner Give an Hour on the Campaign to Change Direction, we are only speculating at this point that this works.

We believe this proposal would help collect and identify important demographic data that will help shape the path forward in suicide prevention efforts. Having a better understanding of the veteran population utilizing VA care and benefits will help better inform how and where to direct resources.

Additionally, besides helping shape suicide prevention efforts, we believe this proposal would help improve health outcomes for certain veterans using VA health care. According to the U.S. Government Accountability Office (GAO) October 2020 report, "Better Data Needed to Assess the Health Outcomes of Lesbian, Gay, Bisexual, and Transgender Veterans," VA's electronic health record lacks the standardized field for health care professionals to record a veteran's sexual orientation or self-identified gender identity. Until this is corrected, inconsistent data hinders proper and inclusive research. Also, eliminating a veteran's sexual orientation or self-identified gender identity may affect a health care provider's ability to provide appropriate care.

Racial and ethnic disparities can also affect veterans' health care outcomes. According to the GAO report, "Opportunities Exist for VA to Better Identify and Address Racial and Ethnic Disparities," VA's action plan and advancing health equity is lacking performance measures and accountability. Understanding a veteran's race and ethnicity can help health care providers address specific health care concerns for which the veteran may be at a higher risk. The VFW believes that VA should adopt a culture of trust and action to achieve positive health outcomes for minority veterans. To begin this process, VHA must first consistently collect the correct race, ethnicity, and sexual orientation data in the electronic health record system. Collecting basic demographic information is the first step in understanding the needs of a diverse veteran population.

As the population of minority veterans continues to grow, VA must adapt to meet the need to access both benefits and health care services. Women, LGBT+, and racial and ethnic minority veterans face barriers and challenges across different life domains. In 2014, less than a quarter of the total veteran population were minorities. This number is expected to increase to 35.7% in 2040.

While the number of minority veterans increases, so does their use of VBA benefits. In the 2018 annual report, the VA Adversity Committee on Minority Veterans recommended that VBA publish a report identifying and addressing potential racial and ethnic award disparities. VA concurred with the recommendation in principle and stated that VBA data continues to have significant issues and voids, and VA will continue to assess the available data, but a statistically valid report would not be achievable.

This legislation would provide valuable information to recognize and address potential disparities, identify improvement areas within VBA, and assist facilities with better data collection practices. Until this is corrected, the lack of data and inconsistency hinders proper and inclusive data, which could benefit all veterans and their families.

Although the VFW supports this draft proposal, we have a suggestion to improve it. H.R. 5295, *Every Veteran Counts Act of 2021*, seeks to collect data regarding the entire veteran population. This draft proposal seeks to collect data regarding veterans utilizing VA. We believe that these two efforts should be combined to gain a full understanding of those veterans using VA, and those who are not. With this information, we can begin to identify gaps in care and focus resources toward those veterans who may need it the most.

Chairman Mrvan, Ranking Member Rosendale, this concludes my statement. I am prepared to answer any questions you or the subcommittee members may have.

#### Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2021, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.