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WEBINAR

THE NEEDS OF AMERICA'S POST-9/11 VETERANS

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Opening Remarks:

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Discussants:

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A View from the Hill

THE HON. MARK TAKANO
Chairman, House Veterans' Affairs Committee

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P R O C E E D I N G S

MR. O'HANLON: Good afternoon, everyone. I'm Mike O'Hanlon with the Brookings Institution and the Foreign Policy program there. And I'm privileged today to be part of a conversation with colleagues from the Wounded Warrior Project, as well as then, Congressman Mark Takano from the House veterans committee. And we are going to have a discussion today on the needs of America's veterans. How well they're doing, what they still need from all of us to honor their service and take care of them as they continue to reintegrate and return to the United States and/or to their communities after military service. But often with numerous challenges, especially, of course, wounded warriors and, hence, the association with this distinguished organization that we're again privileged to partner with today.

In just a minute or two, I'm going to introduce in a little more detail our distinguished panel, which consists of three of the Wounded Warrior Project's top experts: Melanie Mousseau, Jen Silva, and Tom Kastner. But before I do that, we are going to play a video that the Wounded Warrior Project kindly and very professionally prepared, which begins to get at the findings of their survey, although we'll talk more about that afterwards. And just dramatizes and reminds us all of the kinds of needs and accomplishments that we are now witnessing with our wounded warriors, with our veterans, and sort of, you know, the obligations and responsibilities I think we all feel towards continuing to help them have a meaningful post-military career, where they are so important to our communities and contribute so much even after their time in military uniform. And so, without further ado, and again, before our panel discussion, I would ask my colleague, Adam Twardowski, to play the video that the Wounded Warrior Project has prepared.

[Video shown.]

MR. O'HANLON: Thank you, colleagues at Wounded Warrior Project, for that excellent video. And now let me just say an additional brief word of introduction and then get right into the panel discussion. First, a couple of words of general background, although Melanie and Jen and Tom can say a lot more and are much more expert in these matters. But I just want to frame and remind folks of a few basic facts. We have almost 20 million veterans in the United States today. That includes veterans of all types of military service whether deployed abroad in combat or not, whether recent military performance

or perhaps from the Vietnam Era or earlier or later, but about 20 million people who have worn the Nation's uniform and are now considered veterans.

Of that group, there are about 3 million or a few more than that, who have done so during the post-9/11 period. And, actually, I think it's a bit more than 3 million, but we'll maybe get some more precise statistics here in a few minutes. At any given moment in time, we have 1.3 million people in the military. So, we're probably more like in the 5 million range to 7 million range on people who have worn the uniform since 9/11. Probably in the range of 2 to 3 million who have deployed in one combat effort or another. And then the Wounded Warrior Project, of course, focuses most specifically on those who were injured, whether in combat or in other military operations or training or what have you. And it could be through a physical injury, you know, a fracture, or some kind of contusion, or what have you, or it could be sickness. And we're going to hear a lot more about the challenges, including, of course, mental health.

So, without further ado, let me briefly introduce each of the panelists. Melanie Mousseau is going to begin. She is a Ph.D. with background in psychology, health, and human performance. She's been with the Wounded Warrior Project now for seven years, I believe. She pays particular attention to the survey, and what she hears from these nearly 30,000 veterans each year who provide information on how they're doing, where their challenges still exist. And then leads the Wounded Warrior Project's research, which has been so pathbreaking because the Wounded Warrior Project, as I think we all know, does several important things, but two, I think, are worthy of particular mention. When it identifies problems that are not being addressed adequately, it initiates and carries out programs to help a large number of wounded warriors across this country who suffer from that challenge and yet can't find the kind of help they need yet through a government program.

And this is a remarkable accomplishment given the scale of how many people we're talking about. Again, I just mentioned the many hundreds of thousands who have been wounded in the wars or other operations since 9/11, the millions who have served. This is a big population. But, of course, therefore also Wounded Warrior Project and other NGOs, private organizations, work hard to try to persuade the government to improve, to expand veterans' affairs efforts and other activities that can at a more proper scale, address many of the problems that Wounded Warrior Project tries to get at itself initially. So, Melanie is at the pointed edge of the spear on those efforts, so to speak.

Jen Silva has been with Wounded Warrior Project even longer going back to 2008. She is a West Point graduate and former army officer, a logistician, also an expert at programmatic activities that reach out to many of the wounded warriors that I was just alluding to. And she's been doing that for quite some time. And so, she'll talk about how the survey results from this year and past years, are being translated into actual efforts to help those who most need that assistance.

And then Tom Kastner, a 30-year military veteran, who's also been an educator and a businessman, and I don't know how he looks so young, along with the other panelists. Everybody's got amazing experience and looks like they're about 25 years old. But Tom has been now with Wounded Warrior Project as the vice president for financial wellness. Recognizing that even when the Nation can help heal the wounds, the physical wounds of many of our combat veterans and others who have worn the uniform, and even as mental healthcare gradually improves, and even as issues like homelessness and unemployment, high unemployment are at least partially addressed, veterans still face additional challenges including a sense of belonging in community, but also managing their lives, their finances, and their futures.

So, we're really privileged and honored to have these individuals joining us today. And now I will turn the floor over to Melanie to talk a little bit about the survey, how it compares with past surveys, what the most striking findings are above and beyond what the video already introduced. So, thank you all and, Melanie, over to you.

MS. MOUSSEAU: Wonderful. Well, first and foremost, thank you all for joining us today. And, Brookings, thank you for hosting this conversation that we are absolutely passionate about. So, it's with great gratitude that we embark in this conversation, which is very important.

As has been mentioned, this year marks the 11th year that Wounded Warrior Project conducted our annual warrior survey. And it is the largest and most comprehensive survey of America's wounded, injured, and ill post-9/11 veterans. And I appreciate you underscoring it in your opening remarks. This survey is a representation of only those post-9/11 veterans who are registered with Wounded Warrior Project and not the veteran population as a whole.

But this survey has great richness in it. It helps us identify trends among the warriors that we serve. And it also allows us the opportunity to compare their outcomes to other military and veteran

populations. Moreover, this survey helps us to identify how we can better serve, as well as advocate for warriors and their families. So, in a nutshell, we use this survey to identify needs, as well as successes of the wounded warriors we serve.

This year, as it was noted in the video, the survey was sent to nearly 122,000 post-9/11 veterans registered with Wounded Warrior Project from May 5th to June 19th. During that window we had, as you saw in the video, nearly 30,000 warriors complete that survey. We're especially proud and grateful for the participation of those warriors, especially in those difficult times. That ensured that not only they had a voice, but they gave their fellow warriors a voice. And it's an important voice.

As we saw, there were a number of key data points highlighted in that video. And I'd like to just take the next few moments to highlight, not only some of the key data from this year, but spring that up with some context in where we've seen some positive momentum, and where we still see some opportunities within the data sets.

The first, and I'm sure it's absolutely no surprise to those listening, as you would expect, the further away we get from 9/11, the older our wounded warrior population becomes. This year, the average age was 43, and the largest age group of registered warriors that we have is 45 years old and older. And that's about 1/3 of our warriors that are registered. Certainly, as we continue to look on the horizon, the evolving needs of the aging warrior become of critical importance.

But not only are warriors aging, we also see on a very positive trend, that warriors are becoming much more educated. Specifically, we see the continuous rising trends among the of warriors who have a bachelor's degree or higher. We saw the statistic of 42 percent and how that compares to the general population in the video. But we're seeing that this is a trend that's increasing within our population jumping up five percentage points from just last year alone. So, really proud of that advancement that the warriors are getting with respect to their education.

We've also seen a steady increase in warriors and their VA disability ratings. Specifically, we've seen a steady increase over the last several years in the percentage of warriors with an 80 percent or higher rating. This year, that climbed to 72 percent up from 69 and 65 percent just two years ago. One area where we haven't seen much movement that was highlighted in the video are those self-reported injuries and health problems. That's not surprising because these are injuries and health

problems sustained as a result of their service. But this year, the number one position of the self-reported injury or health problem was sleep. But it was followed closely as it consistently is with PTSD, back, neck, and shoulder problems, as well as depression.

And the last point I'd like to highlight before giving the opportunity for my colleagues to talk more about some of the key findings and how it relates to the work at Wounded Warrior Project, is that we've seen that this pandemic environment has created additional mental health, physical health, and financial challenges with over 60 percent of warriors feeling more disconnected with their family, friends, or their community as a result of the social distancing. And a substantial percentage of warriors noticing that the distancing was having a negative impact on both their mental and their physical health. So, these certainly are unprecedented times. I'll pause there to keep the dialog going.

MR. O'HANLON: Thank you, Melanie. Very, very, informative. Jen, over to you, please.

MS. SILVA: Great, thank you, Mike. Thanks, Melanie for setting the stage. So, Wounded Warrior Project has invested in this survey for 11 years, and how we use it internally is really important. Wounded Warrior Project annually spends more than \$200 million on our critical programs and services for the wounded, injured, or ill post-9/11 veterans. And so, we know that the need is always going to eclipse our ability to serve it. So, we're very vigilant about putting our resources towards what we can impact and what are the biggest obstacles for the veterans that we serve.

And we don't take any government funding. So, our programs are delivered free to warriors and their families at no cost to them. But it's from the generosity of the American public. So, those critical donor dollars, we have to year over year, put them towards the most effective and impactful programs that we provide, and help others in our whole veteran community, help support the warriors that we serve. So, we're very invested in this. We're a very data driven organization.

And to date, since our inception back in 2003, we've been able to invest \$1.5 billion into these critical programs. And we do it from this data driven approach to make sure that we are programming to the most important needs that the warriors have. So, we consider it part of our DNA as an organization.

MR. O'HANLON: Jen, if I could ask a quick follow-up before we go to Tom. And I know Tom is going to focus in on a couple of specific issues, largely around finance, jobs, perhaps. But I

wanted to ask you about at least two things that I know, and Melanie touched on them as well, that have been persistent challenges. And I know the Congressman is very focused on as well. And one is suicide prevention and the other is dealing with the effects of exposure to toxic chemicals. Of course, there are other very troubling, persistent problems. Sexual abuse is certainly one. PTSD is certainly one. And you may want to comment on those as well.

But I wanted to begin with suicide prevention and toxic exposure. And we can maybe come back to the other topics in round two. But if you would give us a little bit more of your sense on those, please.

MS. SILVA: Sure, I'll focus on those two. Thank you. So, mental health treatment, we've found that it works when it's available and when it's pursued. And our survey shows that VA treatment is a top resource. But nationally, 11 of the 17 veterans we lose a day to suicide are not connected to VA's healthcare system. So, our charge, in my opinion, as a network of VSOs, MSOs, government entities, private organizations, as a community of organizations that support veterans, we have to always lead the charge. How can we connect warriors and get them into care if needed?

There are resources in their areas. Many of them are excellent. But to navigate that really seems to be a challenge year over year. And so, we've got to work together as a whole network of support. Suicide, it's definitely my biggest concern with the warriors that we serve. Our logo, we kind of consider it a warrior living the logo when they can transition from being the warrior that's carried to a warrior on the bottom who's helping others. That's really when they're thriving. Not just not committing suicide, they're really thriving and living a life worth living like we said in the video.

What we do every year is we invest heavily into it. As an example, we've committed over \$250 million into our warrior care network. We saw access to care was a problem for suicide prevention, and PTSD in particular. And so, we partnered with four academic medical centers. That's Rush University, Mass General, UCLA, and Rush -- and Emory. I'm sorry about that. But we partner with those four academic medical centers for a very intensive outpatient program where they provide PTSD treatment. And we have seen amazing results. Over 90 percent completion, over 90 percent satisfaction. But clinically significant drops in PTSD symptomology. So, the disruption of PTSD into these veterans' lives is being changed. And they're sustaining that a year later.

But access was why we got into that. There was a problem with access to care. And so, what we wanted to do was provide this really great evidence-based clinical care model whether they were in Montana, in San Diego, wherever the case may be, and they can get to those centers. We paid for. It's no cost to them. And we integrate the family into that care, which I think really helps sustain it a year later.

And so, I think programs like that and then working really collaboratively with the VA to provide great access in their community. I think that helps that suicide prevention problem that we're trying to all solve.

In terms of toxic exposure, about two years ago we led the efforts to form TEAM, which is Toxic Exposures in America's Military. It's a group of 30-plus VSOs, MSOs, who are really focused on a coordinated effort to draw attention to how we can get a medical access to warriors who might have symptoms. And so, we've been advocating for increased screening and medical care for those that have been exposed. As you saw in our survey results, about 90 percent feel that they've been exposed to toxicants while they were in service.

And so, it's something that to me is -- and, thankfully, Senator Tillis has introduced a bill this week to help with it called the TEAM Act. And so, we're really excited that there's going to be attention because I think this is going to be a real -- it's going to be something that for the VA healthcare system is going to be a problem for years to come. So, we've got to get in front of that and get preventative care out there. So, I think --

MR. O'HANLON: Thank you, for --

MS. SILVA: -- that's it. Yeah.

MR. O'HANLON: That's great, yeah.

MS. SILVA: Thank you.

MR. O'HANLON: Hugely helpful. Thank you.

By the way, on the suicide question, I know we'll come back to this with the Chairman as well, but people can reach out to woundedwarriorproject.org. They can also call a suicide hotline, right? Which is worth always reminding folks about.

MS. SILVA: Yes, sir, absolutely. Two great resources.

MR. O'HANLON: And the phone number for that I think one of you actually mentioned it last year. Can we just say it again, just while we're?

MS. SILVA: Sure. I have our resource center number that's 888-997-2586, 888-997-2586. That's a critical number for those that we serve. And I will have the crisis line number in just a minute.

MR. O'HANLON: Great, thank you. We'll come back to you. But in the meantime, Tom, over to you, my friend.

MR. KASTNER: Yes, sir. Thanks, Mike. Melanie talked to the richness of the survey and every year provides all kinds of data that's going to influence and improve our program delivery. I'm going to focus on just a few that impact directly financial wellness that, you know, my teams can learn from as they deliver impact for warriors.

The video talked to the 41 percent of warriors that are struggling with employment right now. In the year of the COVID and the pandemic, this doesn't really come as a surprise to us. And then the increase in unemployment rate. So, you know, we are addressing that and later, I think, I'll have an opportunity to talk to that.

The other number that jumps out is about 1/3 of warriors express a fear, anxiety about having enough money and savings to cover the quality of life basics. So, that's more of an immediate need versus a longer-term employment. The other area is debt. And, you know, obviously that impacts financial wellness. Ninety-seven percent of warriors report having some amount of debt. But 53 percent of that population reports having debt in excess of \$20,000. And we learned that most of this is tied to auto loans and outstanding credit cards. So, that helps us know where to target our education and counseling.

MR. O'HANLON: Tom, are you surprised that this problem is as bad as it is in the sense that, you know, we have -- I mean, one thing I think we get right in this country, at least in broad brush, is financial generosity towards veterans. Others may quibble with that statement or disagree. But in terms of raw resources, we seem to do pretty well. Our Veterans' Affairs budget is more than \$200 billion a year. If that were a defense budget, it would be equal to China's, and would be the second biggest in the world. And a lot of that money does go into disability payments or, of course, survivor benefits, GI bill.

And so, there are a lot of ways in which we are helping with sort of the big financial challenges faced by veterans. What do you think is the primary cause of this problem that we haven't yet focused in on enough or haven't done enough to help with?

MR. KASTNER: You're talking specifically to the debt topic?

MR. O'HANLON: Yeah, I think so.

MR. KASTNER: Well, a reality for pretty much, you know, all of us is that we have budgets. We have financial obligations and we have income streams that help us address those. So, I don't think having a little bit of outstanding payment is outside the realm of normal or expected. I think what happens is if you compound having that outside obligation that you must meet that you maybe made prior to a time when you don't have employment, and then you add the unemployment on top of that, you start to create a downward spiral that kind of feeds off of itself. If that makes sense.

So, it doesn't surprise me. The \$20,000 amount, however, did set me back on my heels a little bit. Especially when over half of that population is experiencing that. And we're not talking about rental and mortgages. We're talking about what I would call discretionary type of spending where our warriors are making decisions to spend to incur those debts. So, it's reasonable that you got to spend money on what you need for your families. I just in some cases, I think we have the ability to help coach some of these families to reduce these obstacles.

MR. O'HANLON: Thank you very much. So, here's what I'd like to do in the 15 minutes we have left before we bring in Chairman Takano. And thank you all for a fantastic panel. I'd like to first give you each a chance to add any additional comments, any further clarifications or additional points, including on sexual trauma, which was an issue that jumped out at me from the survey just as it did in previous years. As well as any other accomplishments that you think we should take some heart from. You know, this is such a daunting set of challenges and one of the questions from the audience already gets at the issue of are there some things that we know that work in regard to PTSD treatment?

And, Jen, you already got at that a little bit. But I would invite people to comment more on any of the specific findings and specific best practices that we're seeing. And then I'll rifle through the rest of the audience questions. And we'll do a round with the audience. And I'll articulate their queries that have been coming into us and give you a chance to respond to those as well.

But first, anything you want to add to just where we are now in the conversation starting with Melanie.

MS. MOUSSEAU: Absolutely. I'd like to take the opportunity to really bridge how useful this data is and how it truly does drive our actions and decisions that we make as an organization. As we mentioned earlier, last year we integrated the data point of exploring military sexual trauma and we were all astounded by the percentage that we saw of 44 percent, which was sustained again this year. But that was truly a catalyst for us to, as an organization, to undertake a Women's Veterans Initiative as an organization. And so, using that data point as a jumping off point where we have looked at not only the data that we have in the annual warrior survey, but fielded a survey specific for women veterans this year. And we're currently wrapping up that data analysis.

And we're augmenting that quantitative data with qualitative roundtables. Hearing it directly from the veterans' mouths as far as their experiences that she's had while in uniform and during the transition to help inform what are the right next steps that we take as an organization. So, we're excited to launch those findings more formally at the beginning of the new year. So, I did want to highlight that as an area of continued interest and passion for us as an organization.

Jen, is there anything you'd like to couple? I know that you've been heavily involved with that initiative and the development of it.

MS. SILVA: We chose to dive deeper into the Women's Veterans' Initiative because there were some compelling data points that told us there was an issue. They were responding with much greater difficulties accessing care. And there was a level of discomfort with some of the care that they were receiving. And also, they turned out to be a little more educated in terms of bachelor's degree, et cetera, but a higher unemployment rate. There's something there that it was a call to action for us to dive deeper and to really learn what we could do and what the community could do to help these women veterans transitioning. MST has been an issue for a while and we need to make sure that the care that they receive is really world class, evidence-based, and very comfortable and safe. We've worked with especially one of our partners in warrior care network at Rush to run MST specific cohorts. Not gender specific, but MST specific cohorts really to get them to a better spot in a safe environment. And so, we're proud to continue that work.

I also wanted to get back to you the veterans' crisis line. Popped out of my head, but it is 1-800-273-8255. That's 800-273-8255 and select option 1. You could also text 838-255. And that's the VA veterans' crisis line, which really does amazing lifesaving work.

So, I would just say connection too. I want to touch on that. It's such an important insulation factor to prevent suicide is the connection opportunities and in the feelings of social support that warriors and veterans need to feel. And so, the more activities that we can do as a community to connect them with each other, veteran to veteran, but also into their community. So, they're not isolated. So, they're not feeling like they're the lone veteran in their community. It's really important.

And then they can be aware of the resources that are in their community if they get into a crisis situation. It's really important we invest hundreds of millions of dollars into this because we feel we need to offer up a varied offerings for them. Whether they want to make it physical focused or something with their family, we have to be really creative as a community to make sure that we're connecting those warriors with each other. And we consider both our internal direct programs and our partnerships with other organizations really critical to achieving that for our veterans.

MR. O'HANLON: Thank you, Jen. And I'll say one more time these phone numbers. 800-273-8255 then you can selection option 1. Again, 800-273-8255, option 1. That's the veteran crisis line, 24/7. With thanks to Jenny Gurank (phonetic) with Chairman Takano for providing that as well as Wounded Warrior Project. And then, of course, the texting option is 838-255, 838-255. Tom, over to you for final thoughts.

MR. KASTNER: Yes, sir. Just brief. I want to highlight two initiatives the organization achieved during the course of the year directly in response to COVID and the immediate financial need for warriors. In April, the organization awarded \$11 million in financial relief grants to our warriors most in need. Those were \$1,000 grants per warrior family household.

And then in the past 45 days, we've awarded \$2.1 million in grants to caregivers of our most severely injured warriors. And those were \$3,000 grants. And the purpose of those grants was to give the caregivers respite and some relief from the day-to-day rigor of being a primary caregiver for our warriors. And that grant, that \$2.1 million grant was part of a larger \$7.25 million investment the organization will make to support caregivers in the coming year.

And one last data point. Our Warriors to Work program team within financial wellness since March of this year, has placed successfully 1,000 warriors and family members in new careers, with an average starting salary of \$46,000 or \$46 million worth of economic impact through our program.

MR. O'HANLON: Fantastic. So, I think we'll do two rounds of questions from the audience. Because I have about a half dozen. What I'll ask you to do is, you know, each one of you sort of maybe make notes or when I read about three at a time, figure out which one might be best for you. And then we will just go around the group each time we do a group of three questions.

So, one would be, what about incarcerated veterans? Are there any particular insights either from the survey or in terms of your programs that would apply to them? A second has to do with just defining health and wellness. And how you ask people to evaluate their own health and wellness against whatever standard or definition is a reasonable starting point. And then a third question gets at the issue of sexual abuse again. Although we've already touched on it a bit, but let me just read the question directly, which is getting at sort of the complexity of the subject. How will we combat the other than honorable epidemic happening to whistleblowers of sexual abuse?

In other words, it's not only a tragedy when one suffers sexual abuse. It is difficult to say that that's happened. And while perhaps that can be noted in a survey like yours, we also need to be able to address these problems as they're happening inside the military. So, are there any insights that you have in regard to that huge challenge? Again, the numbers on sexual abuse are staggering and really unacceptable.

So, let me maybe again, start with Melanie and ask each of you to comment on whichever question or two you want to speak to.

MS. MOUSSEAU: Great, thank you. I'll first start with the incarcerated question. The majority of the warriors that are registered with us and participate in the survey don't report any convictions. So, our scope as far as being experts in that area is relatively limited where close to 90 percent report no incarcerate -- or excuse me, convictions, specifically. And the majority of the convictions specifically we're looking at 9 percent are drunk driving, but we do have 5 percent who have convictions related to domestic crimes.

I think this is an area of particular interest that isn't necessarily scratched at the high level

that the survey is administered. And I mentioned this last year in my comments as this is an opportunity and Wounded Warrior Project has made the investment to our internal research resources so that we could dive deeper into exactly these types of questions. And looking at unique issues, challenges, and successes of various populations within the larger population that we serve. So, I'll leave that comment there as an opportunity for further research as we have more data points available.

As far as the health and wellness piece, specifically, that's a great question. And one of the things that I am very proud of this survey is the complexity and the comprehensiveness of this. So, not only are we asking for individual self-perceptions regarding their health both physically and mentally, which I think is important. There is an element of how you feel, is it your reality?

But we also couple that with very well researched clinically validated and widely used measures that are able to quantify measures related to PTSD, depression, physical activity, nutrition. And so, that is a way for us to get a more comprehensive and robust picture. Both from a subjective perception of the warrior him or herself, but also bringing in the more objective measures where we can use that as a benchmark to compare status and progress relative to other military, non-military, as well as civilian populations. So, I'll stop there and see if any of my peers have any comments on any of those three topics.

MR. O'HANLON: Great. Jen, over to you, please.

MS. SILVA: Sure. I would say the incarceration question it is a little bit out of our scope. We do help warriors if needed. We connect them to legal services that can help them if they're in trouble with that. But we don't regularly take that as a topic to ask them the questions that are related to the survey. It's kind of out of our scope. But it's a very good topic.

In terms of the MST. It's a very big concern as you see in our numbers for the second year in a row, 44 percent report sexual assault. That's, I believe, about double what has been reported before in other entities. And so, it's a big concern for us. That's why we're taking this year to really listen and learn what the challenges are related to all transition. It's primarily women. Not only women, but it is primary women MST. But we're trying to listen to see what their challenges are, and MST is one of them.

And so, it's not just specific to MST, but we're listening and learning. It can be a really tough environment to report instances. Whether it's sexual harassment or sexual -- especially sexual

assault. And where we can, we will get them into care while they're still active duty, especially in warrior care network, to make sure that they can get that treatment away from maybe the environment that has been dangerous for them. And so, we focus on that and try and bridge any barriers that might be there to get them care where they are. And so, it's definitely something that we are continuing to work together as a whole network of organizations focused on women veterans in particular.

MR. O'HANLON: Thank you. Tom.

MR. KASTNER: I don't have a lot to add to the incarceration or the MST topic. Talking to a definition of wellness, the survey can only go so far to determine an individual's wellness. And we use other instruments to kind of gauge feeling and behaviors of the same like. What we find though is that really the definition of financial wellness comes down to the individual warrior and family once you get into the details of a family situation and exactly what their financial needs are. And we help them along that path to define what wellness looks like now and what steps are needed to improve that wellness both directly in what they're able to afford and what they can do. But also, their feelings and confidence level and being able to get some degree of financial stability.

MR. O'HANLON: Okay, thank you. Let's go to our last few questions. And I'll begin with a question about someone who's interested in how the private sector can help. And, of course, we know that the private sector has already responded and done a lot of great things hiring our veterans. But the question specifically recognizing there's more to still do is what are some best practice recommendations for employers that are looking to become not just veteran friendly, but veteran ready? In other words, truly inviting for those who have served.

And then we have a question on best practices, and we've touched on a little bit of this. But since we've had so many people now who have suffered from post-traumatic stress disorder and reported on it in surveys and had treatment over the years, again, Jen touched on some of this in the context of suicide prevention. But I wondered if there were other things to say about best practices for treating PTS. And also, the question follows up with a second question where I think the answer is, yes, which is are multiple deployments or length of service a factor in determining the likelihood of PTS?

And then, finally, we have a question about the interaction between veterans' benefits and retirement. And to what extent there are any needs to better integrate these sorts of questions. But

also, I think the question goes beyond just military retirement benefits to thinking about veterans and wounded warriors who are getting older retiring from private sector jobs and thinking about their lives, you know, after they've stopped working. Are there any best practices that we can talk about in that regard as well?

So, that's a rich range of questions. And I think I'll just let you at them in whatever order you wish to take them on. But, again, starting with Melanie.

MS. MOUSSEAU: Absolutely. I will tackle the first question in the order you presented it and I'll ground my answer in data. And the one thing that we've seen year over year when we look at warrior satisfaction with their employment, consistently we see that those warriors that are employed in an organization that has a veteran affinity group, are more happily employed. So, meaningful employment certainly is important, not only from a financial standpoint, but a place where that they feel welcome. That they have peers that they work with as far as colleagues is absolutely critical. And that's been a relatively consistent finding. Now, I won't go too far down that path. I'll let Tom take some more of that question. Tom, do you want to take some of that now?

MR. KASTNER: Sure, very briefly. You know, specific to how a company hires, I think there's some consideration there. We experience sometimes that warrior resumes kind of slip through the cracks and don't get maybe some attention that they might deserve. So, we help them on our side in making sure that we're crafting them appropriately in translating their military experience and skills into marketable skills and talent that employers want. But we do find that sometimes HR needs to be a little more accepting to change a few of their processes to make sure that they do consider some of these other resumes.

The other thing is apprenticeship and internship type programs, which allow veterans to kind of go from a crawl to a walk to a run. We find that those are also kind of desirable for veterans as they go from leaving uniform to finding gainful employment. Those are two that I can mention off the top of my head.

MS. SILVA: I'll jump in about the best practices and relate it to treating mental health challenges. We just partnered with Rand really to look at substance use disorder and where are some best practices and where is best in class care being done. And really just a couple highlights from that

study is treat it, don't segregate the treatment. Treat it together. PTSD, every problem is exacerbated when you have substance use, chronic pain, other symptoms. And so, deal with them as one, a whole warrior perspective, I guess is what. And it's shown to be effective.

And so, there's a great amount of data both in just our -- in our warrior survey, but also that one that we commissioned with Rand that says you can treat both. Obviously, there's levels. But and it's really important as we look at -- the warriors that we serve, the term comorbid, there's not just one challenge. A lot of times, they have several challenges and several diagnoses. And so, treat it as a whole warrior. Whether you're dealing with PTSD, you can probably assume that there may be some self-medication going on, perhaps. So, treat that together. Or there might be chronic pain, sleep problems, and treat that together. And it can be very clinically significant the outcomes.

And so, that's what we've seen both in our own programming and also in the data. And so, I think as we look at the great amount of work that the 116th Congress has done really advocating for mental healthcare for our veterans, both with Chairman Takano, Senator Tester, et cetera. They're kind of getting towards really greater access. And as a community, I hope to see some really great gains in the way we treat warriors in the coming future. So, that's how I see it with the comorbid approach.

MR. O'HANLON: Listen, thank you all very much. Thank you for what you do with your organization. What you've accomplished, what you continue to do to help our veterans is remarkable. You know, you and some other organizations like The Mission Continues and Welcome Back Veterans and a number of others, you've really been at the forefront of pushing what this country needs to do to thank those who serve.

And I just want to add a personal word of thanks as well to any veterans and/or wounded warriors, including wounded warriors who are listening because the way I would put it in my own terms, is that, you know, you've kept us safe. And the wars that you've been fighting this century have been controversial at home and they've been often inconclusive abroad. And we continue to debate them politically and people like me who do policy can't brag too much for having found brilliant, stellar outcomes in Afghanistan or Iraq. But you know what? The veterans, you've kept us safe.

We haven't been attacked again in the United States. I think we can all agree and appreciate that fundamental accomplishment, which is never to be taken for granted. And, obviously,

knock on wood. But it's a pretty big accomplishment. And it's just one more reason why we owe you as a country such a debt of gratitude. So, I want to thank every veteran who's listening and certainly thank the three of you for the panel discussion today as we continue to wish you well with the Wounded Warrior Project.

MS. MOUSSEAU: Thank you for having us.

MR. KASTNER: Thank you very much.

MR. O'HANLON: It was a pleasure.

MS. SILVA: Thank you.

MR. O'HANLON: So, what we're going to do now is we'll hopefully keep Melanie and Jen and Tom listening and engaged. But we're going to now have a conversation between me and Chairman Takano, Mark Takano, a Congressman from California, who chairs the House Veterans' Affairs Committee and lives and breathes these issues every day on Capitol Hill. And has made a big difference already in his service there.

He's a remarkable individual from Riverside. Went to Harvard University, you know, worked his way through school. Set up a cross-country bike fundraiser for Oxfam, went home and became a teacher. Worked in public schools for much of his early career. Wound up getting background in education with experience as well in community college service. And then, finally, ran for Congress. And as I say, he is now the chairman of this extraordinarily important committee.

So, Chairman Takano, thank you for joining us. It's good to see you today.

MR. TAKANO: Thank you, Michael. A pleasure to be here.

MR. O'HANLON: Well, I know you've been thinking hard about and working hard on veterans' issues for a long time. I wanted to, you know, I have a fairly simple set of questions for you today. And then see if we get any questions from the audience as well.

But I wanted to begin, if I could, with asking you to just recognize some of the progress we've made so far as a country and as a Congress, as a government, on some of the issues in veterans care where we perhaps are doing substantially better. I know a lot of our conversation today and your work is forward looking trying to identify all the problems like the ones we've just been talking about today, suicide, PTS, sexual abuse, problems with employment, problems with chronic pain, toxic chemical

exposure. There's a whole slew of really tough problems to still keep working on. But I think we've also done some good things thanks to the work of people like you. And I just wanted to ask if there are one or two accomplishments within the realm of veterans' affairs where you think we have indeed made substantial headway as a country?

MR. TAKANO: Well, let me cite in spite of the new challenges of the pandemic and COVID-19, that much progress was made in reducing veteran homelessness. There was a national goal set by President Obama and Secretary Shinseki. And in many parts of the country they were able to reduce veteran homelessness significantly in many cases to what's called functional zero. It doesn't mean absolutely zero homelessness among veterans, but it means that the homelessness that does occur is non-recurring and of short duration. But homelessness is persistent in some states like my State of California, mainly in my state in some of the metropolitan areas. But, you know, in my county, -- in my county, there was a high degree of -- Riverside County, a concerted effort by local officials to really address homelessness among veterans.

So, but the pandemic presents us with more economic stresses, more veterans at risk for homelessness. So, a great deal has to go into homelessness prevention, as well as reducing homelessness where it's remained chronically persistent.

I want to give some props to the VA for how they have managed their own long-term care centers. Otherwise known as community living centers. I had visited some of them prior to the pandemic. Some of them are remarkable facilities. Some are still could be upgraded some more. But for our veterans that are in long-term care facilities that the VA actually owns and operates, in distinction and contrary distinction to state-run facilities, state veteran homes, the VA has been successful at infection control. They implemented procedures immediately to unfortunately prevent family members from visiting, but that had helped control infection. They implemented widespread testing among the staff and the veterans themselves. And they had very low infection rates.

Where we saw infection rates at horrific levels were in state veterans' homes. In Massachusetts and New Jersey and Virginia. And we've seen that the bulk of the COVID-19 infections and deaths have been occurring in congregate living situations. The VA actually has an expertise in this area of infection control, and how to treat underlying conditions of elderly and more senior patients. So,

that's one of the strengths of the VA. It's one of the under told stories.

And I wish that there were more cooperation and collaboration between say CMS and VA. That VA were tapped into, you know, more -- that they rely on VA's areas of strength more than they do. And people don't realize that VA is highly relevant in the pandemic national emergency because it has a fourth mission, which is to service the backup healthcare system when civilian health care is under stress or being overwhelmed.

But I hope that in the future, we're going to have a very serious national discussion about how nursing homes, veteran nursing homes, are held accountable, how they're regulated, and how we're going to proceed in the future. Because this has been one of the dark, dark, dark areas of the pandemic.

MR. O'HANLON: Thank you. Would you also say that -- just one last question on sort of where we are today with, you know, some things that have gone better, although you note the challenges on nursing homes and other things at the same time. But I want to spend most of our conversation on issues that are important to you legislatively looking to the future to try to --

MR. TAKANO: Sure.

MR. O'HANLON: But I still want to ask one more question about where we have progressed. And, you know, Tom on the earlier panel was talking about some high debt levels for veterans, and that's troubling. But maybe there's also some good overall news on the financial side, which is part of why homelessness is so much lower that it seems to me that some of the basic benefits are being reasonably well-financed within the veterans' affairs portfolio. Whether on the medical side, on the disability payment side of things, and do you feel that's the case? Or do you feel that at sort of a basic financial health picture there still are just huge challenges? Obviously, there's more we can do. But do you feel like the big picture has at least made headway on this basic challenge of making sure that veterans, and especially wounded veterans, are financially afloat in most cases?

MR. TAKANO: Well, you know, I can't comment on -- I mean, I haven't really looked at how the veteran satisfaction rate with the current level of benefits, especially on the disability side. I am concerned about -- look, we also have made improvements in reducing the backlog of appeals on veteran claims. And so, I think the VA's made strides there. But as to the adequacy levels, that pre-COVID-19 under normal circumstances, you know, I don't have a strong sense of.

I will tell you that for those veterans that are highly vulnerable, I am concerned about making sure -- and it may not be so much of an issue now, but I need to go back and review it. You recall that we were having shortages of PPE for a while. And one of the problems with say infection control at community nursing homes in non-VA nursing homes, was the low prioritization of PPE to, you know, lessor skilled staff. Think about those veterans that rely on say contractors that have to go out and assist them and check on them. That those contractors needed adequate PPE. And that the cost of PPE was going up and we needed to -- and that was impacting those veterans' ability to be able to afford to pay for that help. So, I have been attentive to, and my committee staff has been attentive to issues related to what Paralyzed Veterans of America or the DVA coming to us and telling us that we need to make sure that our most vulnerable veterans are adequately financed through this pandemic moment, right?

We're concerned going forward about utilization of the VA. I've had numerous conversations with Dr. Stone, the executive in charge of VA healthcare, about the economic fallout. We're going from like 2.9 percent veteran unemployment pre-pandemic to well over 10 percent, closer to 12 percent unemployment among veterans. We can expect more veterans turning to VA for their healthcare.

And so, I mean, we need to start planning now for that. So, I think your question about how adequate are the benefits needs to be reviewed in light of the fact that we have this big pandemic moment that is impacting everyone, including our veterans. And that we could expect that there are stresses on our veteran population economically.

MR. O'HANLON: Thank you. So, now I want to turn to your legislative agenda on Capitol Hill. And your sense of where we still have big challenges and unmet needs as a country. And, of course, the Wounded Warrior Project survey has reminded us of some things that you know very well, but just to very quickly tic off again the big challenges. A lot of people describing issues with post-traumatic stress still a high risk and frequency of suicide among veterans' populations. An issue that I know you care about very profoundly.

There are very serious concerns about sexual assault within the armed forces that the wounded warrior survey underscores. That there are serious concerns as we were discussing about some aspects of financial health, even if some of the benefit streams are pretty good. There's the

question of accessing mental health treatment, even once someone realizes they have a problem, you know, how do they get over that barrier, the reluctance people often have or the geographic challenge, depending on where they live. These are some of the issues. And then finally, exposure to toxic chemical burns and other kinds of, you know, chemical contaminants during military service and the effects on health that ensue from that.

So, out of that list, that's a big list, I know you've got a couple of big priorities that you're focused on today. And I wondered if you could describe a little bit about them to us, please.

MR. TAKANO: Well, the big priorities have been for this Congress, the big priority has been suicide prevention among our veterans. We've had a Women's Veterans Task Force, which is focused on the barriers to women being able to access their benefits. But also, on the topic of MST and sexual harassment. And actually, that is in itself at many facilities it appears to be a barrier for women to access their benefits, their health benefits in particular.

I mean, what jumped out at me on the survey was that of the membership of the wounded warriors, 10 percent of the membership was saying that they suffered from military sexual assault or screened positive for it. But of the 40 percent, nearly half of those who were self-identified were female. And that is just a glaring statistic that folks are experiencing, you know, financial trouble, financial insecurity, that the entire COVID-19 experience has had a negative impact on their emotional and mental wellbeing. And, of course, that leads me back to the work that we've been doing in the committee on mental health and suicide prevention.

And so, I am pleased to say that we have passed major legislation S.785, which I think is on its way to becoming law. I'm hopeful that my COMPACT Act, which we passed out of the House this past week, is also similarly going to be passed out of the Senate and will be signed into law. The COMPACT Act itself, the significance of it, is that it expands access to suicide prevention services or mental health services. Most veterans, 99 percent plus veterans out there will be able to call the VA Suicide Prevention Hotline and get evaluated and be able to be referred for emergent care. Emergency mental healthcare and not worry about seeing a bill. That they can get into treatment and it's regardless of someone's eligibility status for the VA. There is one very slender slice of veterans that's left out. And that slice is the dishonorably discharged. And I hope that we can take care of that group in legislation

going forward. But it's an enormous step to have 99.5 percent of our veterans being able to just call the hotline and know that the prospect of the cost of treatment should not be a barrier. That they can just call and get referred into care.

The work that Congresswoman Julia Brownley has been doing as chair of the Women's Veterans Task Force has tremendous. You know, they've identified military sexual trauma, the sexual assault that occurs within the culture of the VA as a major priority. We've been pressing the VA to implement bystander training so that people that whether they're employees or fellow veterans that use the VA healthcare system or any services that they are trained in bystander training to not stand silent or not do anything when they see harassment or an assault occurring that there needs to be something done. We need to make VA facilities safe places for all veterans to come and get access to care.

So, you know, we've been -- and then going forward, what's becoming clear to me is the toxic exposure our veterans have suffered from. And the lengthy process for them to get validated that their treatment is something that the VA should cover. I mean, we've spent -- the big news in this Congress is that we achieved passage of the Blue Water Navy Bill, but that was a 40-year process for those naval veterans to be able to, you know, get recognized for their conditions.

We have a whole new generation of veterans that suffered from exposure to burn pits. And a lot of veterans who have been exposed to a lot of other toxins. I predict that's going to be a huge issue. And we're beginning to pivot from suicide prevention into I think a major look at how we're going to deal with toxic exposures.

MR. O'HANLON: I think Melanie quoted a statistic that obviously would fit with your argument and your narrative. She's still on so she can correct me if I get it wrong. But I think she said that of the 17 veterans that we're still losing each day due to suicide, 11 of them were not even in the system, were not even accessing care. And that just goes to underscore the importance of the kind of work your legislation would do to make it easier for people to feel like they can access the system.

So, you're focused in some ways on the financial concerns making sure people don't have to worry about that at all. Is there anything else that you would want to say even to veterans who are listening to this conversation about, I mean, you know, and I'll say it as I ask you the question, that there's no stigma associated with asking for help. And given what we've asked of veterans and the

challenges of service, it's no surprise that many of them are struggling. And so, we should all want them to reach out for help if they feel any such need. But beyond that point and beyond what your legislation does to make the financial burden less, you know, less concerning or eliminated entirely, is there anything else you want to say, including to veterans who might be listening?

MR. TAKANO: Well, I do want to take a moment to share, actually, the Veterans' Crisis Line itself. And as my republican colleague Dr. Phil Roe said on the floor of the House earlier this week as we were debating the legislation, we weren't really debating, we were presenting for our colleagues the legislation, it's okay not to be okay. And we need to not have mental health seeking help for an emotional crisis -- we need to make that -- we need to destigmatize that and to make it okay not to be okay.

Look, people have been through a lot. You have been through some unusual circumstances when you serve in the military. And you're a human being. And you cannot expect to be a superhuman in that respect. It's okay to be human. And so, if you or a veteran you know are struggling, please contact the Veterans' Crisis Line, 24 hours a day, 7 days a week. It's available 24 hours a day, 7 days a week at 1-800-273-8255. That's 1-800-273-8255, select option 1. Or you can text 838-255. That's 838-255.

Let me say that the work that my committee did, my committee staff did and all my members, we predicated it on the CDC's seven pillars, public health pillars on suicide prevention. Much of the public health approach to suicide prevention is about upstream prevention. How do we intervene way upstream before a person gets to a point where they're in crisis? And so, a lot of the legislation that we have worked on and put through is about trying to intervene far earlier in the process. And so, that's going to involve suicide prevention is also what I've heard some of your panelists talk about earlier, more effective transition programs from military service into civilian life. Those transition periods are historically time periods where veterans experience, you know, stress and that uncertainty and the financial uncertainty of that passage, you know, adds to it.

Certainly, we know that legal and familial struggles can contribute to, you know, a service member's emotional wellbeing. And having spoken in person to some veterans that were in peer counseling sessions, you know, they kind of outlined, you know, told some of their stories to me.

One example is of somebody in the final stretches of their military service finding out that

his spouse was cheating on him. And that, you know, for many military service members, you're fighting for country and you're also fighting for a sense of, you know, your family back home. And when that primary relationship goes awry, that is very unsettling. And then if you're also leaving the military at the same time, you're financially unable to deal with the legal sort of consequences of this sort of marital situation. That can lead to even greater despair.

And so, but I think with just a few -- just a brief snippet of the story I told you, I think the folks watching can definitely identify and understand what kind of leads to these moments. So, there's a legal issue, legal problems. There's familial stress and conflict, financial. All of those converging together to create a moment. And so, we have to find ways to, you know, activate different elements of programs that already exist in the community to make sure that we can focus them on veterans and guide veterans in a way that they can avail themselves of these sort of programs.

So, that's what I mean by upstream interventions. A lot of what we have to do before a veteran calls a crisis line and say I'm in crisis, we need to assist veterans in not arriving at that point.

MR. O'HANLON: (Inaudible) just a personal thing. In addition to thanking veterans, which I did earlier and I know you do every day, in your work, I want to thank the care providers including in my home town of Canandaigua, New York, which is I think a veterans' affairs hospital that does a lot in the realm of crisis response and suicide prevention. But I know that a lot of healthcare workers have been working very hard with new challenges in the COVID environment as well, and certainly within the veterans' affairs system.

Chairman, there are a couple of questions from the audience, which I wonder if you had time to get to before we wrap up for the day?

MR. TAKANO: Sure.

MR. O'HANLON: So, one question is actually, it's a little bit tangential, but it's still a very important, if small population. And it's about the veterans who have been deported who have not been able to remain as citizens and I have to admit I'm not as familiar with this issue. I've seen mention of it. I know there's been discussion about different aspects of whether we could bring non-citizens into the military. But this person is asking have there been veterans who have been deported because they did not get their citizenship or because some other issue arose? Do you have any familiarity with that issue?

MR. TAKANO: I actually do. I'm actually carrying some key pieces of legislation, which addresses this issue. And a lot of it actually does not actually have jurisdiction within my own committee. A lot of the jurisdiction is in homeland security or it's in the judiciary.

But it's a far more complicated topic than people might think. Well, complicated, but also people are in disbelief that it happens. People cannot believe that someone who's worn the uniform of the United States gets deported. But there are many, many -- most of the folks that are -- I don't know that we have a huge number that are undocumented who serve in the military. We do have a lot of folks that had green card status or permanent residency status who were recruited and were told that this could -- that military service could accelerate their pathway to citizenship.

And, indeed, the law does provide for an acceleration. If you served in the military and you are not a citizen, and you served in the military during a time of conflict, you have a right to be a citizen. But it's not automatic. You still have to apply for it. And the military has not always been efficient and attentive to the non-citizen service members. And so that's been a problem.

So, service members will exit. Many of them have fought in combat. They will have a skirmish with the law as many of our full citizen military service members do. They have PTSD. They're having financial troubles. They may get in a bar fight. And that becomes now an encounter with law enforcement. We have hundreds of different law enforcement jurisdictions around the country with prosecutors with different levels of discretion on how they're going to now charge that person. We don't necessarily have a uniform way of identifying in the justice system who is a veteran who is not. Not everybody has a veterans' court where there could be a diversion and avoid say a felony conviction. That felony conviction or a conviction then does trigger for someone who is a green card holder or a non-citizen possible deportation proceedings.

I believe it was Congressman Vargas and myself we wrote to the JAO to actually identify how many veterans have been deported. That number could not be arrived at because what we discovered, what the JAO discovered in their investigation is that ICE and the immigration agencies were not following their own internal policies. They have their own policies of ascertaining whether or not someone in deportation proceedings was a veteran or not. They were not uniformly asked that question, right?

But we do know that there are veterans in Tijuana, Mexico and Juarez who have been deported. I have personally met Hector Barajas who organized something called The Bunker in Tijuana, which is a service center for veterans who have been deported. Hector had his underlying conviction (inaudible) pardoned by Governor Brown. I was able to welcome Hector back from Mexico as he was sworn in. Sworn as a citizen of our country a couple of years ago. So, I can tell you this problem does exist.

The solution is multi-faceted, multi-faceted. We're going need to make sure that veterans know they have to apply. That the military makes it easy for them to be able to go through the citizenship process once they are in the service. We need to have multiple checks in on the deportation side to make sure that we have ways to identify veterans who are going through proceedings. And to take a look, to take a second look and to take account for their veteran for their service history in those proceedings. The immigration judges have the discretion to grant leniency or mercy in some cases, in many, many cases.

There's also the cases of military spouses. Current service members whose spouses are undocumented. This is another issue. But I think it's really wrong that spouses of military veterans have been deported. This is, you know, the military service members, I mean, they're actually, you know, active duty as we speak and they're undergoing the stress of their spouse being -- this is something that I think is unconscionable.

MR. O'HANLON: Thank you. That's a fantastic answer. Very informative. We have two more questions. I'm a little concerned that one of them will probably not be so much in your bailiwick, so I'll ask that one --

MR. TAKANO: Sure.

MR. O'HANLON: -- first to make sure we --

MR. TAKANO: Okay.

MR. O'HANLON: -- finish up with one that is definitely in your sweet spot. But the next one is there a plan of action to address military sexual trauma in all military installations today?

MR. TAKANO: That is not in my gloss. That is in -- I mean, we have Jackie Speier who chairs the personnel readiness subcommittee of armed services, has been a long champion of this issue

along. And we've had some very tragic incidences within the past month. Most notably in Texas of a female service member who was, you know, was murdered. And I can tell you that there is a concerted effort I think within the armed services space to, you know, address this issue more squarely.

But I can tell you, referring back to my own jurisdiction of VA space. You know, I had one of my own staffers who is a veteran herself, you know, went to the Washington, D.C. VA to get a comp and pen exam. And that comp and pen exam was related to military sexual trauma. And while she was at the VA, she was assaulted. And because the security cameras within the lobby where this incident occurred weren't working, you know, there was inconclusive sort of report back from, you know, the federal attorney for the District of Columbia. But it became very apparent to me that women veterans face this sort of -- I mean, it was an assault, not just harassment, I mean, the man allegedly, you know, pressed himself against her in the VA. And then we had inadequate response, I think, from the staff and even bystanders.

So, I think the culture of places like -- if this is going on at the VA, a civilian institution, I have to imagine that there's still a major, major struggle going on with the military itself and the military culture. And we have to address it. You know, upwards of 20 percent of service members are female. And we're going to see an increased number of the percentage of veterans going forward into the future are going to be female.

And so, we definitely need both the military and the VA to transform themselves. And this is why it's so important that what we did on the floor, with bipartisan support, I really thank Ranking Member Roe. Representative Kathleen Rice put forward a bill that would slightly alter the motto of the VA, which is based on President Lincoln's second inaugural address where he says, you know, the VA, you know, we need a veterans administration that will for he who have shall have served and his widow.

Lincoln was a great champion of equality. And the spirit of Lincoln was someone who believed deeply in that principle imbedded in our nation's founding, "Fore score and seven years ago", was all about that idea of liberty. And, you know, the current motto of the VA excludes women. It excludes LGBT persons. And we have, I think, an obligation to set the right tone for the right sort of culture for an inclusive culture at the VA by modernizing the motto of the VA. And I'm pleased it's passed the House of Representatives and that's a remarkable, I think, step forward. It's in some ways symbolic,

but it's in some ways much bigger. It's more than a symbol.

MR. O'HANLON: Thank you. Very good. The very last question is a big broad question. And I think we have been touching on aspects of it already sort of how we as a nation approach veterans. And the question specifically is how has the post-9/11 landscape shaped cultural and political narratives and our ability to advocate for improved access to resources in the veteran community? Sort of how open are we as a country to tackling these challenges, even if some of them prove very difficult to solve?

MR. TAKANO: I think it's unfortunate that we've been sort of militarily engaged for 18, 19, years. It's been a -- that's had tremendous consequences on our nation. I will say though, I will assert that one upside is it has made Americans, regardless of where they are in the political spectrum, liberal or conservative, appreciative of military service members and veterans. The practice of our airlines that we let those in military service current active duty to board first. You know, it's a small gesture, but it's a meaningful gesture.

I, as chairman of the Veterans' Affairs Committee, find incredible goodwill within the business community. There is a tremendous desire, I think, to want to know how they can help. So, whether it's the business community, whether it's any kind of sector community, there is a respect for veterans. And that's a big opening for us to do more. And, you know, as divided and polarized as the country is, as divided and polarized as the Congress is, I'll point out that, you know, we passed 15 bills out of the House Committee on Veterans' Affairs and onto the floor of the House. We would do more if we had more time. That the republican chairman of the Veterans' Affairs Committee and the Senate and I reached a bipartisan agreement. You know, this is one aspect of policy making in Congress that is still bipartisan.

And that's reflective of the attitudes of Americans. And you know what, it's also provided a lot of healing for a generation that wasn't so well respected when they came back. And that's our Vietnam veterans. What a remarkable thing we were able to do to pass the Blue Water Navy bill last year. That was so meaningful for so many of our Vietnam veterans.

And I'm going to tell you I tell every freshman member of Congress that one of the most meaningful things they can do for their constituents is to hold these Vietnam War pinning ceremonies where they commemorate the service of Vietnam War veterans with these lapel pins, and to organize

them. And, you know, I got Filemon Vela, Congressman Filemon Vela of South Texas to do one of these and he ended up doing more than one. He says this is the most amazing thing.

I've personally experienced veterans coming to more than one. Even though I've given them the pin once, they want to come again because it's a moment where their brothers in arms are acknowledged. And we keep identifying more of those veterans. I had a very moving ceremony where there were three guys from the same community who hadn't seen each other in a while, but they enlisted at the same time. And they hadn't seen each other. But at this ceremony, a die-hard, a liberal progressive democrat that I had a very culturally conservative republican who's one of the people that has shown up more than once to our ceremonies, and I could see tears welling up in his eyes. And he thanked me profusely for.

But I'm going to tell you that I think the current societal attitudes toward veterans has helped create this also opening for us to reach out to a generation of veterans that didn't get so welcomed. And these ceremonies are very healing for them. And that's why I think they come back more than once. And it was very disappointing that with the onset of the pandemic, I had to cancel one of them. We were all ready to do it and we just couldn't have these 70-year old guys all in the same room.

So, I have the largest national cemetery in the country, Riverside National Cemetery. The way the public engages with that cemetery is truly moving. And they want to build an interpretive center for the cemetery. Can you imagine that on a public/private partnership? And I have no doubt the private sector is going to step up and do something, I mean, you know, they're going to build this interpretive center out and it's going to be quite magnificent.

So, that leaves me, this is probably the last question. I want to thank all the veterans for listening and watching. I want to thank them for their service to our country. To all the Vietnam veterans, welcome home. You came home a long time ago, but I can never stop saying it enough. And for all of you who serve veterans who've never served, thank you for doing what you're doing. And so, let's all hang in there. And, you know, as veterans, you know what it is to serve our country and to do things that are needed to be done but you don't necessarily like to do. And I know that many of you are leaders in your community. You are leading your neighbors through a very difficult time in our country. We need your leadership more than ever. So, I urge you to keep leading.

MR. O'HANLON: Very well said, Mr. Chairman. Thank you for your leadership. Thanks to everyone who has allowed us at Brookings to be part of this very rich conversation where we think about how we can better honor and take care of our veterans who have given us so much and still do today.

So, with that I will wish everyone a good weekend and a good fall. And it's nice to have an element of bipartisanship in a policy discussion here in September of 2020. Thanks again, Mr. Chairman.

MR. TAKANO: Thank you.

MR. O'HANLON: Thank you, everyone. Best wishes.

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CERTIFICATE OF NOTARY PUBLIC

I, Carleton J. Anderson, III do hereby certify that the forgoing electronic file when originally transmitted was reduced to text at my direction; that said transcript is a true record of the proceedings therein referenced; that I am neither counsel for, related to, nor employed by any of the parties to the action in which these proceedings were taken; and, furthermore, that I am neither a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

Carleton J. Anderson, III

(Signature and Seal on File)

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