**TESTIMONY OF**

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**Before the**

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**Ways and Means Committee**

**Social Security Subcommittee**

**Hearing on the**

**Impact of COVID On Social Security and Its Beneficiaries**

**July 17, 2020**

Chairman Larson, Ranking Member Reed, members of the Subcommittee, I am Shaun Castle, Deputy Executive Director for the Paralyzed Veterans of America (PVA), and I want to thank you for giving me this opportunity to once again testify about the importance of Social Security to millions of veterans and people with disabilities like me and to offer some thoughts about the impact of the COVID-19 pandemic on Social Security and those who rely upon the system for their economic security.

PVA is the nation’s only congressionally-chartered veterans service organization representing veterans with spinal cord injuries or disorders. PVA's mission encompasses advocacy not only on behalf of veterans - both service-disabled and non-service disabled - but also on behalf of all individuals with injuries to or disorders of the spinal cord.

Almost exactly one year ago, I shared with you and your colleagues on the full committee my reflections about this vital social insurance program and how much it means to millions of Americans – whether for their retirement, disability, or survivor benefits earned throughout their work life. As you know, over nine million veterans receive Social Security benefits – either retirement or disability – accounting for 18 percent of all adult beneficiaries while, together, veterans and their families comprise 35 percent of the Social Security recipient population.[[1]](#footnote-1) While the Department of Veterans Affairs (VA) system of health care and compensation benefits is the gold standard for veterans with service-connected disabilities, it is Social Security that offers a more comprehensive system of supports not only for the broader population of veterans themselves but their spouses, dependents, and survivors.

You have heard my story about the importance of receiving Social Security Disability Insurance (SSDI) and how it enabled me to put my life back together after I sustained a spinal cord injury in 2003. Had I not received SSDI when I did, I do not honestly know what I would have done and how that would have impacted where I am today.

Like millions of their fellow Americans on SSDI, PVA members have been placed under considerable strain during the COVID pandemic. Allow me to share just a few stories of these veterans. PVA National Director and Army veteran Stan Brown, a quadriplegic, lives alone and relies on seven caregivers for nearly everything, from eating and dressing to running errands. He has worried constantly over what would happen to him if he lost one of these essential health care personnel. Not too long ago, when one caregiver showed up to his St. Louis home with a cough, Brown sent her away and spent the next six hours confined to his bed until his next caregiver arrived for her shift. Not long after that incident, another caregiver called in sick. She later tested positive for the coronavirus. Brown spent the following two weeks anxiously monitoring himself for symptoms, afraid he had the virus and could spread it to his other caregivers. Though he tried, he was never able to get tested.

Tom Wheaton, a paralyzed Navy veteran and National Treasurer for PVA, wrote recently that the virus is “kind of a death sentence” for paralyzed veterans. For people with paralysis, the coronavirus poses an especially dire risk. The virus attacks the lungs, leading to breathing problems. Some people with paralysis have respiratory insufficiency, according to the Christopher & Dana Reeve Foundation. Because they may not have use of their abdominal or intercostal muscles, which form the wall of the chest, they lose the ability to force a cough, making them susceptible to respiratory infections. Wheaton has been quarantining with his family at their home in Golden, Colorado for over two months. “We’re terrified and trapped – a lot more trapped than the general American,” he said. “It’s completely grounded us.” While he has the company of his wife, who serves as his caregiver, and his two teenage children, he worries about those, like Brown, who live alone and have grown anxious about becoming sick through poorly prepared home health aides.

Besides their members’ mental health, PVA is worried about paralyzed veterans being able to meet their basic needs, like having enough food. Sharon Moster, executive director of PVA’s Buckeye Chapter in Ohio, has noticed a dramatic rise in the amount of help members need to get groceries. Moster’s chapter serves about 500 paralyzed veterans, about half of which live at or below the poverty line. Because of a rise in grocery prices, their monthly disability checks are not going as far. Moster now receives several calls each week from veterans who need emergency assistance. “It’s really, very different,” Moster said. “It’s worse now than it has been.”

The U.S. already faced a retirement crisis before COVID-19 because of the many Americans who have been unable to save extensively for retirement due to stagnant wage growth over the past several decades. According to Social Security Administration (SSA) data, the average monthly Social Security benefit for veteran beneficiaries aged 65 or older in 2014 was $1,442. At the median, Social Security benefits accounted for 53 percent of veterans’ personal income. When you have worked all of your life and paid into the system over that lifetime, you should not retire into poverty. Yet that is the prospect facing many of those referred to as the working poor, a portion of which includes veterans with non-service-related disabilities. According to a 2017 report from VA, the working-poor rate for veterans with a disability is 7.9 percent compared to 4.4 percent for veterans with no disability. Civilian counterparts with a disability have a working-poor rate of 16.0 percent compared to 8.9 percent for those without a disability.[[2]](#footnote-2) According to a separate VA report,[[3]](#footnote-3) over 9 percent of male veterans with disabilities live in poverty while more than 15 percent of women veterans with disabilities live below the poverty line.

In this particularly confusing and fraught environment, it is vital that Social Security applicants and beneficiaries are able to have access to information about their claims, changes in their payments, and other questions about their benefits. We recognize SSA’s necessity of closing its field offices and bringing most of its field operations online and applaud the agency’s efforts to provide updates on its specially designated COVID-19 website. Unfortunately, the main telephone number advertised by the agency, the national 800 number, has waiting times of 90 minutes or longer and other problems for beneficiaries in reaching SSA have been identified over the past few months.

This set of circumstances has posed a particular challenge for several of PVA’s vocational rehabilitation clients who are on SSDI. Counselors in our PAVE program (Paving Access to Veterans Employment) report difficulties encountered by these veterans when they try to inform SSA that they have taken a job in a return to work attempt. As described by one counselor, “Mr. J recently started a work-from-home position during COVID-19. He was scheduled to be online for training during business hours so it was not possible for him to break away to call SSA during these times. He attempted multiple times to call prior to his shift, during his scheduled breaks, and while on his lunch break and he was unable to make it through due to long wait times. This is the first position he has had since becoming an SSDI recipient and going on the Ticket to Work program. The insecurities with being unable to report and concerns with following proper protocols exacerbated his anxiety. After his initial two weeks of training, he began working afternoon hours and was finally able to make it through on the SSA national 800 phone number to report starting a position, after spending most of his time trying to reach the local number and never being able to speak with an SSA representative.”

Of course, many people with disabilities prefer going in person to a local Social Security office to apply, report information, and ask questions because of their unfamiliarity or discomfort with technology. With assistance from our counselors, our PAVE clients have been able to submit information in other ways and then confirm receipt with a phone call. However, for those not working with an organization like PVA and who do not have access to or the skill set to manage computer equipment this is likely a much more stressful process.

To SSA’s credit, in response to concerns raised by advocates, the agency did make field office phone numbers more prominent on the field office locator tool on the website. The agency also made other changes to facilitate the ability of people receiving, applying for, or appealing a change to their benefits, as well as those who need information or assistance from SSA. However, as outlined in a June 4, 2020, letter from the Consortium for Citizens with Disabilities Social Security Task Force[[4]](#footnote-4), other improvements in Social Security’s customer service are still needed. While we understand that the agency may be working at responding to several of the challenges identified in that letter, PVA aligns itself with those recommendations.

Since the nation is still in the midst of a lengthy and expanding first wave of the pandemic, it is too soon to know what the long-term impact of COVID-19 will be on the health of those who live through it. However, according to a June 16, 2020, article in Fortune magazine titled, “What Are the Potential Long Term Effects of Having COVID-19,” early reports point to evidence that many of those who survive the virus experience compromised lung capacities, heart inflammation, and impaired kidney and liver functioning.[[5]](#footnote-5) It is possible that these health impacts will recede with time. On the other hand, many more Americans may need the assistance of Social Security in the years to come than had been previously anticipated and Congress needs to ensure that the system has the resources to cope with that demand.

PVA has heard that there may be no cost of living adjustment (COLA) in benefits in 2020 because of the economic downturn. This will have a harmful impact on those who depend on Social Security and other federal programs, like those provided by VA that follow Social Security’s COLA rules. Thus, the absence of a COLA this year will also have ripple effects on veterans and other federal benefits programs recipients.

Some policymakers may attempt to use the appropriations undertaken to respond to the pandemic and the recession that followed in in its wake as an excuse to cut Social Security benefits. Some harmful proposals offered in years past have once again resurfaced such as adoption of a Chained Consumer Price Index that would result in lower benefits or offsetting unemployment insurance benefits for those receiving SSDI. Others are proposing a commission to develop a plan behind closed doors that would have to be voted up or down and would remove any accountability from Congress for actions that could severely harm beneficiaries. PVA urges you and your colleagues to reject such plans that could place millions of Social Security recipients at additional economic risk at a time when these benefits are increasingly many Americans’ only lifeline. This is clearly not the time to seek reductions in the only benefits millions of Americans may have access to. Indeed, the current environment calls for concerted action to shore up this system which supports millions of American workers and their families.

Since its introduction, PVA has been a strong supporter of the Social Security 2100 Act and its many benefit improvements and well-balanced measures to strengthen the Social Security system for the long term. In particular, PVA applauds the provisions in this bill that would establish a more realistic COLA for beneficiaries, strengthen protections for low-income workers and for all beneficiaries, cut taxes on benefits for nearly twelve million beneficiaries, and make long overdue adjustments in the financing mechanisms for the system. We also appreciate its recognition that Social Security’s disability, retirement, and survivor protections are all part of one unified system and the fact that Social Security actuaries have determined that this bill will ensure the long-term solvency of the trust funds, making sure it remains strong for future generations. This legislation demonstrates that preserving and strengthening Social Security can be done without causing harm to beneficiaries, many of whom rely heavily on its programs for their economic security.

The pandemic and the devastating recession that has resulted from job losses not seen since the Great Depression have highlighted in stark relief why passage of that legislation is absolutely necessary. PVA fails to understand why the House has not acted upon that bill and urges the full Committee and House leadership to take it up for a vote as soon as possible.

In the meantime, PVA applauds your effort Mr. Chairman to put cash in the hands of those Social Security beneficiaries most in need by building on the benefit improvements in H.R. 860. The Emergency Social Security Benefits Act, H.R. 6356, would offer temporary benefits improvements that take effect immediately and remain in force until December 31, 2020. Among those improvements are:

* Providing an average of two percent benefits increase across the board to all 64 million Americans receiving Social Security benefits;
* Increasing the threshold for the Special Minimum Benefit to 125 percent of poverty;
* Reducing taxes on benefits for lower- and middle-income taxpayers; and
* Improving the widows’ benefits for lower- and middle- income beneficiaries.

In the absence of congressional action on H.R. 860, there are additional steps that Congress can take to protect beneficiaries with disabilities. As you know, people with disabilities who have gone through the intensive review process for SSDI must wait an additional five months from the onset of disability for SSDI benefits to become payable. This delay causes significant hardship for people with disabilities and their families. People can lose their housing, health insurance, or face other financial crises, often resulting in reliance on other public benefits. For conditions with rapid onsets, such as metastatic breast and other aggressive cancers, traumatic injuries, heart attacks, and strokes, the delay can result in death before benefit eligibility begins. There is also an additional two-year waiting period before Medicare coverage begins, which creates additional challenges. PVA strongly supports legislation such as the Stop the Wait Act, H.R. 4386, that would eliminate both the five-month waiting period for SSDI and the two-year waiting period for Medicare for all people with disabilities.

PVA also appreciates the Chairman’s effort to address an unforeseen consequence of the economic downturn that could have dramatic and long-lasting adverse effects on millions of Social Security beneficiaries. Through a complicated formula, Social Security benefits are based on aggregate wages across the U.S. which normally rise from year to year. However, due to the COVID-induced recession and subsequent job losses, aggregate wages are expected to be significantly lower in 2020 than they were in 2019. A drop of this magnitude is unprecedented, and was not anticipated nor intended when the current benefit formula was adopted in 1977.

This decrease in aggregate wages in 2020 will affect everyone born in 1960, whether or not they worked, or lost their job, or didn’t work at all during this year. It will also affect workers who become disabled or die leaving survivors in 2022. The effect is permanent for all of them, and there is nothing a worker can do individually to avoid the COVID notch.

Your legislation, H.R. 7499, the Social Security COVID Correction and Equity Act, would revise the benefit formula to prevent this decrease, so that people born in 1960 would not have significantly lower benefits than people born one year earlier. To do so, the aggregate wage level as used for these benefit purposes would simply be prevented from dropping from one year to the next. Moreover, the legislation prevents similar problems in future years, if wage levels were to drop again. Such an approach is comparable to the protections that already exist in other parts of Social Security, like the COLA, which cannot go negative. Finally, your legislation makes this fix carefully so as to avoid cutting benefits for anyone else compared to current law. We do not support benefit cuts in Social Security. We hope that Congress will act quickly to address this situation.

Thank you, Chairman Larson, Ranking Member Reed and members of the Subcommittee for your attention this afternoon. PVA stands ready to work with you and your colleagues in advancing legislation to extend and enhance Social Security, which is an extremely valuable program for all Americans.

**Information Required by Rule XI 2(g) of the House of Representatives**

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

***Fiscal Year 2020***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $253,337.

***Fiscal Year 2019***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $193,247.

***Fiscal Year 2018***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $181,000.

**Disclosure of Foreign Payments**

Paralyzed Veterans of America is largely supported by donations from the general public.  However, in some very rare cases we receive direct donations from foreign nationals.  In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.

1. Social Security Administration, Research, Statistics and Policy Analysis, Population Profiles, Veteran Beneficiaries, 2018, https://www.ssa.gov/policy/docs/population-profiles/veteran-beneficiaries.html. [↑](#footnote-ref-1)
2. The Veteran Working Poor: The Relationship Between Labor Force Activity and Poverty Status, November 2017, prepared by the National Center for Veterans Analysis and Statistics, <https://www.va.gov/vetdata/docs/SpecialReports/The_Veteran_Working_Poor.pdf> [↑](#footnote-ref-2)
3. Profile of Veterans in Poverty: 2014, prepared by the National Center for Veterans Analysis and Statistics, <https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_In_Poverty_2014.pdf> [↑](#footnote-ref-3)
4. Letter from CCD Social Security Task Force to SSA, June 2020, <http://c-c-d.org/fichiers/CCD-covid-letter-to-Commissioner-Saul-June-2020.pdf> [↑](#footnote-ref-4)
5. <https://fortune.com/2020/06/16/long-term-effects-of-coronavirus-covid-19-symptoms-how-long-to-recover-lungs-headaches-exhaustion-heart-issues/> [↑](#footnote-ref-5)