



Vision for **VETERANS**

- 1. Protect and strengthen benefits for injured, ill and disabled veterans**
- 2. Ensure timely and accurate delivery of all earned veterans benefits**
- 3. Sustain a comprehensive, high-quality veterans health care system**
- 4. Improve veterans mental health care and suicide prevention efforts**
- 5. Provide equitable benefits and services for women and minority veterans**
- 6. Expand support for families and survivors of disabled veterans**
- 7. Enhance veterans transition, employment and economic empowerment**



Protect and strengthen benefits for injured, ill and disabled veterans

OVERVIEW

Our nation has a sacred obligation to all those who served in the military, but especially those who were wounded, injured, made ill or permanently disabled in service. Almost 5 million disabled veterans receive disability compensation, as well as more than 400,000 surviving spouses of disabled veterans who receive Dependency and Indemnity Compensation benefits. Although there is a significant cost to deliver these life-changing benefits, the price paid by the men and women disabled in service was far greater.

PRINCIPLES

- ▶ Congress, the Department of Veterans Affairs and the administration must resist any attempts to roll back or reduce benefits for disabled veterans, including proposals to round down annual cost-of-living adjustments for benefits, tax VA benefits, limit eligibility for Total Disability Based on Individual Unemployability or narrow the definition of service connection for veterans' disabilities.
- ▶ When service members are subjected to toxic substances and environmental hazards, Congress, the VA and the administration must have a heightened sense of duty to those veterans, as many of the illnesses and diseases due to these toxic exposures may not be identifiable for years, even decades after they have completed their service.
- ▶ Congress, the VA and the administration must ensure that disabled veterans and their families can transition into civilian life with dignity and respect, particularly by supporting their efforts to secure housing, education employment and other economic empowerment opportunities.

ACTION ITEMS

1. **Provide presumptive service connection for four pending Agent Orange-related conditions recommended by the National Academy of Medicine: bladder cancer, hypothyroidism, parkinsonism and hypertension.** Decisions on these presumptions have been pending for several years despite clear scientific evidence of association between Agent Orange and these conditions.
2. **Eliminate the prohibition against concurrent receipt of longevity-retired pay and veterans disability compensation for all longevity-retired veterans.** These are two separately earned benefits, and any offset between longevity military retired pay and VA compensation is unjust.
3. **Provide presumptive service connection for tinnitus and hearing loss, and provide for a compensable rating for hearing-impaired veterans required to use a hearing aid.** The National Academy of Medicine, formerly the Institute of Medicine, in its report "Noise and Military Service: Implications for Hearing Loss and Tinnitus," determined that all Department of Defense efforts providing hearing protection have been inadequate from World War II to the present.
4. **Increase the amounts of, and allow multiple or supplementary use of, VA grants and programs supporting disabled veterans who require adaptations of their homes and automobiles.** This should include the Special Home Adaptation, Specially Adapted Housing, and Home Improvement and Structural Alterations grants, as well as the Automobile Adaptive Equipment & Vehicle Modifications Program.

Ensure timely and accurate delivery of all earned veterans benefits

OVERVIEW

For decades, the VA claims and appeals process has suffered significant backlogs of pending workload due to insufficient resources and overly complicated processes. In 2017, the VA worked closely with DAV and other veterans service organizations to develop the Appeals Modernization Act, which took full effect in February 2019.

The new law was designed to streamline the appeals process, while fully protecting veterans' due process rights; however, implementation problems remain. Furthermore, veterans exposed to toxic substances, such as Agent Orange or from burn pits, often have difficulty receiving timely access to benefits and health care when their conditions are not considered presumptive diseases. When the VA adjudicates these claims on a direct basis, too often claims are denied due to the difficulty veterans have in documenting their individual exposure to specific toxic substances in war zones.

PRINCIPLES

- The VA must establish performance goals and metrics that emphasize quality and accuracy, rather than simply speed and timeliness. When the VA focuses too heavily on the quantity of claims processed and fails to provide adequate training and quality review, appeals rates go up and more veterans are forced to wait longer to obtain justice in their decisions.
- Congress, the VA and the administration must ensure that the Veterans Benefits Administration (VBA) is provided sufficient resources to fully modernize and customize new information technology systems at the front end of claims processing reforms in order to achieve maximum efficiency gains.
- As the VA claims and appeals process is designed to be non-adversarial and pro-veteran, Congress and the administration must ensure that in all instances, the VA fully complies with its duties to notify and assist in the development and adjudication processes for all claimants and appellants.

ACTION ITEMS

1. **Enact legislation (e.g., S. 2950) to formally concede that veterans who served at times and in locations where burn pits were operated have been exposed to toxins known to be emitted from active burn pits.** A concession of exposure will not establish presumptive service connection for any conditions or disabilities; that will require further scientific and medical confirmation of association. However, it will remove the requirement for veterans having to prove their individual exposure to toxic substances emitted from burn pits for disability claims based on direct service connection. This legislation would ensure the VA fulfills its duty to assist in claims related to burn pits.
2. **Enact legislation (e.g., H.R. 4771) to allow appellants to attend Board of Veterans' Appeals telehearings from any location.** A current Board pilot program allowing telehearings from any location, rather than just VA or federal facilities, has noted that veterans are attending at a higher rate, which reduces the time periods for an appellate decision for all veterans awaiting hearings.
3. **VBA must notify claimants whenever they file duplicate Intent to File (ITF) forms.** VBA's current policy on rejecting duplicate ITFs has led many veterans to submit their claims after the expiration of the one-year limit, resulting in many of them receiving fewer retroactive benefits.



Sustain a comprehensive, high-quality veterans health care system

OVERVIEW

One of the most critical and challenging promises to our nation's veterans is providing timely, high-quality health care. Five years ago, a VA access crisis and waitlist scandal led to the hasty creation of the Veterans Choice Program. In 2018, the VA MISSION Act was passed to replace the flawed Choice Program with a new Community Care Network (CCN) that was to be seamlessly integrated into a strengthened VA health care system. However, since the law became effective in June 2018, the VA's implementation has strayed from the clear bipartisan consensus of all stakeholders. Further, the number of VA medical appointments pending over 30 days has risen to over 740,000, in large part due to the VA's inability to fully staff its health care facilities, where there are over 43,000 vacancies.

PRINCIPLES

- The VA must remain the coordinator and primary provider of care for veterans, especially for those who have been injured, made ill or disabled in service. The VA health care system must continue to provide a comprehensive, full continuum of care so that veterans, particularly disabled veterans who rely on the VA's specialized services, have the option to receive all or most of their care through the VA.
- In order to correct long-standing funding shortfalls, the VA must request, and Congress must appropriate, full funding to meet the actual demand for care by veterans going to VA health care facilities as well as those accessing care through the new CCN.
- The VA must request, and Congress must appropriate, significantly increased funding to eliminate the VA's self-identified infrastructure deficit of approximately \$72 billion for repair, renovation and replacement of VA health care facilities, as well as to modernize and expand information technology systems.
- The VA must begin a sustained commitment to request sufficient funding and rebalance allocated resources between institutional and home-based long-term care for aging and ill veterans.

ACTION ITEMS

1. **Eliminate all copayments for service-disabled veterans utilizing CCN urgent care facilities to achieve parity with copayment policies within the VA system.** Current regulations require the VA to charge service-disabled veterans a copayment after the third visit when using CCN urgent care facilities, whereas service-disabled veterans do not make copayments when using VA facilities. The VA should establish consistent policies by eliminating these copayments.
2. **Resolve budgetary scoring issues related to VA leasing that require the full 10-year cost of a lease to be "paid for" in the first fiscal year of the lease, rather than over 10 years.** The failure to continue existing or execute new leases for Community-Based Outpatient Clinics and other necessary VA health care facilities will negatively impact veterans' access to timely care.
3. **Mandate that health care providers in the new CCN be held to the same quality and access standards as those mandated for the VA.** Veterans must be assured that they will receive the same high-quality care when using non-VA community providers in the network.
4. **Implement a three-year plan to eliminate vacant health care positions throughout the VA system.** The VA must fill the 43,000 vacant positions to ensure timely care for our nation's veterans, especially nurses, medical support assistants, doctors, practical nurses and social workers.

Improve veterans mental health care and suicide prevention efforts

OVERVIEW

Veteran suicide has become a top priority for the VA and congressional leaders in recent years, yet despite increasing staff, adding new programming, and creating new ways to identify and monitor at-risk veterans, measurable effects are proving elusive. The VA's 2019 report on suicide shows that veterans are 1.5 times more likely to commit suicide than nonveteran peers. Women veterans are 2.2 times more likely than nonveteran women peers to take their lives. The VA reports that about 17 veterans and three members of the National Guard and Reserve take their lives each day.

The VA's successful integration of mental health services into primary care has proven essential to addressing and overcoming the stigma frequently associated with seeking mental health care. The VA has implemented a plethora of services, including a veterans crisis line, suicide prevention coordinators at VA medical centers and targeted initiatives to assist families in coaching veterans into care, and has developed predictive analytics to identify veterans most at risk of self-directed violence.

PRINCIPLES

- ▶ In order to implement an effective public health plan to reduce veteran suicide, the VA must remain the leader of national efforts to address the crisis and the coordinator of care for veterans who rely upon it for care. Ensuring interagency cooperation with the VA in addressing this crisis must be a priority of our national leaders, similar to the manner in which the VA has effectively reduced homelessness through coordinated interventions at all levels of government and with nonprofit agencies.
- ▶ The VA must submit robust funding requests that reflect demand for services, and Congress must appropriate sufficient resources, to effectively implement mental health and suicide prevention programs and deploy prevention resources, including the VA's use of predictive analytics to identify and treat those most at risk. In particular, the VA must be fully empowered and funded to develop and use effective recruitment and retention measures to fill critical vacancies for psychiatrists, psychologists and peer specialists.
- ▶ The VA and Department of Defense must expand research into suicide prevention to raise awareness and lower the stigma for veterans seeking mental health treatment; identify effective tailored solutions for different populations, including improving lethal-means safety efforts; and identify and deploy the best evidence-based treatment strategies for veterans at risk of suicide.

ACTION ITEMS

1. **Veterans must have timely access to family-centered mental health care services, including family therapy and marriage counseling.** Marriage and social connectedness are critical protective factors against suicide and suicidal ideation.
2. **Non-VA mental health providers must be required to complete training in delivering evidence-based clinical protocols comparable to those VA providers use and develop cultural competency to treat enrolled veterans.** The VA has clinical and cultural expertise lacking in the private sector, which is essential to providing veterans the most appropriate and effective mental health treatment. Non-VA providers participating in the new Veterans Community Care Network must meet the same quality standards and training requirements as VA providers for delivery of effective care.



Provide equitable benefits and services for women and minority veterans

OVERVIEW

Women are continuing to serve in greater numbers in the U.S. military. Currently, 20% of new recruits, 16% of personnel serving on active duty, and 19% of the National Guard and Reserve forces are women. The VA estimates it will treat more than 550,000 women veterans—over 325,000 for gender-specific health needs—in 2020. DAV's recent report *Women Veterans: The Journey Ahead* highlights numerous gaps in services for women in the VA and across the landscape of current federal programs for veterans, many of which have yet to be addressed. Minority veteran populations are also increasing, with the number of black veterans expected to rise from 12% to 16% and Hispanic veterans from 7% to 12% by 2045; they too often experience challenges and difficulty receiving equitable access to VA benefits and services.

PRINCIPLES

- The VA must provide women and minority veterans with equitable access to the same health care services and programs as male and non-minority veterans, including specialized services related to combat or military sexual trauma.
- All VA health care programs must be regularly reviewed and modified to ensure they meet any and all unique or more prevalent health care needs of women and minority veterans.
- The VA must ensure proper coordination of care for women patients with complex care needs who frequently access gender-specific health care services in the community, especially for women veterans with service-related conditions who are at higher risk for poor health outcomes.
- The VA must commit its leadership to changing the VA culture and creating an environment that is welcoming to ALL veterans, celebrates their contributions to the defense of our nation, and proactively seeks ways to improve their experiences and safety in obtaining health care and benefits.

ACTION ITEMS

1. **The VA's Women's Health program should be elevated to an Office of Women's Health.** Creating a full program office will provide the new office's leadership more control over program resources, improved access to senior VA leaders and greater visibility throughout the agency.
2. **The Veterans Benefits Administration and Veterans Health Administration should collect and publish data by gender and race on benefits and disability compensation applications and decisions, as well as health outcomes, to ensure equity.** The VA should also research disparities in outcomes for claims decisions, health status and service utilization to strengthen efforts to ensure all minority populations can access their earned benefits.
3. **The VA should hire additional women and minority peer counselors to better match changing veteran demographics.** This will allow women and minority veterans to access a more diverse range of individuals who have experienced and recovered from challenges similar to their own, who can better help them understand their options, overcome barriers and engage in treatment.

Expand support for families and survivors of disabled veterans

OVERVIEW

Families and survivors of disabled veterans often have significant financial and emotional burdens and challenges. The VA provides limited support to some families of disabled veterans, most notably through its Program of Comprehensive Assistance for Caregivers created in 2010. As part of the VA MISSION Act, Congress required the VA to begin expanding its caregiver program on October 1, 2019, to eligible seriously disabled veterans who served during World War II and the Korean and Vietnam War eras; however, the VA failed to meet this deadline. For surviving spouses of disabled veterans, the Dependency and Indemnity Compensation (DIC) program offers modest financial support following the death of their loved ones; however, this benefit is not adequate to meet the needs of many survivors.

PRINCIPLES

- ▶ Our nation has an obligation to ensure that families and survivors of those who served, particularly those who suffered serious injuries or disabilities, receive benefits sufficient to honor and support them.
- ▶ All family caregivers of seriously disabled veterans, regardless of the era the veteran served in or whether their disability was caused by injury or illness, deserve equal access to the VA's caregiver assistance program and benefits.

ACTION ITEMS

1. **Expand eligibility for the VA's Program of Comprehensive Assistance for Caregivers to include all seriously injured AND ill veterans from all wars and eras.** The VA must comply with the congressional mandate to include veterans from all eras, and Congress must enact legislation to expand the program to include veterans whose disabilities are the result of service-related illnesses.
2. **Increase DIC rates to 55% of disability compensation and index them for inflation.** Currently, DIC provides a surviving spouse only 43% of the disability compensation provided to a 100% disabled veteran, even though many survivors, particularly those who also served as the veteran's caregiver, reported they had no source of income other than the veteran's disability compensation.
3. **Change DIC to a graduated benefit to make survivors eligible at five years for 50% of the full benefit amount, increasing proportionally to 100% at 10 years.** The DIC program would be more equitable if survivors were eligible for a partial DIC benefit starting after five years of the veteran's being totally disabled, and proportionally increasing to full DIC entitlement at 10 years.
4. **Reduce the remarriage age for a surviving spouse to remain eligible for DIC to 55.** The Civil Service Retirement System and Department of Defense's Survivor Benefit Plan program both allow spouses to remain eligible for survivor benefits if they remarry at age 55 or older; the DIC program should do the same.
5. **Provide family members of veterans suffering from post-deployment mental health challenges or other service-connected conditions access to psychological support and mental health counseling services.** Providing access to psychological services for families of disabled veterans not only helps their mental health but also supports the recovery and rehabilitation of the veteran.



Enhance veterans transition, employment and economic empowerment

OVERVIEW

In November 2019, the unemployment rate for veterans was 3.3%, a slight increase from 3.1% the previous year. However, while the overall unemployment rate remains relatively low, veterans with a service-connected disability had an unemployment rate 50% higher than veterans who had no disability. Further, about 250,000 service members leave military service each year and will need transition assistance, employment and education opportunities. While the VA offers some transition and employment services, the Departments of Labor (DOL), Defense (DOD) and Homeland Security (DHS) share this responsibility. However, the disparate nature and separation of the programs across multiple agencies has resulted in disappointing federal efforts to economically empower veterans.

PRINCIPLES

- Veterans have earned the right to services and benefits to help make up for any economic opportunities lost due to their time in the military.
- The VA should play the leading role in strengthening and coordinating veterans employment and economic empowerment programs.
- All federal agencies must meet the set-aside goal of not less than 3% of the total value of all prime and subcontract awards to businesses controlled by service-disabled veterans.

ACTION ITEMS

1. **Create a Veterans Economic Opportunity and Transition Administration to serve as a fourth administration within the department, alongside the Veterans Health, Veterans Benefits and National Cemetery administrations.** Establishing a fourth administration in the VA dedicated to creating economic opportunities for veterans would increase visibility, accountability and synergy of veterans education and employment programs.
2. **Establish a new federal work projects program that would guarantee federal employment to service-disabled veterans being discharged from military service under other than dishonorable conditions.** A new public works program for disabled veterans would reduce their unemployment, lower veteran homelessness and begin to address our nation's infrastructure gaps.
3. **Expand veterans' eligibility for the VA's Vocational Rehabilitation and Employment (VR&E) program beyond 48 months and eliminate the 12-year delimiting date for eligible veterans to apply for these services.** Veterans with employment handicaps can benefit greatly by expanding access to VR&E's specialized and personalized rehabilitation and employment services.
4. **Ensure that all transitioning service members attend and complete the Transition Assistance Program, also known as the Transition GPS (Goals, Plans, Success) program, prior to their separation from active-duty service.** DOD, DOL, VA and Congress must provide sufficient funding and direction to ensure full participation of separating service members.