DAV Introduces Framework to Reform Veterans Affairs Health Care

WASHINGTON, D.C. (May 12, 2015)—Testifying today before the Senate Veterans Affairs Committee, DAV (Disabled American Veterans) DAV National Legislative Director Joseph Violante proposed a new four-part framework for reforming the Veterans Affairs health care system.

“The past year has largely focused on short-term solutions for VA to meet the immediate needs of veterans. But as we analyze and evaluate how these strategies have worked, we owe it to veterans to also develop a long-term plan to strengthen the VA moving forward,” said Violante. “The framework we are proposing today addresses critical areas to rebuild, restructure, realign and reform the VA health care system to meet the needs of America’s veterans well into the future.”

DAV’s framework for long-term solutions to providing timely and convenient access for veterans seeking health care includes:

- Rebuilding and sustaining VA’s capacity to provide timely, high-quality care, beginning with a long-term strategy to recruit, hire and maintain sufficient clinical staff at all VA treatment facilities;

- Restructuring the non-VA care program into a single integrated extended care network, requiring VA to first complete research and analysis related to the “choice” program and allowing the Commission on Care to complete its work, with Congress providing a single, separate and guaranteed funding mechanism for the VA Extended Care program;
Realigning and expanding VA health care services to meet the diverse needs of future generations of veterans, beginning with the creation of VA urgent care services; and

Reforming VA’s management of the health care system by increasing efficiency, transparency and accountability in order to become a veteran-centric organization.

“As we are still in the process of reviewing the effectiveness of the Choice program, it’s too soon to outline specific details of how to reform the VA health care system and non-VA care, but what we have done is establish a road map to help guide us,” said Violante.

DAV’s framework is rooted in analysis of current policies and practices, as well as input from the organization’s 1.2 million member base. The plan addresses adequate funding of the VA as a key component of long-term stability and capacity to meet growing demands for service. In the past decade, DAV and the authors of The Independent Budget have testified before Congress detailing massive multi-billion dollar shortfalls in both VA’s medical care and infrastructure budgets which directly contributed to the health care access crisis veterans experienced in 2014. DAV’s plan also calls for sufficient time to complete and thoroughly review the Congressionally-mandated Commission on Care, prior to development or implementation of any long-term strategies.

The VA provides highly specialized care to more than 3.8 million disabled veterans, specifically those who have suffered service-connected amputations, burns, paralysis, blindness, traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD), all while focusing on treatment of the “whole veteran.”

“The VA faces serious challenges and is in need of a pathway for reform that will uphold our nation’s promise to care for
America’s wounded, ill and injured veterans,” said DAV Washington Headquarters Executive Director Garry Augustine. “Rather than fracturing veteran’s health care, DAV believes the VA must be strengthened, and should remain at the heart of how we deliver care to those who served.”

DAV empowers veterans to lead high-quality lives with respect and dignity. It is dedicated to a single purpose: fulfilling our promises to the men and women who served. DAV does this by ensuring that veterans and their families can access the full range of benefits available to them; fighting for the interests of America’s injured heroes on Capitol Hill; and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life. DAV, a nonprofit organization with 1.2 million members, was founded in 1920 and chartered by the U.S. Congress in 1932.