



Benefits Protection Team Leader Workshop

DAV 2025 National Convention
August 8, 2025



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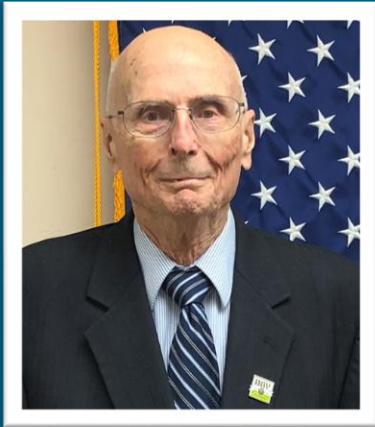
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National Legislative Interim Committee 2024-2025



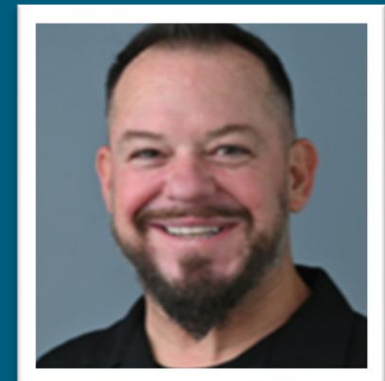
Al Labelle
Department of Wisconsin, Chairman



Jacqueline Tyes
Department of South Carolina



Trent Dilks
Department of Minnesota



J.R. Wilson
Department of California

Outstanding Performance in Advocacy Awards 2025

Division I – Department of VA: BPTL **Shamala Capizzi**

Division II – Department of MN: BPTL **Trent Dilks**

Division III – Department of WI: BPTL **Al Labelle**

Division IV – Department of NE: BPTL **Jim Shuey**

Division V – Department of NH: BPTL **Richard Borrazas**

Lifetime Achievement Award for Advocacy

In recognition of your exceptional legislative
advocacy efforts and contributions on behalf of
our nations ill and injured veterans.

Al Labelle

Department of Wisconsin



Thank You!

- In 2025 we received a record **613** resolutions from **38** states
- Advocacy—DAV CAN Alerts (emails sent to Congress) **403,643**



DAV CAN—DAV Commander's Action Network

Act Now!

Critical Policy Goals 119th Congress

- Strengthen presumptive policies to ensure **toxic-exposed veterans** receive earned benefits in a timely manner
- Eliminate gaps in **mental health** care and **suicide prevention** with a focus on gender-tailored care
- **Prevent** Congress or the VA from **reducing, offsetting** or **taxing** veterans benefits
- Modernize and **strengthen benefits for survivors**

Critical Policy Goals 119th Congress

- Expand comprehensive **dental care** services to all service-disabled veterans
- Enhance **long-term care** by providing assisted-living and increasing caregiver support
- Sustain the VA health care system by **reforming infrastructure** planning
- Protect veterans benefits and services by **ending PAYGO offsets and budget caps** that cut funding

Available on DAV Website:

- 2025 Critical Policy Goals (full/condensed versions)
- Independent Budget for FY 2026-2027
- Women Veterans: The Journey to Mental Wellness
- Ending the Wait for Toxic-Exposed Veterans
- **PowerPoints:**
 - Will be posted at www.dav.org under **Events/National Convention 2025**

We solve veterans issues through legislation



**CRITICAL POLICIES
(FULL)**

**CRITICAL POLICIES
(CONDENSED)**

For over 100 years, DAV has been advocating for better federal veterans programs, benefits, health care and transition services for the men and women who served, their families and survivors. DAV's National Legislative Department takes the resolutions adopted by DAV members at our annual National Conventions to Congress to advocate for improved federal laws, regulations and policies of the Department of Veterans Affairs (VA) and other federal agencies whose programs support the veteran population.

DAV's key legislative priorities are detailed in the Critical Policy Goals brief linked below on this page. Please review these goals, participate in the Commander's Action Network, and use the links below to ensure you are an effective advocate when meeting with your members of Congress and addressing these priorities and other important issues impacting veterans. Grassroots advocacy and your active participation is the key to our collective strength in Washington, D.C., and achieving more legislative victories for veterans in the year ahead.



DAV Commander's Action Network (DAV CAN)

Stay informed and take action to support federal legislation and policies affecting veterans, their families, caregivers and survivors by joining DAV CAN.

Legislative Resources

[Legislative Program \(Resolutions\)](#)

[Independent Budget](#)

[DAV National Constitution, Bylaws & Regulations](#)

[Congressional Testimony](#)

[Legislative Webinars](#)

[Issue Briefs](#)

[Statement of Policy](#)

DAV Legislative Resources





WORKSHOP: Preparing to Serve on a Convention “Resolution” Committee

Friday August 8th

3:45 PM

Room: Concorde B



First time being selected to serve on a convention committee?

Please join the National Legislative Department for an overview:

- ✓ Resolution process
- ✓ What to expect
- ✓ Duties and responsibilities
- ✓ How to best prepare to serve as a delegate on a convention committee

PREPARING TO
SERVE ON A
CONVENTION
RESOLUTION
COMMITTEE

Friday August 8, 2025
3:45 PM - 4:45 PM
Room: Concorde B

New Administration – VA Leadership

- Key note speaker
- August 9th Opening Session



Douglas A. Collins
VA Secretary

DAV Service and Legislative Seminar

Saturday August 9, 2:00 PM

- A special live taping—DAV PODCAST
- DAV Service and Legislative Directors and Deputy Directors
- Ask Me Anything format
- Questions submitted by DAV Members

Thank you!

Joy Ilem
National Legislative Director
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DAV Commander's Action Network
(DAV CAN)



Legislative Resources



Expand Comprehensive Dental Care Services To All Service-Disabled Veterans

Critical Policy Goals

DAV urges Congress/VA to:

- Enact legislation to expand eligibility for full dental care coverage to all service-disabled veterans
- Provide funding to increase the number of VA dentists and other oral clinicians, open new dental clinics and expand treatment space in VA health care facilities
- Work with its community care networks to increase the availability of dentist and other oral health care specialists to improve access across the country

VHA Model – Whole Health

- Integrated
- Preventive
- Holistic services
- Primary care, mental health, complementary therapies, and wellness coaching

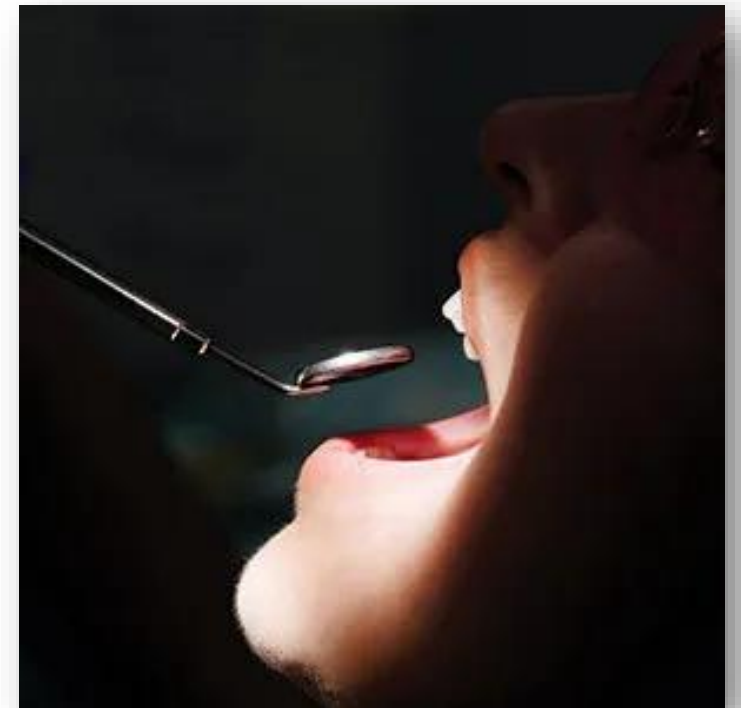
Dental Benefits Program Eligibility

- Service-connected for a dental disability
- Service-connected combined 100% P&T or TDIU
- Former prisoner of war
- Enrolled in VR&E
- Homeless residential rehabilitation program
- 180 days of discharge from active duty



VETSmile Pilot Program

- VA pilot program 2021 – July 2026
- Direct referral system from VA
- VA enrollees without dental benefits
- Locations – New York, New Jersey and Nebraska



Support

H.R. 210: Dental Care for Veterans Act of 2025

- This bill would mandate that the VA provide dental care to veterans in the same manner as other medical services
- DAV CAN actions taken 10,989 (as of 7/30/2025)



Critical Policy Goal

DAV urges Congress/VA to:

Expand eligibility for full dental care coverage to ALL service-disabled veterans, making it a standard part of VA's health benefits package.

DENTAL CARE IS MEDICAL CARE!

Thank You!

SHAMALA B. CAPIZZI

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Modernize and Strengthen Benefits for Survivors

DIC Parity

- Dependency and Indemnity Compensation (DIC) parity
- Graduated benefit for survivors
- Elimination of the remarriage age penalty

DIC Parity

- 2025 Basic DIC for Surviving Spouse: \$1,653/month
- 2025 VA 100% Disability Compensation (with spouse): \$4,045/month
- 2025 DIC is only ~ 41% of full 100% VA compensation



DIC Parity

- Federal civil service survivors receive 55% of the retiree's annuity
- Approximately \$6,860 more per year



DIC 10 Year Rule

No automatic DIC if veteran was 100% disabled for less than 10 years.

Proposed Graduated DIC Benefits Scale

- 5 years = 50% - \$827
- 6 years = 60% - \$992
- 7 years = 70% - \$1,157
- 8 years = 80% - \$1,322
- 9 years = 90% - \$1,487

Eliminate the Remarriage Age

- Surviving spouses who remarry before age 55 lose their DIC benefits
- Eliminate this unfair requirement



Bills in Congress

- **S. 410/H.R. 1004: Love Lives On Act**
 - 18,957 actions taken
- **H.R. 680/S. 611: Caring for Survivors Act of 2025**
 - 10,172 actions taken
- **H.R. 2138: Veterans' Compensation Cost-of-Living Adjustment (COLA) Act of 2025**
 - 15,027 actions taken



DIC Parity Goals

- Grant DIC parity
- Establish a graduated DIC benefit for survivors
- Eliminate the remarriage age penalty



Preventing Congress or VA from Reducing, Offsetting or Taxing Veterans Benefits

Eliminate Offsets

DAV Urges Congress to:

- Remove prohibition on concurrent receipt
- Remove the pay back requirement for special separation pay

Remove Restrictions on Concurrent Receipt

- Medical and longevity retirees rated 40% or lower:
VA pay offsets retired pay
- Disability pay is withheld until special separation
pay is fully repaid

Bills DAV Support 119th Congress

- **H.R. 303: Retired Pay Restoration Act**
 - 10,640 Actions have been taken
- **H.R. 2102 / S. 1031: Major Richard Star Act**
 - 40,100 Actions have been taken

Oppose Taxing, Reducing or Phasing Out

DAV Urges Congress to reject CBO proposals to :

- Eliminate Total Disability for Individual Unemployability (TDIU)
- Taxing disability compensation payments
- Reducing or phasing out lower disability compensation

End Proposals of Reducing or Phasing Out Disability Compensation

- Eliminate TDIU rating at age 67
- Taxing VA disability compensation
- Remove 10 and 20 percent disability ratings
- Reduce VA disability compensation across the board including use of MEANS testing

Thank You!

JOSEPH LEMAY

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Take Action on DAV CAN



Eliminate Gaps in Mental Health Care & Suicide Prevention Focus on Gender-Tailored Care

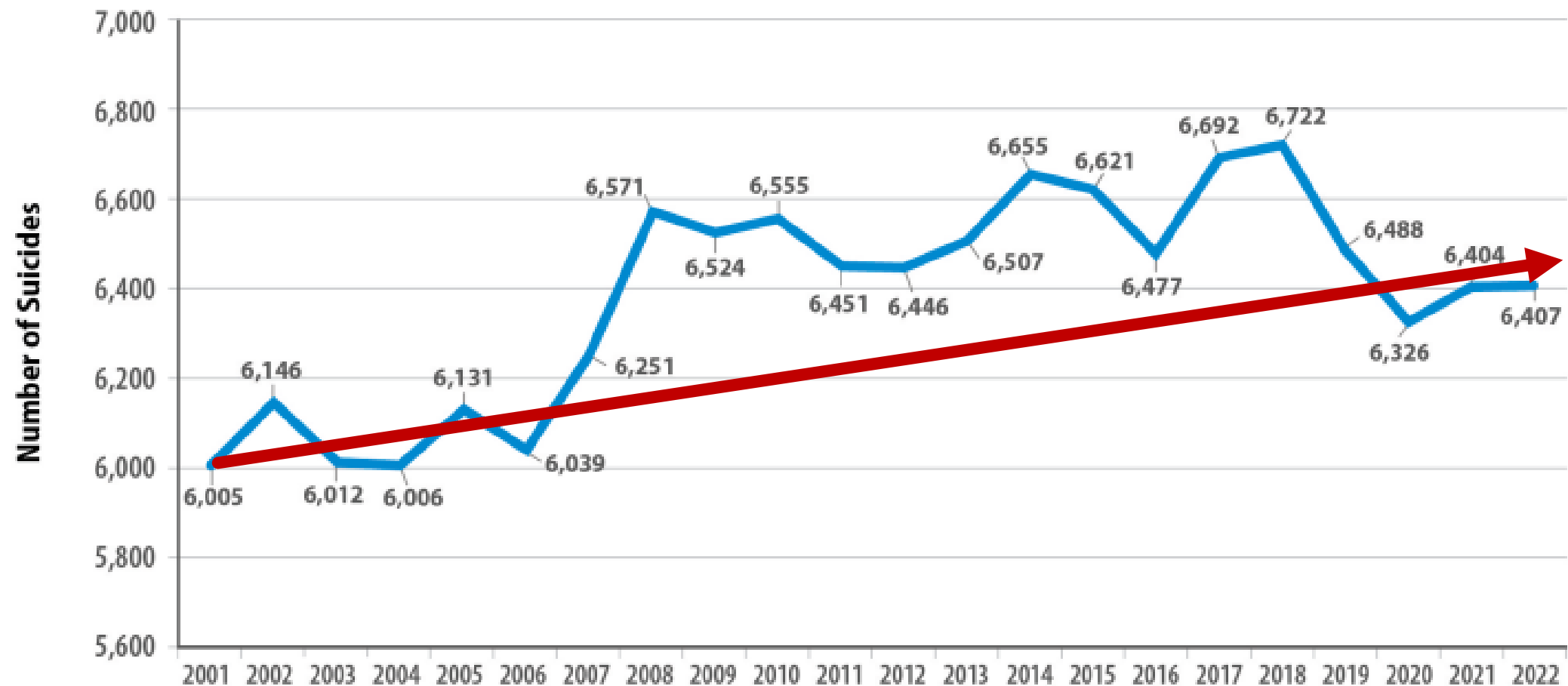
Critical Policy Goal

DAV urges Congress/VA to:

- VA should amend its contracts with community care providers to *require* those who treat veterans to be trained in suicide prevention & lethal means safety counseling and trained in trauma-informed care practices
 - Alternatively, Congress could mandate such training

What's at Stake?

Veteran Suicide Deaths, 2001–2022



What is VA Doing?

- The Department of Veterans Affairs Veterans Health Administration is a recognized leader in suicide prevention
- The VA also provides wrap-around supportive services to address:
 - care coordination / case management
 - evidence-based tailored care
 - social determinants such as employment, housing, and vocational training



Reduce Rates of Suicide Among Veterans

Continue to provide additional resources for mental health services, for VHA to both strengthen and improve its suicide prevention efforts.

- Increase Staffing Levels / Hiring
- Accountability / Oversight
- Address Identified Gaps



CAN Campaigns

S.1245

Servicemembers and Veteran Empowerment and Support (SAVES) Act

7,746, Actions have been taken

S. 702

Veterans Mental Health and Addiction Therapy Quality of Care Act

9,189, Actions have been taken

There are over 57,000 that receive these alerts. Take Action NOW!



Women Veterans

Women veterans experience unique challenges that can put them at greater risk for suicide, including:



Military sexual trauma (MST)

Among veterans enrolled in the VA, **1 in 3** women report experiencing MST.



Intimate partner violence

Nearly **1 in 5** women veterans using VA primary care reported experiencing intimate partner violence in the past year.



Substance use disorder

The risk of suicide death among women veterans with active substance use disorder is **more than twice** what it is for men.



Pregnancy

During pregnancy and **up to one year** after giving birth can be a time of increased risk for a mental health diagnosis and suicidality.*

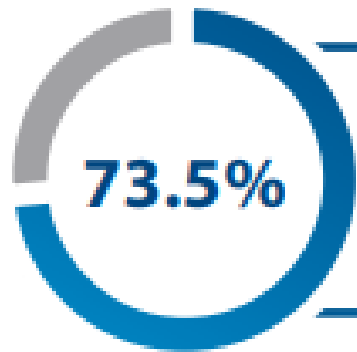
* In women patients with a prior mental health diagnosis.



Menopause

Menopause has been shown to raise the risk for depression twofold and corresponds to the **highest rates of suicide** among U.S. women.

Veteran Firearm Suicide In 2022



of **Veteran suicides** were by firearm.



Firearm suicide rate among male Veterans was **69.6%** **higher** than male non-Veterans.



Firearm suicide rate among female Veterans was **144.4%** **higher** than female non-Veterans.

From **2021** to **2022**, the percentage of Veteran suicides that involved firearms **increased by 7.1%**.

7.1%

Fund Lethal-Means Safety Efforts

- Safe Firearm storage is a key priority
- It helps to put time and space between the thought and the action
- Still more work to do



Improve Specialized Programs and Services Critical to Preventing Suicide

- Pain and Opioid Management Program
- Mental Health Residential Rehabilitation Treatment Programs (MH RRTP)
- Substance Use Disorder Initiative
- Rural Health
- Veterans Homeless Programs
- Women's Health Program
- Timely Access to Healthcare



Improve Clinical Competence of Providers in VA Community Care Network (CCN)

Understanding the veteran experience and common mental health conditions with training in evidenced-based treatments, is essential for delivery of quality care and successful health outcomes.



REACH VET 2.0

- VA should revise its suicide predictor model, specifically including MST and intimate partner violence
- *“VA has already updated the REACH VET model to include new additional predictor model variables that are more commonly experienced by women, such as MST and IPV, as well as other predictors that are newly recognized as potential risk factors.”
(Senate Committee on Veteran’s Affairs testimony April 29, 2025)*

What is DAV Doing?

- Offers over 50 recommendations that would help bolster gender-tailored care and improve VA'S suicide prevention efforts for all veterans
- Videos, Interviews, Radio, TV and Print



What Is DAV Doing?

Collaborating with peer-led groundbreaking programs:



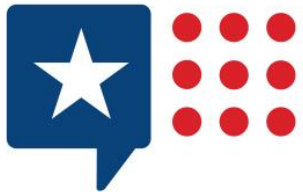
What Is DAV Doing?

- Patriot Boot Camp
- Job Fairs



Veterans Crisis Line

**Veterans
Crisis Line**



1-800-273-8255
PRESS 1

SUPPORT IS AVAILABLE

**24 hours a day
7 days a week
365 days a year**

“988”

Press 1



Critical Policy Goal

DAV urges Congress/VA to:

- VA should amend its contracts with community care providers to *require* those who treat veterans to be trained in suicide prevention & lethal means safety counseling and trained in trauma-informed care practices
 - Alternatively, Congress could mandate such training

Thank You!

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Women Veterans



Strengthen Long-Term Care and Caregiver Support

Evolving Needs of an Aging Veteran Population

America's veteran population grows older and care needs are evolving beyond traditional models

- Over 8 million veterans are aged 65+
- The fastest-growing group—85 and older—faces mounting challenges in accessing specialized care

DAV urges Congress and VA to:

- Expand assisted living options for service-disabled veterans
- Build graduated care pathways from independence to skilled care
- Empower caregivers with training, respite, and financial support

The Aging Veteran Population: Growing Challenge

- Nearly **1.3 million veterans** are **age 85+** today
- In the next 10 years, that number is projected to **increase by 33%**
- **Women veterans age 85+** could more than **double**, adding complexity to care needs
- The number of **service-disabled veterans continues to grow**, especially in the **50% and 60% disability range**—increasing demand for long-term and assisted living care

VA Long-Term Care: Strong Foundation

The VA offers various long-term care programs, from intensive bed-based care to home and community-based options

Programs include:

- | | |
|---|--|
| <ul style="list-style-type: none">• Homemaker and Home Health Aide Care• Home Based Primary Care• Skilled Home Health Care | <ul style="list-style-type: none">• Respite Care• Medical Foster Care• Adult Day Health Care• Caregiver Support Program |
|---|--|

For more comprehensive care:

VA-operated Community Living Centers (CLCs)	State Veteran Homes (SVHs)	Contracted community nursing homes
--	-----------------------------------	---

Bridging the Gap: Needs More than Home Care, but Less than Nursing Homes

- Assisted living care
- Semi-independent living with meals
- Housekeeping
- Medication management
- Assistance with daily activities

Caregivers: A Critical Part of the Solution

- Caregivers help veterans stay at home longer
- Support programs that reduce stress and improve relationships
- Integrating assisted living and caregiver support fills a gap in VA care
- DAV's Caregiver Support program connects to public and private resources

H.R. 1970 – Providing Veterans Essential Medications Act

- The bill mandates the Secretary of Veterans Affairs to reimburse or furnish costly medications to State homes providing nursing care to veterans, defining 'costly medication' based on its price relative to the care payment
- DAV Testified – March 11, 2025
- 8,252 DAV CAN Actions taken

VA's Long-Term Care Network

VA's Geriatric and Extended Care program offers a wide range of long-term supports and services through:

- 134 VA-operated Community Living Centers
- 165 VA-supported State Veterans Homes
- Hundreds of community-based skilled nursing facilities under contract with the VA

Quality of Care

- SVHs: 70% rated 4–5 stars (CMS ratings)
- CNHs: 35% rated 4–5 stars, higher complaints
- CLCs: Strong VA oversight, but internal ratings are not public
- HCBS: Quality depends on care coordination and caregiver support

What Veterans Should Know

- Ask about quality ratings, wait-lists, and costs
- Understand eligibility and benefits for each option
- Explore caregiver support programs and financial assistance
- Plan early to ensure access to preferred care settings

Urgent Need for Stronger Oversight

- As veterans age, demand for skilled long-term care is rising sharply, risking strain on an already fragile system without robust oversight
- Inconsistent care quality and recurring issues—like staffing shortages and neglected safety standards—undermine veterans' health, dignity, trust, and safety
- Veterans should never remain in facilities where persistent deficiencies go unaddressed and without consequences

The Call to Action

- Congress should empower VA with graduated enforcement tools
- Inspection reports and quality ratings should be public, timely, and transparent
- Veterans and VSOs must stay vigilant and vocal—your stories drive change

Critical Policy Recommendations

- Require Assisted Living Alternatives to institutional care for service-disabled veterans
- Develop Graduated Care Facilities for seamless aging transitions
- Embed Caregiver Support with respite, training, and financial aid



Thank You!

JON RETZER

Deputy National Legislative Director

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Strengthen Presumptive Policies
to Ensure Toxic-Exposed
Veterans Receive Earned
Benefits in a Timely Manner

PACT Act Signed - August 10, 2022





Ending the Wait for **TOXIC-EXPOSED VETERANS**

A post-PACT Act blueprint for reforming
the VA presumptive process



PHOTOS BY (LEFT TO RIGHT): US ARMY, VIA WIKIMEDIA COMMONS; TECH. SGT. DAVID MCLEOD/U.S. AIR FORCE; SGT. ANTHONY L. ORTIZ/U.S. MARINE CORPS

ETW Report Presented to Congress

September 18, 2024



A CENTURY OF MILITARY TOXIC EXPOSURES AND PRESUMPTIVES

Military toxic exposures have been part of warfare for thousands of years; however, the modern history of toxic exposures dates back to World War I when there was the first wide-scale usage of chemical weapons. Over the next century, American service members have been exposed to dozens of toxic substances, both while deployed abroad and stationed at home. In response, Congress has passed laws and VA has enacted regulations to create presumptives that make it easier for veterans get access to health care and benefits, however it can take many years from the time of the exposure to the creation of a presumptive.

HISTORICAL PHOTOS COURTESY OF NATIONAL ARCHIVES



Persian Gulf War (PGW) Exposures

Millions of PGW veterans were exposed to oil-well fires, depleted uranium, insecticides, burn pits, and possibly nerve agents, as well as sand and dust particles.



Burn Pits and Airborne Hazards

During the first Gulf War, and in the post-9/11 wars, millions of service members were exposed to toxic fumes from open air burn pits that contained jet fuel, paints and solvents, petroleum, munitions and unexploded ordnance, medical and human waste.

K2 Toxins

Over 15,000 service members were deployed to Karshi-Khanabad, known as K2, a former Soviet air base in Uzbekistan, and were exposed to enriched solvents, petroleum, munitions and depleted uranium, asbestos, jet fuel, and lead-based paint.

Agent Orange

Approximately 20 million gallons of herbicides—including Agent Orange—were sprayed over Vietnam, Cambodia, and Laos between 1962 and 1971 to defoliate the jungles, exposing millions of service members to dioxin and other toxins in Agent Orange.



PFAS-Contaminated Water

PFAS, known as “forever chemicals”, have been used by the military in firefighting foams on bases for decades. PFAS is also found in many other military, industrial, and household products potentially contaminating water on over 700 military bases.



Mustard Gas Testing

During World War II, more than 60,000 service members were involved in military testing about the effects of mustard gas and lewisite exposure, as well as the effectiveness of new equipment to protect against these toxins.



Fort McClellan Toxins

Opened during WWI, Fort McClellan hosted the Army's Chemical Corps for decades, before finally closing in 1999. VA has noted that potential toxic exposures may have included radioactive compounds, chemical warfare agents, and airborne PCBs.

Atomic Veterans

Following the atomic bombs at Hiroshima and Nagasaki, more than 250,000 service members were involved in cleanup and occupation activities in Japan. Over the next two decades, 400,000 more service members were exposed to atmospheric nuclear tests.

Camp Lejeune

For almost four decades, service members and civilians living or working at Marine Corps Base Camp Lejeune, North Carolina, were exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals.

Atomic Veterans (1985)

VA promulgated regulations to create a presumptive for “atomic veterans” involved in the cleanup and occupation of Hiroshima and Nagasaki, Japan, and later expanded to include service members involved in atmospheric nuclear testing and other radiation risk activities.

Agent Orange Act of 1991

Congress created a presumptive for exposure to Agent Orange for veterans who later became ill with cancers and other diseases. The law also created a new process to evaluate additional diseases using independent assessments from the Institute of Medicine.

Persian Gulf War Benefits Act of 1998

Congress established a presumptive for Gulf War veterans suffering from common symptoms but unknown conditions. VA later added “undiagnosed illness,” “chronic multisymptom illness,” and “chronic fatigue syndrome” to the presumptive.

Camp Lejeune Contaminated Water (2017)

VA promulgated regulations creating a new presumptive for service members stationed at Camp Lejeune between 1953 and 1987, which included Parkinson's disease and seven cancers.

Honoring our PACT Act of 2022

The PACT Act provided the largest expansion of health care and benefits for toxic-exposed veterans in a generation. It created a new presumptive for burn pits and other airborne hazards for veterans of the first Gulf War and the post-9/11 wars in Afghanistan and Iraq.

World War I
1917 to 1918

World War II
1941 to 1945

Korean War
1950 to 1953

Vietnam War
1962 to 1973

Persian Gulf War
1990 to 1991

Afghanistan & Iraq Wars
2001 to 2021

Chronic Diseases & Chronic Constitutional Diseases (1921)

Following WWI, the federal Veterans' Bureau—precursor to the VA—established the first presumptives for “chronic diseases,” including tuberculosis and neuropsychiatric disease, as well as “chronic constitutional diseases,” including anemia, diabetes, and leukemia.

Tropical Diseases (1945)

Following World II, VA created a presumptive for “tropical diseases,” which initially included malaria, a disease contracted by many service members who served in the Pacific theater, and was later expanded to include cholera, dysentery, and yellow fever.

Former Prisoners of War (1970)

Congress passed legislation (P.L. 91-376) creating a new presumptive for former prisoners of war who served during World War II and the Korean and Vietnam wars, which initially covered beriberi, malnutrition, psychosis, and five other diseases.

EXPOSURES

PRESUMPTIVES

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Camp Lejeune

For almost four
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working at Marine
Corps Base Camp
Lejeune, North
Carolina, were
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Agent Orange

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PFAS-Contaminated Water

PFAS, known as “foren
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found in many other m
industrial, and househ
products potentially
contaminating water o
over 700 military base

World War II
1945

Korean War
1950 to 1953

Vietnam War
1962 to 1973

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APPENDIX A: Dataset of Military Toxic Exposures

Exposure, Hazard or Incident	First Year of Exposure	Last Year of Exposure	First Acknowledge by Federal Government	Concession & Presumption Established	Exposure to Acknowledge (years)	Acknowledge to Concess. & Presumpt. (years)	Exposure to Concession & Presumption (years)	Concession Type	NASEM Study?
Chronic Diseases	1917	1921	1921	1921	4	0	4	Admin	No
Chronic Constitutional Diseases	1917	1921	1921	1921	4	0	4	Admin	No
Tropical Diseases	1941	1945	1945	1945	4	0	4	Admin	No
Radiation-Risk Activity – Atomic Veterans	1945	1974	1984	1985	39	1	40	Legis	Yes
Agent Orange or Other Herbicides	1962	1975	1978	1991	16	13	29	Legis	Yes
Mustard Gas or Lewisite	1941	1945	1992	1992	51	0	51	Admin	Yes
Agent Orange Birth Defects	1962	1975	1997	1997	35	0	35	Legis	Yes
Gulf War Veterans' Illnesses	1990	Ongoing	1994	1998	4	4	8	Legis	Yes
Herbicide Tests and Storage	1945	1977	2003	2003	58	0	58	Admin	Yes
Camp Lejeune Water Supplies	1953	1987	2012	2017	59	5	64	Admin	Yes
Sand, Dust & Particulates	1990	Ongoing	2014	2021	24	7	31	Admin	Yes
Oil Well Fires	1991	1991	2021	2021	30	0	30	Admin	Yes
Burn Pits & Airborne Hazards	1990	Ongoing	2014	2022	24	8	32	Legis	Yes
Plutonium Cleanu, Palomares, Spain	1966	1967	2022	2022	56	0	56	Legis	No
Thule Air Force Base in Greenland	1968	1968	2022	2022	54	0	54	Legis	No
Radiological Cleanup of Enewetak Atoll	1977	1980	2022	2022	45	0	45	Legis	No

The Long Wait for Toxic Exposures

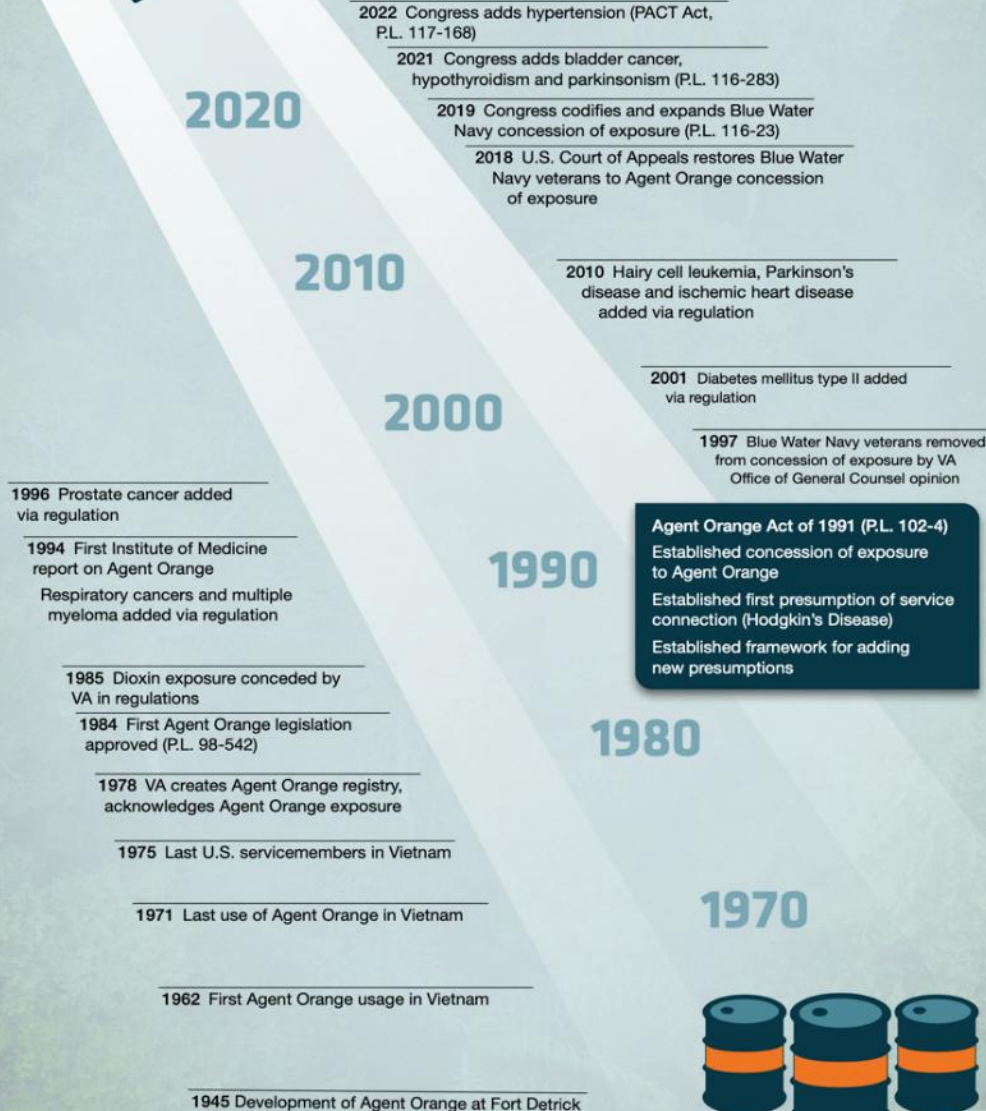
34.1 years

Average time from the
first exposure to the establishment of a
Presumptive



THE 60-YEAR DEVELOPMENT OF THE AGENT ORANGE PRESUMPTIVE

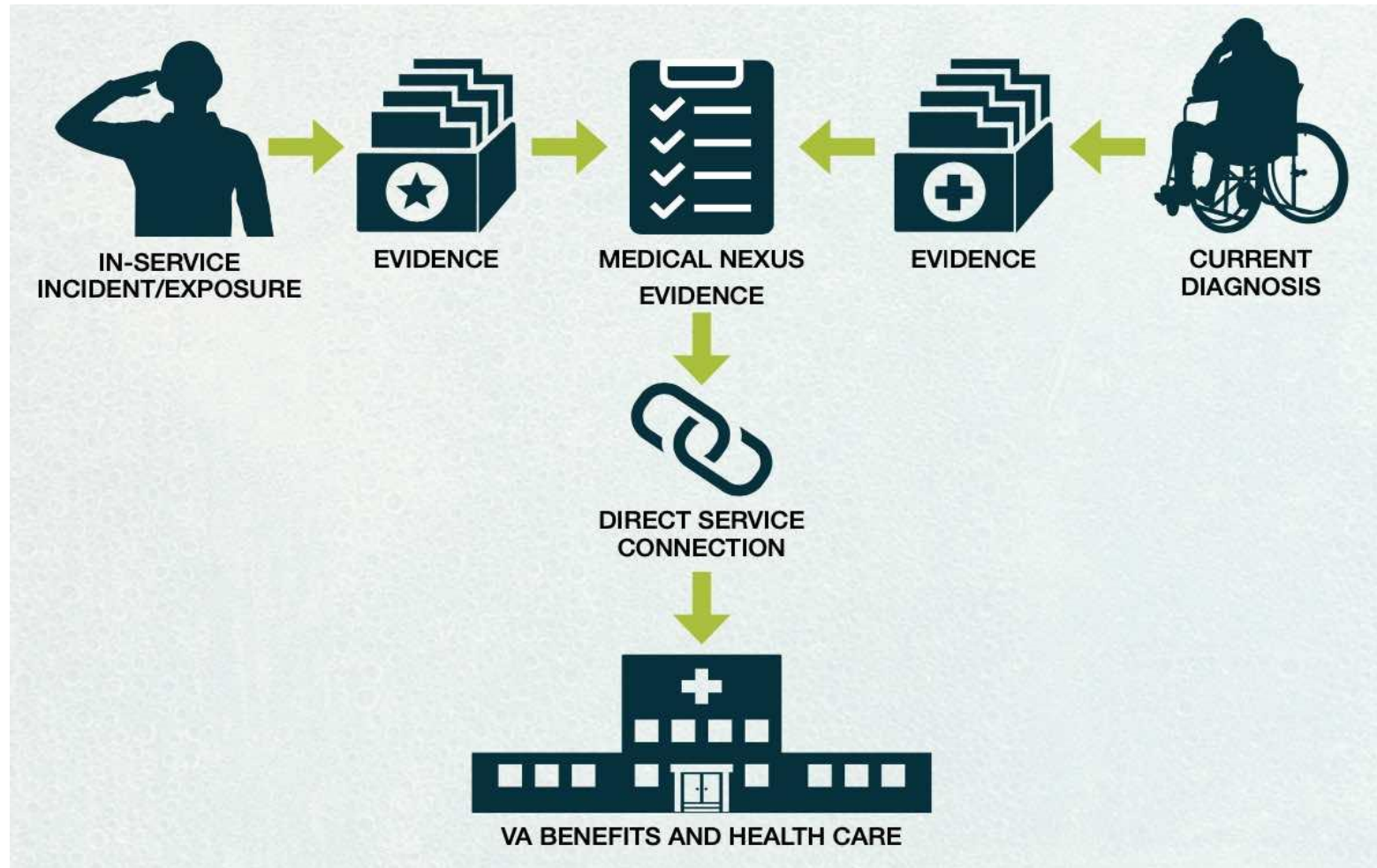
It took almost three decades from the time that the first service members in Vietnam were exposed to Agent Orange before Congress created a presumptive. Over the next three decades VA and Congress continued adding additional diseases to the Agent Orange presumptive. If a veteran who served in Vietnam in 1962 developed hypertension after their service, they would have had to wait 60 years before VA officially recognized a presumption of service connection for that disease.



More than six decades after the first Agent Orange use in Vietnam — there are still veterans waiting for justice.



Direct Service Connection



Evidentiary Gaps



IN-SERVICE
INCIDENT/EXPOSURE



EVIDENTIARY
GAPS



MEDICAL NEXUS
EVIDENTIARY GAPS



EVIDENTIARY
GAPS

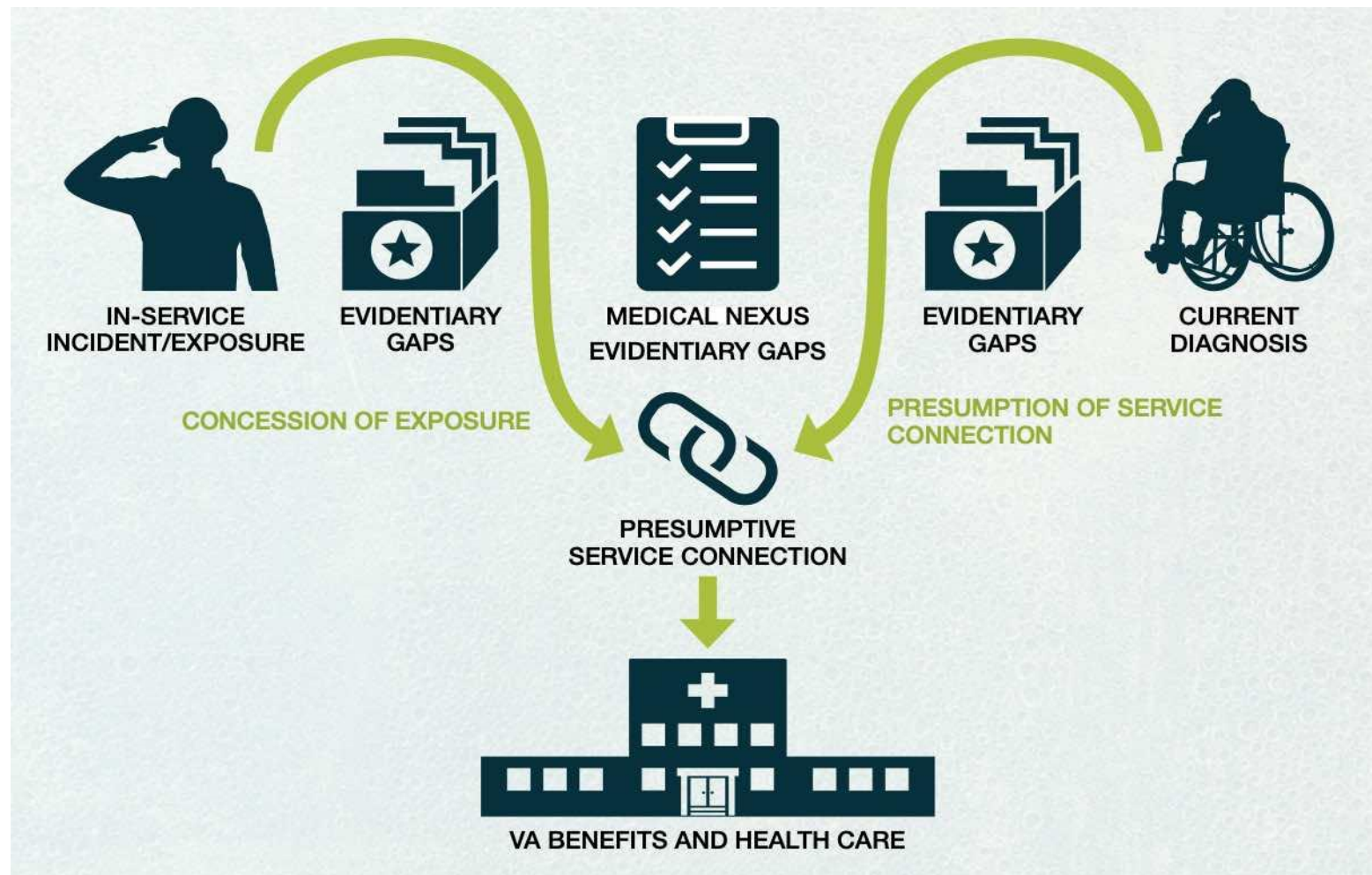


CURRENT
DIAGNOSIS

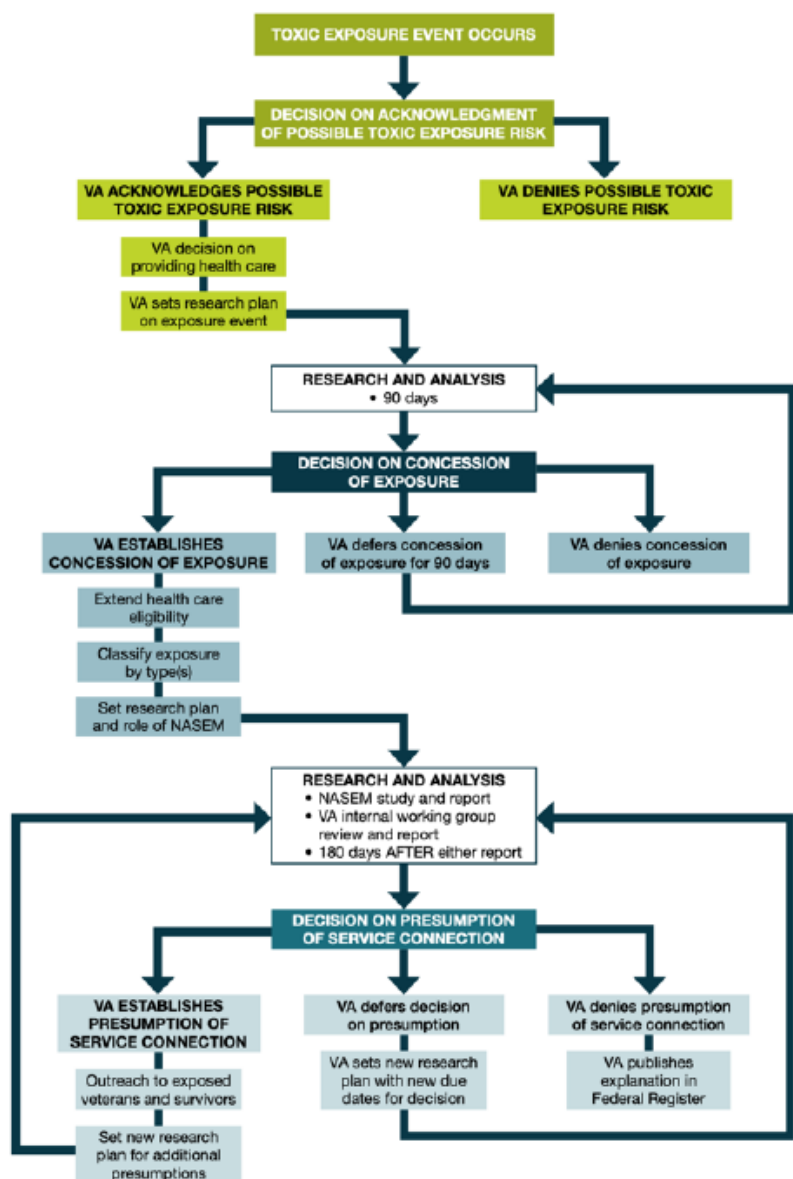


VA BENEFITS AND HEALTH CARE

Presumptive Service Connection



Proposed Framework for Establishing Presumptives



Step One:
Acknowledgment of Possible Toxic Exposure Risk

Step Two:
Concession of Exposure

Step Three:
Presumption of Service Connection

Critical Policy Goal: Toxic Exposures

DAV urges Congress/VA to:

- Strengthen presumptive policies to ensure toxic-exposed veterans receive earned benefits in a timely manner
- Create an independent scientific review process for toxic exposures injuries and illnesses
- Expand federal research on toxic exposures
- Establish a veterans stakeholder advisory commission

Activity in the 119th Congress

■ Reforming the Presumptive Process

- Congressional Oversight Hearing on the PACT Act (3 year mark)
- NEW VACO Office of Toxic Exposures & Environmental Hazards
- NEW Military Toxic Exposure Stakeholder Advisory Committee
- ESTABLISH Formal Acknowledgment & Concession of Exposure

Activity in the 119th Congress

■ Expanding Toxic Exposure Presumptives

- S. 201 – ACES Act
- S. 1665 – OATH Act
- S. 2061 – Molly Loomis Act
- H.R. 1400 – PROTECT Act
- H.R. 4469 – PRESUME Act



Sustain the VA Health Care System
by Reforming Infrastructure
Planning and Funding Mechanisms

Protect Veterans Benefits and
Services by Ending PAYGO Offsets
and Budget Caps that Cut Funding

Strengthen VA Health Care

- Maintain VA as Primary Provider & Coordinator
- Fix VA Community Care Programs
- Reform VA Infrastructure Planning & Funding
- End VA Budget Gimmicks

Strengthen VA Health Care

- Maintain VA as Primary Provider & Coordinator
- Fix Community Care
- Reform Infrastructure
- End Budget Gimmicks



Strengthen VA Health Care - Staffing

- IB Staffing Recommendation for FY 2026
- Original Announced RIF Goal (15%, 70-80K FTE)
- Current Attrition Force Reduction (29K FTE)
- VA Reorganization Plans

Strengthen VA Health Care - Staffing

- DAV Focuses on Services & Benefits, **NOT** Jobs
- Request Detailed Information on Force Reduction
- Assess Implementation of Reorganization Plans
- Monitor & Report on Impacts to Care and Benefits

Strengthen VA Health Care - Funding

- FY 2025 Full Year CR (Continuing Resolution)
- Independent Budget FY 2026
- VA's FY 2026 Budget Proposal
- Appropriations & Rescissions



FY 2025 Appropriations – Full Year CR

- Froze VA Funding Levels at FY 2024 Levels
 - Lower Than Congress Was On Track to Enact
 - Significantly Lower Than The Independent Budget (IB)
- Demand Growth Continued, Requiring Rationing
- Established Low FY 2026 Baseline

THE INDEPENDENT BUDGET

A Comprehensive Budget Document
Created by Veterans for Veterans



Fiscal Years 2026 and 2027
for the Department of Veterans Affairs

- VA Medical Care
- Long Term Care
- Medical Research
- Infrastructure
- Claims Processing

U.S. DEPARTMENT OF
VETERANS AFFAIRS
FY 2026 BUDGET
SUBMISSION



Budget in Brief

May 2025

- Shift to Community Care
- Greater Reliance on TEF
- Infrastructure Gap Growing
- Claims & Appeals Processing
- *Impact of Force Reduction?*
- *Possible Rescissions?*

Fix VA Community Care

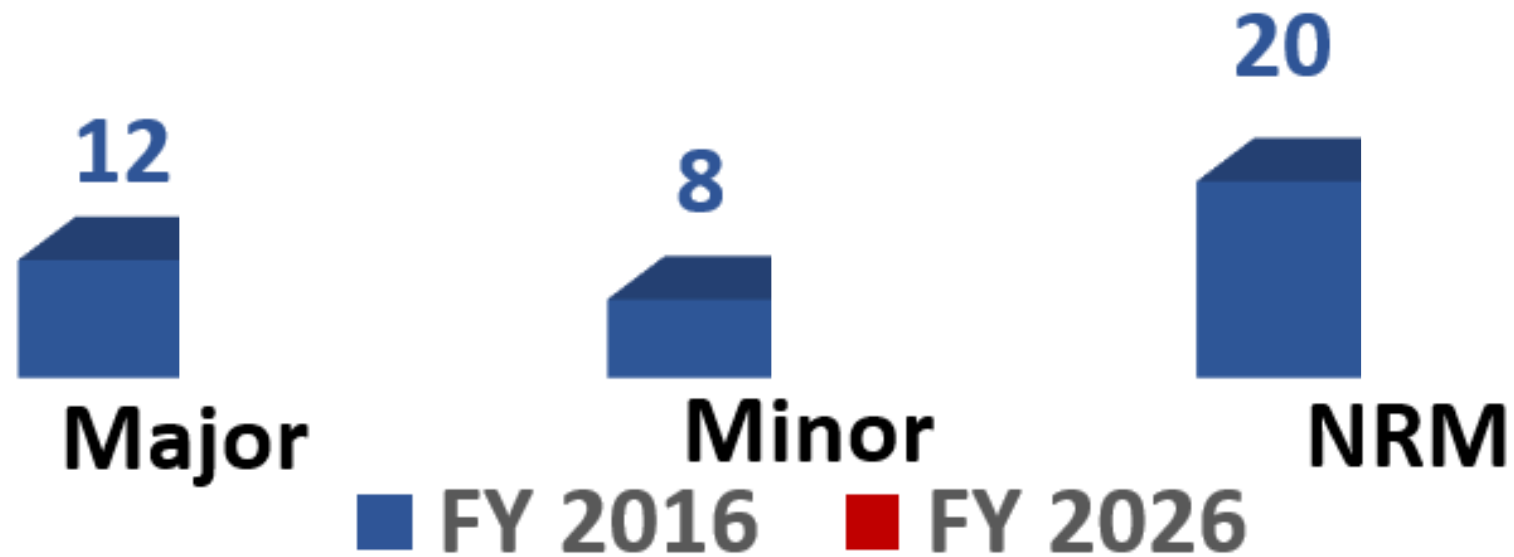
- Scheduling System
- Care Coordination
- Quality Standards
- Training Requirements
- Optimize VA Direct Care & Community Care

Sustain VA Infrastructure – Funding Gap

- VA SCIP v. VA Budget Request
- Inadequate Congressional Appropriations
- AIR Process Failure

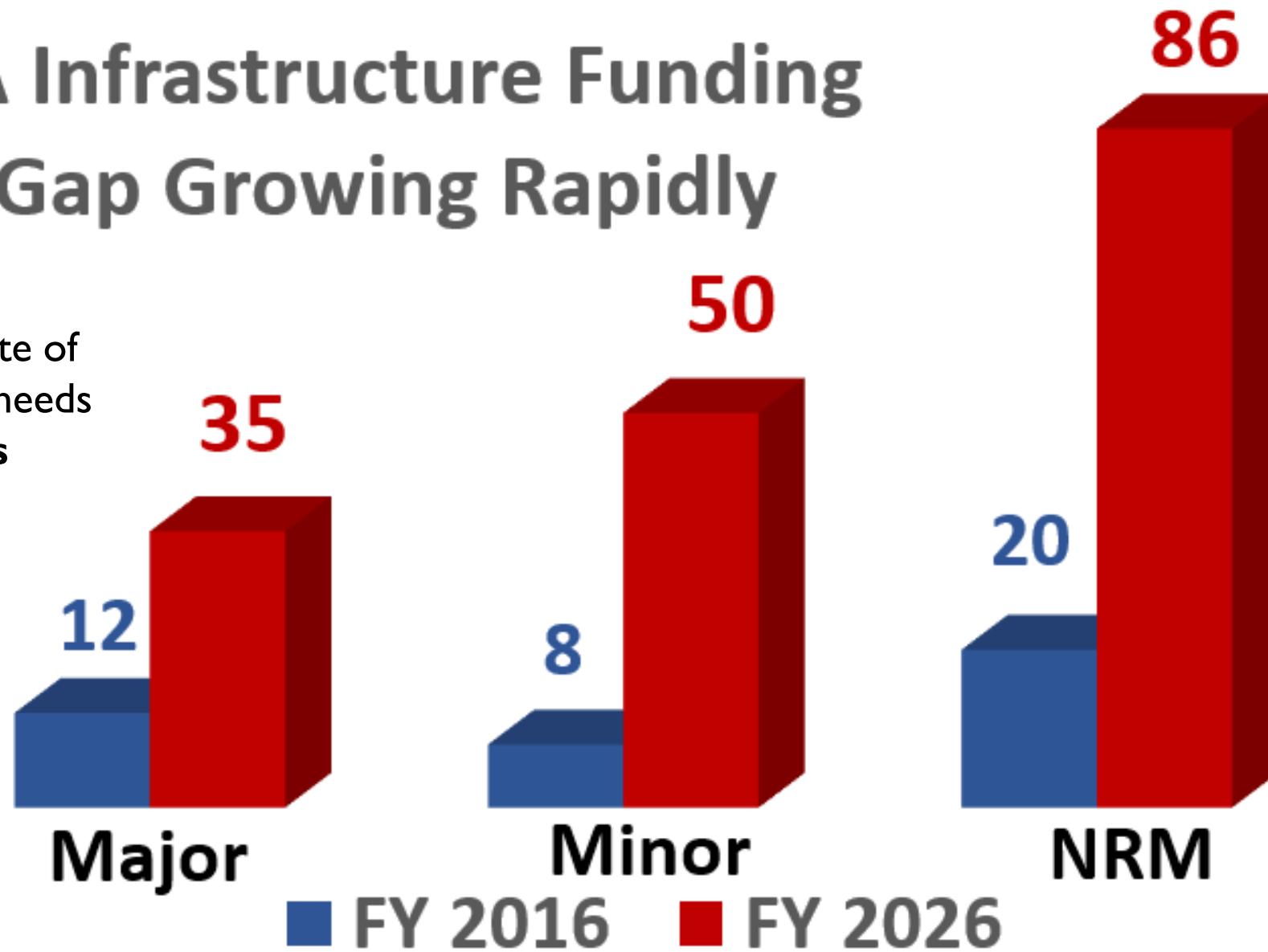
VA Infrastructure Funding Gap Growing Rapidly

VA SCIP estimate of
10-year funding needs
in **\$Billions**



VA Infrastructure Funding Gap Growing Rapidly

VA SCIP estimate of
10-year funding needs
in **\$Billions**



Sustain VA Infrastructure – Funding Process

- Align Capacity with Demand for Care
- Quadrennial Study and Actuarial Plan
- Advance Funding for Infrastructure



End VA Budget Gimmicks

- Budget Caps & Sequestration
- “Pay-As-You-Go” (PAYGO) Laws & Rules
- “Mandatory” Toxic Exposure Fund (TEF)

Critical Policy Goal: VA Health Care

DAV urges Congress/VA to:

- Strengthen the VA health care system to remain as the primary provider and coordinator of care.
- Fix problems with VA community care to offer coordinated and high-quality care when VA care is not accessible.
- Establish a new infrastructure funding process that aligns demand for care with VA's capacity to deliver timely care.
- Exempt veterans programs, services, and benefits from budget caps, sequestration, and PAYGO rules.

Thank You!

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Benefits Protection Team Leader Workshop