2019 Mid-Winter Conference

Benefits Protection Team/Legislative Workshop

Sunday, February 24, 2019
National Legislative Department

Joy J. Ilem, National Legislative Director
Adrian M. Atizado, Deputy National Legislative Director
Shurhonda Y. Love, Assistant National Legislative Director
Shane L. Liermann, Assistant National Legislative Director
Jeremy M. Villanueva, Associate National Legislative Director
Peter Dickinson, Senior Executive Advisor
Lisa Bogle, Sr. Legislative Support Specialist
Jeannette King, Legislative Support Specialist
Reminders

**Take Handouts**

- Critical Policy Goals (big and small)
- FY 2020 IB Budget Document

**Please Complete**

- Legislative Hill Visit List /Headquarters Office (Alexandria Room)
- Feedback Forms Return to DAV National Service and Legislative HQ

➢ Power Points will be posted on the Events section of the DAV website, [https://www.dav.org/events/2019-mid-winter-conference/](https://www.dav.org/events/2019-mid-winter-conference/).
Commander’s Legislative Presentation

Tuesday, February 26, at 2:00 p.m.
Room G-50 Dirksen Senate Office Building

*Doors open at 1:00 PM
Commander’s Presentation - Transportation

Wheelchair Accessible Transportation/Vehicles

• All Metro Stations/Trains are accessible.
• Uber - From Uber App, select UBER WAV or TAXI WAV
• Red Top Cab - Call 703-522-3333
• Yellow Cab - Call 202-544-1212

If you call one taxi cab company and their wheelchair taxis are busy, that company will transfer your trip request to another company.
National Legislative Interim Committee

• Al Labelle, Chairman (WI)
• Jim Procunier (NC)
• Glen Hohman (AZ)
• Gregg Dunham (TX)
DAV 2019 Critical Policy Goals

• Strengthen Veterans Health Care
• Implementation and Expansion of Caregiver Benefits
• Ensure a Sufficient VA Budget for FY 2020
• Justice for Blue Water Navy Vietnam Veterans
• Improve Care for Women Veterans
• Establish Benefits Based on Burn Pit Exposure
• Enhance Survivors’ Benefits
<table>
<thead>
<tr>
<th>Majority</th>
<th>Minority</th>
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<tr>
<td><strong>Johnny Isakson (GA)</strong></td>
<td><strong>John Tester (MT)</strong></td>
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<td>Chairman</td>
<td>Ranking Member</td>
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<td>Jerry Moran (KS)</td>
<td>Patty Murray (WA)</td>
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<td>John Boozman (AR)</td>
<td>Bernie Sanders (VT)</td>
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<td>Bill Cassidy (LA)</td>
<td>Sherrod Brown (OH)</td>
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<td>Mike Rounds (SD)</td>
<td>Richard Blumenthal (CT)</td>
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<td>Thom Tillis (NC)</td>
<td>Mazie Hirono (HI)</td>
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<td>Dan Sullivan (AK)</td>
<td>Joe Manchin (WV)</td>
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<td>Kyrsten Sinema (AZ)</td>
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<td>Kevin Cramer (ND)</td>
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<td><strong>Mark Takano (CA)</strong></td>
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<td>Gus M. Bilirakis (FL)</td>
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<td>Amata Coleman</td>
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<td>Conor Lamb (PA)</td>
<td>Radewagen (American Samoa)</td>
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<td>Mike Levin (CA)</td>
<td>Mike Bost (IL)</td>
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<td>Max Rose (NY)</td>
<td>Jim Banks (IN)</td>
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<td>Anthony Brindisi (NY)</td>
<td>Jack Bergman (MI)</td>
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<td>Gil Cisneros (CA)</td>
<td>Dr. Neal Dunn (FL)</td>
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<td>Susie Lee (NV)</td>
<td>Andy Barr (KY)</td>
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<td>Lauren Underwood (IL)</td>
<td>Dan Meuser (PA)</td>
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<td>Joe Cunningham (SC)</td>
<td>Steve Watkins (KS)</td>
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<td>Elaine Luria (VA)</td>
<td>Greg Steube (FL)</td>
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<td>Chris Pappas (NH)</td>
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<td>Colin Allred (TX)</td>
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<td>Collin Peterson (MN)</td>
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<td>Gregorio Kilili Camacho Sablan</td>
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<td>(Northern Mariana Islands)</td>
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Thank You!

Joy J. Ilem
National Legislative Director
jilem@dav.org
Implementing the VA MISSION Act to Strengthen Veterans Health

Peter Dickinson
Senior Executive Advisor
Background of VA MISSION Act

• Insufficient Funding → Access Problems

• “Choice Act” Passed to Expand Access -- NOT to Expand “Choice”

• VA Quality Equal or Better than Private Care

• As Choice Usage Increased, Demand for Care Within VA Facilities Also Increased
Coalition of 38 VSOs & MSOs Supported VA MISSION Act

Air Force Association (AFA)
Air Force Sergeants Association (AFSA)
Air Force Women Officers Associated (AFWOA)
American Foundation for Suicide Prevention (AFSP)
America's Warrior Partnership
The American Legion
AMSUS, The Society of Federal Health Professionals
AMVETS (American Veterans)
Army Aviation Association of America (AAAA)
Association of the US Navy (AUSN)
Blinded Veterans Association (BVA)
Code of Support Foundation (COSF)
Commissioned Officers Ass. of the US Public Health Svcs Inc (COA)
DAV (Disabled American Veterans)
Elizabeth Dole Foundation (EDF)
Enlisted Association of the National Guard of the US (EANGUS)
Fleet Reserve Association (FRA)
Gold Star Wives of America (GSW)
Iraq and Afghanistan Veterans of America (IAVA)

Jewish War Veterans (JWV)
Marine Corps League (MCL)
Marine Corps Reserve Association (MCRA)
Military Chaplains Association (MCA)
Military Officers Association of America (MOAA)
Military Order of the Purple Heart (MOPH)
National Military Family Association (NMFA)
Naval Enlisted Reserve Association (NERA)
Non Commissioned Officers Association of the USA (NCOA)
Paralyzed Veterans of America (PVA)
Reserve Officers Association (ROA)
Service Women’s Action Network (SWAN)
The Retired Enlisted Association (TREA)
Tragedy Assistance Program for Survivors (TAPS)
US Army Warrant Officers Association (USAWOA)
USCG Chief Petty Officers Association (CPOA)
Veterans of Foreign Wars (VFW)
Vietnam Veterans of America (VVA)
Wounded Warrior Project (WWP)
Overview of VA MISSION Act

1. Veterans Community Care Program (VCCP)
2. Expands VA’s Capacity to Deliver Health Care
3. Asset and Infrastructure Review (AIR)
4. Extends VA Caregiver Program to All Eras
Veterans Community Care Program (VCCP)

• Sunsets Choice, Consolidates Community Care
• Establishes New Eligibility Rules
• Creates Integrated Networks of VA and Community Providers for Seamless Access
  ➢ Includes New Urgent Care Benefit
• VA is Primary Provider & Coordinator of Care
  ➢ Including Scheduling
New Eligibility Criteria

- Service Not Available at VA Facilities
- State Lacks Full Service VA Medical Facility
- 40-Mile Legacy / Grandfathered Choice
- Cannot Meet New Access Standards
- “Best Medical Interest” Determination
- Medical Service Line Below Quality Standard
Proposed New Access Standards

• Wait Times (Choice > 30 Days)
  ➢ *Primary & Mental Health Care* > 20 Days
  ➢ *All Specialty Care* > 28 Days

• Travel Time / Distance (Choice > 40 Miles)
  ➢ *Primary & Mental Health Care* > 30 Minutes
  ➢ *All Specialty Care* > 60 Minutes

• Will Community Providers Be Able/Required to Meet BOTH VA Access & Quality Standards?
New Urgent Care Benefit

• Non-Emergency, Urgent, Walk-in Care
• Do Not Need Prior VA Authorization
  ➢ BUT Provider Must Be in VCCP Network
• Copayments May Be Charged by VA
  ➢ PG1 thru PG5: 1 to 3 Visits = None  4+
  ➢ PG6 if related: 1 to 3 Visits = None  4+
  ➢ PG6 not related: All Visits = $30
  ➢ PG7 & PG8: All Visits = $30
Key Upcoming Milestones

• Urgent Care Benefit Regulation
  -- Comments Due March 4th

• New Access Standards Regulation
  -- Comments Due March 25th

• Remaining Implementing Regulations
  -- No Later Than June 6th

• VA Budget Request
  -- Due February 4th → March 11th → March 18th
Critical Questions for MISSION Implementation

• Has VA Accurately Estimated the Cost & Will VA Request & Congress Approve Full Funding?

• Will VA IT Systems Be Ready & Capable of Running Seamless Integrated Networks?

• Will VCCP Eligibility Be Clear to Veterans & VA?

• Will Community Providers Have Sufficient Capacity & Expertise for Veterans?
Keys to Successful Implementation

• **True Consultation** with Veterans & VSOs

• **Fully Fund** Community & VA Care Programs
  - **REMEMBER:** Insufficient Funding Created the Access and Waiting Time Crisis in 2014

• Ensure **Care Coordination** in Community

• Community Care Must Meet All **VA Standards**

• VA Must Maintain **Full Continuum of Care**
Implementing the VA MISSION Act to Strengthen Veterans Health

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Expansion of Comprehensive Caregiver Support Program

Adrian Atizado
Deputy National Legislative Director
## Expansion of VA Caregiver Support Program

<table>
<thead>
<tr>
<th>Date</th>
<th>Deadline or Milestone Explanation</th>
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<tbody>
<tr>
<td>NLT Oct. 1, 2018</td>
<td>Implement new IT System for expanded Comprehensive Caregiver Program</td>
</tr>
<tr>
<td>NLT Oct. 1, 2019</td>
<td>VA to &quot;certify&quot; new IT System has been implemented</td>
</tr>
<tr>
<td>Oct. 1, 2019</td>
<td>Upon certification of new IT System, expands to veterans severely injured before May 8, 1975</td>
</tr>
<tr>
<td>Oct. 1, 2021</td>
<td>Two years after IT certification, expands to veterans severely injured between May 8, 1975 - Sept 10, 2001</td>
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</tbody>
</table>
Sufficient Funding for Veterans
Benefits and Health Care

Adrian Atizado
Deputy National
Legislative Director
Agenda

• State of Play

• FY 2020 IB Recommendations
State of Play

- President Budget Request Delayed
- Federal Budget Cap
- MISSION Act of 2018
FY 2020 IB Recommendation

$14.9 Billion Increase from FY 2019:

- VA Care + $3.5 B
- Community Care + $8.7 B
- Subtotal, Medical Care + $12.2 B
- Major Construction + $1.7 B (Research, Seismic)
- New Electronic Medical Record + $0.7 B
FY 2020 IB Recommendation
Veterans Health Administration

VA Care: $70.0 billion

Includes $1.2 billion in medical care initiatives
FY 2020 IB Recommendation
Veterans Health Administration

Medical Care Initiatives
$1.2 billion:

• $533 million for Long-Term Care Services
• $76 million for Women Veteran’s Health
• $320 million for Prosthetics and Sensory Aids
• $250 million for Caregiver Program expansion
FY 2020 IB Recommendation
Veterans Health Administration

Community Care: $18.1 billion

• $9.6 billion for existing community care (CHAMPVA, Spina bifida, Emergency Care, Ambulatory Care, etc.)
• $8.2 billion for new more expansive Veteran Community Care Program (replace Choice Program)
• $300 million for Urgent/Walk-In Care
• $100 million for Provider Agreements
FY 2020 IB Recommendation: Veterans Benefits Administration

VBA: $3.0 billion
BVA: $178 million
FY 2020 IB Recommendation: Construction Program

FY 2020 VA Construction: $2.8 billion

• Major Construction: $1.73 billion

• Minor Construction: $781 million
FY 2020 IB Recommendation: New Electronic Medical Record

EMR Replacement: $1.8 billion

"We need to be efficient and keep costs down in implementing our Electronic Health Record system. So, what shall we throw at it - more money or more meetings?"
FY 2020 Funding In Short...

• $103 billion to fund VA and continue reform and modernization efforts
• MISSION Act driving the BIG increases
2020 CRITICAL POLICY GOAL

Sufficient Funding for Veterans Benefits and Health Care
Adrian Atizado
Deputy National Legislative Director
aatizado@dav.org
Justice for Blue Water Navy Vietnam Veterans

Shane Liermann
Assistant National Legislative Director
1. History of Blue Water Navy

2. Legislation in the 115th & 116th Congress

3. Procopio v. Wilkie
Blue Water Navy & Agent Orange
From 1991 to 1997, VA conceded exposure to Agent Orange for Blue Water Navy veterans.
Agent Orange Act of 1991
VA implementation of the Agent Orange Act
➢ Veterans with the Vietnam Service Medal, to include those who served in the waters offshore, were exposed
➢ Ship Lists started at this time
Area designation for the Vietnam Service Medal also presumed to be the War Zone.
1993 VA General Counsel opinion

Veterans with service in the waters offshore were exposed to Agent Orange.
What Changed?
Veterans Benefits Improvements Act of 1996

- Extended war-time service in Vietnam
- Change of the “Period of War” for Vietnam per 38 CFR 3.2
- February 28, 1961, and ending on May 7, 1975, inclusive from August 5, 1964
The Veterans Benefits Improvements Act of 1996 and the change of dates for service in Vietnam, meant that it was Congress’s intent to only allow Agent Orange exposure for veterans with “boots on ground”
2002 VA Manual M21-1 Change

- Interpretation of 38 CFR 3.307 in M21-1

- The decisions to exclude Blue Water Navy veterans was not based on medical or scientific evidence, law, or Intent.
Court of Veterans Appeals in 2006
(Haas v. Nicholson)

- Held that the law does not limit
  application of Agent Orange benefits and
  exposure to those who set foot in
  Vietnam.
U.S. Appeals to the Federal Circuit in 2008 (Haas v. Peake)

- Overruled Haas v. Nicholson
- Gave deference to the Secretary’s definition of exposure to Agent Orange in Vietnam, as Secretary’s interpretation was not inconsistent.
Legislation in the 115th & 116th Congress
Blue Water Navy Legislation

Lawmakers began introducing legislation in 2008 to clarify their intent to include Blue Water Navy veterans as exposed to Agent Orange.
Blue Water Navy Legislation
115th Congress

HR 299 Blue Water Navy Vietnam Veterans Act

- Passed House 382 to 0
- Failed in the Senate
- 2 Senators objected & it failed
Blue Water Navy Legislation
116th Congress

HR 203 Blue Water Navy Vietnam Veterans Act

HR 299 Blue Water Navy Vietnam Veterans Act
U.S. Court of Appeals for the Federal Circuit
PROCIOPIO v. WILKIE
January 29, 2019

➤ Precedent Landmark Decision
➤ Overruled VA’s previous misinterpretations and held that it was Congress’s intent to include the territorial seas as serving in Vietnam.
Because “the intent of Congress is clear, that is the end of the matter.”
VA can appeal to the U.S. Supreme Court
90 days to file appeal
May be able to place stay/hold on Blue Water Navy Cases during the appeals process.
DAV Recommendations to VA Under Secretary for Benefits

In order for the VA to regain the trust of the veteran community, we urge them not to appeal the *Procopio* decision and to begin moving forward with processing claims by all Blue Water Navy veterans.
DAV Recommendations to VA Under Secretary for Benefits

VA should place a priority on processing all Blue Water Navy cases back to the date when the misinterpretation of exposure started, July 23, 1997.
Critical Policy Goal
Critical Policy Goal

Congress should enact HR203/299 or similar legislation to protect and codify Procopio v Wilkie, to ensure Blue Water Navy Vietnam Veterans receive all of the benefits earned through their service.
Shane Liermann
Assistant National Legislative Director

202-554-3501
sliermann@dav.org
DAV
Interim Women Veterans Committee Members

- Belinda Hill—Chair (LA)
- Ginny Hanson (RI)
- Amy Shepard-Bahl (IA)
- Tod Leaven (NC)
Women Veterans: The Journey Ahead Kickoff

- 45 Recommendations for Improving Health Care, Benefits and Service for Women Veterans

- Release Event on Capitol Hill September 13, 2018
  - Lunch and Learn attended by more than 100 Hill staff and stakeholders
    Featuring panel discussion with leading VA researchers and women’s health program administrators
Women Veterans: Unique Needs & Challenges

- **Women are Fastest Growing Subpopulation in Military and VA**
  - 15% of Active Duty Forces
  - 10% of Veteran Population
  - 7% of VA Patients (500K of 7 Million Users)

- **Women Veterans Have Different Challenges Than Men**
  - 73% of Women (ages 18-44) using VA Have a Service Connected Disability
Women Veterans: **Current VA Health Programs**

- **Designated Funding Required to Ensure Training, Culture Change**
  - Women’s Health Program—Comprehensive Primary Care Services
  - Designated Women’s Health Providers
  - Women Veterans’ Program Managers
  - Care Coordinators for Women Veterans
Women Veterans: Gender-Focused Research

- **Essential for Women Veterans to Participate in Research Studies**
  - Starting in 2010 Significant Increase in VA research on Women Veterans
  - Patient Data used to Identify Health Care Trends
  - Women Under-Represented in Million Veteran Program
Women Veterans: Care in the Community

- VA Must Maintain Women’s Health Care as Foundational Service at Each VA Medical Center and Provider Training Must Continue
  - Women Twice as Likely as Men to Receive Care in the Community
  - RAND Found Only 2% of NY Providers Prepared to Care for Veterans
  - Contracts with VA Community Partners Must Require Standards for Training, Service Availability and Quality
Women Veterans: Maternity & Fertility Services

- Influx of Young Post-9/11 Women Veterans Driving Increase in Maternity & Fertility Services
  - VA Purchases and Coordinates Maternity Care in Community
  - 44% Increase demand for services from 2011 to 2016
  - More Prone to High-Risk Pregnancies Due to Service Connected Injuries
Women Veterans: Suicide Risks & Prevention

VA Must Tailor Suicide Programs to Specific Needs of Women

- Women Veterans Suicide Risk is Twice That of Civilian Women
- Women Veterans’ Suicide Rates Increasing Twice as Fast as Male Peers
- Must Address Safe Storage of Firearms for Any Veteran at Risk of Suicide
Women Veterans: Need for Culture Change

- **Women Want to be Properly Recognized as Veterans and Equally Appreciated for Their Contributions to Military Service**
  - VA Must Expand Gender-Specific Programs & Eliminate Barriers Women Face Accessing All Programs, Services and Benefits
  - Historical Military Culture Contributes to Women Veterans’ Exposure to Sexual Discrimination, Harassment, and Trauma
  - DoD Must Have “Zero Tolerance” for Sexual Assault & Harassment
This parking is for Veterans, lady. Learn to read & have some respect.
Women Veterans: Homelessness & Justice Issues

- Twice as Likely to Become Homeless Compared to Civilian Women
  - More Likely to Live in Poverty and With Dependent Children
  - Greater Tendency Toward Unemployment, Intimate Partner Violence
  - Less Likely to Have Strong Family or Social Support Systems
  - A “Seamless” Child Care Benefit Would Improve Access to Care & Services
Women Veterans: MST-Related Disability Claims

- VA Inspector General Found VA Is Still Not Properly Processing Claims for PTSD Resulting from Military Sexual Trauma (MST)
  - Refocus on Employee Training and Management Accountability
  - Strengthen Role of MST Coordinators at Regional Offices
Women Veterans Bills Introduced in 116th Congress

- **S. 91** Creating a Reliable Environment for Veterans’ Dependents Act of 2019
- **S. 318** A bill to authorize the Secretary of VA to furnish medically necessary transportation for newborn children of women veterans
- **S. 319/H.R. 955** Bills to Improve Reproductive Assistance to severely wounded ill or injured veterans, expansion of retreats and child care
- **S. 374/H.R. 1092** Bill to expand health care and benefits from the Department of Veterans Affairs for military sexual trauma
Women Veterans Bills Introduced in 116th Congress

- S. 514 Deborah Sampson Act
- H.R. 95 Homeless Veteran Families Act
- H.R. 713 Eligibility for beneficiary travel for veterans seeking treatment for military sexual trauma in specialized outpatient or residential programs at VA facilities
- H.R. 840 Veterans’ Access to Child Care Act
Download – Women Veterans: The Journey Ahead  www.DAVwomenveterans.org
Establish Benefits Based on Burn Pit Exposure

Shane Liermann
Assistant National Legislative Director
1. History of Burn Pits

2. Concession of Exposure

3. VA Healthcare
History of Burn Pits
Did You Know?

Burn Pits were used in:

- Operations Desert Shield/Desert Storm
- Operation Joint Endeavor in Bosnia
Burn Pit Exposure

Since September 11, 2001, burn pits have been used throughout the operations in Afghanistan and Djibouti, as well as in Iraq after March 20, 2003.
What Are Burn Pits:

An area in military sites devoted to open-air combustion of trash. Open-air burning of wastes was once considered a combat operational necessity. Incinerators are now recommended.
Veterans exposed to:

- plastics,
- metal/aluminum cans,
- rubber,
- chemicals (such as paints, solvents),
- petroleum and lubricant products,
Veterans exposed to:

- munitions--unexploded ordnance,
- wood waste,
- medical waste,
- human & animal waste (feces & bodies),
- incomplete combustion by-products.
The pits do not effectively burn the volume of waste generated.
Smoke from the burn pits blows over bases and penetrated all living areas.
Burn Pit Exposure

Airborne Hazards and Open Burn Pit Registry

- OEF/OIF/Operation New Dawn
- Djibouti, Africa on or after 9-11-01
- Operations Desert Shield or Desert Storm
- Southwest Asia theater of operations on or after August 2, 1990
Concession of Exposure
Currently, the VA does not provide presumption of service connection for diseases related to burn pit exposure.

Nor do existing statutes concede exposure to toxins from burn pits.
In October 2018, the VA announced--contracting with the National Academy of Medicine to provide a comprehensive study of burn pit health effects.

The study is expected to be issued in 2020 or later. This may lead to presumptives.
Direct Service Connection

(1) Medical evidence of a current disability;
(2) Evidence of exposure to toxins;
(3) Evidence of a link between the claimed disability and the burn pit exposure.
Claims for Burn Pits Issues
June 2007 through November 2018

- 11,581 Claims with 2,318 granted (20%)
- Of the 9,263 denied
  - 44% were denied for no diagnosis
  - 54% were denied for no link to service
Current Situation

- No presumptives for burn pit exposure
- 80% of direct service connection claims for burn pits exposures have been denied.
What Do We Do Now?
Congress should concede burn pit exposure.

- If veterans served in areas with active burn pits, automatically considered exposed to burn pits.

- Include exposure to the toxins/chemicals noted currently in VA’s M21-1 Manual.
Congress should concede burn pit exposure.

Some of the PAHs that were tested for and detected are listed below. These results are from DoD testing from January through April 2007.

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<thead>
<tr>
<th>Acenaphthene</th>
<th>Acenaphthylene</th>
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<tbody>
<tr>
<td>Anthracene</td>
<td>Benzo(a)anthracene</td>
</tr>
<tr>
<td>Benzo(a)pyrene</td>
<td>Benzo(b)fluoroanthene</td>
</tr>
<tr>
<td>Benzo(b)fluoroanthene</td>
<td>Benzo(g,h,i)perylene</td>
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<tr>
<td>Benzo(k)fluoroanthene</td>
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<tr>
<td>Dibenz(a,h)anthracene</td>
<td>Fluoranthene</td>
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<td>Fluorene</td>
<td>Indeno(1,2,3-cd)pyrene</td>
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<td>Naphthalene</td>
<td>Phenanthrene</td>
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<td>Pyrene</td>
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Congress should concede burn pit exposure.

The following list reveals some of the VOCs that were tested for and detected at Balad. These results are from DoD testing from January through April 2007.

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<thead>
<tr>
<th>Acetone</th>
<th>Acrolein*</th>
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<tr>
<td>Benzene</td>
<td>Carbon Disulfide</td>
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<tr>
<td>Chlorodifluoromethane</td>
<td>Chlcromethane</td>
</tr>
<tr>
<td>Ethylbenzene</td>
<td>Hexane</td>
</tr>
<tr>
<td>Hexachlorobutadiene*</td>
<td>m/p-Xylene</td>
</tr>
<tr>
<td>Methylene Chloride</td>
<td>Pentane</td>
</tr>
<tr>
<td>Propylene</td>
<td>Styrene</td>
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<tr>
<td>Toluene</td>
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* Acrolein and Hexachlorobutadiene were, although seldomly, detected far above the MEG ratio—once over 1800 percent above the MEG for Acrolein and over 500 percent above the MEG for Hexachlorobutadiene.
Direct Service Connection

(1) Medical evidence of a current disability;
(2) Evidence of exposure to toxins;
(3) Evidence of a link between the claimed disability and the burn pit exposure.
Congress should concede burn pit exposure.

- Apply to all exposed to burn pits to include veterans currently eligible to join the Burn Pit Registry.

- Eliminate the need to prove each veteran’s exposure to burn pits.
Congress should concede burn pit exposure.

- A concession of burn pit exposure will not establish presumptive service connection; however, it will concede what toxins/chemicals a veteran was exposed to.
Congress should concede burn pit exposure.

- A concession of exposure will also ease potential presumptive service connection implementation by having defined those veterans exposed and locations of exposure.
VA Healthcare for Burn Pit Exposure
Healthcare for Burn Pit Exposure

Accessing VA health care for symptoms, illnesses and diseases related to toxic exposures remains a major concern for those veterans exposed to toxins.
Healthcare for Burn Pit Exposure

Public Law 110-181 extended the period of eligibility for health care for veterans who served in a theater of combat operations after November 11, 1998.
Healthcare for Burn Pit Exposure

Combat veterans who were discharged or released from active service on or after January 28, 2003, are eligible to enroll in the VA health care system for five years from the date of discharge or release.
Healthcare for Burn Pit Exposure

Currently, 38 U.S.C. Section 1710 allows for VA health care for veterans exposed to a toxic substance, radiation, or other conditions. However, this does not specifically address those veterans exposed to burn pits.
Healthcare for Burn Pit Exposure

We urge Congress to enact legislation to extend or eliminate the five-year period for VA health care for combat veterans or to amend 38 U.S.C. Section 1710 to include VA health care for veterans exposed to burn pits.
Shane Liermann
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Survivors’ Benefits

Jeremy Villanueva
Associate National Legislative Director
Improving Spouse and Survivor Benefits

- Elimination of Survivor Benefit Plan/Dependency and Indemnity Compensation offset
- Lowering DIC remarriage age
- Eliminate the delimiting date for spouses and surviving spouses for purposes of benefits provided under chapter 35
- Reducing the “10-year rule” for DIC eligibility
- Increase the DIC rate
What is DIC?

Dependency and Indemnity Compensation (DIC) is a tax free monetary benefit paid to eligible survivors of military Service members who died in the line of duty or eligible survivors of Veterans whose death resulted from a service-related injury or disease.
Eligibility

- Service members who died while on active duty, active duty for training or inactive duty training, OR
- Veterans who died as a result of a service-connected injury or disease, OR
- Veterans who did not die as a result of a service-connected injury or disease, but were totally disabled by a service-connected disability:
  - For at least 10 years before death, OR
  - Since their release from active duty and for at least five years before death, OR
  - For at least one year before death, if they were a former prisoner of war and died after Sept. 30, 1999.
Survivors Benefit Plan & Dependent Indemnity Compensation (SBP/DIC) Offset

- Today, a veteran who is eligible for both DIC and SBP would have their SBP payments reduced by the amount of DIC they receive.
- SBP is not a “gratuitous” benefit.
  - SBP is an insurance paid for by the retiree.
- DIC and SBP are distinct and unique benefits.
- Congress should repeal this offset as there is no duplication of benefits.
Lowering DIC Remarriage Age

• Current Law allows a surviving spouse to remarry at the age of 57 or older
• For Federal employee survivors, the age is 55
• 57 is an arbitrary age and causes an unnecessary burden
• Congress should lower the remarriage age requirement
What is Dependents’ Educational Assistance (Chapter 35)?

- Ch. 35 provides education and training opportunities to eligible dependents of certain veterans for up to 45 months.
- Who is eligible?
  - If you are a spouse
  - Child, between the ages of 18 and 26,
  - Of a Veteran who:
    - Died or is permanently & totally disabled as the result of a service-connected disability
    - A veteran who died from any cause while 100% P&T
    - Etc.
Delimiting Date for Chapter 35

• Currently, a spouse or dependent eligible for Ch. 35 benefits has 10 years from eligibility to apply for programs
• Indifferent to caregivers, family obligations, & extenuating circumstances
• Congress should remove the 10-year delimiting date for spouses and surviving spouses to use their educational benefits provided under chapter 35, United States Code
Increase DIC Amount

• DIC is a monthly benefit paid to eligible survivors/dependents
• Monetary value is less than 50% of what a veteran who is 100% receives
  • From $3,227 → $1,283
• Equating to the loss of approximately $24,000 a year
• Congress should index DIC benefits to 55% of a 100% disabled veterans compensation
Reduce the 10-Year Rule for DIC

- A veteran would have to be rated 100% for 10 years for DIC eligibility
- This time frame is non-negotiable
  - Spouses who gave up their careers
  - Dependent Children
  - Caregivers
- Congress should pass legislation that reduces the 10-year rule
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