



# OPERATION: **KEEP THE PROMISE**

**DAV** | 2024

## **DAV's Critical Policy Goals**

- Correct inequities for veterans receiving compensation benefits and provide parity in benefits for survivors
- Ensure the faithful implementation of the PACT Act and address gaps in toxic-exposure benefits
- Establish equity in VA care, services and benefits for women, LGBTQ+ and minority veterans
- Provide a full spectrum of long-term care options for service-disabled and aging veterans
- Bolster mental health resources to ensure reduction of veteran suicides
- Expand the VA's capacity to deliver timely, high-quality health care to veterans

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DAV empowers veterans to lead high-quality lives with respect and dignity. It is dedicated to a single purpose: keeping our promise to America's veterans. 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; providing employment resources to veterans and their families and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life. DAV, a non-profit organization with more than 1 million veteran members, was founded in 1920 and chartered by the U.S. Congress in 1932.



## Correct inequities for veterans receiving compensation benefits and provide parity in benefits for survivors

The Department of Veterans Affairs (VA) compensation system was designed to offset the loss of earning capacity based on service-related disabilities. However, ill and injured veterans and their survivors face barriers and inequities in maintaining financial security for themselves and their families due to unjust practices, failures to address parity and the negative impact of disabilities on a veteran's quality of life.

### **Allowing receipt of earned compensation and military payments without offsets**

The fiscal year 2004 National Defense Authorization Act (Public Law 108–136) authorized concurrent retirement and disability payments for longevity military retirees with at least a 50% VA disability rating. In other words, those with a 40% (or lower) VA disability rating have their retirement pay offset for every dollar of VA disability compensation received. Service members medically retired under Chapter 61 are not allowed to receive both retired pay and VA disability compensation.

Essentially, these veterans are funding their VA compensation for service-related disabilities with part of their retirement pay. These are two separately earned benefits, and any offset between longevity military retired pay and VA compensation is unjust.

- **Congress must enact S. 344/H.R. 1282, the Major Richard Star Act, to repeal the inequitable offset between rightfully earned military retired pay and VA disability compensation for all veterans, including medically retired combat veterans.**

Under current law, veterans are unfairly required to pay back separation pay from the Department of Defense (DoD) if they later become eligible for VA disability benefits. Separation payments are made to eligible active and reserve service members who have completed at least six but fewer than 20 years of active service. The lump-sum separation payment is not based on or due to disabilities incurred in service. Withholding a veteran's VA disability compensation due to an unrelated military separation benefit must end.

- **Congress must enact H.R. 3489, the Restore Veterans' Compensation Act, which would afford justice for ill and injured veterans by eliminating the unfair practice of the VA recouping separation payments, which are based on military service, and differ from VA disability compensation.**

### **Providing parity for survivors receiving dependency and indemnity compensation**

Created in 1993, Dependency and Indemnity Compensation (DIC) is a benefit paid to surviving spouses of either service members who die in the line of duty or veterans whose deaths are due to a service-related injury or disease. DIC provides surviving families with the means to maintain some semblance of economic stability after the loss of their loved ones.

The rate of DIC payments has been minimally adjusted since 1993. In contrast, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55%. Currently, DIC payments are approximately 41% of compensation for a 100% service-disabled veteran

with a spouse. This difference presents an inequity for survivors of our nation's heroes compared with survivors of federal employees.

- **Congress must enact S. 414/H.R. 1083, the Caring for Survivors Act, to ease the eligibility criteria for DIC and increase the monthly benefit amount to match benefits provided by other federal survivor programs.**

### **Eliminating the remarriage age for survivors in receipt of DIC**

The payment of DIC benefits was intended to provide surviving spouses with the means to maintain some semblance of economic stability for themselves and their families following the death of their veteran. For decades, surviving spouses were no longer eligible for DIC benefits if they remarried before age 57. Then in 2021, the remarriage age was lowered to 55.

Removing the remarriage age for surviving spouses has been a long-standing issue for DAV. Surviving spouses who are currently in receipt of DIC benefits should not have to worry about losing their benefits if they remarry before age 55.

- **Congress must enact S. 1266/H.R. 3651, the Love Lives On Act, to eliminate the remarriage age for survivors in receipt of DIC.**



## **Ensure the faithful implementation of the PACT Act and address gaps in toxic-exposure benefits**

The historic passage of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act, or PACT Act (Public Law 117-168), will provide Department of Veterans Affairs benefits and health care to millions of veterans exposed to burn pits, radiation, Agent Orange and other toxins.

### **Monitoring the implementation of the PACT Act**

Proper implementation of the PACT Act is key to ensuring veterans can access their earned VA benefits and services. During the first year of the PACT Act, the VA received over 900,000 PACT Act-related claims and decided over 476,000. The average days pending for PACT Act-related claims was 154 days.

- **Congress must continue rigorous oversight of PACT Act-related claims and require the VA to provide data on claims granted and denied, quality of exams and processing, and transparency regarding quality assurance.**

### **Recognizing exposures and related diseases at K2**

Between 2001 and 2005, more than 15,000 service members deployed to Karshi-Khanabad Air Base in Uzbekistan in support of military operations into northern Afghanistan following 9/11. Known as K2 or Camp Stronghold Freedom, the former Soviet air base contained residuals of chemical weapons, radioactive depleted uranium and jet fuel, among nearly 400 other chemical compounds. The Department of Defense knew that service members there were exposed to these dangerous toxins, and a 2015 U.S. Army study found that K2 veterans have a 500% greater chance of developing certain cancers.

While the PACT Act includes K2 veterans in the burn pit presumptive diseases, the VA has still not recognized the other toxic exposures and potential diseases unique to K2. Because of these gaps, many veterans will be denied access to life-changing health care and benefits.

- **Congress must enact legislation that concedes exposures to radiation, jet fuel and chemical weapons at K2, and provides for studies and related presumptive diseases.**

### **Ensuring parity for radiation-exposed veterans and removing the dose estimate requirement**

Under current law, to establish entitlement to compensation for VA presumptive diseases due to radiation exposure, the VA requires not only proof of a veteran's on-site participation but also radiation dose estimates from the Defense Reduction Agency and then a medical opinion if that dose estimate caused the claimed presumptive disease.

With the expansion in the PACT Act, more than 8,000 veterans who helped clean up radioactive sites became eligible for VA benefits. The VA said that, of the roughly 4,100 processed radiation-related claims, it denied more than 3,500 and granted about 570 from Aug. 10, 2022, to Aug. 10, 2023. In other words, the VA rejected 86% of radiation claims.

The Department of Justice Radiation Exposure Claims Act (RECA) program establishes compensation for individuals who contracted specified diseases related to atmospheric nuclear weapons development tests in the American Southwest. The RECA program is available to uranium workers and

miners, civilians exposed in downwind areas and veterans. A lump sum is payable to veterans who were on-site participants at the atmospheric nuclear weapons tests.

RECA does not require claimants to prove causation of the diseases related to the radiation exposure, nor does it require dose estimates of exposures. Veterans who were exposed on-site can receive compensation from the federal government without dose estimates and without proving that the claimed disease is directly caused by the dose estimate of radiation exposure.

As displayed by the VA's denial of radiation claims based on the dose estimate requirements and the ease civilians have to obtain benefits in the RECA program, Congress must pass legislation to provide veterans parity with civilians exposed to radiation.

- **Congress must enact H.R. 4566, the Providing Radiation Exposed Servicemembers Undisputed Medical Eligibility (PRESUME) Act, to remove the VA dose estimate requirement for radiation exposure.**

### **Recognizing exposures and diseases associated with PFAS**

Perfluoroalkyl and polyfluoroalkyl substances (PFAS) are human-made chemicals with at least one fully fluorinated carbon atom. PFAS chemicals are found in many products, such as clothing, carpets, fabrics for furniture, adhesives, paper packaging for food and heat-resistant/nonstick cookware. They are also present in firefighting foams (or aqueous film forming foam (AFFF)) used by both civilian and military firefighters.

In the 1970s, the DoD began using AFFF to fight fuel fires. The release of these chemicals into the environment during training and emergency responses is a major source of PFAS contamination of groundwater on military bases. The two most prevalent PFAS chemicals in AFFF are perfluorooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS).

According to DoD data, more than 700 U.S. military sites are known or likely to have discharged PFAS, typically from the use of firefighting foam.

In 2022, the National Academies of Sciences, Engineering and Medicine report Guidance on PFAS Exposure, Testing, and Clinical Follow-Up found sufficient evidence of an association with PFAS exposure and decreased antibody response, dyslipidemia and increased risk of kidney cancer. Additionally, they found limited or suggestive evidence of an association with PFAS exposure and increased risk of breast cancer, liver enzyme alterations, increased risk of pregnancy-induced hypertension, increased risk of testicular cancer, thyroid disease and dysfunction, and increased risk of ulcerative colitis.

In August 2022, a large clinical study found that people with high levels of PFAS in their blood are more likely to develop hepatocellular carcinoma, the most common form of liver cancer. In October 2023, a systematic review and meta-analysis associated PFAS exposure to kidney cancer and testicular cancer.

Originally, the PACT Act included a PFAS registry and studies. However, it was removed before final passage. It is clear that the existing science has associated PFAS exposure with many lethal conditions, yet the VA does not concede PFAS exposure nor provide any presumptive diseases.

- **Congress must enact S. 2294/H.R. 4249, the Veterans Exposed to Toxic PFAS (VET PFAS) Act, to add presumptive diseases for PFAS exposure and to provide health care for veterans and their families.**



## **Establish equity in VA care, services and benefits for women, LGBTQ+ and minority veterans**

Growth in the number of women, LGBTQ+ and racial and ethnic minority individuals serving in the military has created an increasingly diverse veteran population. This diversity has created challenges for the Department of Veterans Affairs—specifically, challenges to ensure equity in access to health care, services and benefits for all the veterans it serves.

### **Enhanced research and data collection needed for program improvement**

Identifying differences in health outcomes among veteran subpopulations requires the VA to collect and analyze veteran data that has not previously been collected or is not easily aggregated by sex, LGBTQ+ or minority status. Veterans themselves are often reluctant to report this sensitive type of information for fear of discrimination. However, without such data, the VA is unable to identify or address negative trends that can prevent successful health outcomes and timely access to care.

VA research indicates that there are differences in health outcomes and satisfaction rates among these distinct populations. For example, conditions such as uncontrolled diabetes and hypertension are more common for certain minority groups than white peers. LGBTQ+ veterans report poorer mental and emotional health. The VA also identified significant differences in Hispanic, Asian Pacific/Hawaiian Islanders and LGBTQ+ veterans' perceptions of patient-centered care, access to care and coordination of care, which indicate less satisfaction among these groups than those in control populations.

#### **The VA must:**

- **Improve outreach to recruit women, LGBTQ+ and minorities for VA research projects.**
- **Improve methodologies for collecting and analyzing data to ensure health equity among all veteran subpopulations.**
- **Mandate VA staff education and training to eliminate disparities in use of evidence-based treatments for certain conditions.**

### **Ensure diverse representation and culturally sensitive programming**

Veterans who believe their voices are not heard risk being isolated, falling through the gaps and feeling lost in a large bureaucratic system such as the VA. Program offices and federal advisory committees are essential in developing and implementing strategies and programs to meet the unique needs of these veterans.

Peer support is another important way to personalize veterans' care journeys and make treatment more culturally relevant, which increases veterans' engagement and may ultimately aid in their recovery. There is also some evidence that social connectedness is protective against suicide, so encouraging involvement in social support networks, including veterans service organizations, may result in improved health outcomes for vulnerable veterans.

#### **The VA must:**

- **Promote strategies and care plans for meeting the unique needs of women, LGBTQ+ and minority veteran populations through targeted outreach efforts, special programming and the Veterans Experience Office.**

- **Ensure that all veteran subpopulations have representation on federal advisory committees and in VA strategic plans and internal programming.**
- **Use peer support specialists throughout its service lines, with a focus on increasing the diversity of peer specialists.**

### **Ensure access to quality clinical services wherever care is received**

The VA is not always able to provide women's gender-specific services at all locations, requiring the VA to purchase such care from community providers. For this reason, care coordinator programs are essential for women. These services increase awareness about VA benefits, programs and supportive services; help facilitate communication between veterans and providers; and assist with scheduling and administration of specialized services. Care coordinators can help women, LGBTQ+ and minority veterans identify VA resources that may be important to them and serve as navigators to programs that meet their specific needs.

The VA is continuing efforts to hire and train health providers to deliver gender-specific care to women, but staffing shortages challenge the VA's ability to ensure access to knowledgeable providers throughout the system. Women must often use community resources to obtain necessary gender-specific care; therefore, it is critical to ensure community partners' training and cultural competence about veterans is similar to that of VA providers.

#### **The VA must:**

- **Conduct sensitivity training for front-line staff and create programs to specifically address barriers to care and improve patient satisfaction for women, LGBTQ+ and minority veterans.**
- **Ensure adequate resources for specialized care coordinators.**
- **Mandate certain training and data collection on quality and access for community partners to ensure consistent quality care delivery.**
- **Ensure policies exist for veterans using community care so they have access to VA wraparound services.**

### **Improve environment of care**

Women, LGBTQ+ and minority veterans who feel threatened or unsafe when seeking VA care are likely to delay or forgo health care treatment, which may lead them to be retraumatized for the very conditions for which they seek help. Separate entryways for women veterans clinics, strategically placed doors and walls to enhance privacy, appropriate lactation facilities, gender-neutral bathrooms and inclusive signage can help make the VA more inviting for all the veterans it serves.

The VA has also implemented initiatives to address harassment of women, minority and LGBTQ+ veterans at its facilities. Its Stop Harassment campaign has sought pledges to work toward these goals, offered training for staff and bystanders, and created general awareness about the issue throughout the system.

#### **The VA must:**

- **Continue its Stop Harassment and White Ribbon campaigns to address harassment throughout the system, which includes offering training for staff, veterans and bystanders.**
- **Ensure infrastructure and environment of care changes are made that enhance privacy, safety and dignity for vulnerable veterans.**
- **Include signage and diverse staff representation to ensure women, LGBTQ+ and minority veterans feel they are represented, valued and welcomed at all VA facilities.**





## **Provide a full spectrum of long-term care options for service-disabled and aging veterans**

The Department of Veterans Affairs program of Geriatrics and Extended Care (GEC) includes a broad range of long-term supports and services for aging and disabled veterans. The VA's institutional long-term care (LTC) services are provided through 134 VA-operated Community Living Centers (CLCs), 162 VA-supported State Veterans Homes (SVHs) and hundreds of community-based skilled nursing facilities under contract with the VA.

The VA faces three key challenges meeting the growing demand for long-term care: workforce shortages, geographic alignment of care (particularly for veterans in rural areas) and difficulty meeting veterans' needs for specialty care. The VA must work to establish a VA-wide standardized tool for evaluating noninstitutional care needs for veterans.

### **Increase veterans' access to long-term care**

An aging veteran population, including a growing number of service-disabled veterans with specialized needs, will require long-term care. While the overall veteran population is decreasing, the number of veterans in the oldest age cohorts with the highest use of LTC services is increasing significantly. For example, the number of veterans with disability ratings of 70% or higher, which guarantees mandatory LTC eligibility, and who are at least 85 years old is expected to grow by almost 600%. Therefore, costs for LTC services and supports will need to double by 2037 just to maintain current services. In addition, there are tens of thousands of aging veterans with disability ratings of 50% and 60% who need LTC services but do not currently have mandatory eligibility under the law.

- **Congress must expand mandatory eligibility for long-term nursing home care to VA service-connected veterans rated 50% and 60%.**
- **Congress must provide sufficient resources to address increased demand and address workforce shortages.**

### **VA community living centers and state veterans homes**

The VA provides care to approximately 9,000 veterans each day in its 134 CLCs and approximately 30,000 veterans in SVH LTC beds in skilled nursing and domiciliary facilities, combined. VA CLCs can provide care for seriously disabled veterans with spinal cord injuries, traumatic brain injury, and neurobehavioral and memory or dementia issues, whereas most nursing homes in the community may be challenged to provide this type of specialized care.

- **Congress must increase resources for modernization and expansion of VA CLCs and SVHs to meet the specialized needs of seriously disabled veterans.**
- **The VA must meet veterans' needs for specialty care by ensuring adequate providers and partnerships in the community, when needed.**

### **Home and community-based care services**

Funding for home and community-based services in recent years has not kept pace with population growth, demand or inflation. To meet the exploding demand for long-term care for veterans in the years



ahead, Congress must provide the VA with resources to significantly expand home and community-based programming while also modernizing and expanding facilities that provide institutional care.

- **Congress must increase funding to ensure adequate resources are available to support home and community-based care services, when and where needed.**
- **The VA must dedicate new resources to address staffing and infrastructure gaps in order to maintain excellence in skilled nursing care, for both CLCs and SVHs.**
- **The VA must expand access nationwide to innovative and cost-effective home and community-based programs, such as veteran-directed care and medical foster home care.**
- **Congress must enact S. 495/H.R. 1815, the Expanding Veterans' Options for Long Term Care Act, legislation to carry out a pilot program to provide assisted-living services to eligible veterans.**

### **Program of comprehensive assistance for family caregivers**

Finally, the VA and Congress must address problems with eligibility criteria for the Program of Comprehensive Assistance for Family Caregivers (PCAFC), a program that is now available to caregivers of veterans from all eras. In 2020, the VA adopted new eligibility regulations concurrent with the expansion of PCAFC, which had the adverse impact to be found eligible for—or remain in PCAFC. In March 2021, the VA announced that all expulsions from the department's caregiver support program would be halted while officials reevaluated new eligibility criteria.

- **The VA must replace the current eligibility regulations for PCAFC and create new standards that are clear, consistent and equitable.**
- **The VA must provide detailed explanations on how standards will be measured and applied in each PCAFC decision notification sent to veterans and caregivers.**



## **Bolster mental health resources to ensure reduction of veteran suicides**

The Department of Veterans Affairs' Veterans Health Administration (VHA) is a recognized leader in suicide prevention and has a full continuum of mental health services that are comprehensive and recovery-oriented, treating issues common among veterans such as post-traumatic stress disorder, substance use disorders, traumatic brain injuries, depression, anxiety and conditions related to military sexual trauma. The VA also provides wraparound supportive services that allow the department to address care coordination; case management; and social determinants such as employment, housing and vocational training to assist the veterans it serves.

### **Rates of suicide among veterans**

In 2021, there were 6,392 veteran suicide deaths. The 2023 National Veteran Suicide Prevention Annual Report reflects the complexity of suicide inherent in the veteran population, and noted that in 2021, veterans and the entire U.S. population directly faced health and mortality effects of the COVID-19 pandemic, with evidence of the highest increases in distress among veterans ages 18 to 44 and among women veterans. These increases in reported distress were associated with increasing socioeconomic concerns, greater problematic alcohol use and decreased community integration. Given these findings the VA must continue the expansion of readily accessible crisis intervention services.

The increase in veteran suicides seen in 2021, compared with 2020, was particularly prominent in women veterans, for whom there was a 24.1% increase in the age-adjusted suicide rate, compared with an increase of 6.3% among male veterans. Congress must continue to provide additional resources for mental health services if they are deemed necessary for VHA to both strengthen and improve its suicide prevention efforts.

- **Congress must enact S. 928/H.R. 4157, the Not Just a Number Act, legislation to require the VA to examine the factors that best prevent veteran suicide and the relationship of benefits usage.**

### **Lethal-means safety a key component of reducing veteran suicide**

In 2021, firearms were involved in 73.4% of suicide deaths among veteran men, compared with nonveteran men, and in 51.7% of suicides by veteran women compared with nonveteran women. To address this issue, VHA created a multifaceted campaign in partnership with the National Shooting Sports Foundation to highlight lethal-means safety for veterans at risk for self-harm or suicide. While there is still more work to do to reduce the fear among veterans who believe their firearms will be confiscated if they seek mental health help from the VA, this partnership appears to be building trust within the veteran population.

- **Congress must appropriately fund the VA's lethal-means safety campaign and support similar programs that show promise in reducing suicide among veterans.**
- **The VA must continue to promote firearm secure storage for veteran suicide prevention.**

## **Specialized programs and services critical in preventing suicide**

VHA was a leader in establishing integrated primary care and behavioral health programs and universal screenings to assist providers in targeting at-risk veterans and flags for certain high-risk veterans through its predictive analytics Recovery Engagement and Coordination for Health–Veterans Enhanced Treatment (REACH VET) program. Increased risk was also found in veterans identified with specific substance use disorders related to opioid, cocaine, cannabis and stimulant use.

However, the VA's most recent annual suicide report indicates that many of the veterans using VHA who die by suicide are those who have not used mental health or substance use disorder services. The VA should reevaluate its screening instruments and programming to capture more of the unidentified veterans at risk for suicide and improve treatment options and programs for veterans with substance use disorders.

- **The VA must improve tailoring of prevention and intervention services to the needs, issues and resources unique to veteran subpopulations.**

## **Increase staffing levels of VA mental health providers**

A 2023 Office of Inspector General report notes that 91 of 139 VA facilities identified severe shortage of psychologists and 73 facilities identified severe shortage of psychiatrists. The newly enacted Honoring our PACT Act (Public Law 117–168) is predicted to increase demand for health care and mental health services within VHA, and while new mental health hiring authorities included in the law are meant to help address increased demand, more staffing is necessary.

**Congress must enact:**

- **S. 10, the VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act of 2023.**
- **H.R. 5247, the Expedited Hiring for VA Trained Psychiatrists Act of 2023.**

## **Improve clinical competence of providers in VA community care network**

Unlike VA providers, community providers in the Veterans Community Care Network (VCCN) are not required to take available training in suicide prevention and competence in lethal-means safety counseling for at-risk veterans. Understanding the veteran experience and common mental health conditions among this population, along with training in VA evidenced-based treatments, is essential for delivery of quality care and successful health outcomes.

- **The VA must require all providers in the VCCN complete the same suicide prevention and lethal means safety counseling training mandated for VA providers.**
- **Congress must enact H.R. 3811, the Veterans Mental and Behavioral Health Quality of Care Act, legislation to require the VA to conduct a study comparing the quality of care provided by VA and non-VA mental health providers.**



## **Expand the VA's capacity to deliver timely, high-quality health care to veterans**

Over the past decade, the Department of Veterans Affairs' Veterans Health Administration has experienced unprecedented growth and stress and undertaken historic reforms to ensure that veterans have timely access to high-quality health care. However, an increasing number of veterans are being referred to the community for care due to their inability to access care in a timely manner. Service-disabled veterans indicate they want to receive care at the VA whenever possible due to its comprehensive and specialized veteran-centric care and wraparound services. For the VA to remain the primary provider of care, it must improve its capacity by addressing staffing needs, an aging infrastructure and challenges with its electronic health record (EHR) modernization efforts.

### **Vacancies and staffing shortages**

The VA's workforce shortages and challenges mirror those of the private sector and more so now by the passage of the Honoring our PACT Act (Public Law 117–168). According to an August 2023 Office of Inspector General (OIG) report, facilities reported 3,118 severe occupational staffing shortages across 282 occupations in fiscal year (FY) 2023; 88% of facilities reported severe occupational staffing shortages for medical officers, and 92% of facilities reported severe shortages for nurses. Every facility the OIG surveyed reported at least one severe occupational staffing shortage, with VHA vacancies reported at approximately 75,000 at the end of FY 2023.

The VA must continue to accelerate its recruitment and retention efforts and expedite its hiring and onboarding processes to expand its capacity to deliver high-quality health services to our nation's veterans.

- **Congress must enact S. 10, the VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act of 2023, to improve the workforce of the VA.**

### **Aging health care infrastructure**

According to the VA, while private sector health facilities' median age is about 11 years old, VA facilities' median age is nearly 60 years old. Facilities of this era are difficult to renovate and were not designed to accommodate the technological and design innovations that support modern health care delivery. For the VA to continue to be the primary health care provider and care coordinator of choice for veterans, it must improve its internal capacity by building or modernizing facilities to better meet the needs of current and future veterans through a broad range of primary and specialized care.

- **Congress must enact S. 42/ H.R. 3225, the BUILD for Veterans Act of 2023, to improve the management and performance of VA capital asset programs to better serve veterans.**
- **Congress and the VA must create a strategic plan to modernize VA infrastructure and significantly increase construction funds for health care facilities to increase the VA's internal capacity.**

### **Information technology and electronic health record modernization**

In June 2017, the VA initiated plans to replace its existing health record system (VistA) because of its technical complexity, cost to maintain and lack of interoperability with other organizations.

The VA's ongoing transition to a new electronic health record hit some stumbling blocks during its initial rollout and again in 2022 as reports of problems surfaced regarding patient safety and employee user dissatisfaction with the new system. Following a reassessment of its efforts in 2023, the VA released a revised national rollout plan to address improved training and implementation problems. The success of this new EHR system is critical to the future of the entire VA health care system, including truly seamless scheduling and clinical care coordination.

- **Congress must provide rigorous oversight of the VA's new EHR system to ensure that patient care, safety and other mission-critical work, including data collection and research, are not negatively affected.**
- **The VA must oversee contracts with vendors and hold them accountable to meet standards, expectations and timely delivery of services.**
- **The VA must hold itself accountable to ensure the EHR is operable and, most importantly, safe for veteran care management, as well as compliant with all security needs for personal identification and information.**

### **Expanding access to VA care through telehealth and virtual health services**

As the largest provider of telehealth services in the country, the VA is leading the nation in telemedicine advancement. In FY 2022, more than one-third of veterans who received care from the VA did so using virtual health care services, which has helped to expand access to VA care, especially in rural and remote locations.

- **The VA must continue to leverage and build its infrastructure for virtual health services to fill gaps created by provider shortages, long distances to health care facilities and limited transportation options that often keep veterans from obtaining timely, quality care.**
- **The VA must carefully study the efficacy and effectiveness of virtual health care to determine its optimal use to ensure the best health outcomes for veterans.**

### **VA fourth mission for national emergencies**

The VA's fourth mission is to improve the nation's preparedness for response to war, terrorism, national emergencies and natural disasters by developing plans and taking actions to support national, state and local emergency management, public health, safety and homeland security efforts.

- **The VA must continue to maintain sufficient health care capacity to meet its fourth mission functions during national emergencies while also ensuring that veterans continue to have uninterrupted and timely access to VA health care.**



# BY THE NUMBERS



Nearly 1 million veteran members are organized into over 1,200 local chapters and 52 departments, including Puerto Rico and the District of Columbia.



More than 12.4 million claims for benefits have been submitted by DAV since the organization was chartered by Congress in 1932.



More than 1.1 million veterans trust DAV with their power of attorney to represent them for benefits claims and received more than \$28.4 billion in earned benefits in 2023.



In 2023, over 549,000 hours were donated by volunteers in VA hospitals and clinics.



DAV Transportation Network volunteers provided more than 245,000 no-cost rides for ill and injured veterans to VA medical facilities in 2023.



With a value of more than \$90 million, DAV has donated a total of 3,763 vehicles to the VA since 1987 to ensure veterans can access the care they earned in service.



In 2023, DAV acquired Patriot Boot Camp, which provides entrepreneurs in the veteran and military-connected community with the resources and education they need to become business founders and employers. The program's 1,000 alumni have raised more than \$150 million in venture capital and employ more than 1,900 individuals.



Since 2014, DAV has co-hosted 977 job fairs, connecting nearly 310,491 active-duty service members, Guard and Reserve members, veterans and spouses with employment, resulting in more than 181,036 job offers.



During 2023, DAV donated over \$726,00 to 1,038 veterans affected by natural disasters, including hurricanes, tornados, floods and fires throughout 21 states, Puerto Rico and the District of Columbia.