FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

ISSUE BRIEF: ADVANCE APPROPRIATIONS FOR ALL VA PROGRAMS, SERVICES AND BENEFITS

The Situation

- Over the past 25 years, the full-year budget for the Department of Veterans Affairs (VA) has been enacted by the start of the fiscal year only three times. Consequently, VA has been hampered by short-term continuing resolutions (CRs) that have created financial uncertainty and prevented efficient planning and execution of veterans funding.

- Without knowing how much funding would be available at the start of the fiscal year begins, VA has been hindered in hiring new employees, procuring major equipment, signing contracts or starting new initiatives to improve the delivery of benefits and services to the men and women who served.

- In 2009, as the result of a multi-year grassroots advocacy effort by DAV and other VSOs, Congress passed, and the President signed, the Veterans Health Care Budget Reform and Transparency Act (Public Law 111-81) to provide advance appropriations for veterans medical care programs. That law has been universally acclaimed as a success.

The Challenge

- The bipartisan Putting Veterans Funding First Act (H.R. 813/S. 932), introduced last year would extend advance appropriations to mandatory benefits (disability compensation payments) and to the remaining VA discretionary accounts, including VBA claims processing, IT programs, including medical IT, construction, research and burials.

- Both the House and Senate Veterans' Affairs Committees have approved the Putting Veterans Funding First Act (H.R. 813/S. 932), however neither chamber has brought the bill to the floor for a vote of the full body.

- This advance appropriations legislation will not increase spending nor add to the deficit since the funding levels are still set by Congress every year; however the law authorizing that spending will be approved well before annual budget battles begin.

- Furthermore, every oversight tool Congress uses today for regular appropriations will be available for advance appropriations.

The Solution

- Both the House and the Senate must quickly bring the Putting Veterans Funding First Act up for a vote and send it to the President for approval.

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FULFILLING OUR PROMISES
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ISSUE BRIEF: COMPREHENSIVE BENEFITS FOR CAREGIVERS OF VETERANS OF ALL ERAS

The Situation

- Family caregivers are an important part of VA's long-term services and supports system and provide the vast majority of the care and support for loved ones with chronic care needs and functional limitations. As caregivers, research shows they routinely experience negative physical, emotional, and financial consequences. Currently, VA only provides comprehensive benefits to caregivers of veterans severely disabled on or after September 11, 2001. Family caregivers of severely disabled veterans from earlier wars are unable to receive the same comprehensive support to address fully the burdens and strains of a lifetime of caregiving.

The Challenge

- Once a severely injured veteran returns home, their family caregiver provides crucial support to help them reintegrate into their community and achieve their highest quality of life. It is widely recognized that informal caregiving can delay or prevent a veteran from being institutionalized—a significant cost to the government and tax payers. However, care giving often takes a tremendous toll on the caregiver's health and well-being.

- A study conducted by the National Alliance for Caregiving on caregivers of disabled veterans from all war eras found that 90 percent report increased stress or anxiety and nearly 80 percent experience sleep deprivation. Caregivers of veterans report declines in healthy behaviors—such as exercising, eating habits, and going to one's own doctor and dentist appointments, and similar proportions experience depression.

- Seven in 10 caregivers of veterans also feel isolated and more than half hesitate to take the veteran outside the home. More than half of the caregivers in the study cut back the number of hours in their regular work schedule and almost half stopped work entirely or took early retirement. Fifty percent of caregivers of veterans report feeling a high degree of financial hardship compared to 13 percent of other caregivers nationally.

- Authorized by Public Law 111-163, VA's Program of Comprehensive Assistance for Family Caregivers provides essential caregiver services and supports, but only to the newest generation of severely injured and wounded veterans.

- Preliminary data from caregivers receiving VA comprehensive support suggests the program is effective. Initial review of the data suggests a significant decrease among caregivers of experiencing the negative psychological, behavioral, and physiological effects of care giving. The data also suggest a significant decrease in veterans being admitted for inpatient care.

- For far too long, countless caregivers have been caring for veterans severely injured from previous wars, with inadequate support. After a lifetime of caregiving, these caregivers are now aging themselves and their capacity to continue in their role as caregivers is being compromised.

The Solution

- DAV urges Congress to correct the inequity in the eligibility of VA caregiver support benefits and services making them available to veterans of all eras.

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ISSUE BRIEF: LEASED VA HEALTH FACILITIES BEING HELD UP

The Situation

- Between now and 2017, the Department of Veterans Affairs (VA) plans to open dozens of new community-based outpatient clinics in 22 states and territories, including California, Connecticut, Florida, Georgia, Hawaii, Kansas, Louisiana, Massachusetts, New Jersey, New Mexico, Puerto Rico, Texas, and South Carolina.

- These clinics would be staffed by VA employees and operated as VA facilities. This leasing arrangement has worked very well in hundreds of existing VA community-based clinics, nationwide.

- Beginning in September 2012, Congress forced VA to find funds for all new leases to cover an entire 20-year period rather than provide funding for only the first year as in prior practice. Because VA could not pay the entire cost in the first year for so many clinics (up to $1.5 billion), this new interpretation effectively stopped all further leases. This program has been in limbo for almost 18 months.

- In the face of this stalemate and from a practical point of view, VA will need to resort to buying land and building government-owned clinics, and follow other required government procedures that will add years to the existing planning process, and at a significantly higher cost.

The Challenge

- Without these leased clinics, VA will be denying care to veterans in need, while making their health care more expensive. The cost to the government to provide care in these clinics is far less than in major VA hospital facilities. No longer being able to lease, VA will add years to the existing planning process for any new clinics.

- VA is managing almost 900 existing community-based outpatient clinics approved by Congress in prior years without this new obstacle. Nearly all of them operate in leased space. This arrangement should not be halted at the expense of hundreds of thousands of veterans who would be denied care in these planned sites.

The Solution

- A House bill, H.R. 3521, to authorize many of these leases and change the funding policy that has delayed them for nearly 18 months, passed the House by a near unanimous vote. These same provisions are pending in a Senate omnibus bill, S. 1982.

- Congress needs to immediately change this unfair and inequitable policy by enacting corrective legislation, and to get these VA leases authorized so that veterans may receive cost-effective and convenient health care.

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ISSUE BRIEF: CRITICAL INFRASTRUCTURE NEEDS

The Situation

- VA manages and maintains more than 5,600 buildings and almost 34,000 acres of land, valued at $45 billion or more. VA attempts to maintain these structures in a workable state, but the average age of a VA building in use today is over 60 years, and some are more than 100 years old.
- Although VA has addressed a number of critical infrastructure needs in these facilities, according to VA's own projections, more than 3,900 gaps linger and will cost from $54 to $66 billion to rebuild or repair, including $10 billion needed for activation costs associated with new facilities.
- VA research laboratory infrastructure provides an important link to 104 medical schools, and other academic affiliates. An independent report released in 2012 found unmet needs of nearly $800 million to bring research facilities up to date and make them safer, including complete replacement of many determined too expensive to repair. The report indicated many of the needs in VA research facilities involve life-safety risks.
- Congress provided VA slightly more than $1 billion for both major and minor construction combined in Fiscal Year (FY) 2014—far below the amount actually needed, and far less than the $3.1 billion recommended by the *Independent Budget* and DAV.

The Challenge

- To modernize the veterans' health care system VA will need to invest $30 to $35 billion over the next decade and more, in major and minor construction, and for capital leases. The residual $20 billion will be needed to address nonrecurring maintenance deficiencies.
- At VA's documented pace of budget proposals for major and minor construction, through its "Strategic Capital Investment Plan"—an internally developed 10-year planning forecast, VA will actually need 25 years to achieve its stated goals. In effect, VA is not positioned today to address urgent capital infrastructure needs.
- VA has proposed Congressional authorization of a number of capital leases, primarily to host VA-operated community-based outpatient clinics. The Congressional Budget Office (CBO) has concluded Congress must appropriate all lease payments over the life of the lease as a part of the authorization of the initial lease itself. In the previous CBO policy, Congress only needed to appropriate the first-year lease cost if it exceeded $1 million, leaving subsequent lease years to future discretionary budget requests. While 27 proposed VA leases await authorization in the pipeline, the revised CBO policy effectively halts any further capital leases for VA facilities, with the potential of denying access to care to a significant population of veterans now, and even more in the future.

The Solution

- DAV recommends VA develop a long-term strategy for its capital infrastructure needs, including its research laboratories, and secure sufficient funding support to implement this strategy.
- As a partner in the *Independent Budget*, for FY 2014, DAV recommends $3.1 billion be appropriated in VA's two key capital infrastructure accounts, VA Major Medical Facility and Minor Construction. For VA research facilities, DAV urges Congress to include $50 million for major construction, and $175 million in minor construction and maintenance and repair funding.
- DAV urges Congress to address CBO's new policy that has essentially halted VA capital lease authorization, either with legislation or by changing CBO's new methods for evaluating the cost of leased projects.

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ISSUE BRIEF: ELIMINATING OFFSETS FOR VETERANS AND SURVIVORS

The Situation

- Longevity military retirees are able to receive full VA compensation for their service-related disabilities rated 50 percent or higher without any offset of their military longevity retirement pay. Those rated 40 percent or lower should also receive their full longevity military retirement pay and VA compensation to account for reduction in their earning capacity.

- Purchased Survivor Benefit Plan (SBP) annuities are offset by the amount of any benefit payable under the VA Dependency and Indemnity Compensation (DIC) program. SBP is not a gratuitous benefit; rather, it is purchased out-of-pocket by military retirees. Thousands of survivors of military retirees are adversely affected by this unfair offset between SBP and DIC benefits.

The Challenge

- Service-members who retire from the military after 20 or more years of service must forfeit a portion of their retirement pay in order to receive VA compensation for service-related disabilities. Essentially, forcing military longevity retirees to fund their service-related disabilities with their retirement pay.

- If a longevity military retiree must forfeit a dollar of retired pay for every dollar of VA disability compensation otherwise payable, our government is, in effect, not compensating the veteran for the service-connected disability he or she suffered. Any offset between longevity military retired pay and VA compensation is unjust because no duplication of benefits is involved.

- Unlike many other public and private retirement plans, survivors of military retirees are not entitled to any portion of a retiree's annuity following death of that retiree. Under the military's SBP program, however, a survivor's annuity may be purchased through deductions from retirement pay.

- Upon the retiree's death, the SBP annuity is paid monthly to eligible beneficiaries; however, if a surviving spouse is also entitled to DIC, the SBP benefit is reduced by the amount of the DIC benefit (currently $1,215 per month). When DIC benefits are payable but the monthly rate is equal to, or greater than, the monthly SBP payment amount, beneficiaries forego the entire SBP annuity.

The Solution

- DAV urges Congress to enact legislation to repeal the inequitable offset between rightfully earned longevity military retired pay and VA disability compensation for <u>all</u> veterans, regardless of VA disability rating percentage, as there is no duplication of benefits involved.

- DAV urges Congress to enact legislation to repeal the inequitable offset between military retiree purchased SBP annuities and DIC, as there is no duplication of benefits involved.

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ISSUE BRIEF: FIXING VA'S BENEFIT CLAIMS PROCESSING SYSTEM

The Situation

- As of February 10, 2014, there were 677,584 claims for veterans' disability compensation and pensions awaiting decisions by the Veterans Benefits Administration (VBA), nearly a 20% reduction from the 821,143 claims pending one year earlier. Far too many claims, nearly 60 percent, have been pending longer than VA's target goal of 125 days.

- During the 12-month period ending in November 2013 the average time it took to process a claim was 286 days with nearly 90 percent accuracy, which is a slight increase in accuracy from one year ago, but still far below VA's target of 98 percent.

- VBA's workforce has doubled over the past decade, but the number of veterans filing claims rose even faster to 1.17 million in 2013. Furthermore, the overall number and complexity of issues being claimed per veteran remains high.

The Challenge

- In 2011, VA Secretary Shinseki established an ambitious goal of zero claims pending more than 125 days, and all claims completed with 98 percent accuracy by 2015.

- To meet the Secretary's goal, VBA developed and implemented a new organizational model and has now fully implemented its new Veterans Benefits Management System (VBMS) into all Regional Offices.

- However, in order to achieve lasting success in eliminating the backlog, VBA must remain focused on creating a claims processing system focused on quality, accuracy, accountability and timeliness that is designed to decide each claim right the first time.

The Solution

- DAV urges Congress to support VBA's ongoing transformation of the benefits claims processing system, while providing aggressive oversight to ensure it is completed properly.

- DAV urges Congress to ensure that sufficient funding is provided to VBA to continue developing and maintaining its new Veterans Benefits Management System (VBMS), as well as to support the complete digital conversion of all active paper claims files.

- DAV urges Congress to enact legislation that promotes the use of private medical evidence in rating decisions and expands the use of interim ratings for veterans who file complex and multi-issue disability compensation claims.

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ISSUE BRIEF: EXPAND AND STRENGTHEN SERVICE-MEMBER TRANSITION AND THE EMPLOYMENT AND ECONOMIC OPPORTUNITIES FOR VETERANS

The Situation

- Roughly 250,000 service members per year leave military service and need transition assistance, along with employment and education opportunities. Coordination of these services is fragmented between various branches of the government, resulting in some veterans falling through the cracks. Bureaucracy can drastically reduce their access and awareness regarding employment and education services, as well as other vital information.

The Challenge

- Unemployment for veterans, especially service-disabled veterans, remains a matter of priority. While other services such as veterans' health care, education, and housing matters are administered by the Department of Veterans Affairs (VA), veteran employment assistance services are administered by the Department of Labor (DOL) with insufficient oversight and administration.

- The need for VA Vocational Rehabilitation & Employment (VR&E) services is escalating with the increase of separating service-members returning from tours in Southwest Asia; however, VR&E staffing constraints has adversely impacted the client to counselor ratio and crucial one-on-one counseling. Also, a significant number of veterans do not complete their VR&E plan and those that do are considered successfully rehabilitated after only 60 days of employment.

- The Transition Assistance Program (TAP) Goals, Plans and Success (GPS) Program provides vital information and assistance to those transitioning from years of military service. TAP GPS must remain a focal point for separating service-members and have the ability to change with the landscape of veteran services and benefits.

- Delivery of information through TAP GPS is beginning to become more consistent amongst the various branches of the military. The branches of military (including the National Guard), Department of Defense, VA, DOL, and Department of Homeland Security have begun bridging the gap to work more cohesively, thereby making veterans better prepared for civilian life, employment and knowledgeable regarding their employment rights and opportunities. These cooperative collaborations must continue and should include VSO involvement.

The Solution

- DAV urges Congress to develop and enact legislation to transfer all veterans' employment programs along with the personnel, budget, assets and resources from the DOL to VA and create a new Veterans Economic Opportunity Administration that also includes VR&E, education and business programs. Consolidation under VA jurisdiction will ensure better management, oversight and coordination, and allow the Veterans Benefits Administration (VBA) to focus solely on the disability claims process and benefits.

- DAV urges Congress to strengthen VR&E by increasing the number of employees dedicated case managing counselors in VA regional offices so the counselor to client ratio is reduced to a more manageable 1:125. This will allow for better one-on-one counseling and follow up for at least one year of employment before deeming that successful rehabilitation has been achieved.

- With Congressional oversight, DOD, VA, DOL, DHS and all branches of military must ensure transitioning service-members receive full information through TAP GPS briefings that emphasizes their potential entitlement to benefits such as healthcare, disability compensation, education and other benefits, including employment and economic opportunities and available VSO services.

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ISSUE BRIEF: SUICIDE PREVENTION

The Situation

- VA reports that 22 veterans take their lives each day, which equates to over 8,000 veteran suicides per year. VA's 24/7 Veteran's Crisis Line has made over 30,000 rescues of those in immediate suicidal crisis since launching in 2007.
- Although only 1% of Americans have served in the military, veterans represent more than 22% of suicides in the United States.
- Of veterans who take their own life, VA estimates that on an annual basis less than 25% are receiving health care from VA.
- Reports indicate that while older veterans saw a slight decrease in suicides in 2013, male veterans under 30 saw a 44 % increase and women veterans saw an 11% increase in the rate of suicides.

The Challenge

- Suicide is a special concern in the military and veteran population—especially among war veterans and veterans recently separated from military service. Despite increased outreach initiatives, focused on decreasing stigma and targeted suicide prevention efforts within VA and DOD—only small improvements have been achieved.

The Solution

- DAV supports implementation of the DOD/VA Integrated Mental Health Strategy to address suicide risk and prevention and improve mental health care and outreach to service members and veterans.
- Outreach is key in getting veterans to seek help. DAV is encouraged with VA's Make the Connection campaign that includes coaching into care tips for family members, as well as the Veterans Crisis Hotline and chat service which are part of VA's comprehensive suicide prevention strategy.
- DAV urges Congress to ensure sufficient resources are made available for VA mental health programs including Vet Centers, the promotion of evidence-based treatments for PTSD and specialty SUD services to achieve readjustment of war veterans and continued effective mental health care for all enrolled veterans needing such services.
- DAV urges VA and DOD to continue research in this critical area and to improve its outreach efforts, continue anti-stigma campaigns, and identify and deploy the best, evidence-based treatment strategies for this population. Easy access to mental health services in primary care is essential to addressing and overcoming stigma frequently associated with seeking mental health care within DOD and VA.
- VA must focus on veteran and family-centered mental health-care programs, including family therapy and marriage counseling as relationship problems are often noted as a core reason that people decide to end their lives. These programs should be available at all VA healthcare facilities.

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ISSUE BRIEF: VA MENTAL HEALTH CARE

The Situation

- Since the wars began in Iraq and Afghanistan over 2.6 million service members have deployed; often multiple times. Of this group, more than 1.6 million are now veterans and have become eligible for VA health care.
- Of those who have become eligible for VA health care, 934,264 have obtained care and more than 54% have received a mental health diagnosis including PTSD, depressive disorders, and alcohol dependence syndrome.
- Experts estimate that about 11-20% of Iraq and Afghanistan veterans, as many as 10% of Gulf War veterans and about 30% of Vietnam veterans have experienced PTSD, which is linked to other psychiatric conditions, substance use disorders (SUD), unemployment and homelessness.
- Over the past five years VA's Office of Mental Health Services has strived to develop and provide a comprehensive set of mental health services throughout the VA health care system while seeing a 35% increase in the number of veterans receiving mental health services. VA provided specialty mental health services to 1.3 million veterans in FY 2012.

The Challenge

- The quality of VA mental health care, including timely access, has been the topic of many Congressional hearings, government reports and media articles. VA indicates it is developing methods to improve access and address barriers; but a 2012 OIG report showed the majority of veterans who seek VA mental health care wait an average of 50 days for an evaluation despite a 41% increase in mental health staff and a 39% increase in VA's mental health care budget in the last six years.
- GAO identified key barriers that deter veterans from seeking mental health care including stigma, lack of understanding or awareness of mental health care, and logistical challenges to accessing care.
- Experts note that timely care and early intervention can improve veterans' quality of life, prevent long-term consequences of SUD, prevent chronic illness and suicide, promote recovery, and minimize the long-term disabling effects of chronic mental health problems.

The Solution

- DAV urges Congress to ensure ample resources are available for VA mental health programs including Vet Centers, peer to peer programs, the promotion of evidence-based treatments for PTSD and specialty SUD services to provide effective mental health care for all enrolled veterans needing such services.
- DAV urges VA to provide timely access for veterans seeking VA primary mental health care and specialized programs, emphasizing early intervention and routine screening for all post-deployed veterans as a critical building block to an effective suicide prevention effort.
- DAV urges Congress and VA to make participation in the Transition Assistance Program mandatory for all discharging service members, and to invest in post-deployment mental health research to close gaps in care and develop best practices in screening, diagnosis, and treatment of war-related mental health conditions.

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ISSUE BRIEF: WOMEN VETERANS

The Situation

- Women represent 15% of the U.S. military's 1.4 million active duty personnel, and 18% of the guard and reserve forces.
- Almost 2.3 million women are veterans of military service, equaling 10% of the veteran population.
- Since 2000, the number of women veteran VA patients grew from about 160,000 to nearly 363,000 in FY 2012. Market penetration for women has grown from 11% to 15% in the past four years. More than 125,000 women veterans of the wars in Iraq and Afghanistan have enrolled in VA health care.

The Challenge

- VA reports that, when compared to males, women who use VA services have higher physical and mental health needs; higher incidence of reported military sexual trauma; lower access and enrollment rates in VA care; higher levels of service-connected disability ratings; and higher risk of homelessness.
- VA identified gender-based disparities in health care quality for management of certain chronic diseases, preventative care and prescribing of inappropriate medications.
- VA's May 2012 Women Veterans Task Force draft report, in response to the Secretary's 2011 charge to develop a comprehensive action plan for resolving identified gaps in serving women veterans, recognized that gender-based disparities continued to exist and that data collection gaps hamper VA's understanding of women veterans needs and use of VA benefits and services.
- A 2012 Booz Allen Hamilton report assessing VA primary care services for women veterans concluded that continued implementation of comprehensive primary care for women veterans will require an ongoing culture change and a sustained level of effort accompanied by leadership visibility, guidance, support, and active involvement at every level of the Department.

The Solution

- VA must devote sufficient resources to address identified gaps in privacy, safety and delivery of quality health care services to women veterans.
- DAV urges VA to continue its outreach and gender specific media initiative as well as its gender specific research on women veterans to better understand the unique impact of military service on women's lives and health—especially women who have served during wartime deployments.
- DAV urges Congress to hold oversight hearings to determine if VA has in fact made progress and resolved the identified gaps and enhanced services in its women's health program as noted in the 2012 Booz Allen Hamilton report.

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