



DAV Mid-Winter Conference

Benefits Protection Team/Legislative Workshop

Sunday, February 23, 2020

National Legislative Department

- ❖ Joy J. Ilem, National Legislative Director
- ❖ Adrian M. Atizado, Deputy National Legislative Director
- ❖ Shane L. Liermann, Deputy National Legislative Director for Benefits
- ❖ Jeremy M. Villanueva, Assistant National Legislative Director
- ❖ Marquis D. Barefield, Assistant National Legislative Director
- ❖ Peter A. Dickinson, Senior Executive Advisor
- ❖ Lisa M. Bogle, Sr. Legislative Support Specialist
- ❖ Jeannette C. King, Legislative Support Specialist

2019-2020 National Legislative Interim Committee

- Al Labelle, Chairman (WI)
- Jim Procunier (NC)
- Trent Dilks (MN)
- Coleman Nee (MA)



Outstanding Performance in Advocacy 2018-2019 Award Winners

- Division I, Department of VA: **Tom Wendel**
- Division II – Department of MN: **Trent Dilks**
- Division III – Department of WI: **Al Labelle**
- Division IV – Department of NE: **James Shuey**
- Division V – Department of SD: **Gene Murphy**



Reminders

- Take Handouts:
 - Critical Policy Goals
 - FY 2021 Independent Budget Document
 - Guidelines for successful congressional meeting
 - Please Complete:
 - Legislative Hill Visit List/Headquarters Office (Alexandria Room)
 - Feedback Forms Return to DAV National Service and Legislative Office
- ❑ Power Points will be posted on the Events section of the DAV website

DAV 2020 Legislative Presentation



Stephen “Butch” Whitehead, National Commander

Tuesday, February 25, at 2:00 p.m.

Room G-50 Dirksen Senate Office Building

❖ Doors open at 1:00 p.m.

Commander's Presentation-Transportation

- **Wheelchair Accessible Transportation/Vehicles:**

- All Metro Stations/Trains are accessible.
- Uber –From Uber App, select UBER WAY 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, the company will transfer your trip request to another company.

2019 Legislative Action

- DAV departments submitted **346 resolutions**
- **191 resolutions adopted** by delegates at the 98th DAV national convention
- DAV testified at **25 Congressional hearings** and provided five formal presentations on critical veterans issues
- Legislative staff participated in **140 VSO coalition activities** and 208 Capitol Hill and Executive Branch meetings.
- We posted **45 DAV CAN Alerts**
- DAV supporters sent nearly **215,000 emails** to Congress
- Conducted **15 educational training sessions** for Benefits Protection Team Leaders

Legislative Round Up

First Session 116th Congress

In 2019 DAV grassroots efforts resulted in passage of critical legislation improving benefits and services for ill and injured veterans

- **Public Law 116-23**—the Blue Water Navy Vietnam Veterans Act of 2019
- **Public Law 116-58**—Cost of Living Adjustment Act of 2019
- **Public Law 116-94**—Consolidated Appropriations Act of 2019
- **Public Law 116-96**—Support for Suicide Prevention Coordinators Act
- **Public Law 116-92**—National Defense Authorization Act of 2019 (includes provisions to remove offset of SBP/DIC benefits)

DAV 2020 Critical Policy Goals

- Ensure Veterans Exposed to Toxic Substances Receive Full and Timely Benefits, Particularly for Burn Pits, Agent Orange and Other Known Exposures
- Enhance Veterans' Survivor Benefits
- Fully and Faithfully Implement the VA MISSION Act
- Strengthen Veterans Mental Health Care and Suicide Prevention Programs
- Enact Legislation to Address Gaps and Inequities in the VA's Women Veterans Health Care Program

116th Congress (Second Session)
SENATE VETERANS' AFFAIRS COMMITTEE

Republicans (9)

Sen. Jerry Moran (R-KS) Chairman

Sen. John Boozman (R-AR)

Sen. Bill Cassidy (R-LA)

Sen. Mike Rounds (R-SD)

Sen. Thom Tillis (R-NC)

Sen. Dan Sullivan (R-AK)

Sen. Marsha Blackburn (R-TN)

Sen. Kevin Cramer (R-ND)

Sen. Kelly Loeffler (R-GA)

Democrats (8)

Sen. Jon Tester (D-Mont.) Ranking Member

Sen. Patty Murray (D-WA)

Sen. Bernie Sanders (I-VT)

Sen. Sherrod Brown (D-OH)

Sen. Richard Blumenthal (D-CT)

Sen. Mazie Hirono (D-HI)

Sen. Joe Manchin III (D-WV)

Sen. Kyrsten Sinema (D-AZ)

116th Congress (Second Session)
HOUSE VETERANS' AFFAIRS COMMITTEE

Democrats (16)

Rep. Mark Takano (D-CA) Chairman

Rep. Julia Brownley (D-CA)

Rep. Kathleen Rice (D-NY)

Rep. Conor Lamb (D-PA) Vice Chairman

Rep. Mike Levin (D-CA)

Rep. Max Rose (D-NY)

Rep. Chris Pappas (D-NH)

Rep. Elaine Luria (D-VA)

Rep. Susie Lee (D-NV)

Rep. Joe Cunningham (D-SC)

Rep. Gil Cisneros (D-CA)

Rep. Collin C. Peterson (D-MN)

Del. Gregorio Kilili Camacho Sablan (I-MP)

Rep. Colin Allred (D-TX)

Rep. Lauren Underwood (D-IL)

Rep. Anthony Brindisi (D-NY)

Republicans (12)

Rep. Phil Roe (R-TN) Ranking Member

Rep. Gus Bilirakis (R-FL)

Del. Aumua Amata Coleman Radewagen (R-AS)

Vice Ranking Member

Rep. Mike Bost (R-IL)

Rep. Neal Dunn (R-FL)

Rep. Jack Bergman (R-MI)

Rep. Jim Banks (R-IN)

Rep. Andy Barr (R-KY)

Rep. Dan Meuser (R-PA)

Rep. Steve Watkins (R-KS)

Rep. Chip Roy (R-TX)

Rep. Greg Steube (R-FL)



Happy Birthday

Lisa Bogle

Senior Legislative
Support Specialist



Thank You!

Joy J. Ilem
National Legislative Director
jilem@dav.org



Ensure Veterans Who Were Exposed to Toxic Substances Receive Full and Timely Benefits

Shane Liermann, Deputy National Legislative Director for Benefits

DAV Mid-Winter Conference

February 23, 2020

Blue Water Navy Vietnam Veterans

**THANK
YOU**

Blue Water Navy Vietnam Veterans



- ✓ HR 299 Became Law
- ✓ At least 12 nautical miles
- ✓ Effective January 1st
- ✓ 17,000 claims received
- ✓ 1,000 Adjudicated resulting in over \$20 million in benefits

Although there has been some notable progress achieved over the past two decades for veterans who suffered illness due to toxic and environmental exposures, there are still too many who have yet to receive the full recognition, health care and benefits our nation owes to them.

We need to ensure that veterans who were exposed to toxins receive full and timely benefits.

- ✓ **Burn Pits and Concession of Exposure**
- ✓ **Pending Agent Orange Diseases**
- ✓ **Additional Exposures**



Burn Pits & Concession of Exposure

During Operations Desert Shield/Desert Storm (1990-1991) and since, burn pits were utilized not only in Iraq, but also in Kuwait, Oman, Qatar, United Arab Emirates, Saudi Arabia and Bahrain.





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.

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

Direct service connection for diseases and illnesses related to burn pit exposure

- ✓ Medical evidence of a current disability;
- ✓ Evidence of exposure to toxins; and
- ✓ Evidence of a link between the claimed disability and the burn pit exposure.

June 2007 through November 2018

✓ 11,581 VA Claims with 9,263 denied (80%)

Many of these denials are due to veterans not knowing what toxins they were exposed to, thus impeding their ability to obtain a medical opinion relating the condition to the specific toxins.

**One way to
overcome this
is to concede
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

Toxins acknowledged in VA M21-1

- ✓ Particulate Matter;
- ✓ Polycyclic Aromatic Hydrocarbons (PAH);
- ✓ Volatile Organic Compounds;
- ✓ Toxic Organic Halogenated Dioxins and Furans (dioxins).

A concession of burn pit exposure:

- ✓ will **not** establish presumptive service connection;
- ✓ **will** remove the requirement for veterans to prove their individual exposure; and
- ✓ **will** acknowledge the actual toxins.

Congress should enact S. 2950, as it will concede burn pit exposure and remove the obstacles for veterans having to prove their individual exposure to burn pits and the types of toxins emitted, for claims based on direct service connection.

Senator Dan Sullivan (AK) & Senator Joe Manchin (WV)



Pending Agent Orange Presumptive Diseases



The Agent Orange Act of 1991 included provisions requiring timely action by the VA Secretary when reports from the National Academies were received recommending adding new diseases associated with Agent Orange exposure; however, those provisions expired in October 2015.



Those expired provisions are largely responsible for our current situation regarding four pending presumptive diseases.

National Academy of Medicine 2016 Report

- ✓ Bladder cancer
- ✓ Hypothyroidism
- ✓ Parkinson-like symptoms

National Academy of Medicine 2018 Report

✓ Hypertension

There is sufficient evidence of a relationship between hypertension and Agent Orange and recommended it to be added to the presumptive list.

Recent inquiries have discovered VA internal documents reveal that the Administration challenged the previous Secretary's authority to add the presumptive diseases and even impeded action.



Even more troubling is the Administration is **outweighing the cost of adding** these diseases over those who are in dire need.





In January, VA stated they will wait at least until later this year before announcing any decision on adding these presumptive diseases.



In a Joint VSO Letter to the President,
DAV and 6 other VSOs noted the two
studies in question were not designed
to specifically address the four
presumptive diseases





Congress should enact

- ✓ **H.R. 2200--the Keeping Our Promises Act or**
- ✓ **H.R. 5610—Fair Care for Vietnam Veterans Act**

Additional Toxic Exposures



Expanding Known Exposures:

- ✓ Agent Orange in Thailand
 - ✓ Fort McClellan
- ✓ PFAS Contaminated Water

Expanding Known Exposures:

For More Information on these Additional Exposures, Check out our new Issue Briefs on DAV's website:

<https://www.dav.org/learn-more/legislation/issue-briefs/>



While on the Hill....

Burn Pits and Concession of Exposure

- ✓ **S.2950-the Veterans Burn Pit Exposure Recognition Act**

Pending Agent Orange Diseases

- ✓ **H.R. 2200-the Keeping Our Promises Act**
- ✓ **H.R. 5610—Fair Care for Vietnam Veterans**



Shane Liermann
Deputy National Legislative
Director for Benefits

202-554-3501
sliermann@dav.org



Expansion of Comprehensive Caregiver Support Program

Adrian Atizado, Deputy National Legislative Director

DAV Mid-Winter Conference

February 23, 2020

EXPANSION:

VA Caregiver Support Program

Due Date:

Milestone Explanation

NLT Oct. 1, 2018
MISSED

Implement new IT System for expanded Comprehensive Caregiver Program

NLT Oct. 1, 2019
MISSED

VA to "certify" new IT System has been implemented

Oct. 1, 2019
MISSED

Upon certification of new IT System, expands to veterans severely injured before May 8, 1975

NEW IT SYSTEM:

VA Caregiver Support Program

Due Date: **Milestone Explanation**

October 2019 Phase I: Replaces old (primitive) IT system

January 2020 Phase II: stipend calculation and processing capability

Summer 2020 **Phase III: caregiver application form online**

REGULATIONS:

VA Caregiver Support Program

VA Issued 2 RFI in anticipation of implementing program expansion and program improvement provision of the VA MISSION Act of 2018.

EXPANSION:

- Clarify definition of:
- Serious injury
- Personal care services
- Supervision and Protection

IMPROVEMENTS:

- Initial and Ongoing Eligibility of Veterans and Service members
- Continuation of Benefits After Revocation
- Determination of Stipend Payment Methodology for Primary Family Caregivers
- Need for Personal Care Services
- Legal and Financial Services

LEGISLATION:

VA Caregiver Program

Program Improvements:

- S.2216, the TEAM Veteran Caregivers Act (Sens. Peters and Blackburn)
 - House companion bill expected
- H.R.5701, the Care for the Veteran Caregiver Act (Reps. Hudson and Rice)

Eligibility Expansion:

- H.R.4451, S.O.S. Veterans Caregivers Act (Reps. Ruiz and Higgins)



Sufficient Funding for Veterans Benefits and Health Care

Adrian Atizado, Deputy National Legislative Director

DAV Mid-Winter Conference

February 23, 2020

THE INDEPENDENT BUDGET

Fiscal Years 2021 and 2022
For the Department of Veterans Affairs

FY 2021 IB Recommendation *\$17.3 Billion Increase from FY 2020:*

Community Care + \$1.8 B

VA Care + \$11.8 B

Subtotal, Medical Care + \$13.6 B

Construction + \$2.1 B
(Research, Seismic)

Information Technology + \$1.2 B

FY 2021 IB Recommendation Veterans Health Administration

VA Care: \$80.2 billion **+ \$11.1 B**
17%
Increase

*Includes \$2.1 billion in
medical care initiatives*



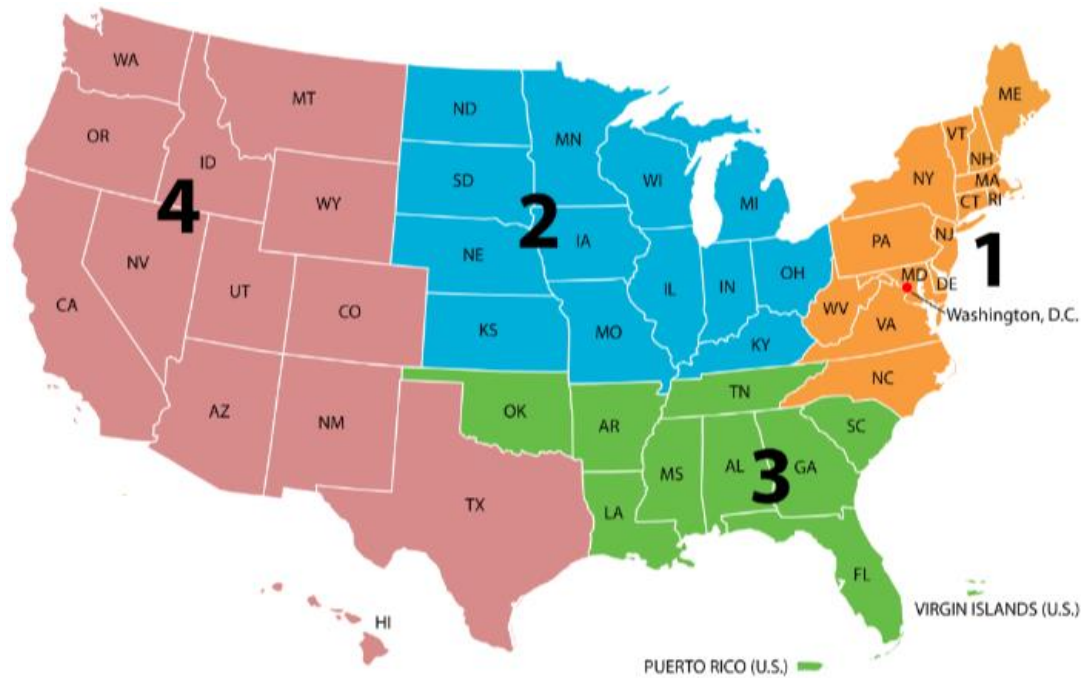
FY 2021 IB Recommendation Veterans Health Administration

Medical Care Initiatives ***\$2.1 billion:***

- \$200 million for Women Veterans Services
- \$779 million for Caregiver Program Expansion
- \$776 million for PC and MH Vacancies
- \$328 million for Prosthetics and Sensory Aids



FY 2021 IB Recommendation Veterans Health Administration



Community Care:
\$18.2 billion

+ \$1.8 B
11% increase

- New provider networks in Regions 1-3
- New responsibilities for VA (appointment scheduling and referral to community)

FY 2021 IB Recommendation: Veterans Benefits Administration

VBA: \$3.2 billion ^{+\$101 M}
BVA: \$218 million ^{+\$36 M}



" Your last hope is the Appeals Fairy. "

1971 San Fernando earthquake – Building collapse at VA Hospital



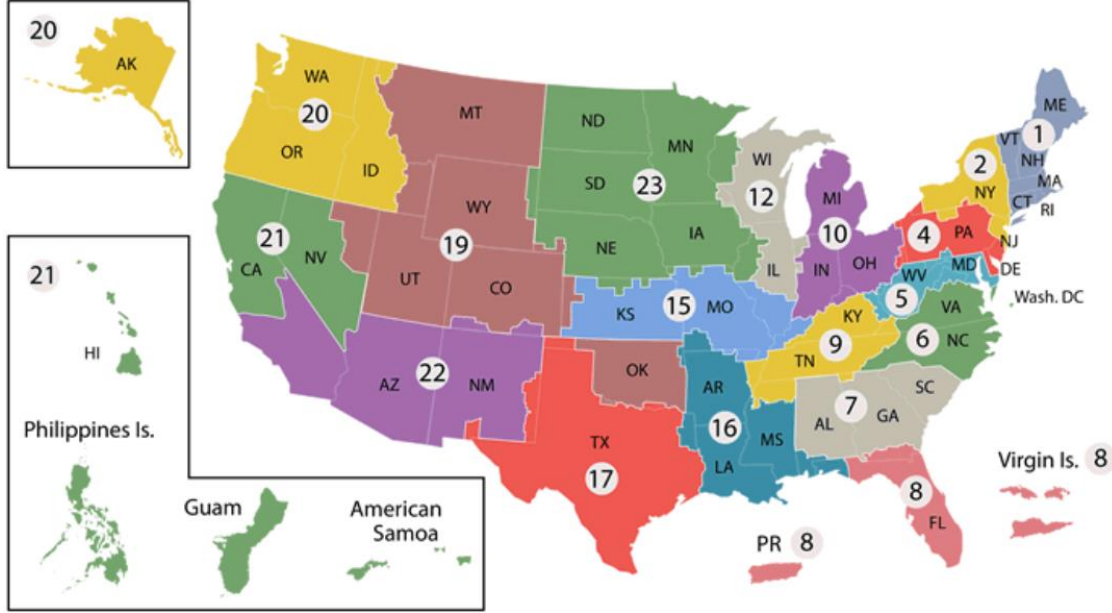
Research Space in Buildings 1 and 7 – Miami VAMC



FY 2021 IB Recommendation: Construction Program

FY 2020 VA Construction: **\$3.6 billion** ^{+ \$1.9 B}

- Major Construction: **\$2.7 billion** ^{+ \$1.5 B}
- Minor Construction: **\$760 million** ^{+ \$361 M}
- *Research Infrastructure: \$100 million* ^{NEW}



FY 2021 IB Recommendation: New Electronic Medical Record

+ \$980 M

EMR Replacement: **\$2.5 billion**

NEW

Scheduling Software: **\$180 million**



Adrian Atizado
Deputy National
Legislative Director

aatizado@dav.org



Update on Implementation of the VA MISSION Act

Peter Dickinson, Senior Executive Advisor
DAV Mid-Winter Conference
February 23, 2020

Overview of VA MISSION Act

- Signed: June 6, 2018 – **Effective: June 6, 2019**
- Replace Choice Program with Veterans Community Care Program (VCCP)
- Enhance VA's Capacity to Deliver Health
- Asset and Infrastructure Review (AIR)
- Extend Caregiver Program to All Eras



VA MISSION Act Access Standards



- **Wait Times**

- *Primary & Mental Health Care > 20 Days*
- *All Specialty Care > 28 Days*



- **Drive Times**

- *Primary & Mental Health Care > 30 Minutes*
- *All Specialty Care > 60 Minutes*



THE INDEPENDENT BUDGET

Veterans Agenda
for the 116th Congress

Critical Issue Update



IB Special Report on Status of MISSION Act Implementation

- Status of 26 Recommendations Issued Last January for Implementing VA MISSION Act
- OVERALL, relatively smooth transition from Choice Program to VCCP under MISSION
- BUT, after just 8 months, still too soon to conclude if law is working properly

www.independentbudget.org



Status of MISSION Act Recommendations

14 Recommendations Still “To Be Determined”



2 – Foundational Services



7 – Access Standards



21 – Internal VA Staffing Enhancements

Status of MISSION Act Recommendations

11 Recommendations Currently “NOT Fulfilled”

- ✗ #s 1 & 18 – Consultation with VSOs and Veterans
- ✗ #s 3 & 8 - Competency, Training & Quality Standards
- ✗ # 12 – Urgent Care Copays
- ✗ # 24 – Caregiver Expansion

Status of MISSION Act Recommendations

1 Recommendation Currently “Fulfilled”

✓ #16 – VA Innovation Center



www.independentbudget.org



Key Talking Points on the VA MISSION Act

- VA Must Consult with Veterans & VSOs
- Community Providers Must Meet the Same Quality and Access Standards as VA
- VA Must Maintain Full Continuum of Care



Peter Dickinson
Senior Executive Advisor

pdickinson@dav.org
(202) 314-5232



Survivors Benefits

Jeremy Villanueva, Assistant National Legislative Director

DAV Mid-Winter Conference

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“America holds some of its greatest honors for the men [and women] who have stood in its defense, and kept alive its freedoms ... It shows its gratitude not only in memorials which grace city parks and courthouse squares across the land – but more meaningfully in the programs which ‘care for him ... and for his widow and orphan.’”

-Lyndon B. Johnson



Improving Spouse and Survivor Benefits

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



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.





Lowering DIC Remarriage Age

- Current law allows surviving spouse to remarry at the age of 57 or older (without loss of benefits)
- For federal employee survivors, the remarriage age is 55
- 57 is an arbitrary age and causes an unnecessary burden
- Congress should lower the remarriage age to 55 to ensure equity

Lowering DIC Remarriage Age



What can you do?

- H.R. 1911, SFC Brian Woods Gold Star and Military Survivors Act
 - 34 co-sponsors

CONTACT YOUR REPRESENTATIVES!

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% service connected receives
 - From \$3,279 → \$1,340
- Equating to the loss of approximately \$24,000 a year
- Congress should index DIC benefits to 55% of a 100% disabled veterans compensation to ensure equity with other federal benefits



Increase DIC Amount

What can you do???

- S. 1047, DIC Improvement Act of 2019
 - 3 co-sponsors
- H.R. 3221, DIC Improvement Act of 2019
 - 14 co-sponsors

CONTACT YOUR REPRESENTATIVES!

Reduce the 10-Year Rule for DIC

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



Reduce the 10-Year Rule for DIC

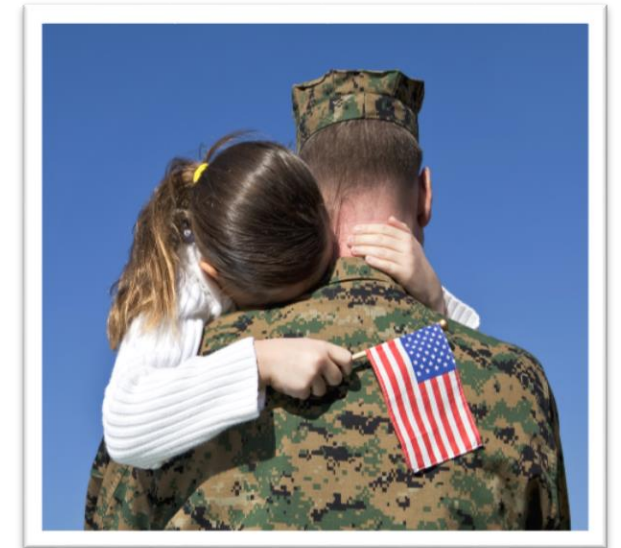
- What are we doing???
- Stay Tuned!
- Sign up for the Commanders Action Network!

DAVCAN.ORG



What is Dependents' Educational Assistance (Chapter 35)?

- Chapter 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 (P&T) disabled as the result of a service-connected disability
 - A veteran who died from any cause while 100% P&T



Delimiting Date for Chapter 35

(Survivors' and Dependents Educational Assistance)

- Currently, a spouse or dependent eligible for Chapter 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

CONTACT YOUR REPRESENTATIVES!



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



Survivors Benefit Plan & Dependent Indemnity Compensation (SBP/DIC) Offset

- National Defense Authorization Act for Fiscal Year 2020 (*Public Law No: 116-92*)
 - 2021: SBP offset is reduced by 1/3
 - 2022: Offset is now reduced by 2/3
 - 2023: Offset is completely eliminated



Survivors Benefit Plan & Dependent Indemnity Compensation (SBP/DIC) Offset

❑ Next Steps???

- Remove the six-year statute of limitations now that the offset between DIC and SBP has been removed.
- Congress should restore back pay for those who had their benefits offset.





Jeremy Villanueva
Assistant National Legislative
Director

jvillanueva@dav.org



Strengthen Veterans Mental Health Care and Suicide Prevention Programs

Marquis Barefield, Assistant National Legislative Director

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February 23, 2020

Suicide Prevention

- Suicide prevention is the Department of Veterans Affairs' (VA) top clinical priority.
- Every veteran suicide is a tragic outcome and one veteran suicide is too many.
- This is one of DAV's Critical Policy Goals for 2020!

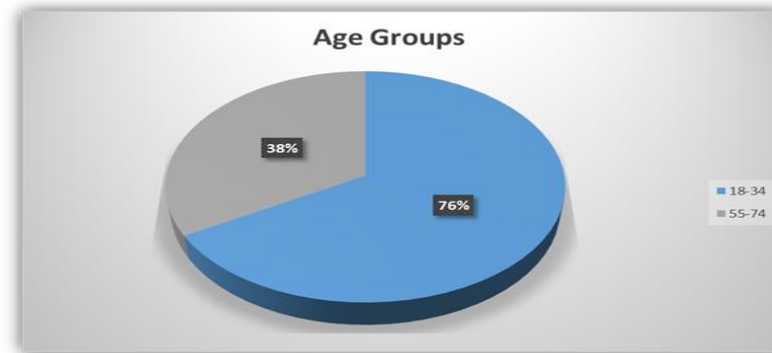


Veterans Suicide Data

- 17 veterans and 3 members of the National Guard and Reserves take their lives each day.
- VA's annual report on suicide (2019) shows that veterans are 1.5 times more likely to commit suicide than non-veteran peers.
- Women veterans are 2.2 times more likely to commit suicide than non-veteran women.

Veteran Suicide Rates By Age Group

- Veterans ages 18-34 had the **highest rates** of suicide.
- The suicide rate for veterans ages 18-34 increased by 76%.
- Male veterans 55 and older experienced the **highest count** of suicide. This group accounted for 38% of all veteran deaths by suicide in 2017.



Rate Of Suicides Among Veterans Are Affected By:

- Age
- Lower incomes
- Unemployment
- Homelessness
- Diagnosed sleep disorders
- Pain and traumatic injury
- Mental health conditions

☐ Suicide deaths by firearms

- 70.7% of male veteran suicide deaths
- 43.2% of female veteran suicide deaths

A word cloud visualization at the bottom of the slide. The words are arranged in a horizontal band and vary in size and orientation. The most prominent words, shown in larger fonts, include 'HOMELESSNESS', 'PAIN', 'UNEMPLOYMENT', 'VETERAN SUICIDE', 'AGE', 'LOWER INCOMES', 'MENTAL HEALTH', 'TRAUMATIC', 'SLEEP DISORDERS', and 'PAIN'. The words are colored in shades of blue and green, matching the slide's color scheme.

VA Suicide Prevention Strategy

The VA has adapted a new public health model and is working on a new outreach program.

Many veterans don't use the VA—not because they don't choose to:

- They don't believe they are eligible
- Don't know how to apply
- Don't know about the services offered.

Majority of veteran suicides occur among veterans who have not recently received VHA services.



White House PREVENTS Initiative

- In 2019, the White House made a Proclamation for a Presidential Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS).
- DAV stands ready to assist with this “all hands on deck” plan, but continues to support a primary and integral role for the VA in any new suicide prevention initiatives for veterans.

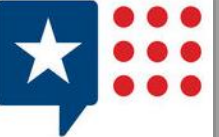
VA Suicide Prevention Services

VA services include:

- Veterans crisis line: 1-800-273-8255 option 1
- Placement of suicide prevention coordinators at each VA medical center
- Targeted initiatives to assist families in coaching veterans into care
- Online chat [VeteransCrisisLine.net/get-help/chat](https://www.VeteransCrisisLine.net/get-help/chat)
- Text message to 838255

Go to <https://www.VeteransCrisisLine.net> for this info

Veterans Crisis Line




1-800-273-8255 **PRESS 1**

How to connect with a responder

Call 1-800-273-8255 and Press 1	Chat Connect online https://www.VeteransCrisisLine.net/get-help/chat
Text 838255	Support for deaf and hard of hearing 1-800-799-4889

This free support is confidential, available 24/7 and serves All Veterans, All Service Members, National Guard and Reserve, their Family Members and Friends.

VA |  **U.S. Department of Veterans Affairs**
Veterans Health Administration
Sheridan VA Health Care System

Mental Health Care Services:

- VA operates a comprehensive array of mental health care services oriented toward the recovery for veterans.

These programs include evidence-based treatment for:

- Post-traumatic stress disorder
- Substance use disorder
- Depressive disorder
- Anxiety
- Insomnia
- Serious mental illness (Bipolar disorder and schizophrenia)

Mental Health Care

- Routine screening process
- Integrate Mental Health into Primary Care
- Focus on reduction in stigma
- Veterans are also afforded supportive wraparound services

Mental Health Research

- *National Center for Post-Traumatic Stress Disorder* – the Center is to receive \$40 million from funding for VA mental health programs, which includes \$10 million in additional funding for the VA National PTSD Brain Bank.



Key Mental Health and Suicide Prevention Legislation

House of Representatives:

H.R. 3495, Improve Well-Being for Veterans Act

- HVAC Adopted Takano substitute amendment
- HVAC approved on December 5, 2019

H.R. 5697, Veterans' Acute Crisis Care for Emergent Suicide Symptoms Act of 2020

- HVAC is in discussion with VSOs

Key Mental Health and Suicide Prevention Legislation

Senate:

S. 785, Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019.

- SVAC approved on January 29, 2020.

S. 1906, Improve Well-Being for Veterans Act

- SVAC is considering combining with S.785

DAV Recommends:

- A comprehensive suicide prevention and outreach plan should promote VA eligibility and mental health services, particularly targeted to **veterans not engaged in VA care**.
- The VA must coordinate the care veterans receive within its programs, but also ensure that veterans receiving care from community partners have the **same access to high quality evidence-based care**.

Key Elements of Legislation

- VA receives appropriate funding levels to hire and train a sufficient number of mental health providers
- Staff every VA Medical Center with at least one suicide prevention coordinator.
- Improve and promote access to VA services
- Better coordinates mental health and community care services
- A comprehensive suicide prevention and outreach plan that promotes VA eligibility and mental health services, particularly targeted to veterans not engaged in VA care
- The VA must ensure that veterans who receive care from community partners receive high quality, evidence-based care

What We Can Do?

Know the risk factors for suicide:

- A prior suicide attempt
- Mental health concerns
- Stressful life events such as divorce, job loss, or the death of a loved one
- Engaging in risky activities without thinking
- Rage or anger
- Withdrawing from family and friends

DAV supports the VA's efforts through its partnerships with organizations at the national and local levels to raise awareness of VA's suicide prevention resources and to educate people about how they can support veterans in their communities.


TOGETHER, WE CAN ALL MAKE A DIFFERENCE





Marquis D. Barefield
Assistant National Legislative
Director

mbarefield@dav.org



Gaps and Inequities in Women Veterans Health Care Programs

Joy J. Ilem, National Legislative Director

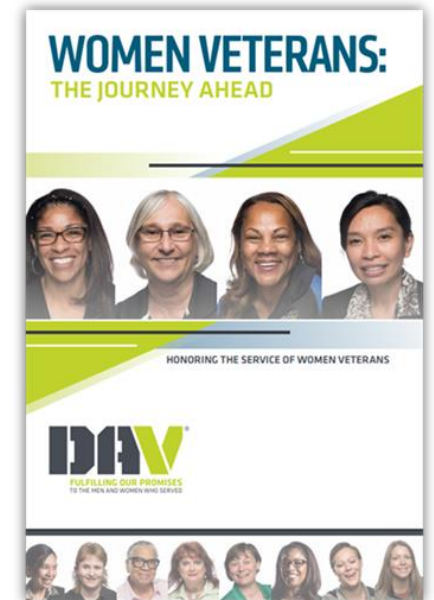
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Women Veterans: The Journey Ahead

Critical Policy Goals:

- Equitable access to comprehensive health care services and benefits
- Gender-tailored care and programs
- Environment of care issues—safety, privacy, culture
- Address barriers to care for women veterans
- Change culture/end harassment
- Recognition of contributions in military service



Women Veterans: A Major Focus of the 116th Congress

HVAC/SVAC Congressional Hearings 1st Session

- **02/28/19:** Female Veterans' **Access** to VA Services
- **05/02/19: Cultural Barriers** Affecting Women's Access to Health Care
- **05/20/19:** Ensuring Access to Disability **Benefits** for Survivors of **MST**
- **05/22/19:** Senate Veterans' Affairs **Legislative Hearing** (S.318/ S. 514)
- **07/10/19: Economic Well-Being** of Women Veterans
- **09/11/19: Legislative Hearing** (12 Women Veterans Bills considered)

Women Veterans Congressional Task Force

- Established by HVAC Chairman Mark Takano
- Chaired by Representative Julia Brownley (Chair HVAC Subcommittee on Health)
- Task-Force Kick-off **Roundtable** in May 2019
- Women Veterans Task Force Meetings
- Internal VA Women Veterans Task Force Established—DAV representation

Women Veterans Legislation 116th Congress

- Key legislation introduced, many provisions drawn directly from DAV's 2018 report, ***Women Veterans: The Long Journey Home***
- **Deborah Sampson Act** ([S. 514](#))
- HVAC/SCH **Legislative Hearing** 09/11/19—12 women veterans bills introduced and considered
- Passage of the **Deborah Sampson Act** ([H.R. 3224](#)) comprehensive measure including provisions from 12 bills

Women Veterans Legislation

116th Congress

- **S. 318**, VA **Newborn** Emergency **Transportation** Act
- **S. 374**, Veterans **Empowerment** and Support Act of 2019
- **S. 514**, **Deborah Sampson Act**
- **H.R. 713**, **Beneficiary Travel** for **MST** Care
- **H.R. 840**, Veterans' Access to **Childcare** Act
- **H.R. 1092**, Veterans Empowerment and Support Act of 2019
- **H.R. 1924**, **Vet Center Childcare** Parity Act
- **H.R. 2645**, Expand Days of **Newborn Care**

Women Veterans Legislation (cont.)

- **H.R. 2681**, Availability of **Prosthetic** Items for Women Veterans
- **H.R. 2752**, VA **Newborn Emergency Transportation** Act
- **H.R. 2798**, Building Supportive **Networks** for Women Veterans Act
- **H.R. 2972**, Improve **Communications** for Women Veterans
- **H.R. 2982**, Women Veterans Health Care **Accountability** Act
- **H.R. 3036**, **Breaking Barriers** for Women Veterans Act
- **H.R. 3189**, Improving **Legal Services** for Female Veterans Act
- **H.R. 3224**, **Deborah Sampson Act**

Women Veterans Legislation (cont.)

- **H.R. 3636**, Caring for Our Women Veterans Act
- **H.R. 3798**, Equal Access to Contraception for Veterans Act
- **H.R. 3867**, Violence Against Women Veterans Act
- **H.R. 3932**, Veterans **Preventative Health** Coverage Fairness Act
- **H.R. 4096**, Improving **Oversight** of Women Veterans' Care Act

The Deborah Sampson Act (H.R. 3224)

- Establish an Office of Women's Health.
- Comprehensive policy to **end harassment** and sexual assault.
- Funding for **training** women veterans' **health providers**.
- Assess the availability of **gender-specific prosthetic items** for women veterans.
- Require a report on **retrofitting VA facilities** to address barriers to care for women veterans and deficiencies in care environments.
- Permanently authorize **PTSD counseling** for women veterans.
- **MST counseling** for members of the Reserve and National Guard.
- Provide **extended newborn care coverage**.

The Deborah Sampson Act (H.R. 3224/S. 514)

STATUS/NEXT STEPS:

- House passed H.R. 3224 (11/12/19)
- SVAC Mark-Up 1/29/20 provisions from S.514 included in S. 785
- Promise of continued discussion on women veterans (S. 514)
- H.R. 3224/S.514 must be reconciled
- DAV supports both bills but prefers the more comprehensive House version (H.R. 3224)
- **Contact your Senators — PASS the Deborah Sampson Act!!!**



Joy J. Ilem
National Legislative Director

jilem@dav.org

Mid-Winter Trivia!



From Joy's presentation:

“What is the name of the women veteran’s legislation that is S. 514/H.R. 3224???”

The Deborah Sampson Act



From Adrian's presentation:

“When is the New IT system supposed to be deployed to begin expansion of the Caregiver Support Program to severely injured veterans of all eras?”

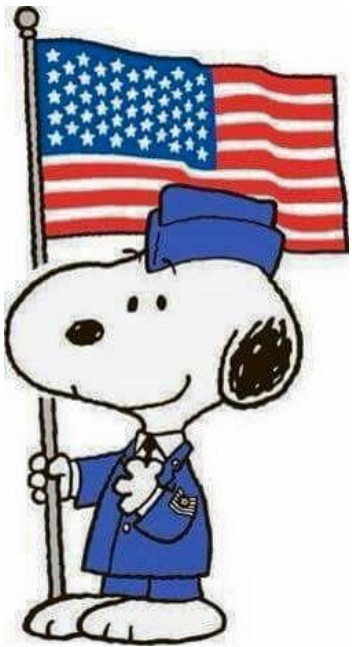


Summer 2020



From Shane's presentation:

“What’s the name of the burn pits bill DAV is supporting and seeking enactment?”



*S. 2950, the Veterans Burn Pit
Recognition Act*



From Jeremy's presentation:

“What year will the SBP/DIC offset be completely eliminated???”



2023



From Marquis' presentation:

“What is the name of the White House initiative for suicide prevention?”



*Presidential Roadmap to Empower Veterans and
End the National Tragedy of Suicide or
PREVENTS.*



From Peter's presentation:

“How many recommendations did DAV and the IBVSOs make regarding the VA MISSION Act, and how many are currently fulfilled?”



26 Recommendations
1 Fulfilled





Thank You!