

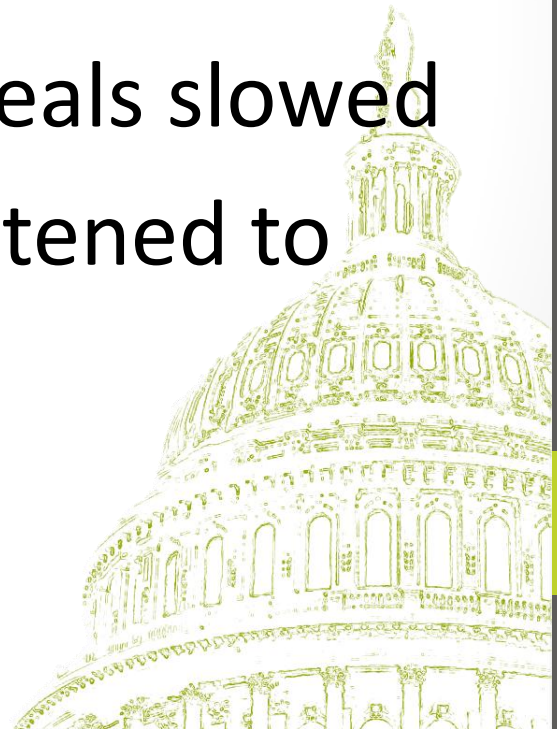
A Dramatic Year for America's Veterans

Benefits Protection Team Workshop
DAV National Convention
August 11, 2014



Government Shutdown – October 1-16, 2013

- Budget stalemate turned into a 16-day government shutdown
- VA Regional Offices closed to veterans
- Claims processing and appeals slowed
- Continued stalemate threatened to cut off disability checks



Advance Appropriations Validated

- VA Health Care Protected by Advance Appropriations
 - Veterans Health Care Budget Reform and Transparency Act of 2009
- During shutdown, VA Hospitals and CBOCs remained open
- DAV pushes to expand Advance Appropriations to All VA Programs, Services & Benefits
- Capitol Hill Press Conference with 24 VSOs on October 30 called on Congress to Pass the “Putting Veterans Funding First Act”
- Senate VA Committee Approved S. 932 on November 19, 2013
 - Included amendment for mandatory benefits (disability compensation, DIC)



Operation: Keep the Promise

February 25, 2014

National day of action promoting Advance Appropriations legislation

- 2,000 YouTube views
- 4,000 visitors to DAV.org
- 4,000 phone calls & 6,000 emails to Congress
- 800,000 reached via Thunderclap
- 2.7 million total website impressions
- 3.5 million through Facebook and Twitter



Timeline of VA Health Care Access Scandal

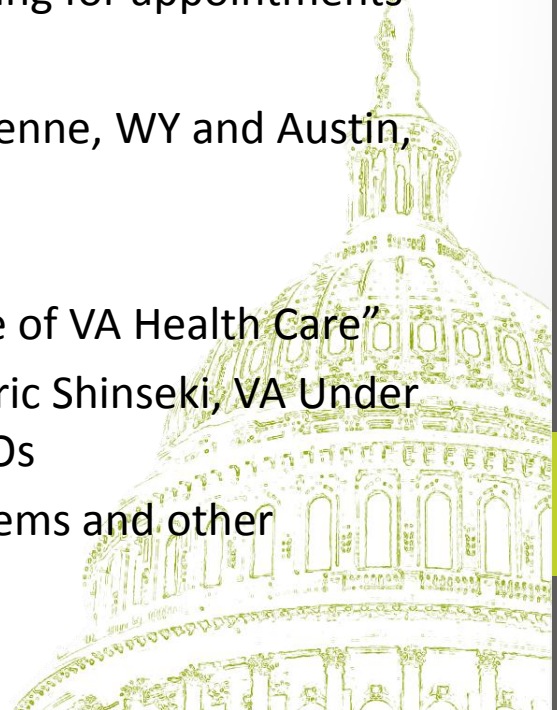
April 9, 2014 – HVAC Hearing on Delays in Care and Preventable Deaths in Columbia, SC and Augusta, GA

April 23, 2014 – CNN breaks story about secret waiting lists at Phoenix VA

- Whistleblower says 40 vets may have died while waiting for appointments
- Up to 1,600 others still on secret waiting lists
- Similar waiting lists reported in Fort Collins, CO, Cheyenne, WY and Austin, TX

May 15, 2014 – Senate VA Committee Hearing on “State of VA Health Care”

- Testimony from VA Inspector General, VA Secretary Eric Shinseki, VA Under Secretary for Health Robert Petzel, and a panel of VSOs
- IG confirms secret waiting lists, failed scheduling systems and other management failures



Leadership Changes at VA

- May 16 Under Secretary Petzel resigns
- May 30 Secretary Shinseki resigns, Sloan Gibson becomes Acting Secretary
- June 24 VA General Counsel Will Gunn resigns
Acting Under Secretary for Health Dr. Jesse resigns
Dr. Carolyn Clancy becomes Acting Under Secretary for Health
- June 30 Robert McDonald nominated to be next VA Secretary
- July 22-23 SVAC holds hearing and approves McDonald nomination
- July ? Senate confirms Robert McDonald as new VA Secretary



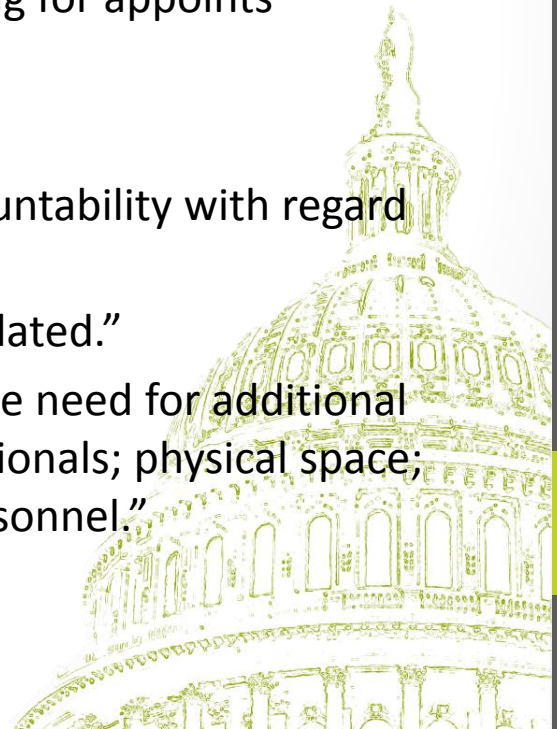
Reports Confirm Management Failures, Access Problems

May 28, 2014 - VA OIG Interim Report on Phoenix VA

- “...significant delays in access to care negatively impacted the quality of care...” at Phoenix VA
- “...1,700 veterans who were waiting for a primary care appointment but were not on the EWL (Electronic Wait List)...”
- Not able to confirm if any veterans died due to waiting for appointments

June 27, 2014 – WH Deputy Chief of Staff Report

- “[VHA] currently acts with little transparency or accountability with regard to its management of the VA medical structure.”
- “[VA scheduling] technology is cumbersome and outdated.”
- However, primary problem for access failures is, “...the need for additional resources... doctors, nurses, and other health professionals; physical space; and appropriately trained administrative support personnel.”



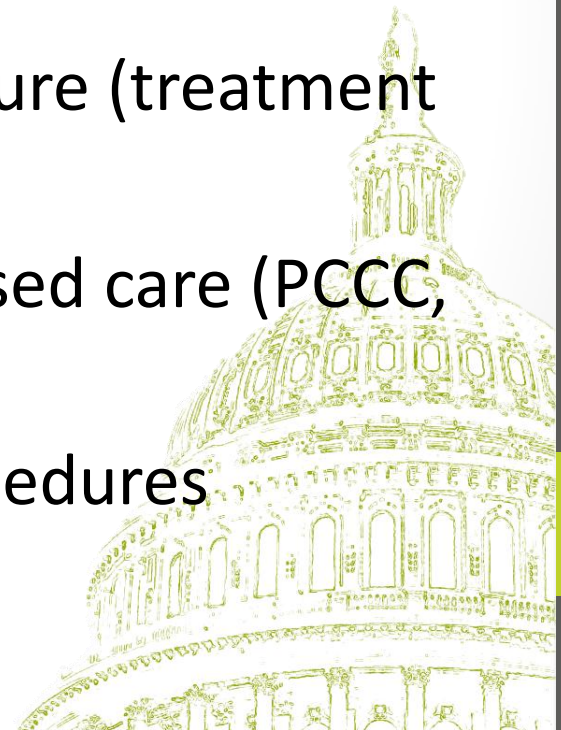
Wait for Facts and Conclusions, Then Demand Full Accountability

- Continue all investigations to determine what happened and why
- Bring in outside, independent experts to ensure integrity
- Hold those responsible fully accountable, regardless of their positions



Lack of Capacity to Provide Care is Underlying Cause of Access Scandals

- Insufficient funding for medical care (doctors, nurses)
- Insufficient funding for infrastructure (treatment space, clinics)
- Inadequate use of non-VA purchased care (PCCC, ARCH)
- Antiquated IT and scheduling procedures

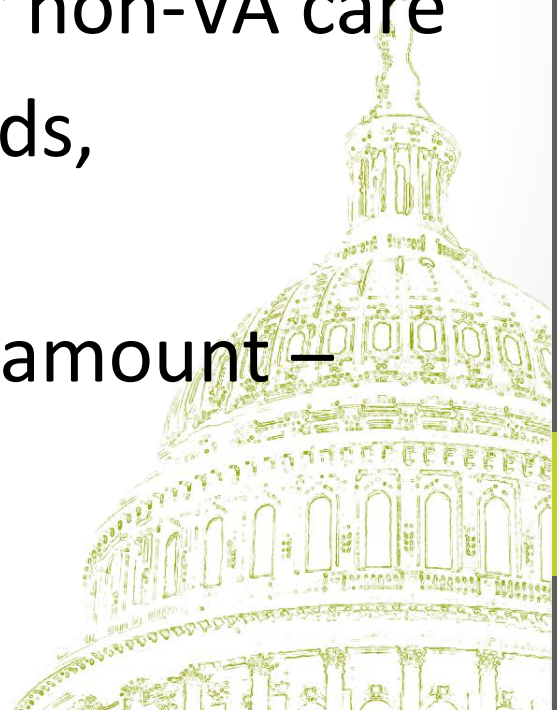


Provide Immediate Access Now, Rebuild for Future Capacity

When VA is unable to provide timely care, VA must coordinate and pay for non-VA care

VA must ask for full budget needs,
WITHOUT GIMMICKS

Congress must appropriate full amount –
advance appropriations



Letter to Conferees from DAV and 19 other VSOs

June 17, 2014

Provide united positions of DAV and 19 other VSOs for Conference Committee

- First Principle: *“...ensure that all veterans currently waiting for treatment must be provided access to timely, convenient health care as quickly as medically indicated.”*
- Second Principle: *“...VA must be involved in the timely coordination of and fully responsible for the payment for all authorized non-VA care.”*
- Third Principle: Congress must provide supplemental VA funding for this year and additional funding for next year to pay for the temporary expansion of non-VA purchased care.
- Fourth Principle: Whatever actions VA or Congress takes to address the current access problems must also *“...protect, preserve and strengthen the VA health care system so that it remains capable of providing a full continuum of high-quality, timely health care to all enrolled veterans.”*



Acting Secretary Request for Supplemental Funding

July 16, 2014

Acting Secretary Gibson requests \$17.6 billion supplemental over three years to address access crisis and rebuild VA's internal capacity

- \$8.2 billion to hire 10,000 clinical staff,
 - including 1,500 doctors, nurses, other medical professionals
- \$6 billion to renovate, repair and expand hospitals and clinics
 - 8 VA hospital renovation projects
 - 77 lease projects for outpatient clinics add 2 million square feet
 - 700 minor construction and non-recurring maintenance projects add 4 million appointment slots



Letter to Conferees from DAV and other VSOs

July 23, 2014

Urged Congress to expeditiously approve supplemental funding that fully addresses the critical needs outlined by Secretary Gibson.

- Amounts requested are “commensurate with the historical funding shortfalls” over past 10 years
- \$7.8 billion shortfall in medical care
- \$9 billion shortfall in major and minor construction
- VA proposal would increase access in short term, expand capacity for long term



DAV Testimony to HVAC

July 24, 2014

History shows that lack of sufficient resources leads to access problems

2003 PTF Report: “mismatch in VA between demand for access and available funding”

2004 Principi: “I asked OMB for \$1.2 billion more than I received”

2005 DAV & IB: “Access is the primary problem in veterans health care”



DAV Testimony to HVAC

July 24, 2014

Current health care access crisis is once again a result of insufficient resources

2012 DAV & IB: “VA budget request, and ultimately the funding provided through the appropriations process, was insufficient for VA to meet the demand on the health care system”

2014 DAV & IB: VA budget “will not begin to meet the projected needs of veterans already in the system and those coming to VA for the first time”

2014 CBO: “under current law for 2015 and CBO’s baseline projections for 2016, VA’s appropriations for health care are not projected to keep pace with growth in the patient population or growth in per capita spending for health care – meaning that waiting times will tend to increase...”

