OPERATION: KEEP THE PROMISE

DAV | 2023

DAV's Critical Policy Goals

- Correct inequities and provide parity in compensation benefits for veterans and survivors
- Implement the PACT Act and address gaps in toxic-exposure benefits
- Ensure 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 continued progress in reducing veteran suicide
- 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 and provide parity in compensation benefits for veterans and survivors

The Department of Veterans Affairs compensation system was designed to offset the loss of earning capacity based on service-related disabilities. However, injured, ill and wounded veterans and 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.

Allow receipt of earned compensation and military payments without offsets

The fiscal year 2004 National Defense Authorization Act authorized Concurrent Retirement and Disability Pay for longevity for military retirees with at least a 50% VA disability rating. In other words, those with a 40% or lower VA disability rating and those forced to medically retire under Chapter 61 have their military 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.

- **DAV urges Congress to enact legislation to repeal the inequitable offset between rightfully earned military retired pay and VA disability compensation for all veterans, including medically retired veterans.**

Under current law, veterans are unfairly required to pay back separation pay from the Department of Defense 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 years 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 a nonrelated military separation benefit must end.

- **DAV urges Congress to afford justice for veterans by enacting legislation that allows them to keep military separation payments based on their service, which differs from VA disability compensation.**

Provide parity for survivors receiving Dependency and Indemnity Compensation

Created in 1993, Dependency and Indemnity Compensation (DIC) is a benefit paid to surviving spouses of service members who die in the line of duty or of veterans whose death is 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 only 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.

➤ **DAV urges Congress to enact legislation that would index the rate of compensation for DIC payments to 55% of a 100% service-disabled veteran with a spouse to achieve parity with similar compensation federal employees' survivors receive.**

Consider quality of life for compensation payments

In 2007, the Veterans' Disability Benefits Commission found that:

- Current compensation payments do not provide a payment above that required to offset earnings loss. Therefore, there is no current compensation for the impact of disability on the quality of life for most veterans.
- While permanent quality of life measures are developed, studied, and implemented, we recommend that compensation payments be increased up to 25 percent with priority to the more seriously disabled.

Neither the VA nor Congress addressed the quality-of-life measures recommended by the commission. It is clear that over a decade ago, the commission's intent was to increase compensation levels to address the negative impact disabilities have on all veterans' quality of life.

➤ **DAV urges Congress to enact legislation for a study to address the negative impacts on veterans' quality of life and enact compensation-level increases commensurate with those findings.**

Implement 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 (PACT) Act will provide benefits and health care to millions of veterans exposed to burn pits, radiation, Agent Orange and other toxins. Congress and the Department of Veterans Affairs must be vigilant and ensure proper implementation of the law; however, we must recognize that parts of the PACT Act do not address all exposures of veterans at Karshi-Khanabad Air Base (K2) nor provide parity for radiation-exposed veterans.

Monitor the implementation of the PACT Act

Monitoring the implementation of this comprehensive legislation (Public Law 117–168) will be key to ensuring veterans can access their benefits and services. It is imperative that Congress monitors the number of claims filed related to the PACT Act, how these claims affect the overall workload, how many are approved or denied, and why. Understanding how the VA is managing the increase in claims will help Congress to understand where resources are needed. In addition, resources including adequate funding and appropriate staffing must be provided to properly implement the PACT Act.

- **DAV urges Congress to conduct oversight of all disability claims, including those related to the PACT Act and require the VA to provide data on claims granted and denied, quality of exams and processing, and transparency regarding quality assurance.**

Recognize 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.

- **DAV urges Congress to enact legislation that concedes exposures to radiation, jet fuel and chemical weapons at K2; provides for studies; and recognizes presumptive diseases related thereto. Additionally, K2 veterans should be provided eligibility to health care under toxic exposures, per section 1710, title 38, U.S. Code.**

Ensure parity for radiation-exposed veterans and remove the dose estimate requirement

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

The Department of Justice's Radiation Exposure Compensation 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 government without dose estimates and without proving that the claimed disease is directly caused by the dose estimate of radiation exposure.

The PACT Act does recognize three new locations of radiation risk activities; however, it does not address the inequity between the VA radiation presumptive disease process and the DOJ RECA program.

- **DAV urges Congress to enact legislation to remove the VA dose estimate requirement for radiation exposure. This will provide parity with the governmental RECA program and treat veterans' radiation exposure claims on equal footing with civilians who were not participants but only downwind from nuclear testing.**

Ensure equity in VA care, services and benefits for women, LGBTQ+ and minority veterans

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

Enhance research and data collection needed for program improvement

Identifying differences in health outcomes among veteran subpopulations requires the VA to collect and analyze data from veterans that has not previously been collected or is not easily aggregated by sex, racial and ethnic minority, or LGBTQ+ status. Veterans themselves are often reluctant to report on these issues 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 indicates less satisfaction among these groups than those in control populations.

DAV urges the VA to:

- **Improve methodologies for collecting and analyzing data to ensure health equity among all veterans.**
- **Mandate staff education and training to eliminate disparities in use of evidence-based treatments for certain conditions.**
- **Improve outreach to recruit women and members of racial and ethnic minority groups for VA research projects.**

Ensure diverse representation and culturally sensitive programming

Program offices and federal advisory committees are essential in developing and implementing strategies and programs to meet the unique needs of a diverse veteran population. Peer support is an important way to personalize a veteran's care journey and make treatment more culturally relevant—which in turn increases veterans' engagement and may ultimately aid in their recovery.

DAV urges the VA to:

- **Promote strategies and care plans for meeting the unique needs of women, LQBTQ+ 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, in the VA's strategic plans and internal programming.**
- **Should be authorized by Congress to use peer support specialists throughout its service lines, with a focus on diversity among 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 VHA 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 continue to 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.

DAV urges the VA to:

- **Conduct sensitivity training for front-line staff and create programs to specifically address barriers to care and improve patient satisfaction for women, minority and LGBTQ+ 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.**

Improve environment of care

Women, minority or LGBTQ+ 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.

DAV urges the VA to:

- **Continue its Stop Harassment training efforts and White Ribbon campaign to address harassment throughout the system.**
- **Ensure infrastructure and environment of care changes are made that enhance recognition, privacy, safety and dignity for vulnerable veterans.**

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

The Department of Veterans Affairs program of Geriatric and Extended Care (GEC) includes a broad range of long-term supports and services for aging and disabled veterans. VA's institutional long-term care (LTC) services are provided through 131 VA-operated Community Living Centers (CLCs), 161 VA-supported State Veterans Homes (SVHs) and hundreds of community-based skilled nursing facilities under contract with the VA. In addition, the VA offers a range of noninstitutional support services including home- and community-based services, such as home-based primary care, adult day health care, respite, and homemaker and health aide care, as well as its caregiver support program.

Increase veterans' access to long-term care

Over the next two decades, 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.

- **DAV urges Congress to expand mandatory eligibility for long-term nursing home care to service-connected veterans rated 50% and 60%.**

Modernize and expand VA Community Living Centers and State Veterans Homes

Through its CLCs, SVHs and contracts with community nursing homes, the VA supports approximately 40,000 LTC beds in skilled nursing and domiciliary facilities. Some VA CLCs are able to address specialized care needs of seriously disabled veterans with traumatic brain injury and spinal cord injuries, which most nursing homes in the community are not. In addition, veterans with neurobehavioral issues or who need memory or dementia care are a challenge for all LTC facilities.

- **DAV urges Congress to increase resources for modernization and expansion of VA Community Living Centers and State Veterans Homes to meet specialized needs of seriously disabled veterans.**

Expand home- and community-based care services

In order to meet the exploding demand for long-term care for veterans in the years ahead, Congress must provide the VA resources to significantly expand home- and community-based programming while also modernizing and expanding facilities that provide institutional care. The VA must focus on addressing staffing and infrastructure gaps in order to maintain excellence in skilled nursing care, both for CLCs and SVHs, which will require significant new resources. The VA also needs to expand access nationwide to innovative and cost-effective home- and community-based programs, such as veteran-directed care and medical foster home care. Unfortunately, funding for home- and community-based services in recent

years has not kept pace with population growth, demand for services or inflation. For noninstitutional care to work effectively, these programs must focus on prevention and engage veterans before they have a devastating health crisis that requires more intensive institutional care.

- **DAV urges the VA to expand access to home- and community-based programs, particularly veteran-directed care and medical foster homes.**

Improve the 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 to veterans of all eras, which had the adverse impact of making it dramatically harder for veterans and caregivers to be admitted to or remain in PCAFC. Last year, the VA suspended annual reassessments of veterans currently in PCAFC until it could review and revise those regulations to better fulfill the program's intent.

- **DAV urges the VA to revise eligibility rules and strengthen due process rights for veterans and caregivers in the VA's Program of Comprehensive Assistance for Family Caregivers.**

Bolster mental health resources to ensure continued progress in reducing veteran suicide

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.

Reduce rates of suicide among veterans

In 2020, 6,146 U.S. veterans died by suicide (approximately 17 per day). Compared with 2018, the 2020 age- and sex-adjusted rate of veteran suicide deaths decreased by 9.7% (nearly twice the decrease of nonveterans over those two years). The decrease in the number of veteran suicides for the second year in a row indicates that suicide prevention efforts may, at last, be moving the needle downward in this tragic epidemic. While progress has been made, unfortunately, risk of suicide for veterans is still much higher than other Americans. In 2021, veterans were 57% more likely to die by suicide than their civilian peers, and women veterans were 2.5 times as likely to die by suicide compared with nonveteran adult women.

- **DAV urges Congress to 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.**

Fund lethal-means safety efforts

Approximately 72% of male veteran suicide deaths and 48% of female veteran suicide deaths are by firearms, with both rates exceeding percentages among the nonveteran population. To address this issue, VHA created a multifaceted campaign in partnership with the National Shooting Sports Foundation (NSSF) 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 among the veteran population.

- **DAV urges Congress to appropriately fund the VA's lethal-means safety campaign and support similar programs that show promise in reducing suicide among veterans.**

Improve specialized programs and services critical to preventing suicide

The VA has more than doubled its mental health outpatient visit workload since 2006, with 21.8 million visits used by almost a third (1.8 million) of all VHA patients in 2021. 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 REACH-VET (Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment) 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.

- **DAV urges VHA to 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.**

Increase staffing levels of VA mental health providers

As many newly established grant programs and benefits, meant to promote suicide prevention for veterans, are implemented, it is vital to ensure that existing programs within VHA remain staffed with well-trained providers using evidence-based practices. The newly enacted PACT Act is predicted to increase demand for health care and mental health services within VHA, and while new mental health hiring authorities are meant to help address increased demand, a 2022 Office of the Inspector General report notes that 73 (out of 139) VA facilities identified severe shortage of psychologists and 71 facilities identified severe shortage of psychiatrists.

- **DAV urges the VA to focus on recruiting and maintaining appropriate staffing levels for mental health services to meet demand and ensure quality services for veterans.**

Improve clinical competence of providers in VA Community Care Network

Unlike VA providers, community providers in the VA Community Care Network are not required to take available training in suicide prevention and competence in lethal-means safety counseling for at-risk veterans. In fact, only a very small percentage of these community providers have completed this evidence-based, lifesaving training. Understanding the veteran experience and common mental health conditions among this population, along with training in evidenced-based treatments, is essential for delivery of quality care and successful health outcomes.

- **DAV urges the VA Community Care Network to require all providers to complete the same suicide prevention training and lethal-means safety counseling mandated for VA providers.**
- **DAV urges Congress to require the VA to include comparable quality metrics in its scheduling system so that veteran patients can make informed decisions when choosing care options.**

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

Over the past decade, the Veterans Health Administration (VHA) has experienced unprecedented growth and stress and undertaken historic reforms to ensure that veterans have timely access to high-quality health care. From the access crises and waiting list scandals of 2014 to the COVID-19 pandemic, there has been one consistent trend throughout: an increasing number of veterans turning to the Department of Veterans Affairs for health care. In order 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.

Reduce vacancies and staffing shortages

As the nation's largest integrated health care delivery system, the VA has workforce challenges that mirror those of the private sector. COVID-19's continuing impact on staffing levels and an increasingly competitive job market have made it difficult to hire needed medical care staff. According to a July 2022 Office of the Inspector General report, VHA has severe shortages of clinical staff at 87% of its 139 medical facilities. Overall VHA vacancies were reported at more than 76,000 at the end of the third quarter of fiscal year 2022.

- **DAV urges the VA to accelerate its recruitment and retention efforts and expedite its hiring and onboarding processes in order to expand its capacity to deliver high-quality health services to our nation's veterans.**

Update aging health care infrastructure

The VA MISSION Act established an Asset and Infrastructure Review (AIR) process to modernize, realign and rebuild VA health care facilities to meet veterans' demand for care over the next two decades. The VA conducted market assessments to determine demand, capacity and non-VA options for delivering care in each of its regional health care markets. However, VA market assessments were completed before and during the COVID-19 pandemic, raising questions about the reliability of the data used to project the VA's future needs. In June 2022, a bipartisan group of senators expressed a loss of confidence in the AIR process, especially related to rural and urban centers, and the initiative was essentially shut down.

Even as the work of the AIR process is laid aside, it is critical that the VA continue to make necessary investments in its 1,700 health care facilities. According to the VA, while private sector health facilities' median age is about 11 years, VA facilities' median age is 58. Facilities of this era are difficult to renovate, were not designed to accommodate the technological and design innovations that support modern health care delivery, and are not generally environmentally friendly, requiring significant new investments to modernize, streamline and improve safety. In addition, the VA must ensure its facilities are aligned with modern health delivery and address patient care safety, in a manner that preserves veterans' privacy and dignity, while allowing staff to work efficiently and effectively.

- **DAV urges Congress and the VA to create a strategic plan to modernize VA infrastructure and bolster construction funds for health care facilities to increase the VA's internal capacity.**

Modernize information technology and electronic health record modernization

The VA's ongoing transition to a new EHR hit some stumbling blocks in 2021 during its initial rollout and again in 2022, as reports of problems surfaced regarding patient safety. Following a reassessment of its efforts, the VA released a revised national rollout plan to address 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.

- **DAV urges Congress to provide rigorous oversight of the VA's new electronic health record system, to ensure that patient care, safety and other mission-critical work, including data collection and research, is not negatively affected.**

Expand access to VA care through telehealth

The onset of the COVID-19 pandemic complicated the rollout of the VA Community Care Network and altered veterans' use of both the VA and community care. While reliance on and use of VA care has increased, the use of community care has grown faster. In 2022, the VA reported that 35% of all care was being provided in the community.

The need to mitigate the spread of COVID-19 also led to a massive acceleration in the use of telehealth and other virtual modalities, which, if properly used, could continue to expand access to VA health care in the future, especially in rural and remote locations.

- **DAV urges the VA to carefully study the efficacy and effectiveness of virtual health care to determine its optimal use in expanding access to care and to ensure the best health outcomes for veterans.**

Meet VA Fourth Mission for national emergencies

As demonstrated during the COVID-19 pandemic, the VA plays a significant role in responding to national health emergencies, which is just one aspect of its Fourth Mission. The VA is also the backup health care system for the Department of Defense and has additional federal responsibilities during national emergencies.

- **DAV urges the VA 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.**