



VETERANS OF FOREIGN WARS

NO ONE DOES MORE FOR VETERANS.

A photograph of the United States Capitol dome, showing the top of the dome with the Statue of Freedom on top, and the lower part of the dome with its arched windows and columns. The image is centered and occupies most of the page.

National Legislative Service Talking Points

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Appeals Modernization

VFW's Concerns:

An all-out push by the Veterans Benefits Administration (VBA) over the past years has reduced the disability compensation and pension workload by over 164,000 claims, while the backlog of claims over 125 days old fell by over 146,000. In doing so, VBA continued to define its "workload" and "backlog" as only initial disability and pension claims, diverting nearly all its people to working on those cases.

As a result, the significant backlog reduction came at the expense of more difficult work. Appeals soared by over 28,000 during this period, bringing the total number of appeals pending to more than 470,000. Appeals continue to average more than three years before the Board of Veterans Appeals (BVA) makes its first decision. Initial pension claims continue to rise, and disability claims with eight or more conditions remain unreasonably high at nearly 43,000. Pending dependency claims remain unreasonably high at over 231,000 — up from 40,000 just a few years ago.

Since the first discussions on appeals reform with the Department of Veterans Affairs (VA), the VFW has been very clear that any changes to the system must be coupled with aggressive initiatives to adjudicate legacy appeals in a timely manner through both legislative authority and proper resourcing.

VFW's Solutions:

- Congress must pass H.R.2288 or S.1024, the *Veterans Appeals Improvement and Modernization Act of 2017*, which would reform the VA claims appeals process to build a veteran-centric process that is easy to navigate and protects a veteran's rights every step of the way.
- Congress and VA must properly resource VBA and BVA to ensure they are able to timely adjudicate appeals from veterans who do not opt into the new appeals process, and the potential influx of supplemental claims and higher level review requests at VA Regional Offices. VA must be empowered to manage its workload if the new framework to expected to succeed.

GI Bill Improvements

VFW's Concerns:

Recently, ITT Technical Institute and Westech College suddenly shuttered their doors after losing accreditation. This left thousands of student veterans out of school mid-semester, with no plan for what to do the rest of the term. They had lost weeks or months of GI Bill benefits that were wasted at failed institutions. Even worse, they lost the monthly housing stipend many relied upon for their living situation. Student veterans who attended schools like ITT have now lost those months of GI Bill eligibility and they have no credits to show for it. The VFW has heard from student veterans from the closed schools, and they are now struggling to complete their degrees without their previous credits.

At the request of the Department of Defense (DOD), Congress provided DOD the authority to involuntarily mobilize National Guard and Reserve service members for deployments in support of preplanned missions and enable Guard and Reserve service members to remain on active duty to recover from injuries they have sustained during their service. However, Congress failed to ensure service members involuntarily mobilized under these new authorities are granted the same benefits and services as other Guard and Reserve service members who are called to serve on active duty, including eligibility for Department of Veterans Affairs (VA) education benefits. More than 25,000 Guardsmen and Reservists have been activated without the same benefits as their active duty counterparts.

For the past decade and a half, our country has been sending Guardsmen and Reservists into harm's way at an unprecedented level, and some of them have been wounded in the line of duty. Nearly 3,000 of these Citizen Soldiers have bled for this country, but have not accrued enough active duty time to attain full GI Bill benefits.

The Marine Gunnery Sergeant John D. Fry Scholarship gives 100 percent GI Bill benefits to the children and spouses of service members who gave their lives serving our country. While this is a great benefit for the families of the fallen, it does not cover the full cost of attending private institutions of higher learning. The Yellow Ribbon Program was created to bridge the gap so veterans would not have to pay any out-of-pocket costs to achieve their educational goals. Fry Scholarship recipients are not eligible for the Yellow Ribbon Programs.

VFW's Solutions:

- Congress must pass H.R.2068, the *Department of Veterans Affairs Education Relief and Restoration Act of 2017*, which would ensure all student veterans using GI Bill benefits have their benefits restored when the school they are attending is abruptly closed, similar to their civilian counterparts using Department of Education programs.
- Congress must pass S.798, the *Yellow Ribbon Improvement Act of 2017*, which would expand the VA Yellow Ribbon Program to the dependents of veterans who die in the line of duty, thus helping them achieve their educational goals.
- Congress must pass H.R.1379 or S.882, the *Purple Heart GI Bill Act*, which would grant full GI Bill eligibility to Purple Heart recipients regardless of their time on active duty.
- Congress must pass H.R.1384 or S.667, the *Reserve Component Benefits Parity Act*, which would ensure Guardsmen and Reservists who are called to active duty receive the same benefits as their active duty counterparts.

VA Caregiver Program

VFW's Concerns:

The Department of Veterans Affairs (VA) provides benefits of medical care, respite care and sometimes money payments for caregivers of severely disabled Post-9/11 veterans, but not to caregivers of veterans of previous eras. The VFW believes severely wounded and ill veterans of all conflicts have made incredible sacrifices, and all family members who care for them are deserving of equal recognition and support. Family caregivers who choose to provide in-home care to veterans who were severely disabled in the line of duty choose to put their lives and careers on hold, often accepting great emotional and financial burdens. The lack of these benefits impacts a caregiver's ability to provide in-home care and often results in veterans receiving more costly long-term care in an institutional setting.

In 2014, VA reported to Congress that it could provide caregiver training and benefits for all eras of veterans, but funding would need to be increased. Congress has introduced legislation to expand caregiver assistance to all generations, but it fails to pass because of the lack of funding. Since taking office in 2017, Secretary of Veterans Affairs Dr. David Shulkin has testified on his commitment to expanding this program even if he must lead that expansion under the current VA budget. This would strain a budget the VFW believes should be larger for many programs and services, including expanded caregiver benefits.

VFW's Solutions:

- Congress must pass S.591 or H.R.1472, the *Military and Veterans Caregivers Services Improvement Act of 2017*, which would recognize that pre-9/11 veterans also need caregiver benefits which keep them out of costly inpatient nursing facilities, and to relieve the burden on caring family members who have suffered long enough.

Veterans' Health Care

VFW's Concerns:

With 145 medical centers, 1,235 community-based outpatient clinics (CBOC), and a total of nearly 1,700 points of care, the VA health system is tasked with providing timely and high quality health care to more than nine million veterans, their families, and survivors every year. Due to a continuously expanding number of enrolled veterans, under-resourcing, systemwide problems, and a general culture that is resistant to change, the Department of Veterans Affairs (VA) has faced many challenges in meeting its obligations to deliver timely and high quality care.

A recent suicide study of veterans conducted by VA found veterans make up 18 percent of all adult suicides in the United States, with an average of 20 veterans who die by suicide every day. Of those 20 veterans, only six are actively enrolled in VA and, contrary to popular belief, the majority of veterans who die by suicide are 50 years of age or older. The VFW applauds Congress for passing legislation such as the *Clay Hunt SAV Act* and the *Female Veteran Suicide Prevention Act*. The next step is to expand access to a minimum of mental health care to veterans with PTSD, TBI or MST who were discharged under conditions other than honorable. Three out of four combat veterans with administrative discharges are diagnosed with a mental health disorder associated with combat tours in Iraq and/or Afghanistan. These veterans are also up to three times more likely to die by suicide. Additional treatment is also needed to expand alternative treatments to veterans, as well as a better understanding of how mental health affects different populations of veterans by gender and minority background.

On today's battlefield, both men and women are similarly at risk. As an unprecedented number of women have entered the combat zone in the last decade, the number of women veterans enrolled in VA health care has doubled and will continue to grow. Women veterans are the fastest growing subpopulation within the veteran community, and estimates indicate their population will be the same size as the entire active duty force by 2030. VA must be ready and able to provide the gender-specific care women veterans deserve, to include more reproductive research.

Veterans who are unable to access VA care are sent to private sector providers under authorities with different processes and requirements. The lack of a systemwide program with clear and veteran-centric eligibility standards limits VA from providing veterans the care and services they have earned and deserve.

At the center of many issues within VA are the difficulties faced with hiring employees in a timely manner and then retaining them. Congress must provide VA the tools necessary to quickly hire qualified individuals, and maintain competitiveness with the private sector to retain those who are hired.

VFW's Solutions:

- VA must ensure its health care services programs are equal amongst men and women veterans. Women veterans need gender-specific care for mental health, primary care, specialty care and pharmaceutical care.
- VA and Congress must ensure combat veterans who receive administrative discharges are eligible for VA health care.
- Ensure veterans who received erroneous administrative discharges have a fair opportunity to upgrade their discharges.
- Congress must expand toxic exposure research to understand gender-specific health ailments, as well as how it has affected reproduction for veterans who were exposed to toxic substances.
- Congress must readjust budget caps that impede VA's ability to provide timely access to high quality and veteran-centric care and pass legislation to improve VA community care programs.
- VA must be able to expedite hiring of highly qualified employees and be given tools necessary to retain them.

Toxic Exposures

VFW's Concerns:

Service members are exposed to toxins when they are in war zones. In Vietnam, veterans were exposed to Agent Orange; in the First Gulf War it was burning oil wells; and in Iraq and Afghanistan burn pits present health care hazards. When serving stateside, service members have been exposed to contaminated drinking water in places like Camp Lejeune and airborne polychlorinated biphenyls (PCBs) at Fort McClellan, as well as many others.

The Department of Defense and Congress waited decades before recognizing the health risks to these exposures and because proper data has not been collected on the health effects for these exposed populations, treatment and compensation are hard to receive. When exposures to toxic substances are not fully researched, veterans and their families face significant out-of-pocket expenses for the care they need as a result of the exposure they experienced.

Expansion of presumptive exposure to Agent Orange for Blue Water Navy veterans has been held hostage by restrictions on the budget which have allowed one group of veterans to be treated in a lesser fashion compared to other veterans of the same war. Inclusion of those impacted by radiation testing is limited by language in the law which only covers certain types of nuclear weapons testing although other types of tests were conducted, thus ignoring the exposures that those other veterans faced. A lack of medical research acceptable by the Department of Veterans Affairs (VA) is preventing a list of presumptive conditions related to burn pits from being fully developed and implemented. Registries for those who were exposed and may be impacted later are not being passed into law, which inhibits VA from tracking those who faced dangerous exposures.

VFW's Solutions:

- Congress must pass H.R.299, or S.422, the *Blue Water Navy Vietnam Veterans Act of 2017*, which would expand benefits and services to Blue Water Navy veterans.
- Congress must pass H.R.632, or S.283, the *Mark Takai Atomic Veterans Healthcare Parity Act*, which would expand benefits to veterans who were exposed to radiation from atomic testing and cleanup.
- Congress must expand benefits to veterans who served on bases in Thailand during the Vietnam era who suffer from conditions associated with Agent Orange.
- VA must provide effective treatments and consistent benefits to Persian Gulf War veterans who suffer from an array of conditions and diseases, collectively known as Gulf War Illness. Congress must continue to properly fund independent research on the causes and effective treatments for Gulf War Illness.
- Congress and VA must continue to fund independent research on the impact of exposure to hazards, including open air burn pits and the antimalarial drug mefloquine, on the health of Iraq and Afghanistan veterans.
- Congress and VA must research the impact of exposure to soil, air and drinking water contaminated by PCBs on the health of veterans who were stationed at Fort McClellan, Alabama.

Concurrent Receipt

VFW's Concerns:

Military retirees with 20 years or more of service qualify for retirement pay based on the longevity of their service in uniform. These same retirees may also qualify for disability compensation for any injuries that were caused or aggravated by their military service. Prior to 2004, retirees could not receive both retirement pay and disability pay because it was deemed as a duplication of benefits, which is prohibited under Sections 5304 and 5305 of Title 38 United States Code. In 2004, the VFW pushed Congress to implement a phase-in of full concurrent receipt for retirees who are rated 50 percent disabled or greater.

As of July 2016, there were 486,632 retirees receiving concurrent receipt of combat-related special compensation and military retirement pay, with an additional 88,610 receiving concurrent retirement and disability payments. However, there are still approximately 450,000 military retirees who are receiving Department of Veterans Affairs (VA) disability compensation but are not eligible for concurrent receipt. The VFW has long argued that retired pay and VA service-connected disability compensation are fundamentally different benefits, granted for different reasons. Military retired pay is earned by 20 or more years of service in the U.S. Armed Forces, allowing retirees to maintain their standard of living while attempting to enter the civilian job market for the first time in the middle of their prime working years. Service-connected disability compensation is a benefit meant to supplement a veteran's lost earning potential as a result of the disabilities he or she incurred while in service.

Military retirees have the ability to purchase a Survivor Benefit Plan (SBP) to insure the military retiree's spouse has the ability to offset the loss of income from retirement pay when the military retiree dies before the spouse. If a veteran dies of a service-connected disability, the veteran's spouse qualifies for Dependent and Indemnity Compensation (DIC), which is intended to provide financial assistance for the surviving spouse who typically forgoes a career to help the disabled veteran maintain a modest quality of life. Surviving spouses who qualify for both have their SBP amount reduced by the amount provided by DIC. This offset is commonly known as the widow's tax because it reduces the limited income surviving spouses receive when their veterans die from service-related injuries or illnesses.

VFW's Solutions:

- Congress must pass H.R.303 or S.66, the *Retired Pay Restoration*, which would enable disabled retirees to concurrently receive the retirement pay and VA disability compensation they have earned and deserve, without offset.
- Congress must pass H.R.846, *Military Surviving Spouses Equity Act*, or S. 339, *Military Widow's Tax Elimination Act of 2017*, which would repeal the requirement for a reduction in benefits to ensure that surviving spouses no longer have their earned benefit taken away from them.