



Veterans of Foreign Wars Legislative Priorities

**March Legislative Conference
Washington, D.C.
March 1-5, 2020**

Visit us at: www.vfw.org/legislativepriorities

Veterans' Benefits

The VFW's Concerns:

Toxic exposures during military service, including open air burn pits, have caused invisible, but grave health complications for our nation's service members, past and present. These health hazards appear to be so widespread that "toxic exposure" has now become synonymous with "military service," which will likely negatively impact recruiting goals and the strength of our military. Congress has established streamlined options for certain veterans who suffer from these conditions, such as Gulf War Illness, to receive benefits. However, the current structure for recognizing the health effects of new exposures, or adding health conditions to known exposures such as Agent Orange, makes it difficult for veterans to prove that their health conditions are related to military service. A permanent comprehensive and evidence-based framework is necessary to improve the current practice of requesting congressional intervention every time a new toxic exposure is identified.

Through a partnership with the National Academies of Sciences, Engineering, and Medicine, the Department of Veterans Affairs (VA) has determined that 14 diseases are associated with exposure to Agent Orange. The National Academies have also found an association between exposure to Agent Orange and additional diseases, including bladder cancer, hypertension, hypothyroidism, and parkinsonism. However, VA has refused to add these diseases to the list of conditions presumed to be associated with Agent Orange exposure. Thus, it is nearly impossible for veterans who are suffering from these life-threatening conditions to receive benefits.

A large number of service members are returning home from combat with injuries related to blast exposures. Many of these service members go untreated for blast injuries while in service, which makes it difficult to prove that these conditions were caused by an event during service. VA has been slow to provide a long-term solution that would address blast injuries, despite the overwhelming evidence that suggests service members who were exposed to explosions or sustained concussions often experience delayed onset of symptoms ranging from headaches and cognitive impairments to more severe neurological complications.

The VFW urges Congress to:

- Pass legislation to establish an independent commission to identify known and future toxic exposures and recommend new studies; require VA to enter into an agreement with the National Academies to evaluate scientific evidence regarding diseases associated with toxic exposures; and require VA to grant a presumption of service-connection for the diseases identified.
- Pass H.R. 5610, *Fair Care for Vietnam Veterans Act*, which would add bladder cancer, hypertension, hypothyroidism, and parkinsonism to the list of presumptive conditions associated with exposure to Agent Orange.
- Pass H.R. 5739, *Blast Exposure Protection Act of 2020*, which would establish a presumption of service-connection for disabilities associated with blast exposures.

Veterans' Health Care

The VFW's Concerns:

VFW members report noticing improvements at Department of Veterans Affairs (VA) medical centers, and report preferring VA care over other options. They prefer VA because they like the quality of care they receive, VA knows how to care for veterans, and because it is an earned benefit. Still, veterans want VA to improve customer service, hire more doctors to improve access, and fix its aging infrastructure. The VFW-supported *VA MISSION Act of 2018* addresses these concerns and makes other improvements to the VA health care system. The VFW has noticed two major concerns with implementation of the *VA MISSION Act of 2018* that must be addressed. VA has decided to waive the \$30 copayment for the first three urgent care appointments for certain veterans. This copayment structure is counter to VA's other copayment structures, which acknowledge that veterans should never pay a copayment for care related to a service-connected disability. Veterans who receive non-service-connected care are typically charged a copayment for such care at VA medical facilities, so it is fitting for VA to charge a copayment for non-service-connected care through community care programs. Veterans have also experienced long delays for access to community care. A recent VA Inspector General report found that some community care appointments took an average of 66 days to complete, with 34 of those days spent waiting for VA staff.

VA suicide data finds that veterans total 18 percent of adult suicides in the United States, with an average of 20 veterans and service members who die by suicide every day. Of those veterans, only six are actively enrolled in VA. Reports have also consistently found veterans ages 18-34 to be most likely to die by suicide.

Women veterans make up about 10 percent of the veteran population and are the fastest growing cohort within the veteran community. VA has made progress in gender-specific health care for women, but more is needed. VA must ensure it addresses privacy concerns, expands the amount of time new mothers are given to find health care coverage for their newborns, and makes other improvements to women veterans health care.

The VFW urges Congress to:

- Require VA to waive urgent care copayments for service-connected care and expedite the community care referral process.
- Pass S. 785, *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*, which would provide VA the authorities it needs to expand suicide prevention efforts.
- Pass S. 514/H.R. 3224, *Deborah Sampson Act* and S. 319, *Women Veterans and Families Health Services Act of 2019*.

Concurrent Receipt

The VFW's Concerns:

Military retirees with 20 or more years of service qualify for retirement pay based on their dedicated service to our nation. These same veterans may also qualify for disability compensation for any injuries that were caused or aggravated by their military service. Prior to 2004, military retirees could not receive retirement pay and disability compensation because it was erroneously perceived as a duplication of benefits. 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.

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 United States 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.

The VFW acknowledges that eliminating full concurrent receipt would cost \$30 billion over ten years. However, Congress should chip away at the unjust offset by first eliminating the offset for medical disability retirement. Service members found to be unfit for continued service due to physical disability may be retired if the condition is permanent and stable, and the disability is rated by the Department of Defense (DOD) as 30 percent or greater. These veterans are referred to as Chapter 61 retirees. As a result, some disability retirees are separated before becoming eligible for longevity retirement, while others have completed 20 or more years of service. As of fiscal year 2018, there are approximately 210,000 Chapter 61 retirees — more than 42,000 of whom have been medically discharged due to combat-related injuries, and unjustly denied the benefits they deserve.

The VFW's Solution:

- Congress must pass the *Major Richard Star Act*, which would enable Chapter 61 veterans who have been discharged due to combat-related injuries to be entitled to DOD longevity payment and VA disability compensation without offset.

Vocational Rehabilitation & Employment Program

The VFW's Concerns:

The Vocational Rehabilitation and Employment Program (VR&E) provides critical counseling and other adjunct services necessary to enable service-disabled veterans to overcome barriers as they prepare for, find, and maintain gainful employment. VR&E offers services on five tracks: re-employment, rapid access to employment, self-employment, employment through long-term services, and independent living.

The VFW views VR&E as a critical tool in promoting success for our veterans. It is at the forefront of ensuring veterans can remain in the workforce and stay employed in meaningful careers. Once a veteran receives a disability rating and cannot continue along their original path in the workforce, they must choose a different route for their career. This is where VR&E is critical, because it helps veterans remain employed by providing training and education for an alternative career.

An obstacle in utilizing the VR&E program is the 12-year limitation on eligibility. The VFW commonly hears from veterans that they did not apply for VR&E because they did not think they were eligible due to the 12-year limitation. Service-disabled veterans must have the opportunity to use VR&E services at any point during their employable lives when service-connected disabilities interfere with their employment and when economic changes require them to learn new skills.

The Department of Veterans Affairs (VA) must better explain VR&E and its uses before service members separate during the Transition Assistance Program (TAP). A consistent complaint from our members is they were unaware of the VR&E program and its eligibility requirements. Misinformation is spread by word of mouth, leading to misunderstanding about eligibility and how the program can be used. Some veterans are approved to use VR&E to attain advanced degrees, yet others are denied the same opportunity. The flexibility of VR&E is an integral part of the program, but not having standardized usage leads to confusion and resentment toward VA. A more robust discussion of the program within TAP classes would help mitigate some of the confusion surrounding VR&E, and may guide more veterans toward using it if there is more comprehensive information presented earlier.

The VFW's Solution:

- Congress must pass H.R. 444, *Reduce Unemployment for Veterans of All Ages Act of 2019*, which would remove the 12-year limit on utilizing the VR&E program, so veterans can use it for life.

Transition

The VFW's Concerns:

The period of moving from active duty to civilian life can be challenging for transitioning service members. Leaving a structured life in the military and moving to an entirely different environment brings with it many difficulties, such as finding a new job, moving away from base, going to school, or leaving friends and comrades.

The Transition Assistance Program (TAP) is the Department of Defense's (DOD) program in cooperation with the Department of Labor, the Department of Veterans Affairs (VA), and the Small Business Administration to ensure a seamless path for service members to civilian life. TAP has improved drastically over the past few years, but there are still many changes that are needed, such as service members attending TAP early and often.

Another key area that must be addressed is the ability for veterans to access TAP-style information and resources after they leave military service. The VFW-supported *Hire More Heroes Act of 2010* required VA and DOD to pilot a TAP option off base for veterans who were recently discharged from military service. Once veterans reintegrate into their communities, it is important for them to have access to transition resources that apply to their local communities. Veterans who participated in the pilot program were able to access information and resources they may have missed during their initial TAP classes. Reopening the pilot program to offer TAP in the community for veterans is an excellent way to address this issue.

Taking TAP class earlier with the option to attend again, if possible, is the best way to ensure service members are properly set up for success when transitioning back to civilian life. DOD must ensure service members have easy access to transition assistance materials and resources, and encourage unit leadership to give service members the opportunity to attend additional sessions of TAP.

The VFW's Solution:

The Senate must pass H.R. 2326, *Navy SEAL Chief Petty Officer William "Bill" Mulder (Ret.) Transition Improvement Act of 2019*, which was passed by the House on May 22, 2019, and would:

- Reopen TAP in the community programs for veterans.
- Provide grants for private organizations that specialize in transition to employment, as they are much more familiar with the job markets and their expertise is vital.
- Open pathways for veterans to connect with community and veteran organizations in their hometowns while still on active duty.