



NO ONE DOES MORE FOR VETERANS.

Veterans of Foreign Wars Legislative Priorities

**March Legislative Conference
Washington, D.C.
March 1-3, 2021**

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 (NASEM), the Department of Veterans Affairs (VA) has determined that 17 diseases are associated with exposure to Agent Orange. NASEM has also found an association between exposure to Agent Orange and additional diseases, including hypertension and monoclonal gammopathy of undetermined significance (MGUS). 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.

Veterans who were exposed to toxic substances and environmental hazards also face a greater risk of death during the COVID-19 pandemic. Many health conditions for which there exists a presumption of service connection, including Type 2 diabetes mellitus, and cancer, greatly increase the likelihood of death for individuals who contract the COVID-19 virus. Surviving spouses often have difficulty establishing successful claims for benefits when these service-connected comorbidities are not listed on veterans' death certificates.

The VFW's Solutions:

- Congress must pass legislation to establish an independent commission to identify currently unknown and potential future toxic exposures, and to recommend new studies; require VA to enter into an agreement with NASEM to evaluate scientific evidence regarding diseases associated with toxic exposures; and require VA to grant a presumption of service-connection for the diseases identified.
- Congress must pass legislation that would add hypertension and MGUS to the list of presumptive conditions associated with exposure to Agent Orange.
- Congress must pass S. 89, *Ensuring Survivor Benefits During COVID-19 Act of 2021*, which would require the Secretary of Veterans Affairs to secure medical opinions for veterans with service-connected disabilities who die from COVID-19 to determine whether their service-connected disabilities were the principal or contributory causes of death.

Economic Opportunity

The VFW's Concerns:

The COVID-19 pandemic has produced dire economic consequences in the United States. It has halted the longest period of economic growth since the end of World War II. Numerous Americans are out of work, and many have difficulty providing for basic needs.

Veterans have not been spared this harsh reality. The unemployment rate for veterans has nearly doubled from 3.1 percent in 2019 to the current rate of 5.5 percent. Unemployed veterans would greatly benefit from a relief package that would provide job training resources for high-demand vocations so they can reenter the workforce.

The Department of Veterans Affairs (VA) is comprised of three administrations—the National Cemetery Administration (NCA), the Veterans Health Administration (VHA), and the Veterans Benefits Administration (VBA). Each administration has its own budget and provides different services to veterans. VBA is the largest of the three and oversees the delivery of compensation and pension benefits, the GI Bill, vocational rehabilitation, housing and business loans, and the broadly defined transition assistance program, which is shared with the Departments of Labor (DOL), Defense, and Homeland Security.

The VFW believes economic opportunity is a lifelong need. In reality, not all veterans seek VA health care benefits after they are discharged. Others still do not require or prefer not to receive compensation and pension or burial and memorial benefits. However, the vast majority of veterans do indeed seek meaningful employment, education, or job training. Accordingly, a fourth administration must be established in VA to properly address veterans' economic opportunity benefits utilization and growth, and the improvement thereof. In turn, the new Under Secretary for Economic Opportunity would have the authority to refocus resources, independently promote these programs to veterans, and create a central point of contact for veterans organizations and Congress.

Under the automotive adaptive grant program, VA is authorized to provide a one-time grant of \$21,488.29 to veterans who are unable to drive due to a service-connected disability. This grant may be used for the purchase of a specially equipped automobile. However, a single-use grant for vehicle adaptations is not enough considering the average American owns multiple vehicles in their lifetime. Veterans who have previously received a grant must pay any expenses associated with the purchase of a new vehicle themselves. The cost of replacing a modified automobile with a used or new vehicle ranges from \$21,000 to \$65,000, which is a substantial sum for most consumers. These substantial costs, coupled with inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches its life of service.

The VFW's Solutions:

- Congress must pass the Veterans Economic Recovery Act, which would create a rapid retraining program to provide certain veterans and reservists with 12 months of benefits to pursue training in high-demand occupations.
- Congress must pass legislation that would establish a fourth administration in VA, the exclusive focus of which would be economic opportunity benefits.
- Congress must pass legislation to permit veterans to receive an automobile grant every ten years in an amount equal to the grant maximum at the time of vehicle replacement.

Veterans' Health Care

The VFW's Concerns:

The COVID-19 pandemic changed the dynamic of the American health care system. While frontline health care staff adjusted to care for the wave of patients needing COVID-19 testing, treatment, and now vaccinations, the Veterans Health Administration (VHA) shortened the onboarding process and decreased vacancies by 15,000 positions in the past year. VHA facilities and health care providers converted in-person appointments to telephone or video-based communications. From March 2020 to January 2021, the Department of Veterans Affairs (VA) increased telehealth visits by 1,785%. The COVID-19 pandemic highlighted critical issue needs like expedited staff hiring and onboarding, and enhancement of telehealth appointment platforms and capabilities that the VFW hopes VHA continues beyond the pandemic.

For many rural and underserved veterans, connectivity remains a critical issue to their health care. Through Accessing Telehealth through Local Area Stations (ATLAS), the VFW has worked with VA and Philips to leverage VA's anywhere-to-anywhere authority to expand telehealth options for veterans who live in rural areas. More than 20 VFW posts have been identified as possible ATLAS locations—two of which are already operational and two of which are in the final stages of completion. Assistance through the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019* will provide the financial grants for these VFW posts to coordinate services to veterans and their families utilizing the ATLAS pods.

Veterans total 13.8 percent of adult suicides in the United States, with an average of 17.6 veterans and service members who die by suicide every day, according to the *VA 2020 National Veteran Suicide Prevention Annual Report*. Of those veterans, only six are actively enrolled in VA. Reports have also consistently indicated veterans ages 18-34 are the most likely to die by suicide. The COVID-19 pandemic chipped away at suicide protective factors. It is too soon to tell how housing, food, and financial insecurities from loss of employment, loneliness increased by isolation, and other compounding issues from the pandemic affected mental health and suicide-related behaviors.

Women veterans comprise approximately 10 percent of the veteran population and are the fastest growing cohort within the veteran community. They remain 2.1 times more likely to die by suicide than non-veteran women. VA has made progress in gender-specific health care for women, but more is needed. VA must ensure it addresses privacy concerns, expands women-specific substance abuse treatments and programs, increases VA staff cultural training, eliminates harassment and assault, and makes other improvements to women veterans' health care.

In vitro fertilization (IVF) services covered under VA should be expanded and made permanent. Service-connected injuries, toxic exposures, and other health issues can destroy a veteran's dream of having a family. VA's current IVF treatment eligibility excludes certain veterans from using this program to achieve that dream.

The VFW's Solutions:

- Maintain vigilant oversight of the implementation of the John Scott Hannon Act; the Veterans' ACCESS Act; and the Deborah Sampson section of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*.
- Pass H.R. 239, *Equal Access to Contraception for Veterans Act*, which would provide women veterans access to the same no-cost contraceptive care as their non-veteran counterparts.
- Pass legislation that would expand VA services to include fertility preservation, and reproductive, adoption and child care assistance.
- Pass the COVID-19 relief bill that includes critical funding to accelerate VA's supply chain modification to sustain staffing and service expansions for telehealth, suicide prevention, and women's health.

Military Personnel and Retirement

The VFW's Concerns:

The VFW has long argued that Department of Defense (DOD) retired pay and Department of Veterans Affairs (VA) service-connected disability compensation are fundamentally different benefits, earned 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.

However, military retirees who are less than 50 percent service-connected disabled are required to offset their retiree pay with the amount of VA disability compensation they receive. Also, Chapter 61 retirees who were medically retired with less than 20 years of military service face the same dollar-for-dollar offset. 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 2020, there are 575,476 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.

In 1996, the Military Housing Privatization Initiative (MHPI) began as a result of DOD's struggle to build and maintain adequate housing. However, in the past few years, the MHPI program has been plagued with widespread complaints of neglected or careless repairs and unsafe conditions. Residents have been exposed to high levels of toxins and environmental hazards, especially mold, lead-based paint, asbestos, poor water quality, and sewage. Maintenance issues have gone unresolved since privatized housing companies have strong financial incentives not to hold units vacant for lengthy repairs or renovations. In response, DOD implemented a bill of rights to ensure tenants receive quality housing and fair treatment from the private housing companies.

Nevertheless, before service members move to a new base, they are not given access to historical maintenance records about their new homes, which is inconsistent with standard practice for all new home buyers in the United States. As a result, the VFW proposes that DOD develop a base housing comparison tool to be a central information center for service members. Based on the model of the GI Bill Comparison Tool, it would provide access to information about the bases and private housing companies to help service members make informed decisions about whether to live on or off base. Additionally, it would allow oversight of the housing situation at each base around the country, so problems could be addressed in an appropriate and timely manner. The VFW calls on Congress to direct DOD to develop and implement a comparison tool for base housing.

The VFW's Solutions:

- Congress must pass the Major Richard Star Act, which would enable Chapter 61 veterans discharged due to combat-related injuries to be entitled to DOD longevity payment and VA disability compensation without offset.
- Congress must enact legislation to implement a new online comparison tool for service members, and to serve as a central information center for oversight.