LOW COUNTRY INDIVISIBLE POSITION STATEMENT ON THE DEPARTMENT OF VETERANS AFFAIRS

January 8, 2020

The Department of Veterans Affairs Health Care System is the largest health care system in the country. It employs approximately 378,000 employees and is next only to the Dept. of Defense as the largest Federal Government Agency. There are approximately 170 major medical centers and 1050 VA outpatient clinics. The total VA budget for 2019 is $220 Billion. One of the LCI Health Care Committee members had been employed as a VA physician for several years, and has seen first-hand the excellent service this health care system can provide. That said, all of us are aware of prior and ongoing absurd and outrageous shortcomings of the VA Health Care System. We refer here to such events in the past as altered wait lists (that kept Veterans waiting for and sometime dying before obtaining much needed medical appointments), identity theft of confidential VA records, fraud in some of the highest ranks of local VA officials, and criminal acts committed by VA employees on VA patients.

With the above history in mind, LCI has adopted the following platform:

1. All eligible Veterans are able to obtain a complete spectrum of quality health care through the direct VA system in a timely manner, and at a level of excellence equal to or exceeding the private sector.
2. Veterans who are eligible by distance or hardship criteria are able to obtain medical care through the VA Community Medical Care System.
3. Adequate funding must be preserved for the maintenance of the VA direct care program, including the infrastructure to support that program.
4. There must be adequate oversight of the providers in the Community Care System to ensure a high level of quality health care.
5. There must be vigorous oversight and corrective action to safeguard Veterans from negligent and /or criminal acts by VA employees.
6. Programs must be developed and/or improved to provide superior care of Veterans with mental health issues (including high suicide rates, PTSD, traumatic brain injury, opioid and other addictions), military sexual trauma, and gender specific care for women Veterans.
7. There must be ongoing and active Congressional oversight of all Veterans’ Health Care programs, especially the implementation of the “VA Mission Act of 2018,”which came into effect in June, 2019.
8. **All eligible Veterans are able to obtain a complete spectrum of quality health care through the direct VA system in a timely manner, and at a level of excellence equal or exceeding that of the private sector.**

With the current Presidential Administration, concern has arisen that the VA Health Care System was being led down a road towards privatization of the system. Initially this fear emerged with the passage of the “VA Mission Act of 2018” which makes it easier for Veterans to obtain health care outside the direct VA system. However, privatization was strongly opposed by Veteran’s advocacy groups such as the Veterans of Foreign Wars and the Disabled Veterans of America. Twenty eight Democratic Senators spoke out against privatization in early 2019 in a letter to VA Secretary Wilkie stating that, “Given that the Administration opposes overall increases in Federal spending, these increased costs for community care will likely come at the expense of the VA’s direct system of care, and that is something we cannot support.” Prominent figures such as Senator Bernie Sanders have gone on record in supporting the maintenance of a robust system of direct VA care. The House of Representatives, in summer 2019, took pro-active measures to preserve funding for the direct VA system. It is also obvious that a solid core VA infrastructure must remain in place to care for the unique needs of military Veterans such as multi-traumatic combat injuries , wound and burn care, spinal injuries and rehabilitation medicine, mental health issues, and the specific health needs of women Veterans.

The Dartmouth Institute for Health Policy and Clinical Practice Study released a landmark study in 2018 (“VA Hospitals Outperform Non-VA Hospitals in Most Health Care Markers”) , which shows that care delivered by the direct VA Health Care System exceeds the quality of the Private sector in many important health care parameters.

1. **Veterans who are eligible by distance or hardship criteria are able to obtain medical care through the VA Community Health Care System:**

The “VA Mission Act of 2018” was one of the most comprehensive pieces of VA legislation ever enacted. It is a direct outgrowth of the “Veterans Choice Program” enacted during the Obama Administration. It greatly expands opportunities for Veterans to receive care thru community sources.

One of the biggest positives for this act is that it extends the option of Veterans to receive community care if they have to drive over 30 minutes to a VA facility or wait more than 20 days for a primary care appointment. It is estimated that 20% of eligible Veterans will be able to receive community primary care (up from 8%), and 30% will be able to receive community specialty care. Other benefits of the Act include enhanced benefits for Veterans’ caregivers, modernizing the VA information & electronic medical records systems, and increasing recruitment for VA health care providers. It also calls for an additional Board of Directors to provide overall guidance.

Based on a survey released by the VFW in October 2019 (“Our Care 2019”) on the first 90 days of “Mission Act” implementation, the merging of this Act with the old system seems to be working, affording Veterans more options while not detracting from direct VA care. Some 6092

Veterans participated in the survey and basic findings reveal that: 96% of those surveyed were eligible for VA care & 78% of those eligible utilized VA health care. Of those using VA Health Care, 86% receive primary care and 75% receive specialty care. 77% use VA pharmacies to receive prescription medication. 82% reported being at least somewhat satisfied with VA care and 7% reported being dissatisfied. 74% reported they had seen improvements in the VA in the last year. 80% reported receiving appointments in 30 days.

2800 Veterans of the sample size were eligible for community care and 55% of those chose community care over VA care. 80% were satisfied with their VA community care experience. 84% of those going to community care were able to get an appointment within 30 days. Overall wait times for community care were only marginally better than in the direct VA Care System.

**A reasonable conclusion from this report is that after Mission Act implementation, community care is utilized by the patients for whom it was intended, and that they were happy with their care.** (Before the Mission Act 450 members of the sample received community care and after approximately 1540 did). If later and larger surveys duplicate these findings it will be encouraging. So far implantation of the Act did not seem to significantly impact numbers utilizing VA direct care, which continued to flourish.

One finding from the survey is that 21% of those receiving community care received a bill from the VA, and 38% of those report the VA still has not paid the bill. This is an issue which needs correction.

1. **Adequate funding must be preserved for the maintenance of the VA direct care program including the infrastructure to support that program.**

As well as being a priority of LCI, this is a priority of the House of Representatives and particularly the House Committee on Veterans Affairs. The House and the Veteran’s advocacy groups did not want to see funds drawn from the VA Direct Care Program to support the Mission Act Community Care Program. In answer to this concern, The House Appropriations Committee on Military Construction and VA Affairs acted in June of 2019 to place the funds for direct care and community care into 2 separate accounts.

Funds cannot be diverted from one to the other without Congressional approval. While funding for the traditional (direct care) system seems to be secure, watchdog groups such as the VFW warn that VA direct care funds not be intermingled with funds for the VA Disability Program and the VA National Cemetery Program.

1. **There must be adequate oversight of the providers in the Community Care VA System**

**to ensure a high level of quality health care.**

Under the “VA Mission Act each medical facility of the Department is required to have a

“care coordination team” to oversee the continuity of care for Veterans receiving care in

in the Veterans Community Care Program. There are also provisions in the Act to

prevent providers who were terminated from prior VA employment or who had their

professional licenses revoked from participating in the Community Care Program. The

VFW proposes in addition, that the program be “overseen by a team of VA subject

matter experts with direct and consistent guidance from local VA health care

professionals and Veterans Service Organizations.”(VFW Views on Commission of Care

Recommendations 2018.)

We believe this is an issue that must be followed, and we concur with the position stated

above by the VFW.

**5 There must be intensified oversight and corrective action to safeguard Veterans from**

**negligent and criminal acts by VA employees.**

This came to light earlier in 2019 as there are criminal investigations now ongoing

concerning possible homicides of several VA hospital patients in a VA Hospital in WVA

who were found to have received lethal and inappropriate injections of high doses of

insulin. Unfortunately an office created by the current President in 2017, (The Office of

Accountability and Whistleblower Protection) “Has failed in its most basic mission,”

according to the VA Inspector General. In an article dated, 10-25-19 in “USA Today” it is

reported that the VA IG said, “In two years the office removed just one VA executive,

conducted shoddy investigations, disrespected whistleblowers and floundered in its

duty to protect them.” Low Country Indivisible believes that the current Administration

and the Central Office of the Department of Veterans Affairs must do much better than

that.

1. **Programs must be developed and/or improved to provide intensified action to address the care of Veterans with mental health issues, military sexual** **trauma, and gender specific care for women Veterans.**

It is gratifying that the VA has made progress in these areas, and a long range commitment to improvement is seemingly beyond doubt. We will concentrate on just a few of these areas:

**Veteran Suicides:** The AARP reports that 7 out of 10 Veterans who commit suicide had not been under VA care and that about 20 Veterans die each day at a rate of 1.5 that of the population that has not been in the military. While outreach progress has been made, a Government Accountability Report of December 2018 found that VA had spent only $57,000 of a total allotment of $6.2 million for paid media and social media postings on Veteran suicide prevention and resources available to Veterans in this regard. VA leadership blamed the situation on “leadership turmoil at the VA.” Issues like the above prompted a Presidential Executive Order in March 2019 creating the “Prevents Initiative” (President’s Roadmap, to Empower Veterans and End a National Tragedy of Suicide) which will provide funding for state and local programs to address veteran suicide. VA Secretary Wilkie and the White House Domestic Policy Council launched a cabinet level task force to develop this national roadmap, that is to include a research strategy and an implementation strategy. This road map is to be delivered to the President in March of 2020. We can only hope that these steps are effective.

**Military Sexual Trauma:** This is a massive issue facing the Veterans Health Service, both in numbers of those military veterans claiming military sexual assault, and in difficulty claimants have in receiving compensation from the VA. One third of female military members screen positive for Military Sexual Trauma (MST). In the active military, 13,000 women and 7500 men experienced some sort of sexual assault in 2018. (“VFW Statement to House Veteran’s Affairs Committee”, June 2019). A history of MST is associated with post traumatic stress type symptoms, depression, isolation, alcohol & drug addiction, sleep disturbances, suicidal ideation, and suicide.

The VA health care system has been required to provide services for MST since 1992. The system has been slow to respond, but improvements have been made. Yet, up to half of female Veterans reporting MST do not seek treatment through the VA Health System. A study reported in Jan, 2019 reported in “Federal Practitioner,” provides data from experiences of Veterans receiving VA treatment for MST. The study also provides several useful recommendations for improving MST treatment, based on this data.

In 2011 adjudicators of VA disability claims started receiving MST specific training. Yet, a report released by the Inspector General of August 2018 showed that the VA disability system erroneously adjudicated

49% of PTSD claims related to MST. The VFW wants a 10 year review of denied claims, and also recommends changes in education and processes in adjudicating MST claims. LCI would support this recommendation.

**Gender Specific Care:** Progress has also been made through the years on this issue. Clinics dedicated to women’s health have existed in VA for at least 25 years, but availability and wait times were issues. The “Deborah Sampson Act” HR 3224 was passed by the House on 11-13-19. It has a companion Bill in the Senate S-514, Introduced by Sen. Tester D-MT with 43 co-sponsors including candidates, Warren. Sanders, Booker & Klobuchar and 8 Republican and 2 independent co-sponsors.

Unfortunately though introduced in May, 2019 this Bill has not moved through Senate Committee. The two Bills are almost identical and include as provisions;

* Increase number of gender specific providers in VA facilities
* Enhance privacy for Women
* Establish Office of Women’s Health
* Improve quality of care for infant children of Veterans
* Track by sex & minority group individuals receiving VA benefits
* Improved counseling and treatment for military sexual trauma

We can only hope that this much needed legislation, with bipartisan support can become Law in this current session of Congress.

1. **There must be ongoing and active Congressional oversight of all Veterans Health Care Programs especially the Implementation of the “VA Mission Act of 2018” which came into effect in June of 2019.**

We believe that this is presently occurring and advise that such oversight continue.

In addition, a number of actions were taken very recently by Congress that demonstrate that Congress remains committed and pro-active in its support for Veterans and their rights:

Some of these actions are:

* Both chambers of Congress passed the “National Defense Authorization Act For Fiscal

Year 2020” that includes mandated post-deployment medical assessments for active duty and Veterans exposed to toxic airborne chemicals, burn pits etc. The Act also directs that exposure to explosive blasts be recorded in Military and Veteran individual medical records.

* The same Act (above) also eliminates the very unjust “Widow’s tax” (Survivors Benefits Plan, Dependency, and Indemnity Compensation Offset) that in certain circumstances severely penalized the spouses of deceased Veterans with service connected disabilities.
* On 12/16/19 The House passed HR 1865 and the Senate followed on 12/18/19 (now awaits Presidential signature). This Bill provides $ 91.9 Billion in discretionary funding for VA which includes $153.6 Million for implementation of the “Blue Water Navy Vietnam Veterans Act of 2019,” and also increases funding for the VA Mission Act.

LCI supports these actions.

**CANDIDATE POSITIONS**

All the major Democratic candidates endorse improvements for the VA Health Care System and for Veteran’s Health Care. All of the major candidates support strengthening the VA and not privatizing it. Both Senator Warren and former Vice President Joe Biden have comprehensive plans that address most, if not all the platform issues of LCI.

Senator Warren presents these in perhaps the most succinct manner. She advocates creating an office charged with meeting the needs of the 5.5 million caregivers for military members and Veterans. She highlights the need to reduce Veteran suicides with a plan to reduce Veteran suicides by 50% in 4 years.

She comes out strongly on the need to provide higher quality VA mental health services in general and commits to expanding the number of inpatient Veteran beds for recovery and addiction treatment.

She presents strong statements in support of improved gender specific care for women Veterans and appropriately addressing the needs of LBGTQ Veterans. She wants to fully implement the VA Mission Act and ensure that community providers are held to high standards. She recently sent a letter to VA Secretary Wilkie stressing the need to more closely monitor the VA Health System thru improved Federal oversight.

Biden’s plan is also comprehensive, but perhaps less specific. He agrees with Warren in emphasizing support for caregivers of military members and Veterans. He supports improved mental health care for Veterans, and proposes to publish a report on Veteran suicide within 200 days of taking office. He wants the VA to provide care that better meets Veteran’s specific needs, without individually addressing these needs in the detail that Sen. Warren does. He wants to increase the opportunities for Veterans to receive education and employment training opportunities. Much of his platform details the past work of Jill Biden in the Obama Administration and the current work of the “Biden Foundation” in the field of Military and Veteran educational and employment opportunities. Specifically, if elected, he would invest $800 million for research into traumatic brain injury, toxic exposures encountered in the military, and also to provide grants to Military spouses to start a business.

Senator Sanders, a former Chairman of the Senate Veterans Affairs Committee, proposes a more encompassing plan to revamp the VA Health Care System. He sees the current system as underfunded and with infrastructure in need of repair. On 11-11-19 he came out with a plan to invest $62 Billion into the system. It is obvious he agrees with the priorities of Warren and Biden, but he is even more outspoken about the need for VA to provide “medically necessary” gender affirmation surgeries as well as comprehensive abortion care. Sanders would also use some of the funding to fill what he sees as 50,000 needed slots for professionals (physicians, nurses, and other health care workers).

Pete Buttigieg promises to modernize The Dept. of Veterans Affairs and simplify disability and other claims processes. He would streamline suicide prevention measures as well as provide more help to service member’s families. He would rescind the military transgender ban. His proposals are at this point presented in less detail than those of the other major candidates.

Senator Klobuchar, at this point remains a major, yet underdog candidate. She has a rich history of supporting Veterans and the Department of Veterans Affairs. She has previously been an introducer of legislation that was passed which created a center of excellence within the VA which focused on health issues associated with burn pits and other toxic exposures. She was an early advocate of the laws passed late last year (2019) which require tracking of Veterans with toxic exposures. She strongly opposes privatizing the VA.

**CONCLUSION**

**The Health Care Committee and Board of Directors of Low Country Indivisible will consistently support efforts to continually improve Veterans Health Care, and advocate for these improvements as the need arises.**

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