**VIRGINIA DISABLED AMERICAN VETERANS’ AUXILIARY**

**Legislation Policy Goals**

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1. **Correct inequities and provide parity in compensation benefits for veterans and survivors:**

DAV will fight for concurrent receipt of earned compensation and military payments without offsets; parity with other federal programs for survivors receiving Dependency Indemnity Compensation (DIC) benefits; and increased rates for veteran’s disability compensation based on quality of life. **Example:** VA DIC = 41%, Federal Employees Retirement System or Civil Service Retirement System = 55%. 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.

1. **Implement the PACT Act and address gaps in toxic exposure benefits:**

Thousands of disability claims have been submitted to the Department of Veterans Affairs (VA) following the passage of the PACT Act (P. L. 117-168), but far too many veterans who have suffered from toxic and environmental exposures still do not qualify for benefits. Our nation must ensure these veterans receive the care and benefits they have rightfully earned. **Example:** Veterans stationed at Karshi-Khanabad Air Base (K2) not covered – almost 16,000 personnel involved. 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.

1. **Ensure equity in VA care, services and benefits for women, LGBTQ+ and minority veterans:**

The VA must ensure these veterans have access to benefits and timely, high-quality and specialized health care services to the same extent as their veteran peers. The VA must provide a safe, welcoming and harassment-free environment at all its health care facilities. **Example:** LGBTQ+ veterans report poorer mental and emotional health; DAV recommendation - 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.

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

The VA must have a comprehensive geriatric and extended care program that includes a broad range of care options and supportive services—from home-based primary care to long-term institutional care to assist a rapidly aging veteran population, particularly veterans with service-connected conditions. **Example:** Veterans with disability ratings of 70% or higher, which guarantees mandatory long term care (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. DAV urges the VA to expand access to home- and community-based programs, particularly veteran-directed care and medical foster homes.

1. **Bolster mental health resources to ensure continued progress in reducing veteran suicide:**

Despite increased resources for VA mental health services and targeted efforts, rates of suicide among veterans have only marginally decreased. By improving lethal-means safety efforts, enhancing care for veterans in crisis and requiring training for community partners, the VA can help to further reduce suicide for at-risk veterans and ensure all veterans have timely access to needed mental health services. **Example:** 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.

1. **Expand the VA’s capacity to deliver timely, high quality care to veterans:**

To ensure the best health outcomes for veterans, particularly veterans with service-connected conditions who rely on the VA for all or most of their care, the VA must remain the primary provider and coordinator of care. This will require new investments to hire and retain clinical staff, rebuilding health care infrastructure and modernization of information technology systems. **Example:** According to the VA, while private sector health facilities’ median age is about 11 years, VA facilities’ median age is 58. 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.