



# THE A Comprehensive Budget & Policy Document Created by Veterans for Veterans INDEPENDENT for the Department of Veterans Affairs CRITICAL ISSUES BUDGET

Fiscal Year 2014

## ***The Independent Budget***

### **Critical Issues Report for Fiscal Year 2014**

#### **Introduction**

As the United States absorbs the aftereffects of more than a decade of continuous war, and in the face of the planned draw-down of military personnel, the Department of Veterans Affairs (VA) will be stressed to continue to meet the growing health-care needs of the nation's veterans. Even with the lessening of hostilities and eventual withdrawal of combat troops from Iraq, Afghanistan, and other hostile assignments, the most recent cohort of veterans will grow for the foreseeable future, pressing VA for services. Long after our uniformed personnel repatriate from their deployments, their long-term wounds, whether physical or psychological, will need to be attended to by VA. This is a responsibility that cannot and should not be minimized.

Thanks to swift triage and aeromedical evacuations, and improvements in battlefield trauma medicine and surgical procedures, more combat-wounded personnel are surviving than ever before in military action, and their injuries are in need of highly specialized, lifelong care, sophisticated prosthetics, and other vital equipment and services. Providing for these veterans, who voluntarily sacrificed themselves for the greater good of the nation, is a firm and lasting commitment, not only by VA but by all Americans, to restore their lives and return them to a state of optimal health.

*The Independent Budget* is a comprehensive budget and policy document created by veterans for veterans for VA. Our budget is dedicated to veterans of all branches of military service, who have confronted our nation's enemies on behalf of those who could not, or would not, serve. *The Independent Budget* veterans service organizations (IBVSOs)—AMVETS (American Veterans), Disabled American Veterans (DAV), Paralyzed Veterans of America (Paralyzed Veterans), and Veterans of Foreign Wars of the United States (VFW)—are proud to offer this precursor to *The Independent Budget for Fiscal Year 2014* to review the critical issues associated with that important submission, to be released concurrent to the Administration's budget for FY 2014.

The four co-authors believe our mandate has remained steadfast over the years to ensure that VA provides:

- competent, compassionate, and consistently high-quality health care to all eligible veterans, and to their eligible families and survivors;
- timely and accurate delivery of all earned benefits to veterans, dependents, and survivors, including disability compensation, pensions, education, housing assistance, and other necessary supports; and
- dignified memorial services to all eligible veterans, preserving our national cemeteries as shrines to those lost in or following service to the nation.

This Critical Issues Report is intended to be a reference and an instrument to inform and educate not only VA and its veteran stakeholders, but the general public, the Administration, and Congress, about the most pressing issues affecting VA health care, benefits, and their timely and accurate delivery, as well as a variety of memorial services. These issues make up some of the greatest concerns facing VA and the veteran community, and our detailed recommendations for improvements are provided in an effort to assist veterans in gaining and keeping access to services and benefits from a delivery system created solely for them.

We submit this report in the hope that legislators and VA policymakers will consider and incorporate our recommendations in developing legislation and making policy changes affecting VA for FY 2014 and beyond and for developing advance appropriations in VA health care for FY 2015. We believe that by capitalizing on the strong foundation this document provides VA will be better able to improve its benefits and services and achieve operational excellence.

As our nation's economy continues to be plagued by numerous fiscal and economic challenges of grave concern, especially in light of the failure last year of the Joint Select Committee on Deficit Reduction, the IBVSOs are justifiably apprehensive about the looming threat of sequestration and its effects on VA and the veterans it serves. The IBVSOs strongly believe that whatever happens in the upcoming year regarding the disposition of the sequestration mandate that the veterans and families VA serves should not be forced to sacrifice any of the benefits they so clearly earned.

The IBVSOs will not support any backsliding on the outlay of funds needed for investment in essential VA programs and infrastructure, so as to retain the valuable and expensive progress made in these areas over the past several years. If the nation expects to continue to attract and retain willing and talented candidates to serve in the military, we must commit to providing the earned benefits and health-care services to those men and women who have made selfless sacrifices for the nation. We must emphasize that freedom is expensive not only to achieve, but to sustain, and this cost is often life altering and may be life ending.

Our veterans have always stepped forward when we needed them to do the tough jobs, often in the worst conditions imaginable, and while making numerous personal sacrifices and enduring physical and emotional pain. Veterans have paid their dues in full. We should ask nothing further of them. Veterans do not need or want handouts, but many need a hand up, and all deserve what they were promised and earned through their military service to America.

## **CRITICAL ISSUE 1**

### **PROTECTION OF THE VA HEALTH-CARE AND BENEFITS SYSTEMS IN A TIME OF FISCAL RESTRAINT**

*Despite growing pressure on the Administration and Congress to rein in federal spending, they must ensure that VA health-care and benefits programs receive adequate funding to meet the demands of veterans.*

As the country confronts a difficult and uncertain fiscal and economic future, the Department of Veterans Affairs (VA) likewise faces significant challenges. The Administration and Congress continue to face immense pressure to reduce federal spending. Meanwhile, federal agencies also must deal with the very real possibility that automatic cuts, included in P.L. 112-25, the “Budget Control Act of 2011,” as a result of sequestration provisions will go into effect on January 1, 2013. Although the Secretary of Veterans Affairs claimed in April that the Department will not face sequestration cuts, some administrative functions in VA may, in fact, endure spending reductions. The co-authors of *The Independent Budget*—AMVETS, DAV, Paralyzed Veterans, and VFW—have serious concerns about potential reductions in VA operations. Any cuts to VA

programs, particularly in light of ongoing concerns about sufficient funding for VA, could have devastating consequences for the delivery of health-care and benefits services to veterans who have earned both.

While *The Independent Budget* veterans service organizations (IBVSOs) understand that the Administration and Congress have voiced opposition to any sequestration cuts that could impact VA in the near term, the future for VA funding remains much less clear. We know that VA, similar to all other federal agencies, is under pressure to constrain spending in the coming years as a result of growing federal debt and annual deficits. However, this philosophy ignores the fact that VA still must meet rising demand for health-care services for veterans of past conflicts as well as those who have served our national interests over the past decade in Iraq and Afghanistan.

Discretionary spending in VA now accounts for approximately \$64 billion. Of that amount, nearly 90 percent is directed toward VA health-care programs. According to numerous independent reviewers, including the Institute of Medicine of the National Academy of Sciences, VA is a high-quality health-care system that offers comprehensive care in a safe and effective way to millions of veterans. Providing primary and preventive care and specialized health services are integral components of VA's core mission and responsibility. Across the nation, the IBVSOs observe that VA is a model health-care provider and has led the way in various areas of biomedical research, creation of specialized services, and in advancement of health-care technology, including the use of electronic health information.

VA's unique system of care is one of the only nationwide health-care systems to provide developed expertise across a broad continuum of care. Currently, the Veterans Health Administration serves more than 8 million enrolled veterans and provides specialized health-care services to include program specific centers for care in the areas of spinal cord injury/disease, blind rehabilitation, traumatic brain injury, prosthetic services, mental health, and war-related polytraumatic injuries. Such quality and expertise in veterans' health care could not be adequately replicated by the private sector. Any reduction in funding for VA health-care

programs would only serve to degrade these critical services and could cause abandonment of veterans left in the wake.

Moreover, the IBVSOs remain concerned about steps VA has taken in recent years in order to generate resources to meet ever-growing demand on the VA health-care system. The current Administration continues to rely upon “management improvements,” a popular gimmick that was used by previous Administrations to generate overly optimistic savings forecasts to offset the rising costs of care. Unfortunately, these projected savings were never realized, leaving VA short of necessary funding to address ever-growing demand. As a specific example of such failed gimmicks, VA continues to overestimate and underperform in its medical care collections programs. Overestimating VA collections affords Congress the opportunity to appropriate fewer discretionary dollars to the VA health-care system and then to provide those funds to other agencies. When VA inevitably fails to achieve those collections estimates, it is left with insufficient funding to meet the actual demand for care and services. As long as this scenario continues, VA will find itself falling further and further behind in its ability to care for sick and disabled veterans who have served and sacrificed for this nation.

The IBVSOs also believe that VA benefits have no place in deficit-reduction debates. VA disability compensation is a benefit provided because an individual became disabled in military service to the nation. While paid compensation provides for the welfare of a veteran, it is not welfare, charity, or simply another gratuitous federal payment, but a necessary acknowledgement by the government that a veteran’s sacrifice must be recognized. Compensation reflects a debt of gratitude this nation owes disabled veterans and recognizes the challenges in life they must face every day as a result of their very personal loss in service. In addition, many ancillary benefits—particularly the specially adapted housing benefit, adaptive automobile allowance, and vocational rehabilitation and employment service—are provided only to service-disabled veterans. In a similar vein, the education benefit under the Post-9/11 GI Bill is earned by veterans through honorable service. Any attempt to reduce or modify eligibility criteria for these benefits and others would be considered an abrogation of the responsibility this nation holds toward veterans—and would be wholly unacceptable to our organizations.

The IBVSOs remain concerned that the broken budget and appropriations process continues to show negative effects on the operations of VA. Once again this year Congress failed to enact a budget resolution, or fully complete the appropriations process in the regular order, instead choosing to fund the entire federal government, including VA, through a six-month continuing resolution. As a result of the enactment of advance appropriations in Public Law 111-81, the health-care system is generally shielded from the difficulties associated with late appropriations (an occurrence that has become the rule, not the exception). However, we cannot be certain that some health-care operations will not be negatively affected by this six-month continuing resolution. The unacceptable manner in which previous advance appropriations funding was altered by reduction in last year's continuing resolution validates this concern. Moreover, we are disappointed that the six-month continuing resolution does not include advance appropriations for VA medical care for FY 2014.

Additionally, many other functions of VA not protected by advance appropriations, particularly in the benefits delivery system, have experienced a definite impact because of overdue budgets. Failure to provide a sufficient and timely operations budget (governed through appropriations) for the Veterans Benefits Administration (VBA) severely strains the ability of the thousands of VA personnel tasked with overcoming perhaps the greatest challenge facing VA today—the intractable and ever-growing disability claims backlog. The VBA is being severely hampered as long as it is forced to function with an uncertain budget—a known attribute of the continuing resolution environment. However, we do appreciate the fact that the Continuing Resolution does include an increase in funding for the VBA that matches the amount requested (\$2.164 billion) by the Administration earlier this year.

**Recommendations:**

The Administration and Congress must ensure that the health-care and benefits programs administered by VA are protected from any efforts to reduce spending as a result of sequestration or other deficit and debt reduction steps.

The Administration and Congress must work together to ensure that the advance appropriations amounts already provided for FY 2013 will, in fact, be sufficient to meet the projected demand for veterans health care in that year, and they must ensure that sufficient resources will be provided in the advance appropriation for FY 2014 as well.

In order to help ensure that advance appropriations contain sufficient funding for VA health care, Congress should permanently authorize a role for the Government Accountability Office in monitoring and reporting on VA budget formulation in the advance appropriations process.

Congress should amend the “Congressional Budget and Impoundment Control Act of 1974” to permanently authorize advance appropriations for VA health care so as to eliminate the need for an annual budget waiver to be crafted against points of order.

Congress should debate and consider authorizing advance appropriations for all VA accounts, not only for those associated with VA health care but also covering programs of all other benefits and services VA provides to sick and disabled veterans.

## **CRITICAL ISSUE 2**

### **SUCCESSFULLY COMPLETING REFORM OF THE BENEFITS CLAIMS-PROCESSING SYSTEM**

*After three years of study and testing, the Veterans Benefits Administration is finally deploying a new claims-processing system with a new information technology framework, and Congress must ensure that this transformation process is successfully completed so that veterans' claims for benefits can be decided right the first time.*

Reform of the Veterans Benefits Administration's (VBA) claims-processing system remains a critical issue for *The Independent Budget* veterans service organizations (IBVSOs) and millions of veterans who have filed or will file claims for benefits, especially for disability compensation. The problems plaguing the VBA claims system are well known: the number of claims filed each year is growing; the complexity of claims filed is increasing; the backlog of claims pending is staggering; and the quality of the claims decisions remains far too low. While much attention has been focused on the VBA claims backlog, it is important to recognize that eliminating the backlog is not necessarily the same goal as reforming the claims-processing system, nor does it guarantee that veterans are better served by the Department of Veterans Affairs (VA). The backlog is a symptom, not the root cause of the VBA claims-processing problems. In order to achieve real and lasting success, the VBA must remain focused on creating a claims-processing system that is carefully designed to decide each claim right the first time.

Recognizing that its infrastructure was outdated and ineffective, and that a rising workload could no longer be managed, VBA leadership in 2010 determined that it would be necessary to completely and comprehensively rebuild and modernize the claims infrastructure and processes. The Secretary of Veterans Affairs established an ambitious goal of zero claims pending more than 125 days, and all claims completed to a 98 percent degree of accuracy standard. The VBA outlined a three-year strategy to achieve this goal. Notwithstanding the fact that the VBA has attempted to reform its claims-processing system without success numerous times over the past half century, the IBVSOs see hopeful new signs that meaningful progress may finally be on the horizon.

VBA reform efforts commenced three years ago through a comprehensive review of its claims process, which included extensive outreach to employees, as well as veterans service organizations (VSOs), seeking innovative ideas to make the reform process more efficient and effective. The VBA launched dozens of experimental pilot programs and initiatives to test changes that might streamline operations or increase the quality and accuracy of decisions. In the second year, the VBA analyzed and synthesized the results of this study and experimentation and finalized a comprehensive strategy to re-engineer the entire claims process, focusing on three critical areas: people, process, and technology. Over the past year the VBA further developed, refined, and has now begun to deploy a new operating model and information technology system, the Veterans Benefits Management System (VBMS), based on lessons learned. By the end of 2012, the VBA will have rolled out the new operating model and VBMS to more than a dozen VA regional offices, with full national deployment scheduled to be completed by the end of 2013.

Given the investment in and importance of the VBA's current transformation strategy, it is absolutely imperative that this reform effort be successfully completed. Although it is too soon to make judgments about whether the new VBA plan will be fully successful, Congress must support the reforms under way, while continuing to hold the VBA accountable through aggressive oversight.

Perhaps as equally important as the VBA decision to rebuild and replace the current claims process was the decision to reach out to VSOs accredited by VA to help veterans file claims, including the IBVSOs, which possess significant knowledge and experience in the claims process. Because collectively our organizations hold power of attorney (POA) for millions of veterans who are filing or have filed claims, the VBA recognized that close collaboration with VSOs could reduce its workload and increase the quality of its work. To be successful, the VBA must continue to work in an open and transparent manner to strengthen its partnership with VSOs.

Central to the VBA transformation strategy is the development of new technology, including the VBMS, a new Stakeholder Enterprise Portal (SEP), an expanded e-Benefits system with VONAPPS Direct Connect (VDC), and other elements of the Veterans Relationship Management (VRM) and Virtual Lifetime Electronic Record (VLER) initiatives. The IBVSOs believe the most important of these is the VBMS, the paperless, rules-based claims-processing work tool that the VBA will rely upon to develop electronic claims files, manage workflow, increase production, and improve quality. Whether or not the VBMS will “revolutionize” VBA claims processing cannot be known for years to come; however, the transition from paper-based processing to an intelligent, digital processing system is inevitable and must be completed. Moreover, the IBVSOs believe it vital that the VBA commit to a fully digital claims system, which will require that legacy paper claims files be converted to digital data as quickly as practicable.

The IBVSOs are pleased with VBA efforts to incorporate the experience and perspective of our organizations throughout the VBMS development process, and we continue to work with the VBA to help ensure that the VBMS gains all the capabilities needed to do the job ahead. The VBA must continue to involve VSOs in the final planning and development of the VBMS and must finally resolve long-standing problems related to recognition of POA holders in VBA computer systems.

As the VBMS continues to incorporate intelligent processing capabilities, the VBA must not allow technological increases in productivity if the cost is a loss of transparency, accuracy, or quality. The IBVSOs remain concerned about the VBA implementation of simplified notification letters, or SNLs, which provide automated and simplified rating decision and notification letters. Despite some improvements made by the VBA pursuant to concerns we have expressed, SNLs do not yet adequately or consistently provide sufficient information about the reasons and bases for VBA rating decisions.

Concurrent with the deployment of the VBMS is the new VBA operating model. The evolutionary change in how the VBA processes claims for disability compensation will modify the roles and functions of thousands of veterans service representatives (VSRs) and rating

veterans service representatives (RVSRs) at regional offices across the system. Developed using best practices culled from myriad VBA pilots conducted over the past few years, the new operating model is based upon segmenting claims based on their complexity. The VBA traditional triage function at regional offices is being replaced with a new Intake Processing Center that puts an experienced VSR at the front end of the process to divide claims along three separate tracks: “Express,” “Core,” and “Special Ops.” Express is for simpler claims, such as fully developed claims, claims with one or two contentions, or other simple claims. Special Ops is for more difficult claims, such as those with eight or more contentions, long-standing pending claims; complex conditions, such as traumatic brain injury and special monthly compensation; and other claims requiring extensive time and expertise. Core is for the balance of claims with between three and seven contentions, claims for individual unemployability, original mental health conditions, and others. Based upon early analysis of this new organizational structure, the VBA is optimistic that its new operating model will lead to increases in both production and quality, although the IBVSOs caution that until it is fully deployed and thoroughly tested, it would be premature to make firm judgments of its efficacy.

However, regardless of the new processes or technologies employed, the VBA cannot expect to be successful in helping veterans receive timely and accurate decisions on benefits claims until it succeeds in building a work culture focused on quality and accountability, and that goal begins with an unwavering commitment to education and training. The VBA must increase the quality of and hours devoted to annual training for all employees, coaches, and managers. In addition, the VBA must develop an accurate testing regime and use it regularly to measure the job skills and knowledge of its personnel, as well as the effectiveness of its training programs. The IBVSOs are encouraged by the VBA initiative to put Quality Review Teams (QRTs) in every regional office, but caution the VBA that QRTs must not be diverted to claims work when an office falls behind production targets, as often occurred with decision review officers (DROs) in the past. In addition, the VBA must change the way it measures, reports, and rewards progress so that quality and accuracy are at least as important as production and timeliness.

Finally, the IBVSOs are concerned that the VBA’s single-minded focus on reducing the current backlog of pending claims could be negatively influencing the ongoing update of VA’s Schedule

for Rating Disabilities (VASRD), which undergirds rating decisions. In reviewing many of the proposed updates and changes, we have seen numerous instances in which the VBA is proposing to revise the rating table so that it would be easier for raters to make decisions, rather than be more precise, accurate, and equitable for the benefit of the veteran. In particular, there is a trend toward measuring disability only in relation to how it functionally prevents an individual veteran claimant from gainfully working, rather than as the law has consistently stated for almost a decade, to reflect the “average impairment in earnings capacity.” While the VBA has made significant efforts to conduct the VASRD update in an open and transparent manner, such as by including significant VSO input and agreeing to address our recent concerns related to this trend, Congress must ensure that the VBA remains faithful to the letter and spirit of the law that is intended to provide compensation to veterans for military injuries and illnesses that result in permanent disabilities.

**Recommendations:**

The VBA must remain focused on creating a claims-processing system that is carefully designed to decide each claim right the first time.

Congress must support the VBA in finishing the transformation process currently under way, while continuing to hold the VBA accountable through aggressive oversight.

The VBA must continue to work in an open, transparent, and collaborative manner with veterans service organization stakeholders involved in assisting veterans filing claims.

The VBA must commit to implementing a fully digital claims system, which will require that legacy paper files be converted to digital data as quickly as feasible.

The VBA must not use technological capabilities to increase productivity if such use results in a loss of transparency, accuracy, or quality of rating decisions, such as is occurring with many of the current simplified notification letters.

The VBA must increase the quality of and hours devoted to training and should regularly test the job skills and knowledge of its claims personnel.

The VBA must change how it measures, reports, and rewards progress so that the quality and accuracy of claims work are at least as important as production and timeliness.

Congress must ensure that throughout the VA Schedule for Rating Disabilities update process the VBA remains faithful to the letter and spirit of the laws and regulations that provide compensation to veterans who have suffered military injuries and illnesses resulting in permanent disabilities.

## **CRITICAL ISSUE 3**

### **TRANSITION, EMPLOYMENT, AND EDUCATION FOR TODAY'S VETERANS**

*Successful transition from military service to civilian life hinges upon a veteran's ability to be competitive in the workforce. In an effort to facilitate a successful transition, Congress must properly fund employment, training, and education programs to meet the increasing needs of the men and women transitioning from active military service into an intensely competitive civilian job market.*

#### **Transition Assistance Program**

The Departments of Defense (DOD), Homeland Security (DHS), Veterans Affairs (VA), and Labor (DOL) work together to deliver transition services to service members preparing to make the difficult transition from military to civilian life through the military's Transition Assistance Program (TAP). Unfortunately, TAP in its current form has failed to yield consistently positive results for transitioning service members. The Bureau of Labor Statistics reported in 2011 that unemployment among Iraq- and Afghanistan-era veterans continued to far outpace unemployment among nonveteran civilian counterparts.

In an effort to comply with the recent mandate to deliver TAP resources to all transitioning service members, the DOD, the DHS, VA, and the DOL have undertaken the daunting task of reworking TAP curriculum from the ground up. The IBVSOs have played a role in evaluating the new curriculum as it has evolved, and we plan to continue monitoring the program's implementation across each of the uniformed services.

The IBVSOs stress that the new curriculum must be relevant to today's transitioning service members by allowing for the curriculum to be tailored to the unique circumstances each new veteran may face, such as pursuing an education, searching for a career, or starting a business.

Unfortunately, service members about to leave the military still have no reasonable way to anticipate the challenges they may face once the uniform comes off. However, TAP resources are only available to service members while serving in the military. The IBVSOs believe that these resources should be available to new veterans after they leave the military should they encounter unforeseen challenges and need TAP resources.

### **Protecting Veterans' Employment Resources**

In the 112<sup>th</sup> Congress, proposals surfaced to cut veterans' employment resources funded at the federal level. Instead of funding specific local workforce development programs, the DOL would simply issue block grants with which states could fund workforce development programs at their discretion. Although arguments can be made on the effectiveness of some workforce development programs, the IBVSOs believe that veterans' workforce development programs offered at the local level through the Veterans Employment and Training Service (VETS) have proven to be an effective and necessary conduit to assisting veterans in finding meaningful employment. In this time when young veterans continue to face high unemployment, programs such as the Disabled Veterans Outreach Program (DVOP) and Local Veterans Employment Representative (LVER) must be protected and that VETS must not be exposed to significant budget cuts.

Although there have been improvements in providing comprehensive information to veterans as they leave active military service, many are still unaware of their entitlements and remain under the belief that any such entitlements or veteran-related programs are administered by VA. While programs offered through VETS offer significant resources and opportunities to unemployed veterans, especially those transitioning from active duty, *The Independent Budget* veterans service organizations (IBVSOs) believe that many veterans still do not fully understand everything available to them through VETS, including the valuable assistance that can be gained through DVOPs and LVERs, because veterans expect to seek out veteran-specific services through VA, not the DOL.

The primary purpose of VA is to administer earned benefits and programs to the men and women who have sacrificed through their military service, and the IBVSOs believe it would be practical

for VETS to be part of VA rather than the DOL. VA already administers similar education and training programs, which would be complimented by VETS, operating under the same department. With the rapidly growing employment and training needs for veterans following military service, there must be a strong continuity of available services and resources to eligible veterans with assurance that VETS will be protected from budgetary cuts.

Legislation has been introduced to transfer the DOL's veterans' programs, along with budget, personnel, assets, and resources, to VA; however, the IBVSOs recommend that, in addition to transferring the function and responsibility of VETS from the DOL to VA, a separate Veterans Employment and Training Administration be created within VA. This administration should be separate from the Veterans Health Administration, Veterans Benefits Administration, and National Cemetery Administration, operating with its own budget and resources at the direction of its own under secretary.

The IBVSOs also recommend that VA programs similar to VETS, such as Vocational Rehabilitation and Employment (VR&E), and various education, training, or employment-related programs be moved from the VBA into this new Veterans Employment and Training Administration. Not only will this transfer and consolidation of programs be a more fitting alignment, it will allow the VBA to focus on administering benefits and transforming the disability claims process and reducing the backlog of claims as discussed in Critical Issue 2.

### **Educational Program Preservation**

Last year Senate investigations and Government Accountability Office studies indicated that student-veterans eligible for robust Post-9/11 GI Bill education benefits may have been exploited by some schools that persistently failed to deliver on their academic promises. As a result, the GI Bill quickly came under attack from some legislators in Washington, who sought to scale back the benefit. The Post-9/11 GI Bill was an investment not only in our nation's veterans, but in our nation's future economic prosperity. If our society hopes to reap the benefits of this potentially transformative benefit, we must protect it.

The IBVSOs believe that these recent investigations point to a larger problem—how we prepare our student-veterans to make complicated educational decisions. Before our nation sends its troops into combat, we provide them with the best training, equipment, and information available. As a result, our nation’s military consistently performs with distinction. Unfortunately, before we send our veterans off to school, we fail to offer comparable tools with which they can make a responsible choice.

Although VA is responsible for offering educational and vocational counseling to all GI Bill-eligible veterans upon request, the benefit is understated, underfunded, and difficult for veterans to access. As a result, this resource is vastly underutilized. VA reported to the Senate that in 2011 little more than 6,000 veterans accessed the benefit, compared to more than 800,000 veterans enrolled in GI Bill education programs. VA also does not compile relevant data from schools on enrolled student-veterans and their academic progress.

The IBVSOs believe that this VA counseling must be adequately funded, schools must make a concerted effort to report relevant student-veteran data to VA, and VA must ensure that veterans who want to be counseled gain access to it before choosing a school. These efforts, coupled with a clear complaint process for veterans who feel they have been victims of fraud, waste, or abuse, will ensure that student-veterans can succeed academically and prosper later in the workplace.

### **Civilian Employers and Military Experience**

In June 2012, the Center for a New American Security released a report on the pros and cons of hiring veterans in the workplace. The report, titled “Employing Americas Veterans—Perspectives From Businesses,” extensively surveyed 69 businesses of all sizes and structures in an effort to identify the top reasons to hire veterans and the top challenges to successfully integrate veterans into the workforce. The report reinforced the beliefs of the IBVSOs that values like leadership, teamwork, discipline, and effectiveness make veterans potential model employees for a business of any size. Unfortunately, the report also served as a reminder that skills mismatch, negative stereotypes, and the prospect of future military deployments continue to cause businesses concern when they consider hiring veterans.

The military trains service members to a high standard in a vast array of technical fields, but many of these skills do not easily translate into civilian professional licenses or credentials. States hold the right to license professionals as they see fit, and within differing standards inside their borders. However, the IBVSOs believe that states should develop uniform criteria on which to adequately judge military training and experience when considering veterans for state licensure in pertinent fields. Also, a number of professional associations dictate qualification credentials, and we believe they should also develop criteria with which to evaluate qualifying military training and experience.

The IBVSOs support legislative and policy initiatives to ensure that states consider military training for licensure, reporting any gaps back to the DOL and DOD. This would allow the military to close training gaps, helping to create an employment-ready post-military force.

The IBVSOs recognize that the nation's economic landscape is vastly different from any other era when our nation was at war. Today less than 1 percent of Americans have served in the current conflicts, and the 2010 decennial census reported that a scant 16 percent have ever served in the military. With such a cavernous divide between civilian and military cultures, the IBVSOs understand that Congress alone cannot solve the unemployment issues faced by today's newest veterans. It will take a collaborative effort among Congress, the Administration, federal agencies, private industry, the veterans' community, and the American public to ensure that veterans now and in the future are prepared to enter the job market, and that businesses and government stand ready to offer them the kinds of opportunities they deserve to pursue.

### **Disabled Veterans Programs**

The U.S. Bureau of Labor Statistics reported in March 2012 that more than 25 percent of Iraq- and Afghanistan-era veterans have a service-connected disability. This daunting statistic indicates that programs designed to meet the needs of disabled veterans demand the immediate attention of Congress, the Administration, and leaders within the veterans community. The federal government offers several unique programs designed to help disabled veterans reenter the

civilian workforce, such as the VA VR&E Service, Employment One-Stop Integrated Resource Teams, and the Disabled Veterans Outreach Program. The IBVSOs believe that these kinds of federal programs, if coupled with a variety of state-run programs for disabled veterans, should reduce unemployment among disabled veterans. However, as seen over the past decade, the disabled veteran unemployment rate has continued to rise.

Because veterans with significant disabilities can encounter a variety of barriers to returning to competitive employment, the IBVSOs recommend that federal and state programs specifically designed to serve disabled veterans seek to partner with similar programs designed to serve all Americans with disabilities. The IBVSOs believe that veterans with severe disabilities must be enabled to benefit from all of the programs for which they are eligible, not solely programs designed to serve a veteran-only population.

Although employers may publically express a desire to hire disabled veterans, those who have significant disabilities face employment barriers similar to those other Americans with disabilities face, such as transportation hurdles and workplace accessibility. To ensure that veterans with significant disabilities have every opportunity to find meaningful careers, the mission of the DOL's Office of Disability Employment Policy and other programs to increase employment for all people with disabilities must be viewed as integral resources for reintegrating such veterans into the civilian workforce.

Additionally, the IBVSOs remain concerned that the Disabled Transition Assistance Program (DTAP) has failed to deliver adequate services to injured service members seeking transition from active duty military service to the civilian world. For too many years, the DOL, DOD, and VA have neglected their responsibilities to provide transition services to the most vulnerable population of separating service members. Moreover, as the Departments continue development of the new TAP, we have serious concerns that appropriate elements (such as those previously required through DTAP) are not being incorporated into the new transition program for disabled service members.

**Recommendations:**

The DOD, VA, the DOL, and the DHS to take a more proactive approach to resolving veterans' transitional issues and combating veterans unemployment. This includes ensuring that the military's Transition Assistance Program (TAP) resources are relevant to and address the unique needs of today's transitioning service members.

Congress must track implementation of the military's new TAP efforts, ensuring that participants receive accurate information and that TAP works to restore any shortfalls identified within the new curriculum.

The DOD, VA, and the DOL must ensure that TAP resources remain available as an option to veterans after leaving military service to ensure that any unforeseen challenges can be addressed.

The DOD, VA, and the DOL should incorporate the requirements of DTAP into the new TAP.

Congress should enact legislation to transfer the DOL's Veterans Employment and Training Service to the jurisdiction of VA. The IBVSOs recommend a separate Veterans Employment and Training Administration be created with its own under secretary, budget, resources, and assets to function apart from the Veterans Health Administration, Veterans Benefits Administration, and National Cemetery Administration.

The VA must ensure that student-veterans gain access to quality information with which to make informed decisions on how to best utilize their earned GI Bill benefits, and the Administration and Congress should sanction academic institutions that commit fraud, waste, or abuse against student-veterans.

Congress must provide adequate funding and oversee implementation of educational counseling resources for potential student-veterans.

Congress must maintain the integrity of the Post-9/11 GI Bill to ensure that all veterans who have earned this transformative benefit gain access to the full benefit once they choose to enroll in an approved academic program.

The Administration and Congress should work to close the military licensing and credentialing gaps within the states by passing supportive legislation that will allow for the cultivation of a career-ready military in future years.

The Administration should increase focus and education on the translation of military experience to civilian skill sets and provide guidance to new veterans on growth industries within the private sector that could offer meaningful career prospects.

Congress should emphasize collaboration among programs targeted to veterans and programs targeted to people with disabilities to ensure that veterans with significant disabilities can benefit from the knowledge and expertise of both the veterans and disability communities when seeking civilian employment.

Congress must fully fund disabled veterans employment programs, such as the Vocational Rehabilitation and Employment Service and the Disabled Veterans Outreach Program.

## CRITICAL ISSUE 4

### THE CONTINUING CHALLENGE OF CARING FOR WAR VETERANS

*The Department of Veterans Affairs must work to provide essential services and benefits that meet the needs of returning war veterans and veterans from past generations of service.*

In our 11<sup>th</sup> year of continuous war, the nation is challenged to provide essential services and benefits to returning war veterans. Those coming home from Iraq, Afghanistan, and other hazardous assignments around the world are making unprecedented demands on both the Departments of Defense (DOD) and Veterans Affairs (VA), for effective health care, restoration, rehabilitation, compensation, and other needs. The federal deficit and debt loom over these programs no differently than others; nevertheless, *The Independent Budget* veterans service organizations (IBVSOs) continue to believe that promises made must be promises kept for new veterans in their personal transitions home, while effective services are sustained, including specialty services, for older generations.

As conflicts overseas wind down, the DOD and VA remain accountable for providing new combat veterans with a seamless transition of services and benefits to ensure their successful reintegration. More than 2 million U.S. service members have deployed to Iraq and Afghanistan since 2001, with many individuals having served several tours of duty. The IBVSOs believe particular attention must be paid to this population, including the families of those severely injured during wartime service, and to women veterans now serving in increasing numbers. Equally important, VA must simultaneously continue to care for veterans of prior generations of war, including emphasizing the continuation of robust specialized health-care programs, such as those for traumatic brain injury (TBI), mental health, spinal cord injury or disorder (SCI/D), blind rehabilitation, amputation care, and prosthetic and orthotic devices. These are vital services for millions of disabled veterans.

Care and benefits for catastrophically disabled veterans remain a chief concern of the IBVSOs. We commend the overall effort by Congress and VA to respond to the unique needs of veterans

in this category, such as the authorizations of copayment exemptions and expanded provision of services for family caregivers of veterans who were injured since September 11, 2001. However, VA must remain aware of the emerging concerns related to the timely delivery of benefits and services for special-needs populations in anticipation of any major changes in VA policy, budget, or processes employed to serve those needs.

### **The Challenges of TBI, Post-Traumatic Stress, and Mental Illness**

As noted in the introduction of this Critical Issues report, commendable advancements in military medicine and theater triage and evacuation have resulted in a 90 percent survival rate among wounded American military personnel in Iraq and Afghanistan, but within the domestic DOD and VA health-care systems, numerous gaps remain in recognizing, diagnosing, treating, and rehabilitating some less-visible injuries, such as mild-to-moderate TBI, post-traumatic stress disorder (PTSD), and other post-deployment health and mental health issues.

Experts in the brain injury field have concluded that even the “mild” version of brain injury can produce individual behaviors that mimic PTSD or other mental health illnesses. Also, mild to moderate TBI and other injuries can leave patients with long-term mental and physical health consequences. In addition to treatment and rehabilitation, the IBVSOs are concerned about the challenge and coordination of services for severely injured veterans and their families, especially those with TBI. Additionally, research has consistently found that the effects of TBI and PTSD can coexist in one individual. Nevertheless, much about effective treatments for these conditions remains unknown. The IBVSOs believe VA and the DOD should conduct additional research into the long-term consequences of brain injury and PTSD, and continue to develop best practices, not only in the care of these patients but also in supportive programs for their families.

What is clear is that without proper screening, diagnosis, and treatment, post-deployment mental health problems could eventually lead some distressed individuals toward suicidal ideation. Recent press reports indicate that suicide in the active duty force is still a disturbing and growing trend. The IBVSOs are encouraged that VA has developed a comprehensive strategy to address suicide prevention in veterans. The DOD is also making progress against a difficult challenge.

However, the DOD and VA need to continue cooperating to improve their responses to at-risk combat veterans, including improvements in basic primary medical care that can readily identify active duty personnel and veterans who are struggling and at risk, and develop early interventions for observed potential mental or emotional problems, including prevention of suicide in this population.

### **The Challenge of Women in Military Service**

The number of women now serving in our military is unprecedented in U.S. history, and women have played extraordinary roles in Afghanistan and Iraq, including serving in female engagement teams and other hazardous duties. Responding to the unique post-deployment health-care needs of women and the significant increases in the number of women is a daunting challenge for VA. The current rate of enrollment of women in VA health care has doubled in the past decade and constitutes the most dramatic growth of any subset of veterans. For these reasons the IBVSOs encourage VA to concentrate on improving services and treatment programs for women and to continue research initiatives for women veterans to ensure they have access to high-quality comprehensive medical care at all VA facilities. These challenges need to be addressed with urgency.

### **The Challenge in Prosthetics Procurement and Management**

At the direction of the Administration, VA conducted a significant review of its prosthetics management and especially its procurement program. The review found a number of challenges and lapses, including problems in inventory control and purchases of prosthetics items by prosthetics purchasing agents. As a consequence of these findings, the prosthetics program was directed to immediately remedy a number of long-standing practices and to consolidate and standardize its actions systemwide.

As VA undergoes transformation in the wake of increasing demand for greater efficiency, the agency still bears the task of ensuring that efficiency does not come at a cost of diminished access to and delivery of high-quality prosthetic services for veterans. Current law permits the

prosthetics program to purchase necessary items for veterans outside the standards of VA's normal acquisition programs. This law is critical because it is the foundation upon which VA is obligated to ensure the timely delivery to veterans of specialized and customized prosthetics items and equipment. It is this law from which prosthetics administration and delivery standards are derived. The IBVSOs are closely monitoring these emerging reforms, and look forward to the opportunity to review and comment on new regulations once drafted. The IBVSOs urge Congress to continue its oversight on these reforms to this critical program for disabled veterans in need of prosthetic appliances and devices.

### **Challenges Facing Veterans with Spinal Cord Injury or Disorder**

The need for VA long-term-care services for veterans with SCI/D is vastly growing. While the life expectancy for these veterans has increased significantly in recent years, so, too, have secondary illnesses and complications associated with both aging and SCI/D.

VA is not devoting sufficient resources to meet this demand. Nationwide, VA operates only five designated long-term-care facilities for SCI/D veterans. Unfortunately, the existing centers are not optimally located to meet the needs of a nationally dispersed SCI/D veteran population. Often, the existing centers cannot accommodate new veterans needing long-term-care services due to lack of beds, so consequently these facilities manage long waiting lists for admission and veterans remain unserved. Both VA and community placements for these particular veterans is a continuing challenge.

While VA has identified a need to provide additional SCI/D long-term-care centers, and has included these additional centers in ongoing facility renovation plans, many of these plans have been languishing for years. Both VA and Congress must work together to ensure that the Spinal Cord Injury System of Care has adequate resources to staff existing long-term-care centers, as well as increase the number of centers throughout VA.

### **The Challenge of Caregiving by Immediate Family Members of Veterans**

Many family members serve as lifelong caregivers to severely injured veterans. Until recently this crucial role has received little acknowledgment from the government. The IBVSOs are pleased that Public Law 111-163, the “Caregivers and Veterans Omnibus Health Services Act,” is being thoughtfully developed and implemented. VA has created an array of supportive services; however, family caregivers of veterans injured prior to September 11, 2001, are not eligible for some of these key benefits. The IBVSOs believe these services should apply to all service-disabled veterans on the basis of medical and financial needs, not the period of service. We appreciate Congressional oversight hearings that have clarified the intentions of the act so that VA could establish a program that is more responsive than originally proposed by VA, but to make the benefit more effective, we urge Congress to authorize expansion of the program to cover family caregivers of all service-disabled veterans irrespective of period of service.

Veterans should not be forced to wade through bureaucratic delays to obtain the VA benefits and health care that they have earned. To better assist these veterans and their families, strong case management is necessary as veterans transfer from the responsibility of the DOD to VA. Congress created the Federal Recovery Coordination Program (FRCP) to coordinate DOD and VA care for severely injured and ill service members. The IBVSOs appreciate that authorization, but we remain concerned about the gaps observed in the FRCP and the need for dependable case management essential to coordinating complex components of care. The gaps that need to be addressed include better communication, education, and streamlining of the referral process. We thank Congress for the series of oversight hearings held over the past three years that highlighted these gaps and needs, and we encourage continuation of that oversight of the FRCP.

### **The Challenge of Information Technology**

The IBVSOs continue to be concerned about the status of collaboration between the DOD and VA in the area of information technology management, incorporating both military personnel records (including the DD-214 service record) and the electronic health records each agency maintains. We acknowledge that progress has been made; however, the military service branches and VA are still not sharing electronic information on a broad or routine scale—a shortfall that can serve as a major barrier to achieving seamless transition for hundreds of thousands, perhaps

millions, of service personnel and new veterans. Effective information exchange could increase health-care sharing between agencies and providers, laboratories, pharmacies, and patients; aid patients in transition between settings; reduce duplicative and unnecessary testing; improve safety and reduce errors; and increase general understanding of the value of health information technology.

The IBVSOs are pleased with the establishment of a pilot Virtual Lifetime Electronic Record program and with VA's recent announcement of its planned expansion. However, it should be remembered that VA and DOD facilities are widely scattered and can be counted in the thousands, so we remain firm that the DOD and VA are to be held accountable for completing a process of information flow that is national, computable, interoperable, and that can provide real-time electronic exchange of personnel, health, occupational, and environmental exposure information on millions of veterans. Today this goal is far from being achieved.

### **Challenges with the Health Effects Resulting from Airborne Hazards**

Despite numerous assertions by the DOD that exposure to the burn pit used to dispose of solid waste at Joint Base Balad in Iraq did not pose serious health risks, there continues to be widespread public concern that tens of thousands of troops have been exposed to cancer-causing dioxins; poisons, such as arsenic; and hazardous medical waste. Last fall the Institute of Medicine (IOM) reported that documentation of long-term health effects from exposure to these burn pits was hindered by insufficient data gathered by the DOD and VA.

While no definitive conclusions were made, the IOM report noted that service in Iraq and Afghanistan might be associated with an increased risk of cardiovascular and respiratory problems mainly because of high ambient concentrations of particulate matter. Further, the IOM recognized in its report the possibility that cumulative exposure to combinations of combustion products in burn pit emissions raises the potential for associated health outcomes. Subsequent to the report, several military documents, including an April 2011 Army memorandum, expressed concern that the air samples taken near burn pits posed an "increased risk of long-term adverse health conditions." Accordingly, the IBVSOs recommend that, at a minimum, the DOD and VA act on the recommendations provided in the IOM report to determine and address the long-term health effects resulting from airborne hazards.

**Recommendations:**

Congress must conduct rigorous oversight to ensure that the DOD and VA provide service members a seamless transition from military to civilian life and to ensure that both the DOD and VA keep their promises of care for older generations of war veterans.

VA and the DOD should refine coordinated programs of early intervention services for treatment of all war-related health problems, with a high priority on mental health challenges and substance-use disorders.

The DOD and VA must maintain clear plans of effective rehabilitation for severely injured service members and veterans, with special attention to those with acute and chronic polytrauma, amputation, traumatic brain injury (TBI), spinal cord injury/disorder (SCI/D), and other conditions associated with war trauma.

The DOD and VA must invest in further research for TBI and post-deployment mental health conditions to close gaps in care and develop best practices in screening, diagnosing, and treating brain injuries and the mental health sequelae of exposure to war, not only in the care of these patients but also in supportive programs for their families.

The DOD and VA must continue to train and certify their health-care providers to deliver evidence-based care for post-traumatic stress disorder and depression-related illnesses and find new ways to encourage service members and veterans to seek mental health care without fear of stigma.

VA should continue to improve its health-care delivery model and expand programs for the treatment of the unique post-deployment health needs of women veterans, and Congress should continue to monitor VA's actions to improve women's health.

Congress should closely monitor VA's intention to reorganize prosthetic procurement to ensure that veterans' individualized and customized needs for prosthetic and orthotic aids are not compromised by a rush to efficiency.

VA should design an SCI/D strategic plan for long-term care that addresses the need for increased access for a severely disabled veteran population cohort.

Congress should continue to monitor VA to ensure that it faithfully implements the intent of Public Law 111-163 with respect to family caregiver needs. It should expand eligibility for family caregiver support to all generations of service-disabled veterans and ensure that the DOD and VA improve the use of the Federal Recovery Coordination Program.

Congress should maintain its oversight on VA information technology programs to ensure that they promote a seamless transition for new veterans and continue to support excellence in VA benefits and services to older generations of veterans for whom VA cares.

The DOD and VA should act on the recommendations provided in the Institute of Medicine report to determine and address the long-term health effects resulting from airborne hazards.

## **CRITICAL ISSUE 5**

### **Maintaining VA's Critical Infrastructure**

*To provide high quality, accessible care, the Department of Veterans Affairs must receive adequate funding to maintain current structures and reduce the backlog of critical infrastructure gaps in utilization, space, condition, and safety that are outlined in VA's Strategic Capital Investment Plan.*

As the Department of Veterans Affairs (VA) strives to improve the quality and delivery of care for our wounded, ill, and injured veterans, the facilities that provide that care continue to erode. With buildings that have an average age of 60 years, VA has a monumental task of improving and maintaining these facilities. Since 2004, utilization at VA facilities has grown from 80 percent to 120 percent, while the condition of these facilities has eroded from 81 percent to 71 percent over the same period of time. It is important to remember that VA facilities are where our veterans receive care, and that these facilities are just as important as the physicians, nurses, and other VA staff who deliver that care. Every effort must be made to ensure that these facilities remain safe, workable, and sufficient environments for delivery of that care. A VA budget that does not adequately fund facility maintenance and construction needs will reduce the timeliness and quality of care for veterans. This policy is unconscionable.

The vastness of VA's capital infrastructure is rarely fully visualized or understood. VA currently manages and maintains more than 5,600 buildings and almost 34,000 acres of land with a plant replacement value (PRV) of approximately \$45 billion. Although VA has reduced the number of critical infrastructure gaps, more than 4,000 gaps remain. These repairs and other improvements will cost from \$51 billion to \$62 billion to close, with an additional \$11 billion in activation costs.

With shrinking requests and appropriations from the Administration and Congress, VA is moving further behind in closing known safety, utilization, and access gaps, and continues to fail to prevent future gaps from arising. To *only maintain* VA infrastructure in its current condition,

VA's Non-Recurring Maintenance (NRM) account would justify \$1.35 billion per year, based on the estimated plant replacement value *The Independent Budget* veterans service organizations (IBVSOs) have calculated. The account is currently being funded at \$712 million. More funds will need to be invested to prevent the documented \$22.4 billion NRM backlog from growing even larger.

VA's major construction account doesn't fare much better in the view of the IBVSOs. To finish existing projects and to close current and future gaps, VA will need to invest a total of \$21.7 billion over the next 10 years. At current funding levels, however, between 18 and 22 years will be required to complete VA's so-called "10-year plan." This outcome, too, is unacceptable and deeply troubling to the IBVSOs.

To close all the minor construction appropriations gaps within VA's 10-year plan timeline, VA would need to invest \$8.8 billion collectively, including increasing the account from this year (FY 2013) by \$1 billion. For several years VA minor construction was funded at a level sufficient to meet its 10-year goal. We appreciate and recognize those gains. However, the Administration and Congress apparently have misplaced their commitments and proposed a drastic funding reduction for the minor construction account over the past two years. If minor construction continues to be funded at the FY 2012 appropriated level, 18 years will be required to complete VA's 10-year plan. This is another unacceptable prospect.

The fourth cornerstone to VA's capital planning is leasing. The current leasing policy calls for little more than \$2 billion over the next 10 years. The vast majority of these leases are for community-based outpatient clinics (CBOC). Leasing these types of properties provides the advantage of quick, accessible health care for veterans. The IBVSOs see the value and success of these types of leases for outpatient services. In the past, however, the IBVSOs have been cautious about some of VA's leasing concepts that were intended to create contracts for non-VA inpatient hospital care. As the capital plan is implemented, the IBVSOs will be monitoring closely to ensure that the few planned leases that contain inpatient components will not adversely affect veterans who utilize those facilities if the leases abruptly ended, as was the case in Grand

Island, Nebraska, a number of years ago, when VA lost its contract with a local hospital for inpatient services, and veterans subsequently were left without a local hospitalization resource.

High quality, accessible health care continues to be the focus of the IBVSOs. To achieve and sustain that imperative goal, VA must make large capital investments. Presenting a well-articulated, completely transparent capital asset plan is important. VA has developed such a plan and is to be commended, but funding that plan at nearly half of the prior year's appropriated level and at a level that is only 25 percent of what is needed to close the access, utilization, and safety gaps will not fulfill the VA mission. Veterans suffer as a consequence, and this, too, the IBVSOs find to be disturbing and unacceptable.

### **Special Note on Research Laboratory Infrastructure**

At the urging of the House Committee on Veterans' Affairs, VA recently released its long-awaited internal review of capital needs for VA research laboratories and other space in which VA researchers conduct important research projects. The report, completed by three different outside reviewers retained by VA over a six-year period, found that VA facilities need approximately \$774 million to bring 74 research laboratories up to standards for life-safety, efficiency, air and contaminant control, and numerous other needs that are critical to sustain the excellence of this program for sick and disabled veterans.

Most of these funds would be categorized in maintenance and repair and minor construction, but in several instances major construction funding perhaps would be the optimum recourse to correct the thousands of deficiencies noted by reviewers. No recent Administration has requested capital funds in the budget to support VA research, and Congress has provided no funding dedicated to correcting research facility deficiencies, or to build new VA research facilities. While VA has provided about \$272 million between fiscal years 2007 and 2011 for emergency and urgent repairs and other projects in these laboratories, a major initiative needs to be launched to bring the remaining key activities up to par.

### **Recommendations:**

Congress must dramatically increase funding for nonrecurring maintenance (NRM) to maintain current and future infrastructure, as well as invest in reducing the current \$21.5 billion NRM backlog.

VA should include the plant replacement value in its annual capital funding plan.

Congress must increase funding for the VA major construction account in an effort to close the gaps in major construction within 10 years.

VA's minor construction account must be funded at a level over the next decade to close known gaps and facility deficiencies.

VA must continue its transparency in leasing and ensure that veterans' inpatient access needs will not be jeopardized if and when leases expire.

The Administration should request, and Congress should appropriate, funds to address at least the worst of the known deficiencies in VA's research laboratories as depicted in the external report cited, in particular those deficiencies that create life-safety threats to VA researchers and other VA staff who are required to work in these hazardous environments.





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