



Pillar 1: Veterans Affairs & Rehabilitation

For more than 90 years, the Legion has been the nation's leading advocate for proper health care and earned benefits for America's veterans. The Legion was instrumental in creating the Veterans Administration in 1930, and an ardent supporter of its rise to Cabinet status when it became the Department of Veterans Affairs (VA) in 1989. As the relationship between VA and veterans evolves, the Legion will help VA meet its critical mission.

As it has for decades, the Legion continues to aggressively lobby for adequate funding of the Veterans Health Administration (VHA), to provide timely access to quality health care. Additionally, the Legion seeks to ensure fair rulings on claims and other earned veterans benefits for those who have service-connected injuries and illnesses. A nationwide network of more than 2,500 American Legion accredited service officers and other professional staff works diligently to assist veterans in obtaining the benefits and care they have earned and deserve through VHA, the Veterans Benefits Administration (VBA) and the National Cemetery Administration.

Today, as the number of discharged veterans from operations Iraqi Freedom (OIF), Enduring Freedom (OEF) and New Dawn (OND) surpasses 1.2 million, the Legion's congressionally chartered role to support them could not be more relevant. However, the Legion also strongly believes that a veteran is a

veteran, regardless of war era or location of service. In this way, the Legion is the only organization that works on behalf of about 23 million U.S. veterans alive today.

The Legion has tens of thousands of members who volunteer nearly a million hours annually in VA facilities to help their fellow veterans navigate the VA system (saving the department about \$20 million per year).

The Legion stands on the front line of change for veterans through its pillar of service called Veterans Affairs & Rehabilitation (VA&R). VA&R's top priorities are to:

Protect VA from Budget Reductions

Last year's failure of the congressional "supercommittee" means that automatic spending cuts, known as sequestration, are scheduled to take effect in January 2013, unless Congress finds other options for federal budget reductions. Although the Obama administration has said all programs administered by VA (including veterans' medical care) are exempt from sequestration, the Legion is concerned that VA's federal administrative expenses are not covered. This lapse has the potential to affect the care that our veterans need and deserve. Hundreds of thousands of our men and women who served in Iraq and Afghanistan are now relying on VA for their health care, as are our older veterans. The administration and members of Congress must make sure that VA's entire budget is protected from the effects of sequestration.

Boost VA Construction Projects

The Legion is profoundly disappointed that VA construction, both major and minor, is woefully underfunded. This failure to provide adequate, safe and up-to-date medical treatment facilities affects thousands of veterans. VA's Strategic Capital Investment Planning (SCIP) program has identified gaps in space, access, workload, safety, security, and other areas that can be fixed with construction projects, maintenance, enhanced-use leasing (EUL) or other methods.

When SCIP was launched, it identified 4,808 capital projects to be corrected over a 10-year period, costing between \$53 billion and \$65 billion. In its first year, the program was not adequately funded to correct deficiencies within the time allotted. Now - using estimates for current construction needs and maintenance - the Legion expects it will take VA 60 years to close construction gaps at current funding rates.

Additionally, VA is not able to engage in EULs because Congress did not reauthorize such privileges in November 2011. Without EULs, VA is unable to meet its construction needs or the Building Utilization Review and Repurposing (BURR) initiative. The BURR initiative was developed to meet the needs of

homeless veterans. More than 100 properties were identified as potential locations for transitional housing.

The Legion backs a fully funded SCIP program, and reauthorization of the VA to engage in EULs, provided it follows a priority list set by Congress. This list can include homelessness, women veterans, mental health, geriatric care and adaptive sports.

Stop Denying VA Health Care

Veterans with certain demographic characteristics are now denied VA health care. The continued budget-driven suspension of Priority Group 8 veterans from new enrollment in the VA health-care system defies the spirit and intention of the Veterans Health Care Eligibility Reform Act of 1996. The Legion believes that any eligible veteran should be able to enroll in the VA health-care system.

Speed Up Delivery of Electronic Health Records

DoD and VA have multiple programs designed to help servicemembers transition to veteran status and receive their earned benefits. Of 1.2 million OEF/OIF/OND veterans who are eligible for VA health care, only about half are enrolled.

The Legion urges our nation's leadership to speed up implementation of the Integrated Electronic Health Record (iEHR), currently scheduled for completion by 2017. Failure to implement iEHR has caused significant delays in veterans' transition because VA treatment teams do not have full access to DoD health records. The Legion also advocates for the dissemination of VA benefits information at all military transition and access points, including Transition Assistance Program (TAP) briefings.

Reduce Delays in Integrated Disability Evaluation System

The Legion has a Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) coordinator on staff, responsible for assisting servicemembers at Washington, D.C., military installations. The Legion also has MEB/PEB representatives at Fort Sam Houston, Texas, and Joint Base Lewis-McChord, Wash., who are supervised by the MEB/PEB coordinator.

As of January 2012, about 24,000 servicemembers were participating in the Integrated Disability Evaluation System (IDES) across all branches of service, including National Guard and reserve units. The Legion provides appeal assistance to servicemembers through all phases of the IDES process, including representation at formal hearing boards.

Currently, it takes servicemembers an average of 374 days to process through the IDES program. The Legion recommends that:

DoD adheres to VA ratings, rather than using them only as guidelines.

The program is implemented uniformly across services and geographic regions.

A clear and concise explanation of the IDES program is provided to the servicemember and immediate family upon consideration of a medical evaluation board.

The Physical Evaluation Board Liaison strictly adheres to the scope of responsibilities.

Caregivers of seriously ill or injured servicemembers/veterans are provided single points of contact for any assistance regarding the patient's health and welfare.

Improve Access to Health Care in Rural Areas

From October 2011 to March 2012, The American Legion's System Worth Saving (SWS) Task Force conducted a series of visits to VA medical centers, to evaluate the challenges veterans living in rural areas face with their VA health care. Two major concerns are VA's definition of "rural veteran," and its transportation network, which assists veterans traveling to and from medical appointments.

First, VA currently uses the Census Bureau's definition of "rural", which means, for instance, that if a veteran lives in a rural area but also lives close to a VA medical facility, then he or she is not considered a rural veteran. VA's current definition does not take travel time and distance into consideration. This is problematic because many veterans are incapable of driving long distances; nor do they have proper transportation to navigate the rough terrain in rural areas.

The Legion recommends that VA broaden the Census Bureau's definition to incorporate access and driving times to its facilities. Using this new definition would assist in understanding the needs of a newly structured Veterans Transportation Network.

Secondly, in highly rural areas, many veterans live hours away from their local VA facilities; therefore, voluntary transportation has been a key component in rural health care. Currently, most VA medical centers offer volunteer transportation services, which can be unreliable.

The Legion recommends that VA medical centers implement a Veterans Transportation Department. Under this plan, drivers would be paid employees (in addition to volunteers). Such a program could ensure not only reliable transportation, but also create incentives and jobs for drivers. **[View the full SWS Rural Health Care Report »](#)**

Address Environmental Exposure Issues

Servicemembers have often been afflicted with illnesses related to environmental exposure, which may be caused by direct contact, testing, storage, or transportation of toxic materials, such as dioxins located in herbicides or the burn pits in Afghanistan, Iraq and even stateside. These hazards lead to lifelong complications and can even be passed on to future generations. (For example, spina bifida has been linked to Agent Orange exposure.) The American Legion urges VA to include the C-123K Provider military transport used in the Vietnam War on its presumptive list for Agent Orange locations. Additionally, the Legion wants DoD to disclose all locations of environmental hazards so that research can be conducted on the effects to servicemembers. These sites would also include stateside facilities that eliminate, test or store contaminants. The Legion also wants to extend indefinitely the presumptive period for Gulf War illnesses due to the unknown effects of service in current conflicts.

Increase Staffing Levels to Reduce VA Claims Backlog

One of VA's most difficult challenges is providing quality decisions in a timely manner as the number of cases increases. The veteran population in fiscal year 2011 was about 22.7 million, with more than 3.3 million receiving disability compensation benefits. In the majority of those cases, the claims processed by VBA's 56 regional offices involve multiple issues that are legally and medically complex, and time-consuming to adjudicate.

As of May 25, 2012, there were 904,624 claims pending in VBA; of those, 869,083 were claims pending for compensation and pension, and 563,457 (64.8 percent) were in backlog, pending for more than 125 days. There were also 255,925 appeals pending at VA regional offices. As of March 2012, the average number of days to complete a claim from date of receipt was 240.7 days (in contrast, VA's goal is 80 days).

There has been a steady increase in VA's pending claims backlog since FY 2008, when there were 397,000. At the end of FY 2009, there were more than 563,000 rating cases pending, which increased to about 849,000 in FY 2011.

As of March 2012, VA's accuracy of rating claims averaged 86.1 percent. The reported accuracy for rating claims in a three-month period averaged 87 percent, but falls to 65.8 percent accuracy for claims pending more than 125 days. Inadequate staffing levels, lack of continuing education and increased pressure to make quick decisions result in an overall decrease in the quality of work. These are among the most common complaints raised by VA employees interviewed by Legion staff during regional office quality checks.

It is an extreme disservice to veterans, not to mention unrealistic, to expect VA to continue to process an ever-increasing workload, yet still maintain quality and timeliness with current staff levels. VA has an excellent opportunity to seek returning veterans, especially those with service-connected disabilities, for employment opportunities within VBA. Despite recent hiring initiatives, regional offices will need more personnel, given current and projected workload demands.

Expand Veterans Treatment Courts

Some veterans are not accessing quality health care after combat and are at risk of entering the criminal justice system, where they could face charges stemming from medical issues. Veterans treatment courts, similar to drug and mental-health courts, were developed in 2008 to help veterans avoid incarceration or establishing a criminal record. They ensure that veterans who have entered the criminal justice system receive specific federal, state and county benefits to help in their rehabilitation. However, if a veteran fails to comply with the treatment plan, the original sentence is reinstated.

Today, there are more than 90 veteran treatment courts established across the country, with more added every month. The Legion urges Congress to continue to fund the establishment and expansion of these courts. The Legion also urges VHA and VBA to participate in these courts. VA representatives would be working alongside more than 2,500 American Legion service officers to help veterans gain access to health care and file for their benefits.

Increase Funding for National Cemetery Administration

The National Cemetery Administration (NCA) is currently made up of 131 cemeteries. According to an independent survey, NCA ranked first for performance among government and private entities four consecutive times in the last 10 years. NCA's best practices should be replicated across other federal agencies.

NCA has a plan to address the decreasing space available at current cemeteries due to the number of World War II, Korean War and Vietnam War veterans who are passing away. NCA also intends to expand into new locations, so that families will not have to drive more than 75 miles to visit their loved ones. To do so, the Legion urges Congress to fully fund NCA at \$250 million for major and minor construction at the national and state cemetery levels. This amount would give NCA the financial support necessary to make all adjustments and meet future demands.

Also, the Legion is concerned with the eligibility and monetary awards for the burial plot allowance. The Legion urges Congress to support a bill to return the burial plot allowance to all veterans who served during a time of war or conflict.

More Information

System Worth Saving

The American Legion's primary health-care evaluation tool is the System Worth Saving (SWS) program. The mission of SWS is to assess the quality and timeliness of veterans health care, and to collect feedback from veterans on their level of care. Every six months, the SWS task force conducts 20 to 30 site visits to VA medical centers, focusing on one primary health-care issue, such as the quality of health care for veterans in rural areas. The Legion believes the program clearly identifies unique demands facing the VA health care system, as it continues to meet the obligations that President Abraham Lincoln spoke of in his second inaugural address: "To care for him who shall have borne the battle and for his widow and his orphan."

[Learn more »](#)

Traumatic Brain Injury and Post-Traumatic Stress Disorder

American servicemembers are returning home in unprecedented numbers with varying levels of traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). Within the military and veterans communities, there is a growing concern about the best practices and types of treatment that are being used. In response, The American Legion approved Resolution 13 in October 2010 for the creation of an ad hoc committee on TBI and PTSD.

The ad hoc committee was created "to investigate the existing science and procedures, as well as alternative methods, for treating TBI and PTSD not currently being employed by the Department of Defense or Department of Veterans Affairs, for the purpose of determining if such alternative treatments are practical and efficacious." The committee has held six meetings since its inception, receiving several presentations from leading DoD and VA clinicians on research and treatments, and hearing from veterans about their own personal experiences with TBI and PTSD. The ad hoc committee's final report should be available this fall; its findings and recommendations will be presented to the administration, members of Congress and DoD/VA senior leadership.

Regional Office Action Review

The American Legion's Veterans Affairs & Rehabilitation (VA&R) Division operates the Regional Office Action Review (ROAR) program, conducting about eight site visits per year to VA regional offices. The purpose of the ROAR visits is to evaluate the quality of disability claims processing at each office,

identify strengths and challenges, brief VA staff on findings, and recommend specific strategies for improvement. This is a key initiative, stemming from the incredible backlog of cases - more than 900,000 - that frequently delays treatment.

During the visits, ROAR teams review about 50 disability claims, meet with key staff members and interview random VA employees about staffing, training and workload. The ROAR teams look specifically at claims to see how they were handled and whether the information was accurately recorded.

The ROAR team provides a brief synopsis for each claim that is reviewed, indicating which areas the regional office is excelling in, and identifying areas for improvement.

The Legion's Network of Service Officers

The American Legion maintains an extensive network of more than 2,500 professionally accredited department service officers, who are officially recognized by the Department of Veterans Affairs (VA) to provide representation and assistance to veterans and their dependents. Their services are provided free of charge, regardless of whether a veteran belongs to the Legion. Service officers are located in all 56 VA Regional Offices and in many counties across the country. [**Find a Service Officer »**](#)

The Legion also maintains fully staffed offices of professional appeals representatives at VA's Board of Veterans' Appeals and at the Appeals Management Center. National appeals representatives at these offices provide direct representation to veterans and survivors whose claims are initially denied by regional offices.

The Legion also works with the National Veterans Legal Services Program, a non-profit law firm and consultant to the Legion, and the Veterans Consortium to ensure that Legion-represented claims denied by the BVA have access to the U.S. Court of Appeals for Veterans Claims.

The American Legion National Headquarters conducts a rigorous schedule of training and accreditation for service officers, including two training schools a year, the distribution of numerous bulletins and other documents, along with other forms of direct training and support at the state and local levels.