

2012 Legislative Priorities

Veteran Unemployment

*** To be dispersed at meeting**

VA/DoD Veteran Health Care & Mental Health

***Traumatic Brain Injury/ Post-Traumatic Stress**

AMVETS is extremely concerned that DoD's and VA's failure to identify and treat TBI in a timely manner can have extremely negative effects on the service member's quality of life and contribute to numerous other hindrances.

AMVETS conveys to Congress that it is of the utmost importance for VA to have all of the necessary policies, procedures and personnel in place to provide the care for all service members having sustained blast related brain injuries and the co-morbid injuries that will either immediately, or over time, accompany them.

***Prosthetic and Sensory Aids**

The number of veterans needing the services of the Veterans Health Administration's Prosthetics and Sensory Aide's (PSAS) services has grown by 1800 percent over the past five years. The number of veterans needing PSAS care and services is projected to continue to rise due to our aging veteran population and the injuries veterans are returning with from the recent conflicts.

AMVETS believes it is vital to the well being of our veteran community for Congress and VA to maintain the proper growth in appropriated funds for PSAS in to keep pace with the veterans requiring their services and care. Congress needs to ensure that proper funding and staffing for PSAS will continue to be of the utmost importance in properly caring and providing for our wounded warriors. The Department of Veterans Affairs to keep access to PSAS care and services as a top priority for VA.

***Suicide Prevention**

The Department of Defense (DoD) estimates at least 30 percent of returning service members will have experienced and eventually be diagnosed with a psychological trauma directly related to their service. The DoD and the federal government have an obligation to these service members and to the readiness of the entire fighting force. Mental and emotional wounds can have disastrous effects not only on the service member, but the family and fighting force as well, and the psychological effects of war vary from person to person and are often overlooked and untreated due to stigmas and readiness obligations. The suicide rate among active duty, Guard and Reserve has surpassed that of the civilian population and is steadily continuing to rise.

AMVETS strongly recommends Congress appropriate more dedicated funding for mental health care and related programs and services during the next five fiscal year budgets and to annually review the effectiveness of said services in order to effectively treat service members suffering from psychological trauma.

***Extend the VA Caregivers Compensation Program**

Veteran Benefits

***Maintain Military Retirement and health Care Benefits**

Discretionary spending in VA accounts for approximately \$62 billion. Of that amount, nearly 90 percent is directed toward VA health care. As the Joint Select Committee addresses reductions in discretionary spending across the entire federal government, including VA, it is important to emphasize that any cuts to VA spending will have a direct impact on the delivery of health-care services and benefits to veterans and their families.

The IBVSOs urge the Joint Select Committee on Deficit Reduction and Congress to protect critically needed funding for the Department of Veterans Affairs health-care system. Reducing appropriations for VA health-care programs places the health and welfare of veterans at significant risk and will only increase costs in other federally funded programs in Medicare and Medicaid. The IBVSOs urge the Joint Select Committee on Deficit Reduction and Congress to reaffirm that VA disability compensation and benefits programs that support veterans and their families must be protected during any efforts to reduce the federal deficit.

***Concurrent Receipt**

38 United States Code, Sections 5304 and 5305, has prohibited the concurrent receipt of both military retirement pay for longevity from the Department of Defense and disability compensation from the Department of Veterans Affairs. A disabled veteran who does not retire from military service, but elects instead to pursue a civilian career after enlistment expires can receive full compensation and full civilian retired pay. A veteran who has served this country for 20 years should have the same right and not be penalized for choosing a military career rather than a civilian career. No other category of federal employee faces the same restriction on disability and retirement pay. AMVETS would like the enactment of legislation that would provide full and immediate concurrent receipt for all disabled military retirees.

***Claims and Appeals Backlog**

Given the fact that the long existing claims and appeals backlog continues to grow each year and the consequent delays in the delivery of crucial disability benefits to veterans and their dependents; and the backlog of Department of Veterans Affairs claims and appeals is at an all time high, yet the Department of Veterans Affairs has still not implemented an electronic data exchange system. The Department of Veterans Affairs is continuing to lose experienced claims and appeals processors and the newly hired processors are receiving inadequate training. Our nation is at war on multiple fronts, the demand for Department of Veterans Affairs services and resources is rising at rates not seen before and is expected to maintain at this level through the next 6 years.

AMVETS urges Congress to ensure adequate funding and trained staff levels for the Department of Veterans Affairs to improve upon the timeliness and accuracy of all claims and appeals being filed; and push for the Veterans Benefit Administration to process timely and accurate claims the first time they are reviewed, as well as the immediate implementation of a uniform data exchange claim processing system and improved claims and appeals processor training to ensure a timely and accurate claims and appeals process for every veteran.

Women Veteran and Service Members

***Military Sexual Trauma**

The Department of Veterans Affairs (VA) reports an estimated 23 percent of Veterans have reported experiencing sexual trauma during their time of service, and current Department of Defense (DoD) reporting and security clearance processes hinder and discourage the reporting of sexual trauma regardless of the victims gender.

Military sexual trauma (MST) victim services and legal support systems within DoD are broken and do not take the victim's confidentiality or best interest in mind; and the effects of untreated MST is devastating in a veterans overall health and in the successful transitioning back into their families and communities. AMVETS calls upon congress and DoD to immediately review and update current MST reporting processes as they relate to safety, confidentiality and future security clearance processes; and to have strict oversight and enforcement of the availability of DoD provided treatment services.

***Women Veterans' Healthcare**

Women veterans and service members have been shown to have unique and more complex health needs with a higher rate of co-morbid physical health and mental health conditions (31 percent of women have such co-morbidities versus 24 percent of men); and less than 30 percent of VA facilities can provide women veterans onsite gender specific healthcare. Most male veterans can receive the full spectrum of primary and preventative care services in one visit, most female veterans must schedule multiple visits to receive the same gender-specific care. The VA and DoD to be ready and equipped with the necessary personnel, gender appropriate facilities, one-visit models of care and equal uniformed availability and access to care as their male counterparts; and immediately implement of the aforesaid in order to provide equal care for all of our nation's returning war fighters.

National Guard and Service Members

***On-going Transition between State and federal Status**

There is a problem with the transition of Veterans that are in the Reserves and transition between active duty and civilian life. They do not have a consistent transition of health-care benefits and access of records to be shared in the private sector and VA. This slows down much of the care given and gets very confusing for the providers of care and the Vet.

*****Veteran Status**

Contact your Senators and ask them to expeditiously pass as a standalone bill, H.R.1025, previously passed by the House of Representatives and awaiting action by the Senate Veterans' Affairs Committee. This bill would authorize National Guard and Reserve members entitled to Reserve retirement pay the honor of claiming Veteran status.

On Oct. 11, 2011, the House of Representatives passed H.R.1025 (affectionately known as the Veterans Status bill) and sent the bill to the Senate for its approval. The Senate took no action then and is still awaits action by the Senate Veterans' Affairs Committee (SVAC). This legislation is now properly before the SVAC for its consideration.

This cost neutral bill would **not** bestow any unearned benefits, it would simply provide career Reserve Component (RC) members the honor of being recognized as a Veteran for their many

years of service and sacrifice. This bill would also provide an opportunity for Congress and the Administration to show their support for America's **military retirees**.

What is a **military retiree** you ask? A **military retiree** is what a National Guard or Reserve Component member, who has completed a 20(+) year career, is designated upon retirement. If these individuals have never served on active duty (Title 10) orders for other than training purposes they are not legally considered veterans. Mind you, they are entitled to virtually all the same retirement benefits as their Active Component brethren, but they are not considered veterans under the law. This unjust situation is not widely known among members of Congress or even among members of the RC themselves.

H.R.1025 would authorize Veteran status under Title 38 for National Guard and Reserve members of the Armed Forces who are entitled to a non-regular retirement under Chapter 1223 of 10 USC but were never called to active federal service during their careers – through no fault of their own.

As an example, the service of our National Guard members now serving on Operation Noble Eagle on our Southwestern border on Title 32 orders would not qualify them to earn the status of "Veterans of our Armed Forces" because it is technically a "training" status.

Currently, the Veterans Code, Title 38, excludes from the definition of "Veteran" career Reservists who have not served on Title 10 active duty for other than training purposes. Drill training, annual training, active duty for training, and Title 32 duty are not qualifying service to qualify for "Veteran" status.

Homeless and Rural Veterans

45 percent of U.S. military recruits hail from rural America, and more than three million (or nearly half) of veterans enrolled in the Department of Veterans Affairs (VA) healthcare system live in rural or remote areas. When service members return from combat and transition back into civilian life, they are often returning to parts of the nation where they do not always have immediate access to VA care and services. Many veterans living in rural areas choose not to seek assistance or care from VA because they either have no means of transportation or simply do not have the time or means to travel far distances to their nearest VA Medical Center (VAMC) or Community-based Outpatient Clinic (CBOC).

Another hurdle to care for this population of veterans is the fact that many of the specialists they need to see for care are only available on certain days and most do not have provide care after 5 p.m. or on weekends, making it nearly impossible for veterans with jobs to make appointments.

AMVETS calls upon VA to develop and implement stronger programs for our rural veteran population. Today's combat veterans returning to their rural homes in need of specialized care due to war injuries, both physical and psychological, must have equal access to VA care and services. AMVETS urges VA to develop new programs and locations so that every veteran may have access to the services and care by VA, regardless of where they reside in this great nation.

***Increase Travel Reimbursement Rates**

The sharp increase in gas prices is causing unprecedented burdens for disabled veterans traveling to VA medical facilities. Many veterans travel long distances to receive medical care; and Disabled veterans traveling to VA for service-related injuries are only eligible to receive 28 cents per mile reimbursement, but federal employees receive 51 cents per mile for travel reimbursement. We need legislation that would create equality between federal employees and disabled veterans.

POW/MIA Recovery/ Identification and Cemetery Affairs

The Department of Defense Prisoner of War (POW)/Missing Personnel Office (DPMO) provides policy oversight for the continuing mission to recover captured, missing or isolated men and women placed in harm's way while serving their country. The efforts to recover fallen and missing service members from past and present conflicts serve the common interest of all Americans. AMVETS remains fully committed to pursuing the critical issue of POWs and MIAs to our fullest capabilities until every single man or woman lost in battle is accounted for. We need to stand behind our service men and women and tirelessly work to account for those who have not returned.

AMVETS petitions Congress to provide adequate DPMO funding to ensure the release or rescue of our missing or captured men and women in uniform: and that AMVETS continue to work with DPMO to ensure full accounting and recovery of the missing from all conflicts and military operations worldwide.

***Increase Veterans Burial Benefits**

There has been serious erosion in the value of the burial allowance over the years; and while these benefits were never intended to cover the full costs of burial, they now pay for only a small fraction of what they covered in 1973 when the federal government first started paying burial benefits. AMVETS support legislation to increase burial allowance benefits from \$2,000 to \$6,160 for service-connected veterans who live outside the 75 mile radius threshold, and increase burial allowance benefits from \$2,000 to \$2,793 for service-connected veterans who live inside the 75 mile radius threshold. AMVETS supports legislation to increase burial allowance benefits from \$300 to \$1,918 for non-service-connected veterans who live outside the 75 mile radius threshold and increase burial allowance benefits from \$300 to \$854 for non-service-connected veterans who live within the 75 mile radius threshold, support legislation to increase the plot allowance from \$300 to \$1,150, and expand the eligibility for the plot allowance to all veterans who would be eligible for burial in a national cemetery, not just those who served during wartime.