TOXIC EXPOSURE

★ Pass comprehensive legislation: The COST of War Act (S. 3003) and Honoring Our PACT Act (H.R. 3967) have been introduced to recognize and establish the federal government’s responsibility to provide health care and disability compensation to veterans fighting the effects of toxic exposure connected to their military service.

★ Guarantee access to health care: Grant permanent access to VA health care for any veteran who suffered toxic exposures while in service, regardless of his or her service-connected disability claim status.

★ Establish presumptive disabilities: Establish a list of presumptive disabilities for post-9/11 veterans who were exposed to burn pits and other environmental hazards.

★ Adopt a scientific framework: Ensure that VA adopts a framework for establishing new presumptive disabilities in a timely manner based on scientific data for all toxic exposures, regardless of era or location.

★ Concede exposure: Concede exposure to burn pits and other environmental hazards for veterans who served in areas where they are known to have been used. This will assist them when filing claims for exposure-related conditions that are not presumptive.

WOMEN VETERANS

★ Provide access to gender-specific care: Improve accessibility and ubiquity of women’s health care by increasing resources for essential services, adapting facility operations, and optimizing channels of care like telehealth and the Community Care Network.

★ Improve care, benefits, and services for veterans with military sexual trauma (MST): Enact greater coordination across agencies and disciplines to improve awareness, access to benefits, and quality of care for MST survivors.

★ Provide ongoing connection and support: Strengthen social support through programs that facilitate women-veteran specific peer connection, mentorship, and professional networks; and streamline connections to VA benefits and care.

★ Ensure a safe and welcoming VA environment: Evaluate the physical layouts and utilization patterns of VHA facilities to assess and improve the safety, convenience, and overall ease of access by women veterans.

MENTAL HEALTH AND SUICIDE PREVENTION

★ Expand access to care: Improve access to quality care at VA and in the community by pursuing a public health approach that coordinates action from all of government as well as public-private partnerships. Research, workforce, and multidisciplinary strategies should all be pursued across individual, community, and societal levels to help veterans address invisible wounds from service.

★ Expand telehealth (community providers + VA access points): Leverage the power of telehealth to connect more veterans to care by addressing issues such as broadband access, IT infrastructure, VA care access points, and interstate medical practice rules for community mental health providers.

★ Connect veterans to community care and support: Find more ways to connect veterans to clinical mental health care while continuing to support access to protective factors that can mitigate suicide risk, such as social connection, financial security, and resource education.

★ Improve Substance Use Disorder (SUD) and Post-Traumatic Stress Disorder care: Promote stronger care and coordination for co-occurring SUDs and mental health disorders, including by enhancing internal VA capacity and post-care planning, and facilitating smoother referrals to community providers.

★ Improve the 9-8-8/Veterans Crisis Line: Work with federal and state governments to ensure that the National Suicide Prevention Lifeline and Veterans Crisis Line are adequately staffed, trained, and funded to ensure a smooth transition to a new three-digit dialing code.
Streamline the VA Clothing Allowance Program: Continue to advocate for passage of the Brian Neuman and Mark O’Brien VA Clothing Allowance Improvement Acts (S. 2513, H.R. 4772) to ease the process of tailoring or replacing clothing for veterans with lifelong conditions that require a device or medicine that damages clothes by eliminating the requirement for them to reapply for this benefit each year.

Pass the Major Richard Star Act: In 2004, Congress passed a law allowing military retirees with at least 20 years of service who are rated at least 50 percent disabled to collect their full DoD retired pay and their full VA disability compensation benefits with no offset. The Major Richard Star Act (S. 344, H.R. 1282) would allow veterans who were retired for combat-related injuries with under 20 years of service to do the same.

Improve Vocational Readiness and Employment (VR&E): Support policies that allow VA’s VR&E program to operate at its highest potential and capacity. The program’s job training and other employment-related services, including education, job search services, and small business start-up funds, can help wounded, ill, and injured veterans realize their professional goals.

Improve claims-file access: Modernize the disability claims process by allowing veterans to request and receive their claims files electronically easily and securely. The Wounded Warrior Access Act (H.R. 5916) would update current policies that require veterans to submit a request by mail or fax, or travel to a VA Regional Office to physically view their claims files.

Provide tools to address veteran unemployment and homelessness: Provide separating service members with the necessary tools to successfully transition to civilian life; ensure that all veterans have access to the job training, education, and apprenticeships they need; and continue to advocate for robust VA transitional housing and voucher programs to help end veteran homelessness.

Improve Traumatic Brain Injury (TBI) care: As the population of post-9/11 veterans living with the aftereffects of TBI during service continues to grow, little is known about the expected course of their condition or how to best meet their needs for long-term support services. Committing to research and policies to identify effective treatments and community-based supports are effective steps we can take now to better prepare for the future.

Expand home-based services: Younger severely wounded veterans are increasing their use of VA’s geriatric and extended care services earlier in life. The provision of care at home and support in the local community can be critical to maintaining better quality of life, and more can be done to make these programs more accessible to younger veterans with a preference for receiving care at home.

Coordinate complex cases: While the number of Service members catastrophically injured in service has decreased in recent years, the needs of severely injured Service members and veterans have not diminished over time and will, in many cases, grow. Supporting policies to help these veterans navigate the health system recognizes that overlapping resources and nonuniform availability of federal, state, and local resources requires a broad community effort to connect those in need with the services created for them.

Expand caregiver program eligibility and appeals: Support the expansion of the Program of Comprehensive Assistance for Family Caregivers to veterans of all generations while ensuring that veterans and caregivers in need of heightened support receive the resources and care they require to live healthy and fulfilling lives.

Expand caregiver support services: Expand caregiver access to VA mental health care to ensure that military and veteran caregivers can properly perform their caregiving duties. Remove barriers and increase funding for VA and community programs to help caregivers find more opportunities and time for self-care and respite.

Improve support for rural veterans: Increase availability and access to quality care for veterans living in rural areas. Conduct an assessment of certain VA resources available to veterans who live in rural areas.

Pass the VETS Safe Travel Act: Pass the VETS Safe Travel Act (S. 2280, H.R. 855), which would make certain severely injured veterans eligible for the Transportation Security Administration PreCheck Program at no cost.

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