

REPORT OF
NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION
TO THE
NATIONAL EXECUTIVE COMMITTEE

October 15-16, 2014

There were ten (10) resolutions of Veterans Affairs and Rehabilitation Commission submitted to the Resolution Subcommittee of the National Executive Committee for consideration. Seven (7) resolutions were referred for consideration by the 2014 National Convention. Two (2) resolutions were presented by the Veterans Affairs and Rehabilitation Commission. One (1) resolution was presented by the Department of Michigan.

Five (5) were forwarded to the National Executive Committee for adoption:

(Origin: VA&R)
Agreement with the National Veterans Legal Services Program (NVLSP)-2014-2015

(Origin: Michigan 27022014MI)
Exempt VA Benefits and Services from Pay-Go Provisions

(Origin: South Dakota 732014SD)
Department of Veterans Affairs Preservation of National Historic Properties

(Origin: Pennsylvania 2902014PA)
Legislation to provide Reporting, Tracking, and Action Dealing with Sexual Assaults at Department of Veterans Affairs Facilities

(Origin: VA&R)
Rescinding of Non-Legislative VA&R Resolutions

Two (2) were received and recorded:

(Origin: Minnesota 1092014MN)
The Department of Veterans Affairs Work Force be Comprised of 50 % or More Veterans

(Origin: Ohio 2292014OH)
Department of Veterans Affairs to Provide Chiropractic Services

Two (2) were rejected:

(Origin: California 322014CA)
Patriot Outreach Program

(Origin: Michigan 2372014MI)
Tobacco-Related Disabilities

One (1) was held for further study:

(Origin: Arizona 2672014AZ)
Change the Manner in Which Veteran Claims are Determined

HEALTH ADMINISTRATION UPDATE

SYSTEM WORTH SAVING

Past, Present and Future of VA Health Care

From November 2013 to May 2014, the System Worth Saving Task Force accompanied by American Legion national staff, conducted site visits to randomly selected healthcare systems and conducted veteran town hall meetings in nearby American Legion posts. At the town hall meetings, task force members facilitated discussions to identify issues and concerns on the quality of care in order to assess the evolution of care for veterans since the establishment of the program.

During the site visits the task force conducted interviews with staff responsible for the budget, human resources, enrollment, outreach, mental health, the intensive care unit, long-term care, homeless programs, information technology, patient advocate and construction. For each of the program areas, we wanted to understand what progress has been made over the last 10 years, the current situation, and five-year plan and goals.

The following challenges were cited as nationwide trends:

1. Several VAMCs continues to struggles to fill critical leadership positions across multiple departments. These gaps have caused communication breakdowns between medical center leadership and staff that work within these departments. Veterans Health Administration (VHA) conducts a rural analysis for hard to recruit areas and look into different options to support the VAMC in getting the talent they need to better serve veterans. Flexibility is a must in these scenarios to ensure that veteran health care is consistent across each Veterans Integrated Support Network (VISN).
2. Most facilities see the Strategic Capital Investment Plan (SCIP) as being an excellent planning tool for the near future; however, it creates major issues in the short term when a certain medical center is forced to put priority construction projects into it. Each facility needs flexibility to adjust the priority level of

- projects within the SCIP program to ensure that long-awaited construction needs are being met.
3. Broken communication between the medical centers and the veterans in the medical centers' catchment area is an issue. Several VAMCs need to increase transparency, provide crisis information immediately and provide general health care information on a regular basis. They also need improved communications with the local community, including media representatives, potential hires, current employees, veterans service organizations, family members and patients.
 4. There is an increasing risk of closure for several intensive care units (ICU). VHA should consider the following alternatives: fully reinstating intensive care units at facilities that have closed them, standing down all surgical procedures that could cause a need for an ICU, or strengthening their memorandum of understanding (MOU) with the civilian medical center to ensure that an intensive care unit bed will be available in case of emergency. This includes remaining without an ICU but continuing to perform ambulatory procedures that meet the strict criteria established by the VA as appropriate for facilities without an ICU.
 5. Fully implement and using the Primary Aligned Care Team (PACT) model as it was designed. Several VAMCs have had a slow roll out with the introduction of the PACT model to their veterans. By not fully implementing the model, several VAMCs are missing the mark when it comes to delivering patient centered care, a fairly new practice that allows veterans to have say in the decisions that are being made about their health.

VETERANS CRISIS COMMAND CENTERS

Veterans Crisis Command Centers

The American Legion's National headquarters staff, National Veterans Legal Services Program (NVLSP) personnel, accredited representatives, grief counselors, and VA personnel, to include Vet Centers have been setting up various Veterans Crisis Command Centers (VCCCs) around the nation to respond to the needs of veterans and family members affected by the extensive VA wait times. As the nation's largest veterans service organization, it has been essential that The American Legion provide the tools and resources necessary to assist affected veterans and family members.

Upon arrival, a town hall meeting was conducted at a local American Legion Post. The forum was designed to discuss how the VA is attempting to correct its failures and how to ensure these failures are never repeated. Additionally, national headquarters staff have asked veterans and family members how VA is attempting to rectify their mistakes.

Services provided at the VCCCs included: assistance with VA Healthcare, VA Benefits, and Counseling. Accredited representatives have been available to assist veterans with

enrolling in VA healthcare, and scheduling appointments. American Legion and National Veterans Legal Services Program accredited representatives collaborated with Veterans Benefits Administration representatives to assist veterans in filing claims for compensation and veterans have been awarded more than \$880,000 in retroactive payments as of September 2014.

Since June 2014, The American Legion's collaboration with the Department of Veterans Affairs at VCCCs have assisted more than 2,700 veterans in Phoenix, AZ; Fayetteville, NC; El Paso, TX; Fort Collins, CO; St. Louis, MO; Baltimore, MD; Clarksburg, WV; Charlotte, NC; Honolulu; and Harlingen, TX. The American Legion concluded the last VCCC in White City, OR.

MOVING BEYOND THE CRISIS

On Monday, August 25, 2014 at The American Legion 96th National Convention assembled in Charlotte, North Carolina, Verna Jones, Director Veterans Affairs and Rehabilitation Division and Ralph Bozella, Chairman of the Veterans Affairs and Rehabilitation Commission made a presentation to the National Commander Advisory Committee regarding proposed changes in the System Worth Saving (SWS) program. While the SWS Task Force has been The American Legion's primary tool used over the past 10 years to evaluate the quality of health care services provided by the VA and has been used to gage veterans ability to access VA health care services, Ms. Jones and Chairman Bozella reported that it is time to elevate this program to the next level.

Since June 2014, The American Legion's National Headquarter Staff has traveled across the country setting-up 11 VCCCs working with VA to defuse the wait-time crisis and claims backlog. While there is still a lot of work to be done, it is time to shift from crisis mode and continue to provide the same level of services to our nation's veterans. Therefore, the proposal submitted to the National Commander Advisory Committee proposed to combine elements of the SWS program with the VCCC and the Regional Action Review Teams (ROAR) visits under the umbrella of the "Veterans Outreach Centers."

The Veterans Outreach Centers will include on-site American Legion staff working hand-in-hand with VA to help veterans and their families with claims issues and VA health care issues. The VOC's will include site visits to VA hospitals as part of our work, staffed by VA&R staff, representatives from US Congressional and Senatorial offices by request, and the VA&R Commission chairman, when necessary.

The proposal called for establishing a new committee from the existing VA&R Commission subcommittees on health administration and benefits. These committee members will not conduct site visits, but they will review the work and reporting of the

VOC teams, determine the effectiveness and value of the VOC teams, and make recommendations for future process development.

The chairmen of the subcommittees on health, benefits and cemetery will be part of the new committee. Scheduling of the VOCs will be in response to VA issues as they occur, instead of a set schedule. Another key component is that we want to involve state departments and local Legion leadership at the VOC sites, allowing more local participation and leadership development in local problems with VA health care and claims.

The proposal was approved with minor changes by the National Commander Advisory Committee and have been approved to set-up twelve (12) VOCs, with one occurring each month. The first Town Hall meeting and VOC was held at the Washington, DC VA Medical Center. The second town hall meeting and VOC will be held at American Legion Post 496, at 5938 East Parkcrest St., Long Beach, CA. in Los Angeles, California. The town hall meeting will be held on October 27, 2014 and the VOC from October 28-30, 2014. The remaining sites are to be determined.

Washington DC Veterans Outreach Centers

On September 30, 2014, The American Legion launched the first Veterans Outreach Center (VOC) at the Washington DC VA Medical Center, which provided the same services that were provided during the VCCCs, yet the name change signifies VA moving out of crisis mode.

The event was very well attended with 386 veterans and family members of veterans seeking help at the VOC from September 30-October 2, 2014. The American Legion will continue to schedule VOCs around the country in order to continue assisting veterans with the healthcare concerns, claims assistance, and counseling.

LEGION VOLUNTEERING

This year again has been a productive year for The American Legion's Department of Veterans Affairs Voluntary Service (VAVS) program. As of the end of the 4th quarter, there are over 7,857 regularly scheduled volunteers and who serve veterans in VA Medical Centers, Clinics, Vet Centers, Fisher Houses and State Veterans Homes across the nation.

The regularly scheduled volunteers contributed 802,396 hours and occasional volunteers contributed 54,564 hours at the end of FY 2014. Their combined service adds up to over 856,960 hours which is valued at over \$19,324,448 in savings to the federal government.

This years VA Voluntary Service National Executive Committee meeting is scheduled to meet in Washington, DC from October 22 – 23, 2014. A report from the meeting will be provided at the Spring 2015 National Executive Committee Meeting.

CLAIMS UPDATE

The American Legion continues to press the Veterans Benefits Administration (VBA) on speeding up their process while continually improving upon the quality and accuracy of claims decision. During the year, we have given the VBA many ideas to improve their process and image. Some ideas were well received and it shows. First, with the Fully Developed Claims initiative, we found that by allowing VA employees to focus on one initiative, the claims were being processed in the shortest amount of time and veterans receive their benefits quicker. Secondly, we greatly assisted the VBA by identifying ambiguity in their policy letters to the VA employees giving them. A third example of The American Legion assisting VBA are with the Stakeholders Enterprise Portal (SEP) and Veterans Benefits Management System. Both of these computer software systems are new to the VBA and have come a long way since their birth. The American Legion pushed for additions such as the Veteran Service Organization (VSO) work queue in SEP which is in the final stages. The VSO work queue allows everyone to communicate within the program and review work being submitted and finalized ensuring the veteran receives the highest quality decision by the VA Regional Office. Another concern of SEP is the registration process with Norton. It was The American Legion that introduced issuance of the Personal Identification Verification badge to all accredited representatives to avoid using a personal credit card over the internet to register. VA officials now will issue the PIV badge to all accredited representatives and fund the required background check.

The American Legion continues to work with the VBMS development team to ensure that all scanned documents are complete, scanned in the proper order, scanned “right side up,” and labeled properly. VSOs and VA employees continue to open empty documents or upside down documents, or documents labeled incorrectly. All this wastes valuable time in the process as the veteran or surviving loved one waits for a decision. It was also The American Legion that identified the VA overlooked other VA benefit programs while developing VBMS, such as the Board of Veterans Appeals; in the beginning the VA Regional Office would have had to print a paper file to certify to the Board. Thanks to the American Legion, the Appeals Management Center and the Board of Veterans Appeals have VBMS installed.

Our Accredited Representatives continue to work endless hours to honor those that have served. Currently the American Legion has over 3,000 accredited representatives. With this number of professional representatives, The American Legion represents over 735,000 claimants in receipt of VA monetary benefits. These claimants receive over \$758 million on a monthly basis that greatly assist them make ends meet in today’s economy. Thanks to The American Legion the VA issued over \$72.7 billion in Fiscal Year 2014!

CEMETERY UPDATE

The National Cemetery Committee last met at the National Convention and held a panel on "Ensuring Veterans and their Families have a Final Resting Place that Commemorates their Service" with Glenn R. Powers, Deputy Under Secretary for Field Programs from the National Cemetery Administration (NCA). During the Convention, Mr. Powers discussed NCA's transition for the next Under Secretary for Memorial Affairs, NCA's Rural Initiative that will assist the 1.8 million veterans that live in states with no National Cemetery, and further discussion on a suitable replacement for lithochrome to accent the engravings on marble headstones.

The National Cemetery Committee also conducted a brief business meeting to discuss the purpose of the Committee of formulating and recommending to the National Executive Committee, through the Veterans Affairs & Rehabilitation Commission, policies, plans and programs as they relate to Department of Veterans Affairs' national cemeteries, and the interment of veterans, military and their dependents. This includes Arlington National Cemetery administered by the Department of the Army.

Ralph P. Bozella, Chairman
National Veterans Affairs and Rehabilitation Commission