



National Service & Legislative Headquarters  
807 Maine Avenue S.W.  
Washington, D.C. 20024-2410  
Phone (202) 554-3501  
Fax (202) 554-3581  
[www.dav.org](http://www.dav.org)

November 18, 2015

Ms. Nancy Schlichting, Chairperson  
Commission on Care

Dear Ms. Schlichting:

In response to your request, I am pleased to offer the Commission on Care the attached comments from DAV regarding the Independent Assessment of the VA health care system performed by MITRE Corp., Rand Corp. and others.

With nearly 1.3 million members, all of whom incurred disabilities during wartime military service and rely on the VA health care system, we would welcome the opportunity to meet with the Commission to discuss this and other critical matters about the future of veterans health care.

Respectfully,

A handwritten signature in black ink, which appears to read 'Garry J. Augustine'. The signature is written in a cursive style.

Garry J. Augustine  
Executive Director  
Washington Headquarters



**FULLFILLING OUR PROMISES**  
TO THE MEN AND WOMEN WHO SERVED

**Comments Submitted to the Commission on Care  
from DAV (Disabled American Veterans)  
November 18, 2015**

In response to your written request, we are pleased to offer these written comments on the Independent Assessment of the Department of Veterans Affairs (VA) performed by MITRE Corp., Rand Corp. and others, as well as on other matters that may be of interest to the Commission. We are pleased to help you understand better what veterans want and need in terms of a national health care system dedicated to meet their needs.

As you may know, DAV (Disabled American Veterans) was formed almost 100 years ago to protect the interests and advocate for the needs of former military members who were wounded, injured and made ill as a result of their service. Today there are nearly 1.3 million DAV members, all of whom suffered a disability during wartime service. DAV has active fraternal Departments in all 50 states, the Commonwealth of Puerto Rico, as well as a Department for blinded members. These 52 Departments comprise nearly 1,300 local chapters where our members engage in a number of civic and charitable activities to benefit their comrades as well as the general public.

DAV employs a full-time professional staff that includes over three hundred National Service and Transition Service Officers around the country providing free claims assistance to more than 330,000 veterans and family members every year. DAV is the largest veterans service organization (VSO) in terms of representation, currently holding more than 1 million power-of-attorneys (POAs) for veterans seeking earned benefits from VA. We also employ nearly 200 hospital coordinators covering every VA medical center, and operate a transportation network which provides more than 770,000 free rides for veterans to and from VA health care facilities each year. Overall, we work directly with millions of veterans enrolled in the VA health care system and that experience informs the opinions and judgments we make.

As the largest organization of disabled veterans, DAV members have benefited and continue to receive support and assistance from VA during their lifetimes through the provision of comprehensive health care, disability compensation, vocational rehabilitation, housing and automobile adaptive equipment and so many other interrelated services and benefits. Many of our most seriously disabled members rely on VA for all of their health care and financial support, while others come to VA intermittently at various times in their lives when VA can and does make a difference for them and their families. For these reasons, our 1.3 million disabled veteran members place a high priority on maintaining a comprehensive and integrated VA health care system, along with the comprehensive and interconnected VA system of benefits, services and supports.

As a membership and resolution-driven organization, the policies and priorities that we pursue are established and re-established every year at our National Convention. At our most recent National Convention this past August in Denver, Colorado, DAV adopted 201 resolutions covering health care, benefits, employment, volunteerism and many other areas of concern to our members. These resolutions emanate from down below, having been approved by Departments,

Furthermore, the Independent Assessment found that the, "...capital requirement for VHA to maintain facilities and meet projected growth needs over the next decade is two to three times higher than anticipated funding levels, and the gap between capital need and resources could continue to widen." (Page K-1) They estimated this gap at between \$26 to \$36 billion over the next decade, although they did suggest several significant management strategies that could potentially reduce that projected gap to between \$7 to \$22 billion.

The findings of this Independent Assessment are fully consistent with the earlier PTF's conclusions, and confirm what DAV and our partners (VFW & PVA) in *The Independent Budget* (IB) have said for more than a decade: the resources provided to VA health care have been inadequate to meet the mission to care for veterans. We have repeatedly testified to Congress about this "*mismatch*" and "*misalignment*" of resources and demand. Just last year in May when the access crisis was breaking, we testified before the Senate Veterans' Affairs Committee and documented more than \$15 billion in underfunding that had occurred over the prior decade. We would be pleased to provide further information about the history of VA's funding shortfalls if the Commission would find that helpful.

We agree with the Independent Assessment it is important to strengthen VA's ability to, "...develop fundamental policy, define the strategic direction, insulate VHA leadership from direct political intervention, and ensure accountability for the achievement of established performance measures." (Page 25) However, we do not believe that establishing an independent "governance board" would be neither an effective nor helpful way to accomplish these goals.

Unlike virtually every other health care system that has some form of governance board, the VA health care system is a public, federal system that has fundamental differences. First and foremost, the resources provided to VA come from annual discretionary appropriations requested by the Administration and jointly approved by Congress and the President. Without control of the finances, a governance board would have limited ability to properly align demand and supply through any mechanism other than rationing health care to veterans through enrollment cuts or service reductions. Furthermore, the fact that members of the governance board are appointed rather than elected does not in any way ensure that they are any less political, particularly since they would likely be appointed by elected "political" officials, however they would be less accountable to veterans, the public and Congress. In addition, the existence of a semi-independent governance board would weaken the ability of the VA Secretary to manage, reform and hold accountable the 300,000 employees inside the VA health care system.

Rather than create another political leadership layer between veterans and their health care system, these same purposes could be accomplished through the establishment of strategic planning mechanisms currently being used by the Departments of Defense and Homeland Security. Specifically, we propose that VA be required to undergo a Quadrennial Veterans Review (QVR), similar to the Quadrennial Defense Review (QDR) and Quadrennial Homeland Security Review (QHSR) that is done every four years. The QVR, like its counterparts, would be timed to overlap with successive presidential administrations in order to provide continuity

According to the Agency for Healthcare Research and Quality, “[t]hese councils help overcome a common problem that most organizations face when they begin to develop patient-and family-centered processes: They do not have the direct experience of illness or the health care system. Consequently, health care professionals often approach the design process from their own perspective, not the patients’ or families’. Improvement committees with the best of intentions may disagree about who understands the needs of the family and patient best. But family members and patients rarely understand professional turf boundaries. Their suggestions are usually inexpensive, straightforward, and easy to implement because they are not bound by the usual rules and sensitivities.”<sup>1</sup>

In terms of access, clearly the lack of supply to meet demand created access gaps as clearly documented, but the Independent Assessment rejected the idea that VA could purchase its way out of the access crisis. In fact, the Independent Assessment, “...did not find evidence of a current system-wide crisis in access to VA care that would indicate that such a change is necessary... [and]... our analyses indicate that many Veterans without access to VA health care also face significant barriers to accessing purchased care, including distance and cultural barriers. Thus, the option to transform VA from a provider to a purchaser of health care would not necessarily have a significant positive impact on access.” (**Page B-2**) We agree.

Unlike the Blue Ribbon Panel that framed the matter as a binary choice of, “...whether the VHA should become a comprehensive health care system for all health needs, or focus on specific areas of service-related conditions...,” (**Page vii**) we believe that the future of veterans health care will require both a comprehensive VA health care system and an integrated private sector network that work synergistically for the benefit of the veterans to be served. While providing sufficient funding to the VA health care system will be an absolute fundamental requirement to improving veterans’ timely access to quality health care, there will be other equally important reforms needed to prepare VA to meet the needs of today’s and tomorrow’s veterans. DAV and our partners in the IB have been working to develop a comprehensive framework for this reform and will send separately further information detailing our comprehensive plan.

Our framework will include a comprehensive set of policy reforms and legislative proposals to improve access to care and health care outcomes for today’s veterans and redesign and reform the current veterans health care system in order to better meet the changing needs of veterans in the future.

America’s veterans want, need and have earned **High-Quality, Accessible, Comprehensive, and Veteran-Centric** health care designed to meet their unique circumstances and needs. In order to achieve that goal, we believe it necessary to:

---

<sup>1</sup> [cahps.ahrq.gov/quality-improvement/improvement-guide/browse-interventions/Custom-Service/Listening-Posts/Advisory-Councils.html](https://cahps.ahrq.gov/quality-improvement/improvement-guide/browse-interventions/Custom-Service/Listening-Posts/Advisory-Councils.html)