

## Veterans' Health Care

### VFW's Concerns:

The Department of Veterans Affairs (VA) operates the largest integrated health care system in the country, which is tasked with providing veteran-centric, timely, and high-quality care to more than seven million veterans. VFW members across the country have made it clear they prefer to receive health care at VA. They prefer VA because they like the quality of care they receive, which is equal to or better than the private sector. Still, veterans want VA to hire more doctors to improve access, fix its aging infrastructure, and improve customer service. Recognizing VA cannot be everything to everyone, VFW members have also called for a seamless and easy-to-understand community care program. The VFW-supported *VA MISSION Act of 2018* addresses these concerns and makes other improvements to the VA health care system, but VA must work closely with Congress and stakeholders, such as the VFW, to ensure it is properly implemented.

A recent suicide data report by VA found veterans total 18 percent of adult suicides in the United States, with an average of 20 veterans and service members who die by suicide every day. Of those veterans, only six are actively enrolled in VA. Reports have also consistently found veterans ages 18-34 to be most likely to die by suicide.

There is substantial evidence from comprehensive studies that concludes cannabinoids are effective for treating chronic pain, chemotherapy induced nausea and vomiting, sleep disturbances, multiple sclerosis spasticity symptoms, and possibly post-traumatic stress disorder. Yet, minimal federal research has been conducted regarding medical cannabis. It is imperative VA providers are fully educated and understand the potential impact of cannabis use for those who receive legal prescriptions from outside VA.

The majority of veterans who rely on VA for their health care needs are required to pay a copayment for preventive medicines. Private insurers are required to provide preventive medicines at no cost to patients. This inequity between VA and the private sector limits access to potential life-saving medications, such as breast cancer prevention drugs.

The military estimates that 14,900 service members experienced some kind of sexual assault in 2016. Further estimates show 6,900 of those individuals were men. Yet, male survivors not only report and seek legal assistance at alarmingly low rates, they also seek health care at alarmingly low rates for health ailments that result from sexual trauma. Reports have also found that males who apply for disability compensation benefits for conditions associated with their military sexual assault are denied at disproportionately higher rates than female veterans.

Women veterans make up about 10 percent of the veteran population and are the fastest growing cohort within the veteran community. VA has made progress in gender-specific health care for women, but more is needed.

To be eligible for VA nursing homes, a veteran must be at least 70 percent service-connected disabled or require such care because of a service-connected condition. This greatly limits veterans' access to much needed long-term care.

### The VFW urges Congress to:

- Conduct aggressive oversight of VA's implementation of the *VA MISSION Act of 2018*.
- Provide VA the resources and authorities it needs to expand suicide prevention outreach and education.
- Pass legislation requiring VA to conduct research on medical cannabis.
- Expand peer-to-peer counseling and provider training for sexual assault survivors, and conduct an outreach campaign to destigmatize male-on-male sexual assault survivors in need of assistance.
- Remove the VA copayment requirement for preventive medicine.
- Pass S. 514, the *Deborah Sampson Act*, which would improve health care for women veterans.
- Expand eligibility for VA nursing homes for all veterans enrolled in the VA health care system.