

## Veterans' Health Care

### The VFW's Concerns:

The COVID-19 pandemic changed the dynamic of the American health care system. While frontline health care staff adjusted to care for the wave of patients needing COVID-19 testing, treatment, and now vaccinations, the Veterans Health Administration (VHA) shortened the onboarding process and decreased vacancies by 15,000 positions in the past year. VHA facilities and health care providers converted in-person appointments to telephone or video-based communications. From March 2020 to January 2021, the Department of Veterans Affairs (VA) increased telehealth visits by 1,785%. The COVID-19 pandemic highlighted critical issue needs like expedited staff hiring and onboarding, and enhancement of telehealth appointment platforms and capabilities that the VFW hopes VHA continues beyond the pandemic.

For many rural and underserved veterans, connectivity remains a critical issue to their health care. Through Accessing Telehealth through Local Area Stations (ATLAS), the VFW has worked with VA and Philips to leverage VA's anywhere-to-anywhere authority to expand telehealth options for veterans who live in rural areas. More than 20 VFW posts have been identified as possible ATLAS locations—two of which are already operational and two of which are in the final stages of completion. Assistance through the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019* will provide the financial grants for these VFW posts to coordinate services to veterans and their families utilizing the ATLAS pods.

Veterans total 13.8 percent of adult suicides in the United States, with an average of 17.6 veterans and service members who die by suicide every day, according to the *VA 2020 National Veteran Suicide Prevention Annual Report*. Of those veterans, only six are actively enrolled in VA. Reports have also consistently indicated veterans ages 18-34 are the most likely to die by suicide. The COVID-19 pandemic chipped away at suicide protective factors. It is too soon to tell how housing, food, and financial insecurities from loss of employment, loneliness increased by isolation, and other compounding issues from the pandemic affected mental health and suicide-related behaviors.

Women veterans comprise approximately 10 percent of the veteran population and are the fastest growing cohort within the veteran community. They remain 2.1 times more likely to die by suicide than non-veteran women. VA has made progress in gender-specific health care for women, but more is needed. VA must ensure it addresses privacy concerns, expands women-specific substance abuse treatments and programs, increases VA staff cultural training, eliminates harassment and assault, and makes other improvements to women veterans' health care.

In vitro fertilization (IVF) services covered under VA should be expanded and made permanent. Service-connected injuries, toxic exposures, and other health issues can destroy a veteran's dream of having a family. VA's current IVF treatment eligibility excludes certain veterans from using this program to achieve that dream.

### The VFW's Solutions:

- Maintain vigilant oversight of the implementation of the John Scott Hannon Act; the Veterans' ACCESS Act; and the Deborah Sampson section of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*.
- Pass H.R. 239, *Equal Access to Contraception for Veterans Act*, which would provide women veterans access to the same no-cost contraceptive care as their non-veteran counterparts.
- Pass legislation that would expand VA services to include fertility preservation, and reproductive, adoption and child care assistance.
- Pass the COVID-19 relief bill that includes critical funding to accelerate VA's supply chain modification to sustain staffing and service expansions for telehealth, suicide prevention, and women's health.