

THE INDEPENDENT BUDGET

Fiscal Years 2023 and 2024 for
the Department of Veterans Affairs

BUDGET RECOMMENDATIONS



THE INDEPENDENT BUDGET

Fiscal Years 2023 and 2024 for
the Department of Veterans Affairs

**A Comprehensive Budget Created
by Veterans for Veterans**

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Introduction

The Independent Budget (IB) is a decades-long partnership among DAV (Disabled American Veterans), Paralyzed Veterans of America (PVA) and the Veterans of Foreign Wars of the United States (VFW) for the purpose of providing annual budget and appropriations recommendations for the Department of Veterans Affairs (VA) and its many programs, services, and benefits. This report provides funding and related recommendations for VA's fiscal year (FY) 2023 budget and FY 2024 advance appropriations for VA medical care programs.

At the beginning of 2022, the COVID pandemic continues to significantly impact every aspect of American life, with no clear indication of when it will subside. As the virus continues to spread and new variants emerge, the disruption to the economy and health care systems continues with no clear end. In this environment, there is great uncertainty about the assumptions of budget

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projections, such as future year health care enrollment, utilization, and reliance, as well as broad economic factors such as inflation and unemployment. Furthermore, the failure of Congress and the Administration to enact a full-year FY 2022 appropriation and the historic emergency funding provided to VA through the Coronavirus

Aid, Relief, and Economic Security Act (CARES) Act (P.L. 116-136) and the American Rescue Plan (ARP) Act (P.L. 117-2) make it extremely difficult to establish an accurate FY 2022 baseline budget.

Moreover, ongoing and future policy changes could dramatically alter VA's future funding needs. For example, the Asset and Infrastructure Review (AIR) mandated by the VA MISSION Act will determine how and where VA plans to deliver health care to enrolled veterans over the next decade and what VA facilities will be required to assure timely and convenient access. Congress is also considering major legislation that could change how and when VA recognizes injuries, illnesses, and disabilities associated with military toxic exposures; which would significantly increase the number of veterans eligible for VA health care and benefits.

In this environment, the IB veterans service organizations (IBVSOs) made cautious assumptions for the FY 2023 budget recommendations based on historical trends. Our recommendations primarily indicate where additional funding will be needed in FY 2023 and FY 2024 for existing programs, services, and initiatives, as well as requirements to establish new programs to meet veterans' emerging needs. Given the uncertainty surrounding VA's future resource needs, Congress and the Administration must regularly review and be prepared to adjust funding levels whenever necessary to ensure VA has sufficient resources to care for our nation's ill and injured veterans. In this volatile fiscal and political environment, it is imperative that Congress and VA work in good faith with each other, and with veterans service organizations (VSOs) and other veteran stakeholders, to ensure that every man and woman who has served, is serving and will serve this nation, receives the benefits and health care they earned. ♦

IB Recommendations for FY 2023 and FY 2024 Advance (in thousands)

	FY 2022 Appropriation Admin. Request	FY 2023 Adv. Approp. Admin. Request	FY 2023 Appropriation IB Recommend	FY 2024 Adv. Approp. IB Recommend
Veterans Health Administration (VHA)				
Medical Services	58,897,219	70,323,000	78,312,000	82,603,000
Medical Support and Compliance	8,403,117	9,673,000	9,761,000	10,098,000
Medical Facilities	6,734,680	7,134,000	6,950,000	7,153,000
<i>Medical Care Collections (VA Medical Care)</i>	<i>3,461,624</i>	<i>3,508,000</i>	--	--
Subtotal, VA Medical Care	77,496,640	90,638,000	95,023,000	99,854,000
Medical Community Care	23,417,000	24,157,000	26,149,000	27,339,000
<i>Medical Care Collections (Community Care)</i>	<i>623,328</i>	<i>657,000</i>	--	--
Subtotal, Medical Community Care	24,040,328	24,814,000	26,149,000	27,339,000
Total, Medical Care	101,536,968	115,452,000	121,172,000	127,193,000
Medical and Prosthetic Research	882,000		980,000	
Total, Veterans Health Administration	102,418,968		122,152,000	
General Operating Expenses				
Veterans Benefits Administration	3,423,000		3,935,000	
General Administration	401,000		439,000	
Board of Veterans Appeals	228,000		251,000	
Total, General Operating Expenses	4,052,000		4,625,000	
Department Admin and Misc. Programs				
Information Technology	4,843,000		5,458,000	
EHRM (Cerner)	2,663,000		2,600,000	
National Cemetery Administration	394,000		456,000	
Office of Inspector General	239,000		248,000	
Total, Dept. Admin and Misc. Programs	8,139,000		8,762,000	
Construction Programs				
Major Construction	1,611,000		2,925,000	
Minor Construction	553,000		830,000	
Grants for State Extended Care Facilities	0		500,000	
Grants for State Vets Cemeteries	45,000		111,000	
Total, Construction Programs	2,209,000		4,366,000	
Other Discretionary Programs	231,232		240,000	
Total, Budget Authority	117,049,968		140,145,000	

Veterans Health Administration

Total Medical Care

FY 2023 IB Recommendation	\$121.2 Billion
FY 2023 Advance Appropriation Request	\$111.3 Billion
FY 2023 Estimated Medical Care Collections	\$4.2 Billion
Total, FY 2023 Advance Appropriation Request	\$115.5 Billion
FY 2022 Appropriation Request	\$97.4 Billion
FY 2022 Estimated Medical Care Collections	\$4.1 Billion
Total, FY 2022 Appropriation Request	\$101.5 Billion
FY 2024 IB Advance Appropriation Recommendation	\$127.2 Billion

After almost two years of the COVID pandemic, veterans – like all Americans – are ready for a return to normalcy in all aspects of their lives, including their use of health care. After major disruptions to VA health care during the early stages of the pandemic, more and more veterans have been returning to receive care, including routine care, from VA providers. However, in certain portions of the enrolled veteran population, some care has been deferred due to concerns over COVID spread, particularly the past several months with the Delta and Omicron variants surging. VA expects that some of this deferred care will return during FY 2023 and that veterans' illnesses may be more complex and intensive because of delays in receiving care. Further, veterans who had COVID and have residual effects and those still becoming ill will also cause higher VA health utilization during FY 2023, both in VA and in its network of community providers. Another factor to consider is the anticipated continuing use of telehealth services by VA, which skyrocketed during the past two years. While some VA telehealth users are expected to return to in-person care by VA and/or community providers, veterans' increased familiarity with and confidence in VA telehealth is expected to increase overall utilization of VA health care in FY 2023 and beyond.

For FY 2023, the IBVSOs recommend approximately \$122.2 billion in total medical care funding and approximately \$127.2 billion for FY 2024. The FY 2023 recommendation reflects adjustments to the projected baseline for all Medical Care program funding in the preceding fiscal year, which includes increases from ARP funding, together with inflation, a federal pay raise, and increased workload, as well as plus ups for new enrollment and other health care program initiatives. The FY 2024 advance appropriation recommendation builds on the IBVSOs' FY 2023 recommendation to sustain the FY 2023 expansions and continue new policy initiatives.

Note the IB does not include estimated receipts from the Medical Care Collections Fund (MCCF) in our budget recommendations, since MCCF funds are used to replace new appropriations. Instead, the IBVSOs' recommendations are estimates of VA's total need for medical care funding. If the total MCCF funds received by VA are less than what was projected in the final appropriations bill, VA must ask for, and Congress must be prepared to provide, supplemental appropriations to ensure full Medical Care funding.

Medical Services

FY 2023 IB Recommendation	\$78.3 Billion
FY 2023 Admin Advance Appropriation Request	\$70.3 Billion
FY 2023 Estimated Medical Care Collections	\$3.5 Billion
Total, Admin FY 2023 Advance Approp. Request	\$73.8 Billion
FY 2022 Admin Budget Request	\$58.9 Billion
FY 2022 Estimated Medical Care Collections	\$3.5 Billion
Total, Admin FY 2022 Approp. Request	\$62.4 Billion
FY 2024 IB Advance Appropriation Recommendation	\$82.6 Billion

Appropriations for FY 2023

For FY 2023, the IBVSOs recommend approximately \$78.3 billion for Medical Services. This estimate reflects increases based on uncontrollable inflation and a projected 4.6 percent federal pay raise for all VA employees in FY 2023. The IBVSOs also estimate a 4 percent increase in VA health care utilization due to deferred demand, increased sickness and morbidity from COVID as discussed above. In addition, if major toxic exposure legislation is enacted in 2022, VA may need additional funding to cover expanded health care eligibility.

New Enrollees and Users (\$1.3 billion)

Our estimate of growth in patient workload is based on a projected increase of approximately 81,000 new unique patients, which includes an increase of approximately 78,000 new priority groups 1-6 veterans, a decrease of 23,000 priority groups 7 and 8 veterans, and an increase of 26,000 non-veteran users. We estimate the cost of these new unique users to be approximately \$1.3 billion in FY 2023.

Filling Health Care Vacancies (\$1.8 billion)

In recent years, the VA health care system has experienced a rising number of health care vacancies, including critical clinical personnel, which averaged about 39,000 over the past two years. The lack of adequate health care staffing has been a major driver of longer waiting times for veterans seeking VA care, and ultimately has the effect of suppressing the true level of veterans' demand for care. It also forces many veterans who would prefer to receive their care from VA providers into community care providers. During the pandemic, the Veterans Health Administration (VHA) was able to more expeditiously hire and onboard medical personnel, and we hope that they continue these practices. For FY 2023, the IBVSOs recommend the VHA continue this aggressive hiring trend and seek to fill at least 33 percent of pending clinical care and support vacancies, which would be approximately 13,000 full-time employees (FTE) at a cost of approximately \$1.8 billion.

Mental Health and Suicide Prevention (\$288 million)

VA's Office of Mental Health and Suicide Prevention provides multiple paths to access care, including outpatient, residential, and inpatient mental health services. In 2020, almost 30 percent of all VHA users received mental health services and more than 525,000 veterans were seen for treatment of a substance-use disorder. Access to mental health services at VA continues to expand through telehealth services that cross state lines and allow for same-day mental health appointments. However, VA needs to remain competitive in staff salaries and recruitment, and retention incentives must increase to maintain highly-trained and knowledgeable mental health professionals. In order to meet these staffing needs, the IBVSOs recommend an additional \$200 million for FY 2023.

Vet Centers are another vital point of mental health services for eligible veterans and their families. Vet Centers have seen a 35 percent increase in veteran clients receiving both counseling and outreach in the past five years. Therefore, increased staffing and resources are critical for Vet Centers to continue their mission. In addition, the fleet of Mobile Vet Centers is aging and in need of replacement. The IBVSOs recommend an additional \$25 million for the Vet Center program.

The 2021 National Suicide Annual Prevention Report noted a decrease of 7.2 percent in the veteran suicide rate between 2018 and 2019. Later this year, the Veteran Crisis Line (VCL) will fully absorb implementation of the new national three-digit "988" expansion, which VA expects will generate significant new call volume and will require substantial new staffing over the next several years. For FY 2023, the IBVSOs recommend additional funding be provided to support an increase of approximately 450 new FTE (\$63 million) to fully support the expanded 988 VCL program.

Long-Term Care (\$375 million)

A growing number of veterans will require long-term care over the next two decades. While the overall veteran population is decreasing, the number of veterans in the oldest age cohorts are increasing significantly. VA es-

timates that by 2039, the number of enrolled veterans who are 85 years of age or older will grow by almost 40 percent. In addition, the number of veterans in priority group 1A (veterans with disability ratings of 70 percent or higher) who are at least 85 years old is expected to grow by almost 600 percent, a group that VA is required by statute to provide ongoing long-term care services, if needed. VA also estimates the number of women veterans in the oldest age cohort will more than double by 2039.

VA's Long-Term Services and Supports (LTSS) program provides both institutional care and noninstitutional home and community-based services, (HCBS) including home-based primary care, adult day health care, and homemaker and health aid services. While noninstitutional services are preferred by most veterans and are typically less expensive than institutionalized care, there remains a significant number of veterans who will require institutional care for their health and safety. According to VA's latest Geriatric and Extended Care Strategic Plan (FY 2020-FY 2024), expenditures for long-term care are projected to double by 2037. To keep up with the need and demand for LTSS, the IBVSOs recommend an increase of \$375 million for FY 2023.

Veteran Directed Care (\$100 Million)

VA's Veteran Directed Care (VDC) program is an affordable alternative to institutional care that provides veterans, who need personal care services and help with activities of daily living, with individual financial support. With the help of a counselor, veterans can hire their own care support team to meet their everyday needs so they can remain in their homes and communities. Unfortunately, despite the popularity of this program, it is not currently available at every VA medical center (VAMC), often because there is no dedicated funding provided for it. VA recently announced plans to add new VDC programs at 70 VAMCs over five years; however, the IBVSOs propose accelerating that rollout schedule and recommend an additional \$100 million in FY 2023 that would be specific purpose funding to allow every VAMC to operate a robust VDC program.

Caregiver Program (\$490 million)

The *Beaudette v. McDonough* court ruling in April 2021 requires VA's Caregiver Support Program (CSP) to offer every veteran and caregiver the right to appeal any past or future decisions related to participation in the Program of Comprehensive Assistance for Family Caregivers (PCAFC) to the Board of Veterans' Appeals (BVA). Although VA has indicated the *Beaudette* decision is being appealed to a higher court, VA is actively implementing the decision and will send notifications of their new appeal rights to every veteran and caregiver who received a decision since the PCAFC began more than a decade ago.

At the same time, VA is continuing to process an increased number of caregiver applications due to the eligibility expansion mandated by P.L. 111-163. Phase one took effect in October 2020 and phase two is slated to take effect on October 1, 2022, thereby extending eligibility for the PCAFC to veterans whose injuries or disabilities were incurred between roughly 1975 and 2001. The new regulations require VA to reassess all previously approved PCAFC participants currently in the program according to new eligibility standards. Faced with increased phase one applications and the enormous task of revising the caregiver appeals program to comply with the *Beaudette* ruling, VA decided to delay the deadline for reassessments of legacy participants by a year to September 30, 2022.

Although the CSP indicates it is on track to hire the authorized new staff to handle the increased workload from the upcoming eligibility expansion, the work of restructuring the caregiver appeal program as required by the *Beaudette* decision and in compliance with new procedures mandated by the Appeals Modernization Act, P.L. 115-55, has been a challenge for VA's existing staff. In order to allow VA to meet these new requirements without negatively impacting the program, the IBVSOs recommend 100 new FTE be dedicated to appeals work in the CSP's central office, which requires that approximately \$10 million be added to the program's budget. Further, the continued phase two expansion of the PCAFC was estimated by VA to require an additional \$480 million in FY 2023 to cover the cost of caregiver benefits and increased staffing, which the IBVSOs recommend also be added to the caregiver program's budget.

Women Veterans Health Care (\$150 million)

The requested Medical Services appropriation for FY 2022 includes \$705 million designated for gender-specific health care for women veterans. Following up on last year's IB recommendation to increase funding for women veterans' health care, the IBVSOs again recommend investing an additional \$200 million, of which \$150 million would go to Medical Services as described below.

- **\$120 million for VA to continue creating and fully staffing high-quality, clinically relevant services for women veterans.** Most women veterans prefer to receive care in a Comprehensive Women Veterans Health Care Clinic, yet many VA medical centers do not have the resources necessary to create these full-service clinics. Even establishing a designated women's health provider at each VA health care site is challenging in some locations. While training and hiring initiatives continue, the growth in women veterans who use VA is outstripping VA's ability to hire and train providers to meet women's specialized gender-specific clinical needs. COVID-19 has made hiring and training challenging, particularly the hands-on training offered through women's health mini-residencies.
- **\$10 million to support strategic planning for meeting women veterans' health care needs.** While women are the fastest growing subpopulation in the VA (+32 percent by 2030), there is not a strategic plan to ensure all service lines in the VHA are focused on adjusting programs to meet women veterans unique clinical and supportive services needs. The VHA must develop plans not only to respond to changes in health care delivery made since the ongoing COVID-19 pandemic, but also to prepare for the upcoming AIR recommendations to fully utilize VA's capital infrastructure.
- **\$10 million to increase the number and quality of peer support specialists, care navigators, and doulas to assist women veterans.** Peer support specialists have been very useful in helping veterans with mental health conditions, including those dealing with the

aftermath of military sexual trauma, post-traumatic stress disorder, and substance-use disorders. Similarly, care navigators and doulas can provide valuable assistance to women veterans with highly complex medical conditions, such as cancer, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), post-partum maternal care, and chronic pain management.

- **\$10 million to create and maintain a dedicated consultative team to assist with managing the care of veterans throughout the maternity cycle.** These funds would support VA's efforts to provide women veterans with access to comprehensive wrap-around services including help with housing, employment, food insecurity, interpersonal violence, and mental health and prosthetic support. Reproductive mental health issues are prevalent for many women veterans and require specialized clinical support. VA is wholly dependent upon its community care network providers to provide quality care and data on outcomes of maternity care, but specialized program managers can monitor and influence better outcomes by enhancing services for women and improving coordination and communication between these programs.

Minority Veterans (\$10 million)

The IBVSOs recommend \$10 million be added to medical services to increase training on diversity and inclusion for all VHA staff. An increasing number of minority veterans, to include women, racial and ethnic minorities, as well as LGBTQ+ veterans are seeking treatment at VAMCs in increasing numbers. The VHA must have culturally competent staff to ensure it understands and supports the unique needs of the diverse veteran population it serves.

Homeless Programs (\$395 million)

The IBVSOs recommend an additional \$395 million for homeless veterans' programs to sustain the expanded level of support provided over the past two years. In 2020, the annual point-in-time count of homeless

veterans showed a nearly 50 percent decrease since 2009; however, that count was conducted prior to the COVID-19 pandemic, which has had an unprecedented impact on our nation's economy. Fortunately, Congress acted quickly to keep rising unemployment, evictions, and foreclosures from negating the progress that had been made in reducing homelessness among veterans by including supplemental funding in the ARP and the CARES Act. These supplemental funds allowed VA and other federal agencies that combat veteran homelessness to better meet the increased demand. The IBVSOs recommend maintaining current service levels in FY 2023 by boosting homeless funding by approximately \$275 million for the Supportive Services for Low Income Veteran Families program, \$90 million for the Grant & Per Diem program, and \$30 million for the Health Care for Homeless Veterans program.

Emergency Care

The IBVSOs continue to note that VA must begin fully implementing the *Wolfe v. Wilkie* court ruling, which will require significant additional funding to meet the costs for previously provided emergency care. The IBVSOs are supportive of legislation that would mandate VA begin processing and reimbursing veterans for emergency care and, if enacted, would require significant new funding through supplemental appropriations in FY 2023.

Advance Appropriations for FY 2024

For FY 2024, the IBVSOs recommend approximately \$82.6 billion for Medical Services, which reflects estimated uncontrollable inflation and federal pay raises. New workload is based on projections of approximately 94,000 new priority groups 1-6 veterans, 36,000 fewer priority groups 7 and 8 veterans, and an increase of 19,000 non-veterans. We estimate the cost of these new unique users to be approximately \$1.5 billion. The IBVSOs recommendation also includes continuations of several important medical program initiatives to eliminate VHA vacancies, expand long-term care options, and strengthen women veterans' health care programs.

Medical Support and Compliance

FY 2023 IB Recommendation	\$9.8 billion
FY 2023 Admin. Advance Appropriation Request	\$9.7 billion
FY 2022 Admin. Budget Request	\$8.4 billion
FY 2024 IB Advance Appropriation Recommendation	\$10.1 billion

For Medical Support and Compliance, the IBVSOs recommend \$9.8 billion for FY 2023. Our projected increase primarily reflects growth in current services based on the impact of inflation and a federal pay raise on the FY 2022 appropriated level. Additionally, for FY 2024, the IBVSOs recommend \$10.1 billion for Medical Support and Compliance, which primarily reflects an increase in current services from the FY 2023 advance appropriations level.

Medical Facilities

FY 2023 IB Recommendation	\$7.0 billion
FY 2023 Admin. Advance Appropriation Request	\$7.1 billion
FY 2022 Admin. Budget Request	\$6.7 billion
FY 2024 IB Advance Appropriation Recommendation	\$7.2 billion

For Medical Facilities, the IBVSOs recommend \$7.0 billion for FY 2023 and \$7.2 billion for FY 2024, which includes funding for Non-Recurring Maintenance (NRM) and leases. VA uses major and minor leases instead of facility construction to address access needs and space gaps to quickly respond to health care advances and adopt changing technology to provide state-of-the-art health care to veterans when a lease is better aligned with the Department's overall capital strategy.

The NRM program is VA's primary means of addressing its most pressing infrastructure needs as identified by Facility Condition Assessments, which is an alternative method to address construction needs. These assessments are performed at each facility every three years and highlight a building's most pressing and mission-critical repair and maintenance needs.

VA needs to prioritize NRM involving critical deficiencies that directly affect patient safety daily, such as the need for heating and cooling systems repairs, or generator upgrades, which may not immediately stand out as critical, but failures of these systems could lead to safety issues. Additionally, deferring regular maintenance issues and upgrades are typically not prudent as this often exacerbates problems that necessitate more costly future remedies.

Women Veterans Health Care Modifications (\$10 million)

The IBVSOs recommend an additional \$10 million to continue addressing deficiencies in VA health care facilities to ensure the privacy, dignity, and security of women veterans. These funds will also provide for such items as furniture, curtains, kiosks, and supplies to address deficiencies and create welcoming spaces.

Medical Community Care

FY 2023 IB Recommendation	\$26.1 Billion
FY 2023 Admin. Advance Appropriation Request	\$24.1 Billion
<i>FY 2023 Estimated Medical Care Collections</i>	<i>\$0.7 Billion</i>
Total, FY 2023 Admin. Advance Med. Comm. Care	\$24.8 Billion
FY 2022 Admin. Budget Request	\$23.4 Billion
<i>FY 2021 Estimated Medical Care Collections</i>	<i>\$0.6 Billion</i>
Total, Admin. FY 2022 Admin. Budget Request	\$24.0 Billion
FY 2024 IB Advance Appropriation Recommendation	\$27.3 Billion

VA Medical Community Care was also significantly impacted by the pandemic, particularly with increased authorizations for community care during 2021 when VA health care facilities limited access to nonemergency, nonurgent, and nonchronic care. As with VA-provided care, we anticipate the deferral of care by veterans in FY 2021 and FY 2022 could lead to an increase in community care in FY 2023, due to pent-up demand and additional medical need from complications of untreated conditions or COVID-related care. We continue to anticipate additional changes in veterans' usage of community care as the Veteran Care Networks continue to mature and optimize their provider networks to match veterans' demand for care.

For Medical Community Care, the IBVSOs recommend \$26.1 billion for FY 2023, which reflects the growth in current services as impacted by medical inflation and utilization increases discussed above. For FY 2024, we recommend \$27.3 billion for Medical Community Care, again primarily based on the increased cost for current services and modest increases in utilization.

Medical and Prosthetic Research

FY 2023 IB Recommendation	\$980 million
FY 2023 Admin. Budget Request	\$-- million
FY 2022 Admin. Budget Request	\$882 million

The VA Medical and Prosthetic Research program generates research discoveries that have made significant contributions to improve health for veterans and all Americans. The research program also continues to support VA's recruitment and retention of health care professionals and clinician scientists to serve our nation's veterans.

For FY 2023, the IBVSOs recommend a total of \$980 million for VA research, which would cover the cost of inflation and increase investments to address COVID-19, veterans' health disparities, clinical trials access, and veterans' mental health needs while renewing support for groundbreaking programs, like the Million Veteran Program, and expanding research on chronic and emerging needs of our nation's veterans. The value of cutting-edge research has never been demonstrated more clearly than over the past two years, and as a national leader, VA must continue to aggressively grow this program.

General Operating Expenses

Veterans Benefits Administration

FY 2023 IB Recommendation	\$3.9 billion
FY 2023 Admin. Budget Request	\$-- billion
FY 2022 Admin. Budget Request	\$3.4 billion

The Veterans Benefits Administration (VBA) account is comprised of seven primary service lines: 1) Compensation; 2) Pension and Fiduciary; 3) Insurance; 4) Education; 5) Home Loan Guaranty; 6) Veteran Readiness and Employment; and 7) Transition and Economic Development. For FY 2023, the IBVSOs recommend approximately \$3.9 billion for all the VBA's operations - an increase of approximately \$510 million over the estimated FY 2022 appropriations level, which primarily reflects increases for inflation and federal pay raises, as well as projected increases in workload.

The COVID-19 pandemic continues to impact disability compensation claims processing with a current backlog of over 260,000 claims. Some veterans who missed their Compensation and Pension exams in 2020 were still able to reschedule and attend either in-person or virtual appointments during 2021, while others were hesitant to attend in-person exams as infection rates fluctuated throughout the country. The backlog of exams continues to contribute to the growing backlog of pending claims. Also, the National Personnel Records Center on-site staffing levels during much of the pandemic have been just 25 percent of their pre-pandemic levels, significantly reducing timely access to veterans' records.

During 2021, pressure intensified from VSOs, veterans, and the public on the need for VA to recognize presumptive conditions related to burn pits, Agent Orange, and a range of other toxic and environmental exposures due to military service. In August, VA added three new presumptive conditions associated with particulate matter exposure and has since hired 2,100 FTE to address the growing number of claims.

In addition, the House and Senate introduced large, comprehensive legislative packages on environmental hazards incurred through military service. In November 2021, VA announced a new pilot program to review certain cancers and serious respiratory conditions and their relation to toxic exposures. The IBVSOs anticipate the spotlight on toxic exposures will result in additional presumptive conditions, whether because of legislation or through a new VA presumptive process, and thus further increasing disability compensation claims. This anticipated increase in workload contributes to our recommendations for additional VBA personnel and funding for FY 2023.

Claims Backlog (\$130 million)

The IBVSOs recommend an additional 250 FTE (\$30 million) and \$100 million for overtime in FY 2023, primarily to help VBA make progress on reducing the current backlog of disability compensation claims. In addition, these resources will help prepare VBA for an influx of claims related to toxic exposures in anticipation of Congress passing legislation and VA adding new presumptive conditions.

VET TEC Expansion (\$125 million)

The IBVSOs recommend increasing the funding for the Veteran Employment Through Technology Education Courses (VET TEC) retraining programs. We recommend the program receive \$125 million in FY 2023 to ensure full success of the program. VET TEC is an incredibly popular program that permits eligible veterans to receive valuable training in computer software and programming, data processing, information science, and media applications. The program is so popular that all available seats for 2021 were filled within one month of the application opening for the new year. Accordingly, it is necessary to ensure that adequate funds are appropriated so that every eligible veteran who is interested in the VET TEC program may participate.

VA Call Centers (\$5 million)

The IBVSOs recommend \$5 million to continue modernizing VA Call Centers, which saw a sharp increase in usage over the past couple of years, particularly due to the ongoing pandemic. We expect the increased call volume to continue and recommend additional funding to keep the call centers adequate for the workload.

VBA Scanning and IT Needs (\$100 million)

The IBVSOs recognize that the backlog of claims cannot be solved only by adding more FTE. We recommend \$100 million to enable the VBA to continue to scan and digitize the 15.2 million non-active, paper claims. In addition, there must also be significant progress made to address the existing backlog of VBA IT projects to improve current claims processing systems, as well as a generational upgrade to the VBA's overall IT claims processing infrastructure to make it more efficient and timely, particularly as claims volume continues to rise. These specific IT needs are addressed in the IT Appropriations section.

General Administration

FY 2023 IB Recommendation	\$439 million
FY 2023 Admin. Budget Request	\$-- million
FY 2022 Admin. Budget Request	\$401 million

The VA General Administration account is comprised of 10 primary divisions. These include the: 1) Office of the Secretary; 2) Office of the General Counsel; 3) Office of Management; 4) Office of Human Resources and Administration; 5) Office of Enterprise Integration; 6) Office of Operations, Security and Preparedness; 7) Office of Public Affairs; 8) Office of Congressional and Legislative Affairs; 9) Office of Acquisition, Logistics, and Construction; and 10) the Veterans Experience Office.

For FY 2023, the IBVSOs recommend approximately \$439 million, an increase of approximately \$38 million over the FY 2022 estimated level. This increase primarily reflects the increased cost to maintain current services based on the impact of uncontrollable inflation and the anticipated federal pay raise across all of the General Administration accounts, as well as two specific initiatives discussed below.

Cultural Awareness and Transformation (\$10 million)

The IBVSOs recommend an additional \$10 million to hire dedicated staff and provide IT support needed to ensure that a consistent system for monitoring, reporting, and training are in place for staff and veterans to fully implement the White Ribbon and End Harassment Campaigns. VA must increase visibility of these campaigns and work through the Veterans Experience Office and across the VHA to improve veterans' experiences with VA health care.

Minority and Underserved Veterans (\$15 million)

The IBVSOs recommend an increase of \$15 million to support minority and underserved veterans through the Veterans Experience Office. VA has developed the Inclusion, Diversity, Equity and Access (I-DEA) Task Force to implement internal action plans and recommendations. The I-DEA Task Force must be adequately funded to complete its work. A new "concierge" pilot is now underway that links veterans who need assistance to subject matter experts. The IBVSOs look forward to learning the outcome of this pilot and understanding if it is scalable in the next few years. In the meantime, the office can conduct studies of certain populations' use of VA services to understand and address obstacles that different subpopulations may encounter on their care journeys. This funding can also be used to resource the Minority Veterans Summit planned for FY 2023.

Board of Veterans' Appeals

FY 2023 IB Recommendation	\$251 million
FY 2023 Admin. Budget Request	\$ -- million
FY 2022 Admin. Budget Request	\$228 million

For FY 2023, the IBVSOs recommend approximately \$251 million for the Board of Veterans' Appeals (Board), an increase of approximately \$23 million over the estimated FY 2022 appropriations level, which primarily reflects current services with increases for inflation and federal pay raises, as well as staffing increases to address the growing hearing backlog. The Board's mission is to conduct hearings and decide appeals properly under its jurisdiction. As of January 2022, there are over 200,000 appeals pending at the Board with over 84,000 of those awaiting hearings, which is an increase over the 76,000 hearings pending a year ago.

Reducing Appeals Backlog (\$14 million)

The Appeals Modernization Act (AMA), effective in February 2019, has dramatically changed how veterans appeal decisions on claims for benefits from VBA, VHA, and the National Cemetery Administration (NCA). At the Board, appeals are separated between legacy appeals, those pending prior to AMA, and AMA appeals. The Board employs Veterans Law Judges (VLJs) to conduct hearings and render decisions. Each VLJ requires support from attorneys and administrative staff. Recently, the VA Secretary authorized the Board to increase the number of VLJs. The Board is in the process of filling 35 VLJ positions; however, they have been hampered by the Continuing Resolution that the federal government is operating under until a final, full-year FY 2022

appropriation is approved. With 86,000 legacy appeals pending, 24,000 of them waiting for hearings; 115,000 AMA appeals; and 60,000 waiting for hearings, the Board needs to be fully staffed and provided adequate resources to increase timeliness and reduce the backlog of appeals. Furthermore, the *Beaudette* decision granting all veterans and caregivers the right to appeal unfavorable decisions about VA caregiver benefits to the Board is likely to increase the workload. For FY 2023, the IBVSOs recommend an additional 15 VLJs on top of the 35 currently waiting to be onboarded, and an additional 100 FTE in other positions, to assist in driving down the backlog. The estimated cost for the 115 new FTE would be approximately \$14 million. ♦

Department Administration and Miscellaneous Programs

Information Technology

FY 2023 IB Recommendation	\$5.5 billion
FY 2023 Admin. Budget Request	\$ -- billion
FY 2022 Admin. Budget Request	\$4.8 billion

The VA Office of Information Technology (IT) provides day-to-day support and development for all of VA's IT needs, including those of the VHA, the VBA, and the (NCA). VA has a separate appropriation account for Electronic Health Record Modernization (EHRM), which primarily covers the costs for VA and Cerner, the contractor implementing the new EHRM, to make this massive generational transformation. [See next page.] However, VA must continue to support its current electronic health record (EHR) system—VistA—until the conversion is complete. Currently, parts of VistA require either modernization or replacement during the 10-year replacement cycle of VA's EHR system, and funding for both development and sustainment must continue to be robust to support the VHA's delivery of health care.

For FY 2023, the IBVSOs recommend approximately \$5.5 billion for the administration of VA's IT program to meet the need to sustain VistA, as well as other critical IT programs for the VHA, the VBA, and the NCA, and to fund specific additional IT initiatives described below.

VBA IT Needs (\$225 million)

The IBVSOs believe it is critical that the VBA have updated and modern IT systems to ensure efficiency and accuracy in the processing of current and future claims to address the rising backlog. While the current backlog is largely due to operating constraints from the pandemic, we anticipate significant increases in claims over the next few years related to toxic exposures. VA has increased its FTE levels in this area, though adding more personnel alone will not resolve the issue.

It has now been more than a decade since development of the Veterans Benefits Management System (VBMS), which serves as the backbone for disability compensation claims processing. The VBA's IT systems are overdue for a significant update, which will require substantial investment and a clear plan of action. A digital benefits upgrade, similar in scope to the Digital GI Bill modernization in Education Service, would require engaging with industry, reviewing contractors, implementation, testing, and an overall budget of potentially \$500 million over five years. The IBVSOs recommend that the VBA immediately begin exploring system requirements and possible vendors to create a single, unified claims processing IT system that includes the latest artificial intelligence (AI) technologies. For FY 2023, the IBVSOs recommend \$100 million be appropriated for the first phase of modernizing VBA's Compensation and Pension IT systems.

In addition, the IBVSOs recommend an additional \$125 million to address pending VBA IT projects that have not been funded over the last several years, including many that would address the needs of accredited VSOs working in VA Regional Offices.

Digital GI Bill (\$81 million)

IT improvements to the legacy systems used to administer GI Bill education benefits have been long overdue. The IBVSOs have been pleased to see progress being made towards modernization and upgrades for technology through Digital GI Bill initiatives. The IBVSOs recommend \$81 million be provided to continue funding these critical IT updates to ensure all remaining milestones are completed, including automation to support implementing provisions of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, P.L. 116-315, non-Chapter 33 claims, and creation of an integration hub for original claims.

BVA IT Needs (\$15 million)

The Board uses several IT platforms such as VBMS, Veterans Appeals Control and Locator System (VACOLS), and Case Flow. However, VACOLS is the legacy program for tracking and maintaining appeals within the Board. Case Flow is currently used to manage all Board requested hearings, as well as the pilot program for virtual hearings, thus, IT is an integral part of their daily functioning. Case Flow was created to replace VACOLS; however, as Case Flow has many functionalities yet to be implemented, both systems must be used by the Board, which greatly reduces their efficiency. VACOLS allows the Board to store data, specifically their decisions on each case. Case Flow was not designed for data storage; however, if it can provide the same functionality as VACOLS, it will be a better IT platform and the Board can phase out VACOLS. VA has made some great innovations to allow veterans to submit Notice of Disagreements directly on VA.gov; however, it does not currently interface directly with Case Flow.

Every Board hearing held is recorded and transcribed. The Board has contracts for manual transcribing that are over \$1.4 million annually and takes approximately 30 to 60 days for completion. The VLJ cannot render a decision until the transcript is available and more than 30 days for transcriptions can delay the decision-making process. Many automated services can have transcripts available in just 7 days and the BVA is interested in using these services, assuming the quality of the transcriptions is adequate. The IBVSOs recommend \$15 million for the Board's IT development of Case Flow and for an automated transcription service.

Medical Research IT Needs (\$22 million)

To support VA research programs more effectively, the IBVSOs recommend \$22 million be added to the IT budget and designated for the research program to support the purchase and maintenance of IT infrastructure, increase data storage and access capabilities, increase data security, increase interoperability with affiliated partners, and transition to more robust and functional cloud computing platforms.

Electronic Health Record Modernization (EHRM)

FY 2023 IB Recommendation	\$2.6 billion
FY 2023 Admin. Budget Request	\$-- billion
FY 2022 Admin. Budget Request	\$2.6 billion

The EHRM account is comprised of three major sub-accounts: 1) the Cerner Contract, 2) Infrastructure Readiness, and 3) the Project Management Office (PMO). For FY 2022, VA requested approximately \$2.6 billion for EHRM, which included \$1.2 billion for the Cerner contract, \$1.2 billion for infrastructure readiness, and \$255 million for the PMO.

Early in 2021, the new VA leadership undertook a strategic review of the EHRM initiative, particularly focusing on reported problems in the first Cerner implementation in Washington state. Based on that review, VA revised the rollout schedule for implementation sites in calendar years 2022 and 2023; however, there is not yet a revised schedule for 2024 or beyond. While the timing of the full implementation may be adjusted, the overall scope of the project has not been modified. Since there is not yet sufficient clarity about the level of work on EHRM in FY 2023, the IBVSOs recommend that FY 2023 funding remain consistent with FY 2022 funding, understanding that any funding not used in FY 2023 should be transferred forward for use in FY 2024.

Federal Electronic Health Record Modernization Office

The IBVSOs also note the importance of providing sufficient funding to support the Federal Electronic Health Record Modernization (FEHRM) office, which is a joint office of VA and the Department of Defense (DOD) to ensure smooth implementation of interoperability between the two departments' medical record systems. Section 743 of the National Defense Authorization Act for FY 2022 requires the DOD, in coordination with VA, to conduct a study on establishing a joint fund for the FEHRM due to Congress by July 1, 2022. Once this report is presented, Congress should include sufficient funding in the FY 2023 appropriation.

National Cemetery Administration

FY 2023 IB Recommendation	\$456 million
FY 2023 Admin. Budget Request	\$-- million
FY 2022 Admin. Budget Request	\$394 million

The National Cemetery Administration (NCA) manages 155 National Cemeteries; provides perpetual care for 4.7 million veterans, service members, and family members in over 3.9 million gravesites; and offers all veterans burial options within 75 miles of their home. Additionally, the NCA perpetually maintains 34 soldiers' lots and monument sites. For FY 2023, the IBVSOs recommend approximately \$456 million for the NCA, an increase of approximately \$62 million over the estimated FY 2022 appropriations level, which primarily reflects current services with increases for inflation and federal pay raises, an expansion of national cemeteries, the National Shrine Initiative, and COVID impacts.

Cemetery Expansion (\$25 million)

Due to ever increasing demand for burial space, the NCA continues to expand and improve the national cemetery system, to include a plan to open 13 new burial sites by FY 2023. This much needed expansion of the national cemetery system will help to facilitate the projected increase in annual veteran interments and simultaneously increase the overall number of graves being maintained by the NCA to more than 4.3 million by 2023. Additionally, the NCA has undertaken the task of creating a digital memorial page for each veteran interred in a VA national cemetery as part of the Veterans Legacy Memorial Program, which must be accounted for when considering expansions of VA national cemeteries. The IBVSOs recommend \$25 million for construction costs of new cemeteries.

National Shrine initiative (\$12 million)

The IBVSOs strongly believe VA national cemeteries must honor the service of veterans and fully supports the NCA's National Shrine initiative, which ensures our nation's veterans have a final resting place deserving of their sacrifice to our nation. The IBVSOs recommend an additional \$12 million in FY 2023 for the National Shrine initiative to ensure all headstones and markers are properly maintained.

COVID Mitigation & Prevention (\$10 million)

Due to the need to prevent and mitigate COVID in FY 2022, the NCA was provided \$12 million in funds transferred from the VHA to cover personal protective equipment (PPE) supplies, contract cleaning, maintenance, and meet social distancing requirements. Almost 100 percent of these funds have been used. Therefore, the IBVSOs recommend an additional \$10 million for PPE, additional cleaning, and maintenance to continue efforts to prevent and mitigate COVID.

Office of the Inspector General

FY 2023 IB Recommendation	\$248 million
FY 2023 Admin. Budget Request	\$-- million
FY 2022 Admin. Budget Request	\$239 million

The Office of Inspector General (OIG) performs audits, inspections, investigations, and reviews to improve the efficiency, effectiveness, and integrity of VA programs and services. The IBVSOs recommend approximately \$248 million for the OIG, an increase of approximately \$9 million over the estimated FY 2022 appropriations level, which primarily reflects current services with increases for inflation and federal pay raises. ◆

Construction Programs

Major Construction

FY 2023 IB Recommendation	\$2.9 billion
FY 2023 Admin. Budget Request	\$-- billion
FY 2022 Admin. Budget Request	\$1.6 billion

Last year, VA requested, and Congress appropriated increased in funding for major construction projects, to a total of \$1.6 billion. Although these funds will allow VA to begin construction on key projects, many other previously funded sites still lack the funding for completion. Some of these projects have been on hold or in the design and development phase for years.

While the AIR process will largely play out over the next 18 months, it will be several more years before any actual AIR recommendations are implemented. Now is not the time to cut back on VA infrastructure funding, as has mistakenly been done in the past. Instead, the IBVSOs recommend Congress appropriate \$1.8 billion for FY 2023 to fund either the next phase or fund through completion all existing projects and begin planning and design development on all major construction projects that are the highest ranked on VA's priority list.

Seismic Corrections (\$1 billion)

Another critical infrastructure problem for VA is the almost \$7 billion gap in outstanding seismic corrections on VA's priority lists. These are potential life safety issues that cannot be overlooked. VA needs to ensure all seismic and life safety issues are placed at the top of the Strategic Capital Investment Plan (SCIP) list and remain at the top until they are rectified. Having seismic deficiencies on the SCIP list year after year is unacceptable and could lead to catastrophic events if left unresolved. VA must begin making these corrections as quickly as possible to mitigate the potential life safety risks. The IBVSOs recommend Congress appropriate an additional \$1 billion in FY 2023 and each year thereafter until this backlog is eliminated.

Research Infrastructure (\$100 million)

For decades, VA construction and maintenance appropriations have failed to provide the resources VA needs to replace, maintain, and upgrade its aging research facilities. A 2012 congressionally mandated report found a clear need for systematic infrastructure improvements for VA research laboratories. VA recently provided an updated assessment to Congress that found few research infrastructure projects had received funding and estimated it would take over \$200 million to correct all deficiencies, including about \$100 million in Priority 1 deficiencies, representing immediate needs jeopardizing life and safety. The IBVSOs recommend an additional \$100 million to address the most pressing construction projects for VA research.

Managing Infrastructure Projects (\$25 million)

VA Capital Infrastructure's backlog of projects continues to grow faster than VA can keep up with. Neither VA's Office of Construction and Facilities Management nor the individual VA facilities have the manpower to oversee the amount of work necessary to decrease the backlog. Investing in the oversight and completion of these critical projects will at a minimum save VA money in the long term, and potentially save lives if done correctly. VA needs to hire additional FTE to oversee infrastructure projects. Adding personnel to an office of strategic planning and increasing the personnel at individual major facilities to oversee local projects is critical to decreasing the backlog. VA Capital Infrastructure's workload cannot increase to the necessary annual levels until there is an increase in personnel to handle the workload.

The IBVSOs recommend an increase of 175 FTE (\$24.5 million) to plan and oversee construction projects, with new personnel assigned to each of VA's major medical centers or other appropriate regional locations.

Minor Construction

FY 2023 IB Recommendation	\$830 million
FY 2023 Admin. Budget Request	\$ -- million
FY 2022 Admin. Budget Request	\$553 million

To ensure VA funding keeps pace with current and future minor construction needs, the IBVSOs recommend Congress appropriate \$830 million for minor construction projects. It is important to invest heavily in minor construction because these are the types of projects that can be completed faster and have a more immediate impact on services for veterans.

Women Veterans Health Care (\$30 million)

The IBVSOs recommend an additional \$30 million to create physical space and accommodations to comply with environment of care standards for women veterans. This will include projects such as creating secure and private patient consultative areas, separate entryways or waiting areas, and lactation centers.

Grants for State Extended Care Facilities

FY 2023 IB Recommendation	\$500 million
FY 2023 Admin. Budget Request	\$ -- million
FY 2022 Admin. Budget Request	\$0 million

Grants for state extended care facilities, commonly known as state home construction grants, provide up to 65 percent of the cost of construction, rehabilitation, and repair of state veterans' homes, with the state providing at least 35 percent. Last year, Congress provided an additional \$500 million for this grant program as part of the ARP Act, which was on top of the prior FY 2021 appropriation of \$90 million. As a result, the FY 2022 Priority List for Group 1 grant requests that have already secured their required state matching funds is expected to be fully funded this year. In FY 2023, it is anticipated that the Priority Group 1 list will include approximately \$500 million for the federal share. Many of these projects are to build new or replacement facilities that will include critical improvements, such as using single-bed

rooms, which help to prevent and mitigate the spread of COVID and other infectious diseases. Therefore, the IBVSOs recommend \$500 million to fully fund the State Veteran Home Construction Grant program in FY 2023.

Grants for State Veterans' Cemeteries

FY 2023 IB Recommendation	\$111 million
FY 2023 Admin. Budget Request	\$ -- million
FY 2022 Admin. Budget Request	\$45 million

The State Cemetery Grant Program allows states to expand veteran burial options by raising half the funds needed to build and begin operation of state veterans' cemeteries. The NCA provides the remaining funding for construction and operational funds, as well as cemetery design assistance. The NCA currently supports 119 grant-funded cemeteries. In FY 2020, the NCA grant-funded state cemeteries provided more than 37,000 interments. For FY 2022, the NCA has a list of 100 applications for grants from cemeteries for a total of \$261 million. Before the NCA can provide a grant, the cemetery must secure legislative authority and matching appropriations from its state, territorial, or tribal government. Forty-three applications had met the funding and legislative requirements totaling \$111 million in federal share, which is the IBVSOs' recommendation.

Other Discretionary Programs

FY 2023 IB Recommendation	\$240 million
FY 2023 Administration Request	\$ -- million
FY 2022 Enacted Appropriation	\$231 million

Other VA discretionary programs include the Veterans Housing Benefit Program Fund, the Vocational Rehabilitation Loans Program, and the Native American Veterans Housing Loan Program. The IBVSOs recommend approximately \$241 million for these other discretionary programs, an increase of approximately \$8 million over the estimated FY 2022 appropriations level, which primarily reflects current services with increases for inflation and federal pay raises. ◆

Acknowledgments

For more than 30 years, The Independent Budget veterans service organizations (IBVSOs)—DAV (Disabled American Veterans), Paralyzed Veterans of America (PVA), and the Veterans of Foreign Wars of the United States (VFW)—have worked to develop and present concrete recommendations to ensure that the Department of Veterans Affairs remains fully funded and capable of carrying out its mission to serve veterans and their families, both now and in the future. Throughout the year, the IBVSOs work together to promote their shared recommendations, while each organization also works independently to identify and address legislative and policy issues that affect the organizations’ members and the broader veterans’ community.

DAV (Disabled American Veterans)

DAV (Disabled American Veterans) empowers veterans to lead high-quality lives with respect and dignity. It is dedicated to a single purpose: keeping our promise to America’s veterans. DAV does this by ensuring that veterans and their families can access the full range of benefits available to them; fighting for the interests of America’s injured heroes on Capitol Hill; linking veterans and their families to employment resources; and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life. DAV, a non-profit organization with more than one million members, was founded in 1920 and chartered by the U.S. Congress in 1932. Learn more at DAV.org.

Paralyzed Veterans of America (PVA)

Paralyzed Veterans of America (PVA), founded in 1946, is the only congressionally chartered veterans service organization dedicated solely for the benefit and representation of veterans with spinal cord injury or disease. For 75 years, the organization has ensured that veterans receive the benefits earned through their service to our nation; monitored their care in VA spinal cord injury centers; and funded research and education in the search for a cure and improved care for individuals with paralysis.

As a life-long partner and advocate for veterans and all people with disabilities, PVA also develops training and career services, works to ensure accessibility in public buildings and spaces, and provides health and rehabilitation opportunities through sports and recreation. With more than 70 offices and 33 chapters, PVA serves veterans, their families, and their caregivers in all 50 states, the District of Columbia, and Puerto Rico. Learn more at PVA.org

Veterans of Foreign Wars of The United States (VFW)

The Veterans of Foreign Wars of the U.S. (VFW) is the nation’s largest and oldest major war veterans’ organization. Founded in 1899, the congressionally-chartered VFW is comprised entirely of eligible veterans and military service members from the active, Guard and Reserve forces. With more than 1.6 million VFW and Auxiliary members located in 6,200 Posts worldwide, the nonprofit veterans’ service organization is proud to proclaim “NO ONE DOES MORE FOR VETERANS” than the VFW, which is dedicated to veterans’ service, legislative advocacy, and military and community service programs. For more information or to join, visit our website at VFW.org

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