

RAYMOND C. KELLEY, DIRECTOR, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES

STATEMENT OF  
RAYMOND C. KELLEY, DIRECTOR  
NATIONAL LEGISLATIVE SERVICE  
VETERANS OF FOREIGN WARS OF THE UNITED STATES  
BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE  
WITH RESPECT TO  
Pending Veterans' Legislation  
WASHINGTON, D.C. June 8, 2011  
MADAM CHAIRWOMAN AND MEMBERS OF THIS COMMITTEE:

On behalf of the 2.1 million members of the Veterans of Foreign Wars of the United States and our Auxiliaries, the VFW would like to thank this committee for the opportunity to present its views on these important veterans' bills.

S. 277, Caring for Camp Lejeune Veterans Act of 2011

The VFW supports the concept of the Caring for Camp Lejeune Veterans Act of 2011, which would require the Department of Veterans Affairs (VA) to provide health care to service members, veterans, and their family members who have experienced adverse health effects as a result of exposure to well water contaminated by human carcinogens at Camp Lejeune.

Thousands of Navy and Marine veterans and their families who lived on Camp Lejeune have fallen ill with a variety of cancers and diseases believed to be attributable to their service at the base before the Environmental Protection Agency (EPA) designated it a Superfund site in 1988. Additionally, the National Research Council recently reported numerous adverse health effects associated with human exposure to the chemicals known to have been in water at the installation.

This legislation would allow a veteran or military family member who was stationed at Camp Lejeune during the time the water was contaminated to receive needed health care at a VA facility. While we believe the government has a moral obligation to provide care for those affected by contaminated water at Camp Lejeune, we would emphasize that the burden for care provided to those family members affected should be on the Department of Defense (DOD). DOD should allow TRICARE to cover the cost and services of any health care given family members who were stationed on base at the time of the exposure.

If DOD is unwilling to provide care then they should at the very least reimburse VA for any care provided through CHAMPVA services. We applaud the committee's work on this legislation but note that many years have gone by with no solution for those suffering. Providing health care benefits to those who were exposed at Camp Lejeune is the right thing to do and we hope that there is a positive conclusion this year.

### S. 396, Meeting the Inpatient Health Care Needs of Far South Texas Veterans Act of 2011

VFW does not hold an opinion regarding this legislation. The bill calls for the expansion of the Harlingen VA Outpatient Clinic to a full-service, inpatient care facility. VFW would suggest that VA assess South Texas' access and utilization gaps to ensure that veterans in that region are receiving a full continuum of care without the burden of excessive travel, and if there are gaps, prioritize the need and have it added to SCIP.

### S. 411, the Helping our Homeless Veterans Act of 2011

The VFW supports this legislation to give VA more tools to eliminate homelessness among our veterans. Not only does a veteran living on the streets indicate a break of trust and a deeply flawed system of care, it also represents missed opportunities and big challenges to help these men and a growing number of women get their lives back on track. We firmly believe that veterans should have every opportunity to lead productive and fulfilling lives in the manner and location of their choosing, and this legislation is an important step in that direction.

Provisions in the bill would allow VA to expand partnerships with community and local government entities, which we believe will improve options to rural and underserved urban veterans. Critical measures to ensure quality are embedded in the legislation along with essential case management services including employment, financial and family counseling among others. Community groups receiving grants from VA will be given an opportunity to provide formal recommendations to improve the process; a positive development VFW believes will enhance the partnerships between VA and the local community.

### S. 423, Retroactive pay for "fully-developed" disability claims submitted by veterans

VFW admires the concept, but has reservations and will withhold support for this legislation. S. 423 would provide authority to retroactively award veterans with an additional year of disability compensation for submitting a "fully developed" claim; however, VFW believes there are potential problems that could arise from enacting the bill in its current form.

Defining fully developed will be critical. A veteran could provide all the medical evidence available, making the claim appear to be fully developed, but further medical tests could be needed to determine the severity of the disability. This could be defined as not fully developed leaving the veterans feeling that the process of "doing VA's job" was disingenuous. VFW also believes that this could lead to a new type of appeal. If the veteran feels they submitted a fully-developed claim and VA decides to do additional but unnecessary development should the veterans be allowed to protest, appeal the additional development, or appeal the effective date?

Also, the fully developed incentive is not limited to initial claims. Simple claims that are being reopened

for an increase that take little to no development would qualify for retroactive payment, as would claims from veterans who are hospitalized in a VA facility for treatment of a service-connected disability for more than 21 days who are entitled to a temporary 100-percent disability rating. All these veterans would need is a report of hospitalization with an entry and discharge date, and a diagnosis and they would qualify for one year of retroactive pay at a 100-percent rating. VFW

does not believe this is the intent of the legislation, but identifies them as potential unintended consequences.

VFW also sees an impact on veterans' service officers who help veterans file claims. If a service officer pronounces a claim fully developed and VA then develops the claim further, liability on the service officer and the VSOs could increase when a veteran sues them for the loss of the retroactive payment because the VSO stated it was fully developed.

#### S. 486, Protecting Servicemembers from Mortgage Abuses Act of 2011

The VFW supports S. 486 which would extend SCRA mortgage protections from the current nine months to 24 months after military service is completed. At a time when the housing market is in crisis and many homeowners are in foreclosure, it is critical that we help protect those who have served. Long deployments, injuries and illness often contribute to financial difficulties of many deployed service members. We believe that they should not have to worry about a possible mortgage foreclosure, eviction and/or seizure of their home. This legislation would offer some time for service members and their families to get their finances in order and explore viable options so that they can keep their homes. We hope the committee will consider this legislation and enact it soon.

S. 490, a bill amend title 38, United States Code, to increase the maximum age for children eligible for medical care under the CHAMPVA program, and for other purposes

The VFW strongly supports this legislation to extend the age limit for coverage of veterans' dependents through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) to the level set by the Patient Protection and Affordable Care Act.

The health care reform legislation, passed in early 2010, allowed families with private health insurance coverage to keep their children on their plans until age 26. Left out of that change was TRICARE and CHAMPVA recipients. Thanks to responsible leaders in Congress, TRICARE coverage has been guaranteed to this age group. Unfortunately, CHAMPVA beneficiaries have not been afforded the same privileges. This program, which was established in 1973 and has more than 330,000 unique beneficiaries, comprised of dependents and survivors of certain veterans, should in no instance ever receive less than the national standard. This legislation would provide equity to CHAMPVA beneficiaries and rectify this outstanding issue.

#### S. 491, the Honor America's Guard-Reserve Retirees Act

The VFW strongly supports this legislation, which would give the men and women who choose to serve our nation in the Reserve component the recognition that their service demands. Many who serve in the Guard and Reserve are in positions that support the deployments of their active duty comrades to make sure the unit is fully prepared when called upon. Unfortunately, some of these men and women serve 20 years and are entitled to retirement pay, TRICARE, and other benefits, but are not considered a veteran according to the letter of the law.

Such men and women have answered the call just like their active duty comrades have — with distinction and honor — but have fallen subject to certain types of orders and other

administrative stumbling blocks. In recent years, Congress has enhanced material benefits to the members of the Guard and Reserve and this bill does not seek to build upon those provisions; it simply seeks to bestow honor upon the men and women of the Guard and Reserve to whom it is due. After much work on this legislation in recent years, we can say with confidence that there will be no unintended material benefits garnered by anyone through the language of this bill, and we are proud to support its passage.

S. 536, a bill to amend title 38, U.S.C., to provide that utilization of Chapter 35 educational assistance shall not be subject to the 48-month limitation when utilizing multiple VA educational programs

VFW supports S. 536 which would amend Section 3695 of title 38 to remove the 48-month limitation on the use of Chapter 35 and any other qualifying educational benefits. There are approximately 100 service members per year who, because of their military service, qualify for other educational benefits.

S. 572, A bill to amend title 38, United States Code, to repeal the prohibition on collective bargaining with respect to matters and questions regarding compensation of employees of the VA other than rates of basic pay and other purposes

The VFW has no position on this bill.

S. 666, the Veterans Traumatic Brain Injury Care Improvement Act of 2011

The VFW supports the legislation to require a report on establishing a Polytrauma Rehabilitation Center or Network site in the northern Rockies or Dakotas. Polytrauma care is provided to veterans and returning service members with injuries to more than one physical region or organ system that could be life threatening and/or result in a physical, cognitive, psychological, or psychosocial impairment. The vast majority of polytrauma patients have been on active duty and sustained a traumatic injury while in combat. Most of these patients are then discharged and receive very specialized follow-up care at a Polytrauma Network Site or other VA facility.

VA's Polytrauma System of Care (PSC) includes four Polytrauma Rehabilitation Centers and 21 Polytrauma Network Sites. The area that this bill would require VA to study — North Dakota, South Dakota, Idaho, Montana, eastern Washington and Wyoming — have no PSC coverage, and yet have among the highest per capita rates of veterans with injuries from military service in Iraq and Afghanistan. The importance of providing every treatment option to polytrauma patients cannot be overstated, and we will look closely at any and all research related to the provision of such treatment for these veterans.

S. 696, to amend title 38, United States Code, to treat Vet Centers as VA facilities for purposes of payment or allowances for beneficiary travel to Department facilities and for other purposes

This legislation would provide veterans with a travel reimbursement for trips to Vet Centers that is equal to what they currently receive for travel to VA health centers. Veterans seeking help at Vet Centers will be able to receive mileage reimbursement without having to reveal their identity beyond current VA policies, a point of particular concern for privacy purposes. VFW supports

this bill and believes that not only will it ease some of the costs incurred by the veteran; it may encourage more veterans to seek out the unique counseling offered at the centers.

S. 698, a bill to codify the prohibition of gravesites at Arlington National Cemetery, and for other purposes

This legislation is long overdue. It will finally prohibit, in law, the insider practice of allowing certain high-ranking military members and other VIPs to pre-select their gravesites. This practice was banned by Army policy in 1962 — nearly 50 years ago — yet cemetery administrators continued to arbitrarily allow some to skirt the rules. Burial at Arlington National Cemetery is a tremendous honor that depends on honorable service, not rank. It is obvious that greater accountability and transparency is needed, so we appreciate language in this bill that requires a full audit and a report back to Congress.

S. 745, a bill to protect certain veterans who would otherwise be subject to a reduction in educational assistance benefits, and for other purposes

The VFW supports this legislation. It would protect students who are currently enrolled in a degree-seeking program from any possible negative effects of changes that were made to the Post 9/11 GI Bill last year. Those changes established a nationwide cap on tuition at private institutions and for students seeking a degree from a public institution at a state other than the one in which they reside. Many of these students could potentially be saddled with debt or out-of-pocket expenses as a result of these changes in tuition payment rates set to take effect this August because the changes did not exempt students who were already enrolled into a degree program.

These students chose their degree program with the expectation that the Yellow Ribbon Program they began with would still be there until they completed their degree, and we must keep up our end of the bargain. S. 745 would only apply to students who were already enrolled before last year's changes, and would sunset in December 2014. This is sound policy and the VFW supports it.

S. 769, Veterans Equal Treatment for Service Dogs Act

The use of medical service dogs among veterans is increasing, and many of our newest veterans who are returning home from war with mental and physical disabilities have a particular need for their services. We believe that trained dogs play a significant role in helping provide independence to individuals with disabilities, and research shows they can lessen symptoms associated with depression, PTSD and other mental illnesses.

Currently VA allows seeing-eye dogs to enter medical facilities without limitations. Senator Harkin's legislation would allow all service dogs into facilities that receive VA funding. VFW is happy to lend our support to a benefit that is often overlooked and can go a long way towards helping an individual with a disability that may not be able to perform a task independently.

S. 780, Veterans Pensions Protection Act of 2011

The VFW appreciates the intent of this legislation, but believes it will impose an undue burden on VA. It would require VA to make further determinations regarding replacement values in cases of insurance settlements thus reducing resources available to the timely processing of other pension claims. These additional decisions will further delay and complicate a relatively simple benefit. We urge the committee to craft a less burdensome method for accomplishing this laudable goal.

#### S. 815, Sanctity of Eternal Rest for Veterans Act of 2011

The VFW is proud to support the SERVE Act to strengthen and extend protections already provided by Section 1388 of title 18, United States Code by including civilian cemeteries in the law. It would also double the "No Protesting" window to two hours before and after funerals, increase protest distances for those grieving and toughen penalties to two years in jail and/or a \$250,000 dollar fine, and permit family members and the U.S. Attorney General to sue violators for monetary damages.

We fully support any legislative effort that emphasizes that the right of free speech does not trump a family's right to mourn in private. Those who use the First Amendment as both a shield and a sword to harm their fellow citizens need to have limits on such abuse and S. 815 provides those limits.

S. 873, to amend title 38, United States Code, to provide benefits for children with spina bifida of veterans exposed to herbicides while serving in the Armed Forces during the Vietnam era

VFW strongly supports S. 873, legislation that would allow all children of veterans exposed to herbicides with spina bifida to receive medical service and benefits at VA. As stipulated in Chapter 18, Sec 1821 of title 38, U.S.C., a child of a veteran who was exposed to herbicides used in Korea is currently covered for all health care, vocational rehabilitation and other benefits, as if the veteran had served in qualifying areas in and around Vietnam. That authority, however, does not extend to those claimants that may have been outside of Korea but were also exposed to herbicides during the Vietnam era and whose children were then born with birth defects or abnormalities like spins bifida. This legislation expands coverage and includes those children. The VFW has long supported entitlements for conditions caused by herbicide exposure, and we believe this bill will correct an inequity in the current law.

S. 874, to amend title 38, United States Code, to modify the provision of compensation and pension to surviving spouses of veterans in the months of the deaths of the veterans, to improve loan benefits for veterans, and for other purposes

The VFW supports all the provisions in this bill. Although we find merit in Section 1 which liberalizes current law, we do have concerns that it does not address those veterans who may be receiving compensation but who are seeking an increased evaluation because of increased disability. Under this legislation, it appears that VA would only pay the amount of current compensation and not that which would have been payable but for the untimely death of the veteran. We urge the Committee to amend this bill to include those veterans who die while a claim for increased compensation is pending.

#### S. 894, the Veterans' Compensation Cost-of-Living Adjustment Act of 2011

The VFW supports this legislation. Veterans have not received a COLA increase in two years, but are still paying more at the grocery store, pharmacy, gas pump, and elsewhere. We are encouraged that recent data shows a 2.9-percent increase in the CPI-W over the 2008 COLA base, the last base to result in a COLA increase. We are hopeful that veterans and survivors will see a corresponding increase in their pensions and other compensation, such as DIC, in the coming year. This legislation is the vehicle to ensure that takes place.

#### S. 910, the Veterans Health Equity Act of 2011

The VFW supports an access evaluation for regions with an ever-growing veterans' population, as we do find it noteworthy that a state in the contiguous United States would not have a full-service VA Medical Center. We view the VA's Strategic Capital Investment Plan (SCIP) to prioritize capital investments favorably, but remain concerned that funding levels do not suggest such matters are high priority for VA. Unless the out-years are funded much more aggressively than the current years, VA will not be able to meet demands, facilities will require more maintenance funding, and the priority list will continue to grow. At this time, VFW cannot support the legislation to mandate facilities in each of the contiguous 48 states, but we would support an evaluation to determine the need of underserved locales like Manchester, N.H.

#### S. 914, a bill to amend title 38, United States Code, to authorize the waiver of the collection of copayments for telehealth and telemedicine visits of veterans, and for other purposes

The VFW strongly supports this legislation, which would exempt disabled veterans from paying copayments for telehealth and telemedicine visits. By waving copayments we encourage the use of a range of convenient and cost-effective services that connect care providers to the veteran using modern telecommunications applications.

The VFW applauds VA for their pioneering efforts in this new area of health care. Telehealth leverages new technologies to make diagnoses, manage care, perform check-ups, and actually provide care to veterans. The use of video technologies makes it possible for veterans, many of whom live in rural or remote areas, to come to VA's community-based outpatient clinics and connect to a specialist or other practitioner who may be in a hospital hundreds or even thousands of miles away. Offering these services is a wise stewardship of limited resources. They provides a great return on investment and can expedite care to veterans while reducing some of the hassles and headaches associated with travel for routine or intensive services. Therefore, we are pleased to offer our support for this legislation.

#### S. 928, a bill to limit the VA Secretary's authority to use bid savings to expand or change capital projects

The VFW supports this legislation to limit the Secretary of VA's authority to use bid savings from major construction projects as long as the savings will be reinvested in other construction projects. Congress must authorize construction spending; therefore it is logical that Congress be made aware of how the savings will be utilized. However, VFW must insist that any bid savings

that occur must be reinvested in construction to help reduce the every growing backlog of construction projects.

#### S. 935, Veterans Outreach Enhancement Act of 2011

The VFW supports this legislation that would require VA to carry out a program of outreach to veterans by reaching out to federal and state agencies as well as veterans service organizations (VSO) to provide information about VA benefits and services available.

Section 3 is critical in filling a gap in our most rural and economically challenged areas. VA will be required to enter into agreements with the Appalachia Regional Commission, the Delta Regional Authority, the Denali Commission, the Northern Great Plains Regional Authority and other areas of historically high poverty, unemployment, substandard housing, low educational levels and poor health care services. Many within the military/veteran population living in these areas are unaware of the benefits provided by VA or other local, county and state veterans' services. Combine that with scant access to care, varying support services and problems finding transportation to VA appointments and we can all agree more outreach is needed in these isolated areas. We look forward to working with the communities mentioned in this bill and encourage Congress to appropriate adequate funding to be able to continue offering comprehensive education and outreach to rural veterans.

However, the VFW does have concerns over the language in Section 2 regarding potential grants and contracts for VSOs and small businesses. VFW understands that the section may be designed to encourage outreach to veterans eager to start small businesses in underserved communities, but in its current form, VFW believes the language creates the potential for businesses to take advantage of federal grants.

#### S. 951, Hiring Heroes Act of 2011

The VFW supports S. 951, the Hiring Heroes Act of 2011, and considers this bill a critical and overdue piece of legislation that will help our nation's heroes reenter and remain competitive in the workforce. During recent difficult economic times, young veterans of the wars in Iraq and Afghanistan have been disproportionately affected by a stagnant job market, which is why VFW believes Congress should take every step necessary to ensure that our nation's heroes have viable careers available to them when they leave the military. VFW generally supports the provisions of S. 951, but we would like to focus on several of the bill's sections in our testimony.

First, VFW agrees that TAP must be mandatory for all service members leaving the military. This is a missed opportunity to ensure that all service members have a viable baseline from which to work once they reenter the civilian workforce. The VFW also believes that consultation with VA should be included in all TAP programs, ensuring that veterans transitioning out of the military are at least aware of the benefits and services to which they are entitled.

VFW also agrees that direct hiring authority for federal agencies and offering civilian work experience for potential civil service employees while on terminal leave will cut down on red tape for veterans seeking careers in the federal workforce. Allowing qualified veterans a direct

path to a civil service career also helps federal agencies fulfill their obligations to employ veterans.

Finally, VFW supports offering two additional years of VocRehab benefits for unemployed veterans who have exhausted all of their state and federal benefits. The intent of VocRehab is to ensure that veterans who were disabled in the line of duty would be trained and employable in a new career field. If a veteran has used their VocRehab benefits, yet remains unemployed, then their initial VocRehab program clearly failed. To VFW, VA is obligated to ensure that veterans who participate in the program truly receive the job skills they need to remain competitive in the civilian workforce.

VFW also has a suggestion for improving S. 951. Section 9 of the bill has the right objective; making the transition from military to civilian life easier by allowing service members to apply the skills learned from military their MOS to the civilian workforce. The problem with Section 9 is the approach; calling for a study and report requiring coordination between the secretaries of Defense, Veterans Affairs, and Labor. This approach wastes time on bureaucracy, rather than helping to place the service member in a civilian occupation. Replacing Section 9 with an ongoing private sector initiative, one of which is already being tested at Fort Bragg, would streamline this transition by cutting out bureaucracy. Some of these initiatives already utilize mathematical algorithms through which service members can simply enter their MOS to populate a list of viable civilian careers, and industry experts continue to develop ways to translate this data into usable information to guide veterans on their educational and professional training needs. VFW is eager to discuss this idea further with members of the committee following this hearing. VFW believes that the private sector already has the capacity bring the departments of Defense, Labor and Veterans Affairs into the 21st century through these ongoing initiatives without wasting additional resources on a duplicative study.

S. 957, the Veterans' Traumatic Brain Injury Rehabilitative Services' Improvements Act of 2011

The VFW supports this legislation to significantly improve and expand the plan for rehabilitation and reintegration of TBI patients. This legislation would ensure that, when providing care to help veterans recuperate after a brain injury, VA must take into account and provide treatment that improves a veteran's independence and quality of life. It expands objectives for the rehabilitation of veterans suffering from a TBI to include behavioral and mental health concerns. As a result of this bill, the phrase "rehabilitative services" takes precedence over mere treatment in pertinent areas of the United States Code, thereby conforming it to the prevailing wisdom that TBI patients deserve more than mere treatment of their injuries, because we all know they deserve ongoing evaluation and additional intervention where necessary to ensure a full recovery. We believe the changes in this bill would make it easier for veterans struggling with the aftermath of a TBI to receive such coverage. Finally, this bill would also support TBI patients by associating sections of the law related to TBI rehabilitation and community reintegration to a broader definition of the term "rehabilitative services" in title 38 that comprises a range of services such as professional counseling and guidance services. This bill would help to ensure our response to traumatic brain injuries consists of more than just healing the physical wounds of war. Our veterans deserve every chance to lead productive lives, which is why the VFW believes that VA and DOD should

look into any and all potential rehabilitation and treatment models for veterans who suffer from TBI.

#### S. 1017, Disabled Veteran Caregiver Housing Assistance Act of 2011

The VFW is happy to support S. 1017. In 2006, The Veterans' Housing Opportunity and Benefits Improvement Act authorized VA to allow adaptive housing assistance grants to disabled veterans temporarily living in a home owned by a family member, known as Temporary Residence Adaptation (TRA), but the benefit often leaves needs unmet in the veteran community.

To date the number of veterans using the benefit has been low. According to a recent report by the Government Accountability Office (GAO-10-786, July 15, 2010), VA has only processed 18 TRA grants through April 2010. This legislation increases the benefit without allowing it to go against future adaptive grants which would encourage more use of the program. We would also add that VA should be encouraged to strengthen its outreach by providing more information about who is eligible for the grants which we believe would boost the number of grants awarded in the future.

#### Draft Bill, Honoring All Veterans Act of 2011

The VFW support this legislation which provides a number of important improvements to services that are currently not meeting the needs of our veterans. To improve the livelihood of those who have experienced a traumatic brain injury, this legislation directs the Secretary of Labor to assist veterans as they transition to the civilian workplace. It also improves their health by directing VA to use all applicable programs in a more comprehensive manner to assist their long-term care and rehabilitation. It raises the statutory cap for Vocational Rehabilitation and Employment Independent Living program participants, and increases pension for married couples who are both disabled veterans receiving aid and attendance payments.

To help veterans who have misfiled documents with the Veterans Appeals Board by spurring new and needed reforms, the bill provides assistance to homeless veterans by modifying the Servicemembers Civil Relief Act and applying changes to VA homeless programs that would allow payments to better reflect housing costs where a particular veteran resides. It also builds on the growing consensus that military skills should have broad recognition in the civilian world by authorizing a study to help employers understand how military skills apply in the open market.

#### Draft Bill, Veterans Programs Improvements Act of 2011

VFW supports draft legislation that would enhance many benefit programs within the Department of Veterans Affairs (VA). We especially applaud Title I of the bill which would improve upon existing homeless veterans programs. This bill greatly expands the availability of resources needed by homeless veterans, while including provisions that encourage treatment facilities providing care to homeless veterans to use the available funding effectively. It also allows male homeless veterans with children to be eligible for grant and per diem services; and requires VA to provide a comprehensive plan on how it plans to prevent and end homelessness in coordination with other federal programs with cost estimates and benchmarks that have proven effective.

Title II closes several loopholes with regard to fiduciaries. Most importantly it protects our most vulnerable veterans by allowing a caregiver or primary custodian of an impaired veteran to file a claim in the name of the veteran. It also would allow VA to monitor fiduciary activities or unresponsive fiduciary accounts by having direct access to those veterans' financial institutions. VA would also have the authority to direct the fiduciary, in the event of the death of the veteran, to make final payments to the veteran's dependents in order of precedence. This offers family members who may have incurred medical or burial expenses on behalf of the veteran some reimbursement for costs. We would also like to add that we believe the VA should require increased audits if there is any irregularities in the fiduciaries accounting.

Title III reauthorizes and extends several programs beneficial to veterans.

The VFW applauds the committee for making changes like those found in Section 301 which would allow a guardian that may be taking care of children while a service member is gone for many months on active duty to remain in their family home without the threat of losing the home; and Section 306 which would help streamline and shorten the time it takes for an appeal to be resolved by the Board of Veterans Appeals by eliminating duplication of efforts. We look forward to the passage of all the provisions in this extensive bill.

Draft Bill to improve the provision of benefits and assistance under laws administered by the Secretary of Veterans Affairs to veterans affected by natural or other disasters, and for other purposes

The VFW supports this legislation, which would help veterans who have suffered loss at the hands of a natural disaster such as an earthquake, flood, tornado, or other types of disasters receive critical VA assistance more quickly. Currently, when a veteran's home or automobile needs to be replaced as a result of such an event, Congress must step in and authorize the Secretary of Veterans Affairs to come to the aid of disaster-stricken veterans. This legislation would give the Secretary discretion to designate events as natural or other disasters, and would convey the authority to provide for the remediation of previously granted benefits. Among other things, it would also allow the Secretary to extend subsistence allowances for veterans undertaking a vocational rehabilitation program when disaster strikes. Allowing the Secretary to act in these situations independently of explicit Congressional approval will undoubtedly expedite the process and help veterans who are victims of natural disasters to get back on their feet.

Madam Chairwoman and Members of the Committee again, thank you for allowing us to present our views on this legislation, I would be happy to answer any questions you may have.

Draft Bill to establish a pilot program under which veterans in the State of Alaska may receive health care benefits from the Department of Veterans Affairs at non-Department medical facilities, and for other purposes.

While we understand the good intent behind this effort, the VFW cannot lend its support to this legislation. The bill would establish a new pilot program with the goal of providing certain Alaskan veterans in the most remote locations with what would be known as the "Alaska Hero Card." This card would essentially serve as an insurance card, enabling veteran cardholders to

acquire unlimited health care at no out-of-pocket cost from any doctor who participates in the TRICARE network, the Indian Health Service, or Medicare.

One concern VFW has with this well-meaning proposal is that VA could provide the same benefit to these veterans under existing law and practice. We also recognize that Alaska, though perhaps the most poignant example, is not the only state in the union that grapples with the issue of extremely rural and remote populations. Finally, because the VA is already conducting pilot programs to study the improving access to care for all rural veterans regardless of state, on its face we see this effort as duplicative. VFW would strongly prefer VA focus on existing pilots to find solutions for all rural veterans, and work quickly to ensure that Alaska's highly rural and underserved populations have access to quality health care by leveraging existing VA policies.