



Testimony of National Commander Vincent J. “Jim” Troiola

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The pact between America and its veterans

The 117th Congress made many long-awaited promises to our nation's veterans and their families. The aptly named Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act is chief among them. "PACT" is an acronym we all understand. So are the words "honoring" and "promise." We hear them often.

Now is the time for lawmakers of the 118th Congress, along with government agencies, The American Legion and the veterans community at large to put action behind those words and that acronym. Promises and pacts are only as good as their ability to truly solve problems, improve lives and chart better directions. That is exactly what veterans and their families expect now.

That is also why this testimony persistently calls for oversight, sufficient funding, timely delivery and constant monitoring of performance against legislation and policy directions already decided. Specifically, Congress must ensure that VA is adequately staffed to handle hundreds of thousands of new disability claims and medical care services expected from the PACT Act; so much progress has been made to control the claims backlog in recent years that we simply cannot let it rise up again as disabled post-9/11 veterans apply for help. Lawmakers must also provide VA the resources needed to modernize, recruit and retain highly skilled professionals who understand the needs of veterans, young and old, regardless of gender, urban or rural, regardless if their wounds are visible or not.



Vincent J. "Jim" Troiola
The American Legion
National Commander

Highest among The American Legion's priorities this year is an all-hands commitment to prevent and reduce veteran suicide. The National Buddy Check Week for VA, which passed in the waning hours of the 117th Congress, is an opportunity of great familiarity to The American Legion. Some 4,000 local American Legion posts each year have conducted Buddy Check operations since 2019. They proved vital to help isolated veterans and families during the COVID-19 pandemic. For most posts, Buddy Checks are continuous throughout the year because the needs of veterans vary by circumstances, season to season, case by case. As an organization, we stand ready to help and provide important stakeholder oversight and peer-to-peer assistance as VA embarks on this life-changing journey.

The American Legion is now marching to one prominent beat: "Be the One." That means every member of the nation's largest veterans organization has a duty to deliver help, support and hope for at least one other veteran who is facing challenges. In the most extreme situations, those challenges can be fatal. Any American Legion Family member can "be the one." So can a caregiver who sees firsthand the effects of post-traumatic stress disorder, sexual assault, under-employment, lost GI Bill benefits, under-staffed VA facilities or lengthy delays on disability benefits decisions. In all such circumstances, Congress has considerable power to help us help others and demand accountability over the processes, promises and pacts we have worked to enact.

The American Legion also looks forward to working with Congress on new bills and key reintroductions from previous sessions, such as removal of the "disabled veterans tax" on military retirees, payroll protection for U.S. Coast Guard personnel and compliance with the Veterans Preference Hiring Act. And as we confront such issues as contaminated water at military bases of the past, we must pay close attention to quality of life today in the U.S. Armed Forces. Contamination unaddressed now is a life-threatening and costly issue later.

In order for us to truly be the one for each who has served, it takes support and oversight from Congress, fulfillment of a pact our nation has made with all who have sworn with their lives to defend our great nation.

A handwritten signature in cursive script that reads "Vincent J. Troiola".

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The Best Care for Our Nation's Veterans

Mental Health

The leading mental health issue facing the veteran community is suicide. The suicide rate among veterans is nearly double that of their civilian counterparts, with more than 6,000 veterans dying by suicide annually. In the last two years, mental healthcare for veterans has been a growing concern as veterans struggle to deal with the ramifications caused by ongoing global conflicts, to include the withdrawal from Afghanistan, as well as nationwide crises. Many veterans may feel lost, tired, isolated and hopeless, as indicated by reports of increased substance use and diagnoses of depression and anxiety, further aggravating pre-existing health concerns. It is imperative that we simultaneously destigmatize asking for assistance while increasing access to services along the mental health continuum.

The American Legion launched the “Be the One” campaign in an effort to destigmatize asking for mental health support and create opportunities for those with mental health issues to speak freely and get the support they need. Those in the veteran community should feel empowered to ask for the support they need and should be able to easily connect with all the resources available in their local communities.

Many veterans are not willing to subject themselves to the emotional strain associated with evidence-based psychotherapies. Complementary and alternative medicine (CAM) therapies provide an alternative treatment that may be more comfortable for at-risk individuals. Providing more diverse treatment options is critical to ensure that veterans have increased control and agency in their recovery. There are many factors to consider when addressing mental health issues, and providing veterans with alternative therapies allows for a more comprehensive and tailored approach to mental health treatment.

Vet Centers are critical resources for veterans and their families when in need of counseling and readjustment assistance. Servicemembers who reside in rural areas face challenges accessing Department of Veterans Affairs (VA) medical centers. Vet Centers, which also offer mobile units, make it possible for veterans to receive services closer to home. To improve access to high-quality services, VA should consider increasing the number of Vet Centers based on veteran population, and provide information on Vet Centers to transitioning servicemembers.

KEY POINTS

- » The veteran community struggles with distinct mental health challenges which can lead to conditions such as anxiety, depression, substance use, suicidal ideation and post-traumatic stress disorder (PTSD).
- » Providing veterans access to alternative therapies such as hyperbaric oxygen therapy (HBOT), stellate ganglion block (SGB), acupuncture, animal and art

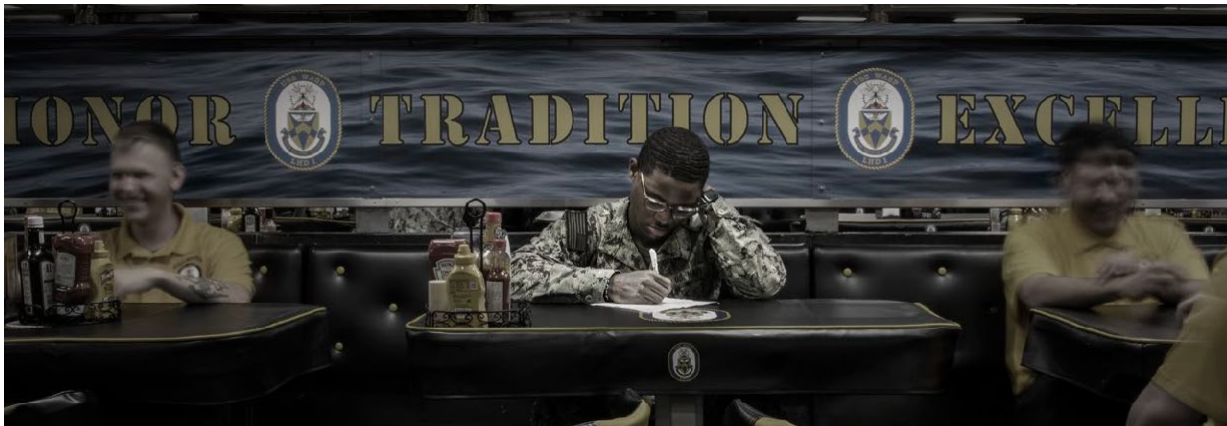


U.S. Air Force photo illustration by
Airman Leandra Garcia

therapy, and movement or breathing exercises allows for a more comprehensive and person-centered approach to both mental health and pain-management treatment.

WHAT CAN CONGRESS DO?

- » Support the funding, implementation, and expansion of VA and community-based mental health services through Vet Centers, whole-health initiatives and ample transitional support.
- » Increase access to CAM therapies, such as HBOT and SGB, both at VA and in the community, by decreasing the barriers to usage.
- » Provide oversight on the implementation of the Solid Start Act of 2022, the Strong Veterans Act of 2022, the Consolidated Appropriations Act 2023, and the Compact Act of 2020.



U.S. Navy photo by Mass Communication Specialist 1st Class Alora R. Blosch

Suicide Prevention

In the military, servicemembers become a part of something larger than themselves. They find themselves surrounded by their peers who often function as a support network upon which they can rely. When they transition from active-duty back to the civilian life, they may lose that support and feel isolated. Unfortunately, these transitional changes can bring about or exacerbate concerns related to emotional and environmental stress. Many of these issues can lead veterans to contemplate suicide. Peer support can aid in addressing this by providing veterans with access to others who are dealing with similar issues.

The American Legion has taken a leading role in these efforts by implementing Buddy Checks with other Legionnaires and veterans. Buddy Check is a peer-to-peer outreach program that facilitates veterans having open and candid conversations with other veterans to share their experiences. There has been immense grassroots success with this initiative, and veterans have been connected with the assistance they needed but did not know where to go or whom to ask. Now, the Department of Veterans Affairs is in the process of implementing its own annual VA Buddy Check Week, after American Legion advocacy.

However, more must be done to address this issue.

While VA has made substantial efforts, there are limitations in its reach. Less than half of all veterans are enrolled in VA. Most alarming, 45% of the general population who die by suicide had contact with a primary care provider in the month leading up to death – suggesting current clinical approaches reach only a minor portion of at-risk individuals. In 2019, VA started conducting peer-based suicide prevention studies, which set the pretext rollout of a \$20 million grand challenge, Mission Daybreak, as a part of a 10-year strategy to end veteran suicide through a comprehensive public health approach. The American Legion supports continual grant funding of community-led peer support and prevention services, especially for rural veterans and historically underserved veteran populations.

Other important vehicles for suicide prevention include the Suicide Prevention Hotline (9-8-8), otherwise known as the Veterans Crisis Line (VCL), VA's mental health and wellness mobile applications, lethal-means safety training for VA staff and community providers, and increased access to Suicide Prevention Coordinators at VA Medical Centers.

KEY POINTS

- » As of 2020, the Centers for Medicare and Medicaid Services have identified peer support as an evidence-based practice with Medicaid having reimbursed these services across 36 states.
- » Studies have shown peer-support providers are better able to empathize with veterans in an accepting, adaptable and calm manner.

WHAT CAN CONGRESS DO?

- » Support continued efforts to expand VA's peer-based programs, particularly in rural areas, and to historically underserved and minority veterans, while ensuring peer-support services are high-quality and culturally competent.
- » Support continued funding, implementation and expansion of veteran mental health and suicide-prevention services through the Veteran Crisis Line (9-8-8), Vet Centers, complementary and alternative medicine (CAM) therapy, and whole-health programs.
- » Hold VA accountable in the employment of high-quality, competent and trained mental health professionals, to provide increased mental health services due to the implementation of the STRONG Veterans Act.
- » Increase VCL resources, mitigate deficiencies in VCL personnel response to veteran callers at risk of suicide, and ensure VCL staff are held accountable when errors lead to patient-safety concerns.
- » Require VA, in coordination with the Centers for Disease Control and Prevention and Department of Defense (DoD), to include cases of self-injury deaths (i.e., overdose, asphyxiation, accidental gunshot, drowning, suicide by law enforcement, or high-speed, single-driver accident) in addition to the suicide data report to ensure a veteran's cause of death is properly recorded for tracking.

TBI/PTSD

Traumatic brain injuries (TBI) pose specific challenges due to symptoms that are also commonly associated with post-traumatic stress disorder (PTSD). This makes identifying the source of these symptoms a complicated task. Often, TBI symptoms can exacerbate PTSD symptoms, and vice versa. The most concerning TBI issue is the number of comorbidities that are common suicide risk factors. To address this issue, the Department of Veterans Affairs (VA) conducts TBI research through its Office of Research and Development and studies treatment at its Translational



Research Center for TBI and Stress Disorders. VA is also at the forefront of TBI/PTSD research and treatment with its Brain Rehabilitation Research Center, War Related Illness and Injury Center, and Polytrauma/TBI System of Care.

The latest Defense and Veterans Brain Injury Center (DVBIC) report notes roughly 414,000 cases of TBI exist for current or former servicemembers since 9/11. This is concerning because mild TBIs have been linked to impulse control and emotional regulation issues, as well as increased risks of cognitive impairment and/or earlier onset of degenerative diseases such as Alzheimer's. Veterans suffering from PTSD are nearly 15 times more likely to be diagnosed with a substance-use disorder (SUD) when coping with the after-effects of war trauma. Also concerning is over half of justice-involved veterans have a confirmed mental health diagnosis, such as PTSD, depression, or SUD (especially for alcohol or cocaine addiction), which would require extensive and ongoing mental health treatment and peer support.

KEY POINTS

- » The latest DVBIC report notes roughly 414,000 cases of TBI exist for current or former servicemembers since 9/11. Mild TBIs have been linked to not only impulse control and emotional regulation, but also raised risks of cognitive impairment and/or earlier onset of degenerative diseases such as Alzheimer's and dementia.
- » When treating TBI and PTSD, a variety of comorbidities require consideration and treatment because of their contribution to substance misuse and suicide risks.
- » While The American Legion acknowledges that complementary and alternative medicine (CAM) therapies for TBI and PTSD have shown modest effects, the use of these therapies in managing anxiety and depression have reportedly increased. More research must be pursued to provide the most up-to-date interventions for veterans suffering from TBI and PTSD.

WHAT CAN CONGRESS DO?

- » Support VA and Department of Defense (DoD) efforts to conduct innovative research into TBI and PTSD treatment options.
- » Provide oversight for VA and DoD initiatives that expand access to evidence-based CAM treatments for veterans suffering from TBI and PTSD.
- » Pass legislation that increases early access to alternative therapeutic treatments for TBI and PTSD, such as HBOT and SGB, at VA, DoD, and within the community.
- » Establish a grant program for collaborative efforts between organizations that have large veteran and servicemember populations to advance research on TBI and PTSD with eligible academic institutions and non-profit entities.

VA Recruitment & Retention

Recruitment and retention issues in the Veterans Health Administration (VHA), which have manifested into physician and medical specialist staffing shortages, have long been a concern of The American Legion. Since The American Legion's System Worth Saving program's inception in 2003, the organization has tracked and reported staffing shortages at Department of Veterans Affairs (VA) medical facilities across the United States. Filling staffing shortages is imperative to ensure VHA's ability to provide high-quality and timely care for veterans. This is a particularly poignant issue given the increasing demand for services by aging veterans and those returning from military operations.

Recently, VA has made strides in recruiting and hiring employees with the introduction of many new programs and improvements of existing ones. Programs like the Workforce Recruitment Program, the National Diversity Internship Program and the promotion of Intermediate Care Technician positions are initiatives to increase recruitment. VA's Education Debt Reduction Program has also added significant retention power which increased employee-retention rates. The American Legion applauds the passing of the RAISE Act and looks forward to seeing the impact of the recently passed PACT Act's new incentives



DoD photo by Mark Oswell

and bonuses for medical providers serving veterans in rural communities. Changes like these will greatly benefit recruitment efforts at VA.

KEY POINTS

- » VA has a shortage of mental health providers making it challenging for veterans, especially in rural and underserved areas to receive mental health care.
- » Medical, psychiatry, nursing and custodial professions are commonly cited as having severe occupational staffing shortages.
- » Hiring new healthcare professionals and non-clinical staff, and understanding how to retain them, is needed for VHA to maintain a robust and viable healthcare system for veterans.

WHAT CAN CONGRESS DO?

- » Maximize current VA recruitment and retention programs, such as the National Nursing Education Initiative and VA Learning Opportunities Residency, while supporting the implementation of new grant and fellowship programs aimed at VHA recruitment and retention.
- » Facilitate retention of high-quality VHA employees to account for increased demand for VA healthcare and benefits.

Women Veterans

Women have voluntarily served in every war since the American Revolution. They have stood shoulder-to-shoulder with their male counterparts, filling roles critical to our country’s national security. Today, women are the fastest-growing demographic in the military and veteran community. As of 2021, the women veteran population was at an estimated 2 million with the expectation of increasing to 2.2 million by 2046. The Department of Veterans Affairs (VA) must continue to account for these demographic shifts and ensure that women veterans are provided gender-specific, high-quality care and resources.

Barriers to gender-specific, high-quality care include not identifying as a veteran, not being recognized as a veteran by VA employees, lack of awareness and understanding of VA healthcare benefits, and the perceptions that VA is an “all-male” healthcare system. Other gender-specific difficulties include women veterans’ likeliness to experience mental health issues, military sexual trauma, chronic pain management, and musculoskeletal condition treatment. To address these problems and barriers to care, VA must have care models and standards that are gender-specific and culturally competent.



KEY POINTS

- » Currently, about 9 of 10 veterans are men, while about 1 of 10 are women
- » According to VA's 2021 population model estimates, the number of female veterans is projected to increase from around 2 million in 2021 to approximately 2.2 million in 2046.
- » Together, the Department of Defense and VA work together to help ensure a seamless transition for women veterans, from active-duty service to veteran status.

WHAT CAN CONGRESS DO?

- » Provide timely oversight of current women veteran programs and the implementation of recently passed women veterans legislation such as the Making Advances in Mammography and Medical Options for Veterans Act and the Protecting Moms Who Served Act of 2021.
- » Increase access to child-care services, newborn care, and lactation spaces at VA medical centers by leveraging the Joint Executive Committee's contracting authority (38 U.S. Code § 8111).
- » Ensure VA is providing preventative reproductive cancer screenings for women veterans, and a coordinator is placed at every VA medical center.
- » Make VA fertility and fertility preservation services accessible to all eligible veterans who would like to start a family.

Minority Veterans

According to the National Center for Veterans Analysis and Statistics, minority veterans represent about 29% of the total veteran population. While the overall veteran population is expected to shrink by 2050, the minority veteran population is anticipated to increase to 43%. It is clear, based on statistics, that minority veterans represent a growing demographic within the veteran community. Unfortunately, the U.S. Department of Health and Human Services and the Agency for Healthcare Research and Quality have reported minority veterans suffer from disparities in healthcare, worse health outcomes and unmet healthcare needs. The Department of Veterans Affairs (VA) should be cognizant of these disparities and how they are impacted by gender, sexuality, race, religion and more.



Photo by Petty Officer 2nd Class Tara Mollen

For instance, African American veterans are more likely to suffer from late-stage chronic kidney disease, colon and rectal cancer, diabetes and stroke. Additionally, VA has reported health disparities are potentially attributed to factors including gaps in health literacy and health activation, lack of cultural competence, unconscious bias among providers and stigma.

Another minority group with barriers to healthcare and healthcare disparities: LGBTQ+ veterans. In the past, the Government Accountability Office found that LGBTQ+ veterans are potentially at a higher risk for depression and suicidal ideation. Corroborating these findings is VA's Office of Health Equity, which noted that LGBTQ+ veterans report suffering from negative stigma associated with their sexuality and gender identity – negatively impacting their mental health.

Native American veterans serve in the military at a higher rate than any other ethnic and racial group. Like many other minority veterans, they have their own distinct challenges accessing high-quality healthcare and managing disparities in healthcare. They disproportionately suffer from high rates of substance abuse, depression, PTSD, diabetes and chronic pain. More must be done to address their unique needs.

KEY POINTS

- » Minority veterans, such as African Americans, LGBTQ+ and Native Americans disproportionately struggle with disparities in healthcare and decreased access to high-quality healthcare.
- » Ensuring VA has culturally competent healthcare providers, inclusive facility policies and educational campaigns that address the needs of the minority veteran community are essential in providing high-quality care to this population of veterans.
- » In April 2022, the University of California San Francisco and the San Francisco Veterans Affairs Healthcare System published a cross-racial study of 1.87 million veterans, which reported significantly higher rates of dementia in specific minority veteran populations such as African American, Hispanic and Native American veterans.

WHAT CAN CONGRESS DO?

- » Oversee implementation of the American Indian and Alaska Native Veterans Mental Health Act to ensure VA is requiring their medical facilities to consult with local tribes and delivering tailored outreach and culturally competent mental healthcare for Native American veterans.
- » Introduce legislation to expand minority veteran outreach efforts on VA eligibility, benefits, programs and services.
- » Require VA to provide Congress with recommended solutions on how to address the significantly higher rate of dementia within the African American, Hispanic and Native American veteran populations.

MST Survivors

Military sexual trauma (MST) refers to sexual assault or sexual harassment experienced during military service. It impacts thousands of individuals in the U.S. Armed Forces and veterans' community. According to the Department of Defense (DoD), approximately one in three women veterans and one in 50 male veterans suffer from MST. Being a victim of MST has many possible health and economic consequences, including post-traumatic stress disorder (PTSD), unwanted pregnancies, sexually transmitted infections, homelessness and substance abuse. As such, MST claims and treatment involve delicate and sensitive emotional issues with corresponding competent care.

Unfortunately, the inequity in claims approvals for male MST survivors is influenced by military and sociocultural expectations of male veterans. According to these expectations, male veterans are expected to handle unwanted sexual situations in the moment and not allow them to happen in the first place. Conversely, women are painted as victims who cannot defend themselves, so their claims are more credible. As of 2022, five of 52 VA regional offices specialize in the processing and adjudication of disability claims related to MST.

To fulfill the Department of Veterans Affairs' (VA) duty to provide care to MST survivors, without re-traumatization for services and treatment, Congress must require VA's compliance with recently passed legislation to ensure proper sensitivity training and culture change from the top down. Moving forward, VA and Congress should also consider expanding peer-support services to MST survivors, given it is an issue that reoccurs throughout the entirety of the survivor's life.



DoD photo by Airman 1st Class Monica Roybal

KEY POINTS

- » Veterans who suffer from MST are more likely to suffer from other dangerous and concerning comorbidities which put their health at risk requiring sensitive and delicate claims treatment and healthcare.

WHAT CAN CONGRESS DO?

- » Oversee the implementation of recently passed veteran MST legislation such as the VA Peer Support Enhancement for MST Survivors Act, the Dignity for MST Survivors Act, and the MST Claims Coordination Act.
- » Require VA to create reporting and claims filing processes which prevent MST re-traumatization.
- » Improve oversight of MST claims and subsequent care by combining processes through the creation of a stand-alone MST office under the Veterans Benefits Administration.
- » Oversee legislation requiring VA to provide claims specialists with specific MST Disability Benefits Questionnaires which would give a more complete picture of the survivor experience and reduce the burden of proof from the veteran.

The Future of VA Healthcare

The future of Department of Veterans Affairs (VA) healthcare is as a hybrid system consisting of inpatient and outpatient care, telehealth and community care. Ensuring VA is equipped to meet the unique needs of an increasingly diverse veteran population requires VA fully leverage all healthcare modalities and a seamless transition between them. Modernizing electronic health records, veteran-centric access standards, a transparent online scheduling system for VA-provided care and community care alike are essential to ensuring that veterans receive the benefits they deserve. The means by which VA delivers care may change, but one thing cannot – VA should continue to deliver the best care anywhere to our nation’s veterans.

A critical component of modernizing VA healthcare is investing in its infrastructure. The average age of a VA medical facility is approaching 60 years old while the median age of a private-sector medical facility is approximately 11 years old. The changing nature of healthcare over the last 60 years, combined with shifting veteran demographics, has outpaced VA’s ability to realign its infrastructure in accordance with patient demand. While the authorization of 31 major medical leases in Section 702 of the PACT Act was a critical first step in addressing VA’s infrastructure demands, more must be done.

The Electronic Health Record Modernization (EHRM) program, another cornerstone of VA healthcare modernization, is expected to take about 10 years to implement across all VA facilities, with projected completion in Fiscal Year 2028. The recent acquisition of the Cerner system has been far from seamless and has come with a wide variety of challenges. For example, VA staff reported difficulties adjusting to the new system, due to a lack of proper training. In addition, it was discovered that the new system created an “unknown queue,” a problematic feature that has caused referral orders to effectively go missing at VA. Moreover, according to the Office of Inspector General’s (OIG) audit team, VA lacked a reliable integrated master schedule consistent with scheduling standards, which increases the risk of missing milestones and delaying the delivery of a system to support timely, quality care to veterans. Schedule delays that extend the program are also likely to result in about \$1.95 billion in annual cost overruns and may undermine VA’s other modernization efforts on supply chain and financial management systems. More must be done to rectify these issues.

KEY POINTS

- » Modernizing the VA healthcare system infrastructure and technological capabilities is an investment in veterans and the future of VA.
- » Over the next 10 years, VA will move to a new EHR system that links VA, DoD and community healthcare providers to patient records while unifying all VA facilities under one system.
- » According to VA OIG, serious issues have plagued the EHRM program, which have resulted in patient-safety harm and VA’s ability to meet the standards of providing high-quality and reliable healthcare.

WHAT CAN CONGRESS DO?

- » Oversee implementation of the VA Electronic Health Record Transparency Act of 2021 to ensure VA is reporting quarterly to Congress on the costs of EHRM, performance metrics and outcomes of the program.
- » Hold VA accountable to deadlines, contracts and acquisition milestones for various IT system upgrades and installations.
- » Require VA to maintain a publicly available website on patient wait times, facility performance and staff vacancy information for each VAMC.
- » Fully fund VA infrastructure accounts to ensure they can optimize their infrastructure to meet the demands of today's veteran population.

Telehealth & Rural Health

According to the Office of Rural Health (ORH), 4.7 million veterans live in rural communities across the United States, and more than 2.8 million rural veterans rely on the Department of Veterans Affairs (VA) for their healthcare. Rural veterans continue to struggle with accessing earned VA healthcare, due to broadband connectivity problems, limited access to telehealth services, the inability to travel long distances and insufficient public transportation. Throughout the years, VA and Congress have worked to bridge this gap in services. The American Legion recognizes VA for its efforts to increase veteran access to appropriate technologies and broadband internet through The Affordable Connectivity Program (ACP), which provides eligible households with a discount on broadband service and connected devices. Despite this work, the widening digital divide for rural communities persists.



American Legion Photo

Native American veterans on tribal lands struggle with subpar access to broadband, limiting their ability to use telehealth services. At the same time, Veterans Integrated Services Networks covering other U.S. territories struggle to give care to their rural veterans. These U.S. territories have either no or limited VA facilities, Vet Centers and Community-Based Outpatient Clinics (CBOCs). Moreover, many rural veterans have difficulty accessing the care they need, due to staffing shortages within the VA. Rural veterans in U.S. territories deserve the same quality of care afforded to mainland veterans. More must be done to enhance VA's recruitment and retention strategies to incentivize medical providers to practice in rural communities.

KEY POINTS

- » Rural veterans struggle with a variety of barriers to receiving their rightfully earned VA care.
- » Broadband limitations, community care referral problems, lack of reliable transportation, and health professional shortages must be addressed by VA to better serve rural veterans.

WHAT CAN CONGRESS DO?

- » Introduce legislation expanding mobile health units to rural/ultra-rural areas, including U.S. territories.
- » Improve VA recruitment and retention strategies to incentivize medical providers to practice in rural communities.
- » Promote Rural Promising Practices to help field test initiatives that improve access to services for rural veterans.
- » Support the continuation and implementation of new service programs and modernization grant initiatives benefiting rural veterans.

Caregivers

Veteran caregivers sacrifice daily to provide care and support to loved ones who have served in the U.S. Armed Forces. Caregivers often become hyper-focused on the health of their veterans, which can result in the neglect of their own needs, possibly leading to compassion fatigue and other mental health issues that impact both the caregiver and the veteran. It is essential we support veteran caregivers before they face burnout. Increasing annual respite care is one way to help ensure caregivers receive the rest necessary to provide proper care.

There have been many improvements to the VA Caregiver Support Program (CSP), specifically within the Program of Comprehensive Assistance for Family Caregivers (PCAFC). After receiving criticism regarding the PCAFC's extremely high denial rates and inability to communicate eligibility information consistently and effectively, the Department of Veterans Affairs (VA) renewed its efforts to reevaluate the program.



DoD photo by EJ Hersom

In October 2022, VA began its PCAFC Phase II Expansion. This phase opened PCAFC to veterans who served after May 1975 and before September 2001 – making veterans of all eras eligible to apply to PCAFC. As The American Legion continues to monitor the rollout and implementation of P.L. 115-182 (S.2372 - the VA MISSION Act), which included provisions provided to pre-9/11 caregivers, The American Legion is still mindful of the need for adequate supplemental supports for all caregivers enrolled in both PCAFC and the Program of General Caregiver Support Services (PGCSS).

Finally, as more veterans choose to “age in place” and prefer the comfort of their homes to inpatient living, it is vital Congress continues to fund and expand innovative programs like Veteran Directed Care (VDC), Medical Foster Homes (MFH) and Home Health Aid and Attendance to provide much-needed relief to veterans and their caregivers. This is especially true for veterans who live in rural areas and have difficulty accessing other resources.

KEY POINTS

- » Veteran caregivers play a pivotal and multifaceted role in the lives of veterans, providing around-the-clock physical and mental health support, additional income and fulfillment of day-to-day household duties.
- » Given the increase in veteran deaths from chronic illness, toxic exposure and sudden loss from suicide, caregivers are increasingly struggling with the experience of grief and bereavement.
- » Supporting veteran caregivers is equally important as caring for veterans.
- » As The American Legion continues to monitor the rollout of the VA MISSION ACT, with provisions provided to pre-9/11 caregivers, we are mindful of the need for adequate supplemental supports for all caregivers enrolled in both PCAFC and the PGCSS.

WHAT CAN CONGRESS DO?

- » Ensure VA is properly implementing caregiver programs such as the PCAFC and PGCSS in an efficient and efficacious manner.
- » Mandate increased VA funding for supplemental caregiver support programs such as respite care, Veteran-Directed Care, and home and community-based services.
- » Require the VA Office of Inspector General to report on PCAFC eligibility and program implementation.

Protecting Veterans from Predatory Actors

America's veterans are being targeted by predatory claims companies that charge exorbitant fees for services provided free of charge by veterans service organizations. These companies use aggressive marketing tactics, misleading statements and complicated contracts to profit from veterans receiving Department of Veterans Affairs (VA) benefit payments. They do not adhere to VA regulations and cannot legally represent veterans. These companies charge veterans at a rate of 500 or 600% of whatever future increase in monthly benefits they receive – in violation of U.S. Code, which prohibits the payment of fees based on future benefits compensation (See 38 USC 5301(a)(3)(A)). In return for such large payments, these companies offer so-called “consulting services” and make it clear to the clients that they,



themselves, are still responsible for filing the actual claim with VA. These profiteers are not accredited by VA; thus, their activities cannot be monitored by VA's Office of General Counsel. Other predatory actors have also recently emerged responding to passage of the Camp Lejeune Justice Act (CLJA) which allows veterans and their families who were exposed to contaminated drinking water at Camp Lejeune to pursue legal action against the federal government for damages. While those exposed to these toxins need access to quality legal representation, predatory law firms charging exorbitant fees have inundated veterans and their families with aggressive marketing campaigns attempting to get a portion of what the Congressional Budget Office assesses will be \$6 billion worth of payments over the next 10 years. These firms have also failed to inform prospective clients of the exclusive remedy clause which requires the award be offset by the amount of benefits received through programs at VA, Medicare and Medicaid. In some scenarios, veterans and their families may be left with almost nothing after expansive offsets and exorbitant legal fees are applied.

KEY POINTS

- » Unaccredited predatory claims companies are not bound by VA regulations and cannot be penalized by the Office of General Counsel.
- » Veterans are charged exorbitant fees by these “claim sharks” for services provided free of charge by The American Legion and other veterans service organizations.
- » Through aggressive ad campaigns, some unethical law firms are convincing Camp Lejeune veterans to file lawsuits against the federal government, yet failing to explain how the offset clause in the CLJA could deprive them of settlement money.

WHAT CAN CONGRESS DO?

- » Oppose legislation that elevates the standing of unaccredited claims companies or legitimizes predatory practices that target veterans.
- » Pass legislation that will restore criminal penalties in the prosecution of unaccredited predatory claims companies that target veterans and their dependents.
- » Pass the Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act.
- » Impose a cap on legal services provided in association with the Camp Lejeune Justice Act.
- » Eliminate vague, impractical and unrelated offsets to rewards associated with the Camp Lejeune Justice Act



DoD Photo by Senior Airman Julianne Showalter

PACT Act: Implementation and Oversight

In August 2022, after mounting congressional and grassroots efforts, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022 was signed into law. The American Legion applauds Congress for passing this legislation, which represents the largest expansion of services and benefits to toxic-exposed veterans in more than 30 years. Now, approximately 5 million newly eligible toxic-exposed veterans will have access to Department of Veterans Affairs (VA) care and benefits they need, deserve and have earned. Shortly after the signing of the bill, VA accelerated the timeline for veterans to receive their toxic-exposure benefits by implementing presumptive conditions that became effective Aug. 10, 2022, instead of phasing it in. Additionally, VA noted that it would be expediting benefits processing for veterans who are terminally ill, have cancer, are over the age of 85, are experiencing homelessness, and those who are Medal of Honor and Purple Heart recipients. The American Legion applauds VA's initial proactive response to implementation.

While the PACT Act is an extraordinary achievement, there is a long road ahead. Implementation and congressional oversight are essential, along with transparency to the public and the veteran. Particular attention must be given to:

- » Title II procedures to determine presumptions of service connection based on toxic exposure;
- » Annual notices and opportunities for public comment and a formal evaluation of recommendations;
- » Oversight of Title IX mandates to improve VA workforce to address the forthcoming claims increase; and
- » Establishing a national rural recruitment and hiring plan for the Veterans Health Administration (VHA) to ensure the unique needs of rural veterans are taken into consideration.

VA estimates there will be approximately 6-7 million new disability claims filed as a result of eligibility expansion under the PACT Act and anticipates the claims backlog will increase to about 450,000 by October 2023. While this may seem like a daunting task, VA has managed to reduce significant claims backlogs in recent years. In March 2013, the number of backlogged claims exceeded 630,000, and VA gradually reduced the number to about 68,000 by January 2020. The efforts put forth by the Veterans Benefits Administration (VBA) workforce to reduce previous claims backlogs in the past is admirable, but a substantial backlog of hundreds of thousands of claims due to PACT Act implementation, is not acceptable. It is imperative VA fully leverage the resources made available in the PACT Act to assist in the continued modernization of VBA information technology systems as well as the hiring of additional employees to ensure veterans claims are adjudicated in a timely manner.

KEY POINTS

- » In August 2022, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022 was signed into law.
- » Approximately 5 million newly eligible toxic-exposed veterans will have access to VA care.
- » VA accelerated the timeline for veterans to receive their toxic-exposure benefits by implementing presumptive conditions that became effective Aug. 10, 2022, instead of phasing it in.
- » VA is expediting benefits processing for veterans who are terminally ill, have cancer, are over the age of 85, are experiencing homelessness, and those who are Medal of Honor and Purple Heart recipients.
- » VA estimates approximately 6-7 million new disability claims will be filed as a result of eligibility expansion under the PACT Act and anticipates the claims backlog will increase to about 450,000 by October 2023.

WHAT CAN CONGRESS DO?

- » Comprehensively oversee implementation of the PACT Act.
- » Require VA report to Congress on the internal statistics collected on PACT Act-related claims pertaining to approved and denied claims, benefits exam quality, length of claims application from start to finish, and quality of care.
- » Fully support VBA by providing the funding necessary to counter the looming claims backlog.

Concurrent Receipt

Currently, some 50,300 military retirees with combat-related injuries qualify for retirement pay for their service from the Department of Defense (DoD), and for compensation for service-connected disabilities from the Department of Veterans Affairs (VA). However, for retired veterans with disability ratings of less than 50%, their disability compensation is deducted from their retirement pay. The American Legion supports ending this unfair policy of forcing many military retirees to forfeit their retired pay to receive equal amounts of disability compensation.

KEY POINTS

- » Retirement benefits and disability compensation are two separate benefits, provided for two different reasons, and therefore should never be conflated.
- » Veterans with service-connected disability ratings less than 50% have their VA disability compensation deducted from their DoD retirement pay.

WHAT CAN CONGRESS DO?

- » Pass the Major Richard Star Act, which would provide total offset relief to veterans who retired from the military.



DoD photo by Sgt. Tekoa Burns

Career Transition, Education & Economic Opportunity for Servicemembers & Veterans

GI Bill for Honorable Service

To receive most Department of Veterans Affairs (VA) benefits, a discharge characterized by the military must be “under honorable conditions.” However, education assistance benefits require a servicemember to have an “honorable discharge.” If the character of service is “general under honorable conditions,” the GI Bill remains out of reach for these veterans.

There is no historical precedent for this status quo. Issues surrounding general discharge eligibility for the GI Bill was debated vociferously on the Senate floor prior to the passage of the 1944 Servicemen’s Readjustment Act, resulting in a unanimous committee vote to uphold the original GI Bill for all discharges other than dishonorable. It was only when the Montgomery GI Bill was passed that education benefits were cut back to only honorable discharges.

The American Legion does not believe there is a compelling reason to have deviated from the initial intent of the GI Bill being for all discharges other than dishonorable. The administrative conditions that result in a general discharge do not negate the honorable service these members of the military



DoD Photo

have provided to our country. It is time to finally correct this historical inequity by granting these servicemembers the same educational benefits we provided to our World War II veterans.

KEY POINTS

- » A 1946 Senate Report on the 1944 GI Bill declared, “It is the opinion of the Committee that such (discharge less than honorable) should not bar entitlement to benefits otherwise bestowed unless such offense was such ... as to constitute dishonorable conditions.”

WHAT CAN CONGRESS DO?

- » Correct this statutory incongruity by amending GI Bill eligibility in the U.S. Code to allow those servicemembers who receive a “general under honorable conditions” discharge access to VA educational benefits.

Transition Assistance Program

Approximately 200,000 servicemembers separate from the military annually. As our nation continues to navigate through changes in the economic landscape in the aftermath of the COVID-19 global health crisis, ensuring effective transitional assistance is paramount for proper reintegration from active-duty service to civilian life. Supporting career-building workshops, job fairs and small-business development programs is vital in these reintegration efforts for servicemembers, veterans and their families seeking gainful employment. Utilizing the obligatory Transition Assistance Program (TAP) instruction for all separating servicemembers is a critical component of reintegration.

KEY POINTS

- » A December 2022 Government Accountability Office (GAO) report found that service branches and the DoD TAP policy office could make better use of performance data to improve servicemember participation and increase the benefit of counseling and transition resources available.
- » The 2022 National Defense Authorization Act (NDAA) authorizes grant funding to eligible organizations to provide supplemental TAP services, such as training opportunities for industry-recognized certifications and job-placement assistance.



DoD Photo by David Poe

WHAT CAN CONGRESS DO?

- » Ensure the appropriate federal agencies are adequately and comprehensively implementing the FY2019 NDAA, which includes provisions of the BATTLE for Servicemembers Act, an optional two-day workshop on higher education, skills training and entrepreneurship that folds into the five-day TAP workshop.
- » Provide oversight to VA as it completes TAP studies directed by the Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Improvement Act of 2020 and the NAVY Seal Chief Petty Officer William “Bill” Mulder (Ret.) Transition Improvement Act, which was signed into law through the FY2021 NDAA.

Veterans Preference Hiring

Veterans Preference provides eligible veterans with preference during the government hiring process, based on their veteran status, over other candidates. Given their experiences, veterans deserve this benefit because they bring unique advantages to the federal workforce. This process is a win-win for both the veteran and employer, and federal and state level agencies who use the benefit.

However, changes in the federal workforce environment, increased demand for new hiring authorities, and policy proposals to limit Veterans Preference Hiring pose significant threats to this benefit. To ensure these challenges do not continue, modifications to the process that diminish current hiring practices should be vehemently opposed. Congress and the Department of Veterans Affairs (VA) should reiterate its support for the Veterans Preference Act of 1944, thereby ensuring its application throughout the federal workforce.

KEY POINTS

- » Veterans have made up over 30% of the federal workforce since 2017.
- » Alongside Veterans Preference Hiring, Veterans’ Recruitment Appointment authority allows agencies to appoint eligible veterans to certain positions without competition.



Photo by Lucas Carter

WHAT CAN CONGRESS DO?

- » Oppose any legislation degrading current Veterans Preference Hiring, including proposals that limit it to 10 years after service.
- » Mandate federal and state agencies using new hiring authorities to report annually to Congress on the employment levels and representation of veterans in their workforces, along with the number of veterans hired using these new authorities.
- » Include in that required report a catalog of all veteran recruiting and applicant sourcing activities to ensure the veteran community is aware of job opportunities, regardless of hiring authority, and any other activities demonstrating commitments to conducting outreach to veterans.
- » Require agencies to develop best practices in administrative measures and resources that educate and train human resources professionals and hiring managers on the value of veterans and military spouses and facilitating the translation of military-to-civilian work experience.

Veteran Homelessness

Ending veteran homelessness and mitigating the underlying conditions that create it are critically inter-related. From substance-abuse disorders and untreated mental health issues to unemployment and legal troubles, the reasons behind veteran homelessness are various and complex.

Through the Department of Housing and Urban Development's (HUD) Point-In-Time (PIT) count, 37,252 veterans experienced homelessness on a single night in January 2020. This comprised 8% of all homeless adults. Since 2009, sheltered and unsheltered veteran homelessness has dropped by 49%. To address veteran homelessness, it is critical for policies that offer support to at-risk and homeless veterans and their families through advice and counseling, guidance in obtaining care and benefits, financial help, career fairs and business-development workshops. Doing this helps to achieve The American Legion's goal of, "Getting them before they get on the street."

KEY POINTS

- » As of 2022, the total number of veterans who experienced homelessness was 33,136 – an encouraging decrease of 11% since January 2020.
- » COVID-19-related unemployment rates and evictions were a cause for alarm. Despite government moratoriums, evictions are still occurring throughout the United States., and a surge of veterans seeking assistance from homeless service providers is expected.
- » Female veterans are the fastest-growing demographic among the U.S. homeless population. VA has helped house

or prevent more than 800,000 veterans and their families from experiencing homelessness since 2010

WHAT CAN CONGRESS DO?

- » Permanently authorize the Supportive Services for Veterans and Families (SSVF) program.
- » Allocate additional funding to programming that combats veteran homelessness among women.
- » Provide a higher allocation of project-based HUD-Veterans Affairs Supportive Housing (VASH) vouchers for homeless veterans.
- » Ensure that enhanced-use leasing specifically provides permanent benefits, resources and services to the veterans' community.

GI Bill Parity for National Guard and Reserve Servicemembers

From protecting borders and capitals to delivering pandemic aid and supporting local law enforcement, National Guard and Reserve servicemembers have been increasingly called upon to confront unique challenges. Often, they leave their families and civilian employers for sizable amounts of time – sometimes taking a significant pay cut. Yet despite all we ask of them, too often they are denied a cornerstone benefit for other U.S. veterans: the GI Bill.

According to the law as it is currently written, National Guard and Reserve servicemembers only accrue GI Bill entitlements when called to active duty under federal orders. When National Guard and Reserve servicemembers are activated under state orders, they do not accrue eligibility for GI Bill benefits.



Photo by Maj. Charles Emmons

This discrepancy was especially apparent during the rush of activations amid the COVID-19 pandemic, before a national emergency was declared. The result of these emergency declarations has no bearing on the actual duties the servicemember performs. Those activated for coronavirus relief under the national emergency declaration received credit toward GI Bill eligibility. However, those activated under a governor's state of emergency did not. The thousands of National Guard servicemembers assisting with the construction of the wall on the U.S.-Mexico border received credit toward GI Bill eligibility, but the 120,000 activated to respond to civil-rights protests throughout 2020 did not. We must discard this arbitrary classification of citizen service. The American Legion believes that "Every day in uniform counts." National Guard and Reserve servicemembers who get stretched to the limit serving alongside their active-duty counterparts deserve the same GI Bill eligibility, and it is past time for Congress to provide it to them.

KEY POINTS

- » Over the course of the COVID-19 pandemic, all 50 states and U.S. territories activated servicemembers under 502(f) status to directly respond to the national public health crisis.
- » When Army Reserve servicemembers are ordered to professional development academies, they are activated under GI Bill-eligible 12301(d) orders.
- » When National Guard servicemembers are ordered to the same professional development academies, they are activated under GI Bill-ineligible 502(f) orders.

WHAT CAN CONGRESS DO?

- » Pass legislation that would expand access to the Post-9/11 GI Bill by counting every day that a servicemember is activated under Title 32 orders toward benefits eligibility.
- » Hold the Department of Defense and National Guard Bureau accountable for providing transparency to National Guard and Reserve servicemembers on their GI Bill eligibility.



DoD photo by Dave Palmer

Prioritizing Veterans in Federal Contracting

Federal agencies have an obligation to prioritize veteran-owned small businesses in their procurement strategies to promote robust veteran entrepreneurship and ensure resilient public-sector supply chains. Unfortunately, many federal agencies continue to underperform in meeting their goals for Service-Disabled Veteran-Owned Small Businesses (SDVOSBs). An American Legion analysis of the U.S. Small Business Administration's Office of Policy, Planning and Liaison found that among the 24 largest federal agencies, only four met both their prime and subcontracting goals (3% of total purchasing) on SDVOSBs in 2020.

Underachieving agencies need to work diligently to increase their share of spending on SDVOSBs and end this discrepancy. However, challenges to veterans' preference in government contracting persist even among agencies that already rely heavily on veteran-owned small businesses. The Department of Veterans Affairs (VA) depends on SDVOSBs at a greater rate than any other federal agency, thanks largely to its adoption of the Veterans First Program (Vets First). As a unique verification authority, Vets First provides access for veteran-owned small businesses to take advantage of unique set-aside and sole source contracting opportunities.

Regrettably, VA is attempting to transition its procurement model from its current Medical Surgical Prime Vendor (MSPV) program to the Defense Logistics Agency's acquisition system. Unfortunately, this jeopardizes the future of the Vets First mandate. SDVOSBs will be negatively impacted by VA's move from a Vets First-compliant procurement program. Any effort to divest from SDVOSBs must be opposed. Instead, the Vets First procurement framework must be actively promoted for the well-being of the veteran community.

KEY POINTS

- » Most federal agencies struggle to meet their prime and/or subcontracting quotas with SDVOSBs.
- » VA is attempting to transition away from its MSPV 2.0 procurement requirements to the Defense Logistics Agency's acquisition system, a non-Vets First compliant contracting vehicle.
- » Vets First has increased the proportion of contracting dollars going to SDVOSBs to over 20% of all prime dollars awarded in 2020.

WHAT CAN CONGRESS DO?

- » Hold agencies accountable for achieving their 3% prime and subcontracting procurement spending goal for SDVOSBs as predicated under Public Law 106-50.
- » Codify additional measures to mitigate the negative impacts of category management and ensure that SDVOSBs can compete in the federal marketplace.
- » Include language in the National Defense Authorization Act to require the Department of Defense to adopt the Vets First procurement model.

VA Home Loan Transferability to Families

Due to the economic volatility precipitated by the COVID-19 pandemic, current market variables have created systemic challenges for veterans and families that demand a re-examination of the size and scope of the VA Home Loan Guaranty Program.

Nearly 50% of non-homeowner millennials say down-payment savings is their primary obstacle in buying a home. If transferability is added to the VA Home Loan Guaranty Program, the no-down-payment incentive is a solution that can overcome this obstacle. Also, this could positively impact living veterans as 12% of home buyers are adult children purchasing multi-generational homes to be closer to, and provide care for, aging parents.

Expansion of the VA Home Loan Guaranty benefit will produce advantages for veterans and their families. The fundamental goal of VA's education and housing programs must be to ensure that veterans have the opportunity to provide, with honor and dignity, the economic necessities of life for themselves and their families. All veterans should have the privilege and equal opportunity to enjoy this benefit in any way they choose, including in support of their dependents.

The military has a saying that when a person chooses to serve this country, the entire family serves. If this is an authentic statement, the sacrifices made to support that service should be rewarded in a way that makes the family whole by providing something tangible that reflects the pride of such service. By expanding the VA Home Loan Guaranty benefit to family members of those who serve, our nation will put action to the words, "Thank you for your service."

KEY POINTS

- » Despite record loans guaranteed in Fiscal Year 2021, VA's Home Loan Guaranty Program plummeted from 1.44 million loans guaranteed to 746,091 in FY 2022.
- » The National Association of Realtors reports that first-time buyers dropped to an all-time low of 26%.

WHAT CAN CONGRESS DO?

- » Pass legislation that would expand the VA Home Loan Guaranty Program by granting a servicemember or veteran authority to transfer their home-loan benefits to family members, such as a spouse and children.



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Maintain a Strong National Defense



Photo by Lance Cpl. Tyler Main

Military Quality of Life

The U.S. military's greatest resources are individual servicemembers and their families. Without highly qualified and committed men and women, even the most sophisticated weaponry will not provide the deterrent force necessary to defend our nation. Factors that contribute to quality of life include proper compensation, equal opportunities for career development, appropriate housing, quality healthcare, reasonably priced commissaries, and access to affordable day care. Service in the military comes with frequent risks and dangers. However, an individual servicemember's or family's welfare should never be compromised by the loss or degradation of services owed to them.

Future closures and downsizing of Department of Defense (DoD) military treatment facilities and clinics and the reduction of access to more than 155,000 military families, retirees, and DoD civilian employees raises concerns that these changes put individuals, their coworkers and their families at risk. The move seeks to transition care from on-base clinics to off-base community care while hospitals aim to prioritize treatment for active-duty personnel. While there is concern that these changes could negatively impact TRICARE recipients, details regarding the logistics of the healthcare transition at overseas installations remain much more unclear. Last year, Yokosuka Naval Base, homeport of the U.S. 7th Fleet, became the first installation to limit civilian employees to space-available appointments for most healthcare needs, while being encouraged to seek Japanese healthcare providers for routine health maintenance. The American Legion is concerned about these effects on readiness, recruitment and retention of the civilian workforce which supports the U.S. mission.

Privatized military housing continues to be a problem for families as contracted companies struggle to provide quality housing. Military families complain of substandard housing, exposure to potentially toxic substances such as lead paint and mold, insect and rodent infestations, as well as issues involving poor maintenance

practices. Furthermore, water-contamination issues on military installations and naval vessels have recently surfaced, causing concerns about access to fresh water for military families in communities such as those associated with the Red Hill Bulk Fuel storage facility in Honolulu, Hawaii.

A recently settled suit by the Department of Justice held one private military housing company liable for \$65 million in damages in a scheme to defraud the U.S. military after it was discovered the company lied about repairs made to military housing facilities while still collecting performance-incentive fees. Regrettably, a recent Government Accountability Office report found that DoD oversight of privatized housing remains inadequate to ensure that military families have suitable housing.

Prior to the COVID-19 pandemic, not all military families had adequate or timely access to installation childcare providers, due to a shortage of facilities and lengthy waiting lists. Today, the problem persists even with more facilities. The DoD issues orders and directs military members to move globally, so it must seek new ways to mitigate and reduce the problem with access to childcare.

According to “Feeding America,” the nation’s largest hunger-relief charity, as many as 24% of active-duty servicemembers have issues with food insecurity and providing for their families. This issue primarily impacts junior enlisted servicemembers between the ranks of E-1 through E-4, especially those with families residing within high cost-of-living areas. A systematic review and frequent adjustments to quality-of-life benefits can ensure servicemembers are focused on their duties rather than being concerned for their families’ health and welfare.

The American Legion believes that Congress and the DoD must appropriately prioritize quality-of-life standards for servicemembers and their families. Inflationary pressures resulting from the pandemic and the war in Ukraine have led to significant increases in the cost of living. Funding for military pay, benefits and quality-of-life programs must be adjusted accordingly. Moreover, barriers to quality-of-life services offered to servicemembers and their families negatively impact retention and recruitment numbers of our armed forces.

KEY POINTS

- » DoD considers childcare services a quality-of-life benefit, and DoD officials have indicated that the primary reason for providing childcare services is to enhance force readiness.
- » According to DoD, 10% of families live on base, in substandard government-owned military housing that is often dilapidated, too small, and lacking in modern facilities. In light of the recent lawsuit regarding mismanagement by privately owned military housing, concerns about companies’ abilities to provide quality, safe housing continue.
- » Food insecurity increasingly threatens individual readiness and the ability for military commands to deploy at a moment’s notice.

WHAT CAN CONGRESS DO?

- » Pass legislation that would expand financial assistance to servicemembers for childcare, increase access through new agreements with private and public childcare facilities and grant minor military construction authority for new child-development centers.
- » Increase funding for rebuilding and renovating of family housing and military barracks. Require private military companies to maintain a sufficient inventory of military housing.
- » Continue to fully fund and retain the military commissary system, which is essential to the morale and readiness of servicemembers and their families, and quality of life for retirees and veterans.
- » Increase authorization of appropriations in the National Defense Authorization Act to address matters involving food insecurity.
- » Ensure military treatment facilities conduct a smooth hand-off to community care providers for affected TRICARE beneficiaries and that those regions impacted have appropriate staffing and resources to undertake care for military families and retirees.



DoD Photo

Citizenship for Military Service

Immigrants have always made up a portion of the U.S. Armed Forces, and military service has been a pathway to U.S. citizenship for more than 760,000 immigrant servicemembers. In the last five years (fiscal years 2018-2022), more than 33,000 servicemembers with permanent residency were naturalized. In 2022, more than 10,600 servicemembers became American citizens, an almost 21% increase from the previous year. However, obtaining citizenship is not automatic and requires a servicemember to begin the process after initial entry into the military. Delays in naturalization can limit career advancement and the ability to obtain clearances. Eligible veterans who do not complete the process during service are discharged with their resident alien status and remain non-U.S. citizens.

In recent years, various reports from citizenship organizations, national and local news sources, and firsthand accounts from members of Congress have confirmed the deportation of hundreds, possibly thousands, of veterans. Many veterans have stated they believe their service automatically awarded citizenship. Furthermore, many believe the military did not do enough to inform non-citizen servicemembers that they qualified for an expedited citizenship process. The servicemember is typically left to pursue citizenship with little assistance or guidance. Recent Department of Defense (DoD) policy changes make it challenging to get their naturalization paperwork in order.

The American Legion believes all non-citizen immigrant veterans should be afforded every opportunity to complete the process toward citizenship before exiting the military. Post-service opportunities should also be bolstered, both for veterans and their family members.

KEY POINTS

- » Dating back to 1775, countless immigrants have made the ultimate sacrifice in defense of our nation.
- » U.S. Citizenship and Immigration Services teams at military training installations were removed, which prevented military members from being naturalized upon graduating from basic training.
- » Veterans have been deported for committing non-violent crimes after serving in the U.S. Armed Forces.
- » Deported veterans lack full access to their earned VA benefits..

WHAT CAN CONGRESS DO?

- » Restore the Naturalization at Basic Training Initiative so that servicemembers can apply for naturalization as soon as they are eligible, and their applications can be processed efficiently and cost-effectively.
- » Implement measures within the DoD to ensure the process of naturalization through honorable military service is completed before discharge.
- » Reintroduce and pass legislation, such as the Veteran Service Recognition Act of 2022, that would provide protection from deportation for non-citizen veterans and their families.

Ensure the Coast Guard is Paid

Defending our nation comes with the obligation for the U.S. government to adequately fund the Department of Defense (DoD), especially during government shutdowns. While the U.S. Coast Guard is not a part of DoD, its role involving national security on our nation's borders and around the world is equally vital to the work our military performs. The U.S. Coast Guard provides law enforcement, port security, and maritime and coastal safety, while too often operating outdated equipment and vessels.



Photo by Petty Officer 3rd Class Brian McCrum

Organized under the Department of Homeland Security, more than 50,000 members of the U.S. Coast Guard operate a multi-mission, interoperable fleet of 259 cutters, 200 fixed and rotary-wing aircraft, and more than 1,600 boats and vessels. Previous government shutdowns caused members of the Coast Guard to temporarily lose pay and benefits, resulting in unnecessary stress, financial problems, significant degradation in readiness and an increased threat to the nation. Despite not being paid, they would continue to work because their jobs are a matter of national security. During the 2019 government shutdown, The American Legion stepped up and issued more than \$1 million in expedited Temporary Financial Assistance grants to Coast Guard personnel and their families.

The American Legion believes that the Coast Guard's mission is essential to national security, and its personnel should never go without pay. The Coast Guard is also in critical need of significant modernization to keep pace with today's emerging threats.

KEY POINTS

- » The U.S. Coast Guard is the only branch of the U.S. Armed Forces that does not fall under DoD. During federal government shutdowns, Coast Guard personnel are more exposed to working without pay.
- » Because the Coast Guard is uniquely responsible for maritime security, search and rescue, port security, law enforcement, and military readiness with jurisdiction in domestic and international waters, American presidents have transferred Coast Guard assets to the Department of the Navy during almost every conflict, and therefore should be treated and funded accordingly.
- » The Coast Guard is in the midst of the largest recapitalization effort in its history – an effort critical to rebuilding the service branch. However, until recapitalization is fully completed, servicemembers must continue to conduct missions with legacy assets, some of which are over 50 years old and require parts that are either no longer made or readily available.

WHAT CAN CONGRESS DO?

- » Approve and continue to increase the Coast Guard's budget annually to meet national security requirements and funding priorities, such as restoring readiness and recapitalizing legacy assets and infrastructure.
- » Pass legislation that would ensure pay and allowances for members of the Coast Guard during a funding gap.

Supporting our Afghan Allies

In August 2021, the United States ended 20 years of war in Afghanistan, the longest war in American history. It ended as it started: with the Taliban in power. The chaotic withdrawal and rush to evacuate Americans and Afghans alike brought tens of thousands of Afghans to the United States but left as many as 160,000 Afghan allies who

worked alongside Americans without a guaranteed exit from the country, rendering them vulnerable to Taliban retaliation. These Afghan nationals include those who supported the U.S. mission in Afghanistan, human-rights defenders, women in government and others at risk under the new regime.

The war effort relied on the life-saving assistance of thousands of Afghans who put themselves in danger to serve alongside U.S. troops, diplomats and contractors. These individuals provided indispensable linguistic, cultural and geographic knowledge at great personal risk to themselves and their loved ones. The Afghan Special Immigrant Visa (SIV) program was established in 2009 to support those Afghans who aided the U.S. mission and provide them with a new start in America after their service ended.

Currently, Afghans who were brought to safety during the military evacuation and admitted to the United States under temporary humanitarian parole have protection for two years. That arrangement is set to expire in August and September of this year. These wartime evacuees can only pursue a means to stay long-term with lawful permanent residence through the asylum system or for a discrete population of allies, the Afghan SIV program. Both options face severe backlogs, long processing times, and logistical obstacles for Afghans who were brought to the United States under emergency circumstances. Congress has passed SIV and adjustment legislation to address issues like this in the wake of other wartime evacuations and humanitarian crises, including the Vietnam and Iraq Wars.

Though the war is over, the U.S. government must continue its support for our wartime partners. To do this, Congress and the executive branch must work together and fulfill their responsibilities to the SIV program and uphold our commitment to the Afghans who need it. We must also create a pathway to permanent residency in the United States for those refugees not currently eligible for the SIV program but were brought to this country with the promise of a safe future.

KEY POINTS

- » We have a code in the U.S. military: “no one left behind.” For two decades, we fought shoulder-to-shoulder with brave Afghan allies who served with, and protected, American forces, fighting for the freedom of Afghanistan and its people. We must honor the promises we made as a nation and are duty-bound to fulfill. We must provide genuine and lasting protection to the Afghans who have made it safely to the United States and to those who have been left behind.
- » The Afghan Special Immigrant Visa (SIV) program’s eligibility is limited and helps only some of those who supported the U.S. military mission in Afghanistan. For instance, none of the Afghan military pilots, Female Tactical Platoons, Afghan Special Forces or other Afghan military partners who were employed by the Afghan (rather than U.S.) government are eligible for protection under the U.S. SIV program – despite assisting America in joint missions in Afghanistan for over 20 years.
- » Litigation of the 20-year war in Afghanistan, overseen by two Democratic and two Republican presidents – or the chaotic nature of the U.S. withdrawal from the country – cannot happen on the backs of the Afghans, servicemembers and veterans who were asked to sacrifice for its mission. We defer all such reviews to the appropriate venue: the Afghanistan War Commission, the nonpartisan, independent commission formally authorized as part of the 2022 National Defense Authorization Act, to examine every aspect of the war in Afghanistan, including the political and strategic decisions that transformed a focused military mission into a vast, nation-building campaign that became the longest war in U.S. history.

WHAT CAN CONGRESS DO?

- » Pass legislation updating the Afghan Allies Protection Act to fix the Special Immigrant Visa program and ensure it endures as a permanent tool of American foreign policy.
- » Reintroduce and pass the Afghan Adjustment Act, a bipartisan piece of legislation from the 117th Congress that would grant permanent legal status to Afghan refugees and improve the Special Immigrant Visa process for Afghans who served alongside U.S. servicemembers.

Build National Pride and Advance Patriotism

Amend & Update the U.S. Flag Code

Appropriate care, display and respect for the U.S. flag has been a mission of The American Legion for nearly its entire history. In June 1923, the Americanism Commission called the first National Flag Conference in Washington D.C. There, representatives from the American Legion, Daughters of the American Revolution, Boy Scouts, Knights of Columbus, the American Library Association, and more than 60 other patriotic, fraternal, civic and military organizations gathered to draw together one standard set of guidelines relating to the flag from the many traditions and variations rampant in the country at that time. President Warren G. Harding even addressed the attendees. A second National Flag Conference was held in June 1924. After both conferences, The American Legion printed and distributed the results nationwide.



American Legion Photo

Congress made the U.S. Flag Code public law in 1942. Amended several times in the decades since its adoption, the U.S. Flag Code establishes advisory rules for the care, display and respect of the American flag. However, the law does not provide any criminal or civil penalties for violating any of its provisions. Minor changes have been made, but Congress has never made comprehensive changes to the code.

The American Legion believes our flag, which predates our Constitution, says “America” more than any other symbol. America is a tapestry of diverse people, and the flag represents the values, traditions and aspirations that bind us together as a nation. It stands above the fray of day-to-day politics and differences of opinion. It unites us in times of national crisis. Therefore, The American Legion urges Congress to approve changes to the U.S. Flag Code to codify multiple accepted patriotic customs and practices pertaining to its display and use. These changes include additional times and occasions where the flag should be displayed at half-staff, how other flags should be flown when accompanying the U.S. flag and allowing for a flag patch to be worn on the uniforms of military personnel, first responders and members of patriotic organizations.

KEY POINTS

- » The United States Flag Code, Title 4, United States Code, Chapter 1, Subsections 1-10, is a codification of existing rules and customs pertaining to the display and use of the flag of the United States of America.
- » Practices and customs have been modified over the years regarding certain display procedures.
- » The Flag Code needs to reflect current, accepted patriotic practices.

WHAT CAN CONGRESS DO?

- » The American Legion urges Congress to approve changes to the U.S. Flag Code to codify multiple customs and practices pertaining to the display and use of the flag of the United States of America.
- » Reintroduce and pass legislation, such as H.R.4212, the Flag Code Modernization Act of 2021, which would amend the U.S. Flag Code to codify multiple common patriotic customs and practices.

Legislative Victories in the 2nd Session of the 117th Congress

Accomplishments and Progress for the Veteran Community in 2022

Address Toxic Exposure & Burn Pits: After many years of advocacy on behalf of toxic-exposed veterans, Congress finally passed the Sergeant First Class Heath Robinson Honoring Our PACT Act. This legislation ensures millions of veterans exposed to toxic substances during their service will have access to Department of Veterans Affairs (VA) care and benefits. It also delivers critical resources to VA to ensure timely access to care and requires VA to conduct new studies of veteran health trends.

Suicide Prevention and Peer Support: In July 2022, President Biden signed the Solid Start Act of 2022 into law. This bill would permanently authorize and expand the Solid Start program, an outreach program for veterans in their first year of separation from the military. In December 2022, Congress included the Support The Resiliency of Our Nation's Great (STRONG) Veterans Act of 2022 in the FY2022 omnibus package. This bill addresses mental health issues by updating training for VA workforce and Veterans Crisis Line staff, implementing pilot programs to examine Veterans Crisis Line facilitation to increase use among high-risk veterans, conducting studies and research on best practices, and providing outreach to veterans regarding mental health resources. It also includes a provision to designate one week each year as "Buddy Check Week" for outreach and education concerning peer wellness checks for veterans.

Healthcare for World War II Veterans: As part of the FY2022 omnibus package, Congress passed the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022 (Cleland Dole Act). This bill expands eligibility for VA hospital care, medical services and nursing home care to include World War II veterans.

Improve Healthcare for Women Veterans: In June 2022, President Biden signed the Making Advances in Mammography and Medical Options for Veterans Act (the MAMMO Act). This legislation will improve breast-imaging services for military veterans and require VA to submit a strategic plan to Congress for improving breast-imaging services to veterans and expanding access to more modern technologies.

VA Healthcare Modernization: In December 2022, Congress included the Guaranteeing Healthcare Access to Personnel Who Served (GHAPS) Act. This comprehensive bill improves veterans' healthcare by increasing access to community care and creating more transparency for VA wait times. Specifically, the bill establishes access

to care standards for non-VA care under the Veterans Community Care Program (VCCP) by setting a baseline expectation for the timeliness of care provided to veteran patients and ensuring that VA cannot restrict access without Congressional approval. The omnibus package also included the Veterans Benefits Improvement Act of 2021, which will bolster employee recruitment for the Board of Veterans' Appeals and improve VA's scheduling of veterans' medical disability exams by increasing communication between contractors conducting disability exams, veterans service organizations (VSOs) and attorneys assisting veterans with their claims.



The American Legion's Congressional Testimony in 2022

March 18: BEYOND DEBORAH SAMPSON, IMPROVING HEALTH CARE FOR AMERICA'S WOMEN VETERANS IN THE 117TH CONGRESS

The issue: Health care for women veterans

The forum: House Committee on Veterans' Affairs, Subcommittee on Health

American Legion testimony: Recommended Congress urge VA to extend quality newborn care at VA medical centers, expressed support for the Protecting Moms Who Served Act, and called on VA to recognize differences in gender makeup and how women respond to treatments, in addition to identifying gender-specific plans of action

April 21: PENDING LEGISLATION

The issue: Pending legislation

The forum: House Committee on Veterans' Affairs, Subcommittee on Oversight and Investigations

American Legion testimony: Support for H.R. 711, H.R. 1948, H.R. 2082, the VA Quality Health Care Accountability and Transparency Act; the Improving VA Accountability to Prevent Sexual Harassment and Discrimination Act; the VA Beneficiary Debt Collection Improvement Act; and a discussion draft bill to require VA to submit to Congress a plan for expending COVID funding for VA

April 28: PENDING LEGISLATION

The issue: Pending legislation

The forum: Senate Committee on Veterans' Affairs'

American Legion testimony: Express support for S.437, S.454, S.565, S.657, S.810, S.927, S.952, and S.1188.

May 5: PENDING LEGISLATION

The issue: Pending legislation

The forum: House Committee on Veterans' Affairs

American Legion testimony: Support for H.R. 1355, H.R. 1585, H.R. 1972, H.R. 2127, H.R. 2372, H.R. 2607, and H.R. 2368

May 12: SUPPORTING DISABLED VETERANS, THE STATE OF CLAIMS PROCESSING DURING AND AFTER COVID-19

The issue: VA benefits and claims during the COVID-19 pandemic

The forum: Senate Committee on Veterans' Affairs

American Legion testimony: Discussed the rise of ACE examinations, eliminating the backlog with ACE, and the critical role of Disability Benefits Questionnaires

June 23: HONORING VETERANS AND MILITARY FAMILIES, AN EXAMINATION OF IMMIGRATION AND CITIZENSHIP POLICIES FOR U.S. MILITARY SERVICE MEMBERS, VETERANS AND THEIR FAMILIES

The issue: Immigration and citizenship policies for military servicemembers, veterans and their families

The forum: Senate Judiciary Committee, Subcommittee on Immigration, Citizenship, and Border Safety

American Legion testimony: Discussed issues related to veteran deportation, immigration and customs enforcement deportation process problems, and recommended solutions. Recommended solutions included implementing measures within DoD to ensure the process of naturalization through honorable military service is completed prior to discharge and reopening the 19 field offices abroad to support the naturalization process for deployed servicemembers.

September 21: PENDING AND DRAFT LEGISLATION

The issue: Pending and draft legislation

The forum: House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity

American Legion testimony: Expressed support, support with amendments, and opposition to several pieces of legislation. Bill topics ranged from veteran educational benefits, stipends for childcare services, home loan assistance, homeless veteran reintegration programs, to the shallow subsidy program, and more.

October 13: PENDING LEGISLATION

The issue: Pending legislation

The forum: House Committee on Veterans' Affairs, Subcommittee on Health

American Legion testimony: Expressed support for H.R. 23819, H.R. 2916, H.R. 4575, H.R. 4794, H.R. 5073, and H.R. 5317. Indicated no position on H.R. 5029 and draft legislation related to seasonal influenza vaccines furnished by VA.

October 20: PENDING LEGISLATION

The issue: Pending legislation

The forum: House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Veterans' Affairs

American Legion testimony: Articulated support for H.R. 2568, H.R. 2724, H.R. 2827, H.R. 3402, H.R. 3793, and H.R. 4191. Wrote in opposition of H.R. 2800 and no position for H.R. 4772. Additionally, showed support for draft legislation concerning improving the manner in which the Board of Veterans Appeals conducts hearings regarding claims involving MST and to extend increased dependency and indemnity compensation paid to surviving spouses of veterans who die from ALS.

November 17: SUPPORTING SURVIVORS, ASSESSING VA'S MILITARY SEXUAL TRAUMA PROGRAMS

The issue: VA's MST programs, how they have been doing, and how to improve them moving forward

The forum: House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Veterans' Affairs and Subcommittee on Health

American Legion testimony: Recommended ways for VA to improve care provided to MST survivors. This advice included improving the oversight of MST claims and subsequent care, combining VHA and VBA MST processes by creating a stand-alone MST office, and requiring DoD to permanently maintain records of reported MST allegations thereby expanding victims' access to documented evidence which is necessary for future VA claims.

December 7: REMOVING BARRIERS TO VETERAN HOMEOWNERSHIP

The issue: VA Home Loans

The forum: House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity

American Legion testimony: Discussed the challenges of utilizing the VA Home Loan Program as well as solutions. Solutions included VA and Congress considering adding flexibilities into the VA Home Loan for extremely competitive markets as well as increasing support for VA-approved appraisers and equipping them with accessible information and education.

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Preamble to The American Legion Constitution

FOR GOD AND COUNTRY, WE ASSOCIATE OURSELVES TOGETHER FOR THE FOLLOWING PURPOSES:

To uphold and defend the Constitution of
the United States of America;

to maintain law and order;

to foster and perpetuate a
100-percent Americanism;

to preserve the memories and incidents of
our associations in all wars;

to inculcate a sense of individual obligation to
the community, state and nation;

to combat the autocracy of both the classes and the masses; to

make right the master of might;

to promote peace and good will on earth;

to safeguard and transmit to posterity the principles of justice,
freedom and democracy;

to consecrate and sanctify our comradeship by
our devotion to mutual helpfulness



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