



STATEMENT FOR THE RECORD
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BEFORE THE
UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS

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Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of the Committee, Since 1944, AMVETS (American Veterans) has been one of the largest congressionally-chartered veterans' service organizations in the United States and includes members from each branch of the military, including the National Guard, Reserves, and Merchant Marine. We provide support for the active military and all veterans in procuring their earned entitlements, and appreciate the opportunity to present our views on the pending legislation being considered today.

S. 244 - A bill to require an independent comprehensive review of the process by which the Department of Veterans Affairs assesses cognitive impairments that result from traumatic brain injury for purposes of awarding disability compensation, and for other purposes.

This measure would require an agreement between the VA Secretary and the Institute of Medicine (IOM) for the performance of an independent comprehensive review of Department of Veterans Affairs (VA) examinations that assess cognitive impairments of those who submit VA disability compensation claims for traumatic brain injury (TBI).

The goals of the comprehensive review would be to determine the adequacy of the tools and protocols used by VA in providing cognitive examinations, and to study the credentials necessary for health care providers to perform assessments of cognitive function. The IOM would convene a group of experts in clinical neuropsychology and other related disciplines to carry out the wide-ranging review.

Within 540 days of the agreement, the Secretary would submit a report to Congress outlining the IOM findings and recommendations for legislative or administrative action required to improve the adjudication of TBI claims.

If an acceptable agreement between the Secretary and the IOM were unable to be reached, the Secretary would make an agreement with another organization that is not part of the Government, operates as a not-for-profit entity, and has expertise and objectivity comparable to that of the Institute of Medicine. In this case, any reference in the bill to the IOM would be treated as a reference to the other organization.

It seems prescient that Senator Tester introduced this bill almost a year and a half prior to the recent VA news that Secretary McDonald has granted equitable relief to more than 24,000 veterans who received VA medical exams processed between 2007 and 2015 related to disability compensation claims for TBI. This group of veterans whose first TBI examination was not performed by one of four medical specialists qualified to diagnose the condition, now has the option to receive a new exam.

The Secretary noted in the VA News Release that, “We let these veterans down,” and that VA was taking every step to ensure this group of veterans receives the full benefits they are entitled to. AMVETS is encouraged that VA publicly admitted the inconsistencies and mistakes made from 2007 to 2015, and that it believes the current TBI policy is clear and being followed.

AMVETS supports this measure pursuant to our National Resolution on Traumatic Brain Injuries, and supports the additional oversight from an independent entity such as the IOM to ensure that there are vetted protocols in place with the correct type of physician for this type of diagnosis, which can be nuanced.

S. 603 - Rural Veterans Travel Enhancement Act of 2015

Section 2 of this Act would make permanent the authority of the Department of Veterans Affairs (VA) to transport individuals to and from VA facilities in connection with rehabilitation, counseling, examination, treatment, and care.

Section 3 would include Vet Centers as VA facilities for the purpose of providing payment of actual expenses of travel, or allowance for travel, to or from a VA facility. A Vet Center is defined as a center for readjustment counseling and related mental health services, and the travel reimbursement allowed for under this new subsection would begin on or after the date of enactment.

Section 4 would amend Section 307(d) of Public Law 111-163 to reauthorize grants for veterans' service organizations to provide transportation of highly rural veterans to and from VA facilities for appointments through 2020.

AMVETS supports this Act based on our National Resolution for Services for Rural & Remote Veteran Populations which urges an increase of the travel reimbursement allowance to the actual cost of expenses. We are particularly pleased with the inclusion of Vet Centers as VA facilities,

and support making the authority permanent for VA to provide transportation to and from medical facilities as well as reauthorizing the grants for VSOs to continue providing rides to veterans in highly rural areas. This transportation assistance can literally save lives, and AMVETS supports that this Act increases veterans' access to physical and mental health care.

S. 2210 - Veteran Partners' Efforts to Enhance Reintegration (PEER) Act

The PEER Act would establish a peer specialist program in patient aligned care teams (PACTs) at medical centers of the Department of Veterans Affairs (VA) to promote the use and integration of mental health services in a primary care setting. This would occur in at least ten VA medical centers within 180 days after date of enactment. Within two years of enactment peer specialists in PACTs would be present in at least twenty-five VA medical centers.

The selection of medical centers would represent a balance of geographic locations; at least five medical centers that specialize in polytrauma and at least ten that do not; those in rural and underserved areas; and those not in close proximity to an active duty military installation.

Each location selected would ensure that the needs of women veterans were specifically considered and addressed, and female peer specialists would be included in the program.

Within 180 days of enactment, and at least once every following 180 days until the program was fully implemented, the Secretary would submit a report to Congress detailing findings, conclusions, and an assessment of the benefits to veterans and their family members. Within 180 days of the last location being selected, the Secretary would submit an additional report to Congress containing recommendations on the feasibility and advisability of expanding the program to additional locations.

Peer specialists are noted for being engaged in their own recovery, and who provide peer support services to others engaged in mental health treatment. AMVETS supports the integration of mental health services into primary care, and also the patient-centric approach of the PACT model of care. Peer Specialist delivered interventions have been shown to improve patient activation in multiple studies. It is also important that women veterans receive access to care that specifically addresses their needs.

AMVETS has a National Resolution on Mental Health Care Services and supports the PEER Act, but notes that in August 2014, the White House issued an Executive Action mandating that twenty-five VA medical centers place Peer Specialists on Primary Care Teams. An update from VA's Office of Research and Development, in collaboration with the National Center for Health Promotion and Disease Prevention, shows that the, "Evaluation of Peer Specialists on VA PACTs (Peers on PACT)" officially began in January 2016, final data is projected to be collected in January 2018, and in September 2019 the study and findings are expected to be complete.

S. 2279 - Veterans Health Care Staffing Improvement Act

Section 2 of this Act would require the Secretaries of Defense and Veterans Affairs to develop a “Docs-to-Doctors Program” aimed at recruiting those separating honorably from the Armed Forces and Reserves who have served in a health care capacity. Individuals in veteran status would be included if separation occurred during the period outlined.

At least once a year the Secretary of Defense would submit a recruitment list to the Secretary of Veterans Affairs which would include, as available, contact information; military rank at separation; and a description of health care experience including any relevant credential, certificate, certification, or license.

The Secretaries would work to resolve barriers related to credentialing or to specific hiring rules, procedures, and processes of the Department of Veterans Affairs (VA) that would potentially delay or prevent a qualified person’s hiring, including reconciling different credentialing processes and standards between the VA and the Department of Defense.

If the VA Secretary determined that a barrier was unable to be resolved, within 90 days a report would be submitted to Congress detailing recommendations for legislative and administrative action suitable to resolve the issue.

Section 3 of this Act would implement a uniform credentialing process for each position held by Veterans Health Administration employees within one year of enactment.

If a VA employee was credentialed under this section for purposes of practicing in a VA location, the credential would be sufficient for any VA location. VA would provide for renewal of credentials, which would not be required solely because an employee moved from one VA facility to another.

Section 4 of this Act would provide full practice authority to advanced practice registered nurses (APRNs), physician assistants (PAs), and other licensed VA health care professionals as considered appropriate consistent with their education, training, and certification. Full practice authority would be provided without state limitations that would otherwise be imposed.

All three sections of this Act support VA recruitment and retention. In the past, AMVETS has stated that VA must improve its recruitment, hiring and retention policies to ensure the timely delivery of high quality healthcare to our veterans. We appreciate the intent of this Act which works towards this goal.

AMVETS has a National Resolution supporting Civilian Credentials for Military Training & Experience, and believes as a nation we need to be prepared to do our part to assist transitioning service members obtain living-wage employment opportunities based on the experience and skills they developed in the military. We note that Section 2 pertains just to the medical field,

and while AMVETS would hope that a broader measure would include all types of military occupation specialties for work inside and outside the VA, we do not oppose this program since the end result would be excellent providers of medical care inside VA, and quality treatment of veterans who receive VA medical care.

AMVETS supports providing full practice authority to advanced practice registered nurses (APRNs), physician assistants (PAs), and other licensed VA health care professionals to allow them to provide care to the full extent of their training. VA has an access to care issue. This is a zero cost solution that would provide veterans with the access, continuity and quality of care, and reduce wait times for veterans needing care.

A 2014 Federal Trade Commission report concluded “that empirical research and on-the-ground experience demonstrate that APRNs provide safe and effective care within the scope of their training, and licensure.” APRNs are not doctors, nor do they want to be doctors, but they are highly trained with more than 97 percent having graduate degrees and 99 percent having attained national certifications in specialty areas of healthcare. They want to take care of patients and they should be allowed to practice to their full scope to the advantage of veterans receiving care.

S. 2316 - A bill to expand the requirements for reissuance of veterans benefits in cases of misuse of benefits by certain fiduciaries to include misuse by all fiduciaries, to improve oversight of fiduciaries, and for other purposes.

S. 2316 authorizes the Department of Veterans Affairs (VA) to reissue veterans’ benefits to a beneficiary in all cases of fiduciary misuse. The VA would pay the beneficiary or the successor fiduciary an amount equal to the misused benefits. VA access to fiduciary-held financial accounts would be increased and require VA access in order to obtain any financial records related to the fiduciary or the beneficiary whenever the VA determined that the financial records would be beneficial to view for the administration of a VA program, or to safeguard the beneficiary's benefits against neglect, misappropriation, embezzlement, or fraud.

AMVETS does not have a National Resolution on this bill, and has taken no formal position at this time.

S. 2791 - Atomic Veterans Healthcare Parity Act

This act would provide for the treatment of veterans who participated in the cleanup of Enewetak Atoll between January 1, 1977 and December 31, 1980 as radiation exposed veterans for purposes of the presumption of Department of Veterans Affairs (VA) service-connection for certain disabilities.

It has been historically documented that from 1946 through the Cold War, the U.S. military tested nuclear weapons in the Marshall Islands, including detonations over 1,000 times stronger

than the atomic bombs dropped on Hiroshima and Nagasaki. Radioactive and other fallout remained and natives sued the Federal Government in 1962 for compensation for losing their homeland, or for its return. In 1977 the U.S. military began the clean-up in preparation to return the land to Marshall Island natives.

Approximately 4,000 American servicemen assisted in what became known as the Enewetak Radiological Support Project between 1977 and 1980, working to scrape 73,000 cubic meters of surface soil off six different islands on the atoll. They deposited the radioactive soil into the Cactus Crater on Runit Island, part of the atoll, and then capped the crater with a thick layer of concrete.¹

AMVETS has two National Resolutions addressing toxic wounds, and advocating for those who suffer chronic conditions as a result of exposure to various contaminants while serving their country remains a top priority. The definition of a Toxic Wound is any adverse health condition, chronic or terminal, suffered by military personnel resulting from, or associated with, exposure to toxic substances or environmental hazards during their military service, the effects of which may not emerge until months or years after initial exposure.

The veterans who served as part of the Enewetak Radiological Support Project are small in number, and evidence of their exposure to contamination is large. AMVETS supports swift passage of this Act.

S. 2958 - A bill to establish a pilot program on partnership agreements to construct new facilities for the Department of Veterans Affairs.

This bill would authorize partnership agreements between Secretary of Veterans Affairs and up to five entities defined as a state or local authority, a 501c3 nonprofit organization, a limited liability corporation, a private entity, a donor or donor group, or any other non-Federal Government entity.

The purpose would be to conduct at least one super construction project; major medical facility projects; or major construction projects of new cemeteries or to develop additional gravesites or columbarium niches at existing cemeteries. Projects selected would already be partially funded by Congress or those that the Department of Veterans Affairs (VA) identified on the Major Construction Strategic Capital Investment Planning priority list. Approved partners would be required to enter into a formal agreement with the Secretary to independently finance or donate project funds leaving no additional cost to the Federal Government.

¹ <https://marshallislands.llnl.gov/>

The program would fall under Federal laws relating to environmental and historic preservation, and the Davis–Bacon Act of 1931 which established the requirement for paying the local prevailing wages on public works projects for laborers and mechanics.

One of the five partnership agreements authorized is to design, finance, and construct a new ambulatory care center in Omaha, Nebraska.

The Secretary may contribute up to \$56,000,000 for the projects and the contribution or liability of the Secretary would not exceed this except to the extent that additional funds are appropriated.

Each partnership agreement would provide that the entity:

- Practice due diligence and conduct any necessary environmental or historic preservation; comply with local zoning requirements except for studies and consultations required of VA under Federal law; and obtain any permits required before beginning construction.
- Use VA construction standards when designing and building the project, except to the extent the Secretary determines otherwise.
- Establish a Board of Directors to oversee the conduct of the project which would be comprised of five to ten members. At least one member would be a veteran who is not a VA employee, at least one would be a VA employee and function as a nonvoting member of the Board; a Chair would be designated to oversee the activities of the Board. All current or proposed members of the Board would promptly disclose any actual or potential conflicts to the Secretary and would agree to remove themselves from Board membership if the Chair and Secretary agreed that it was appropriate due to an actual or potential conflict.
- Within 180 days of inception of the Board, or another timeframe the Secretary approves, a written charter to describe the roles, responsibilities, policies, and procedures of operation of the Board would be created to ensure successful project management, design, construction, and completion of the designated project.
- In addition, the Board would be responsible for overseeing the activities needed to finance, design, and construct the designated project for the Department, and would submit written updates regarding the status of the designated project to the Secretary in a manner the Secretary specifies.
- The Board would defer to the Secretary on all matters inherent to the mission and operations of VA, including conditional or final acceptance of the designated project.
- The Board would not dissolve until after the Secretary provided final acceptance of completion of the designated project to the Board, plus such additional time or contingencies as the Board and the Secretary may jointly approve.

To be eligible to participate in the program, entities would submit a detailed and thorough application to the Secretary to address needs relating to VA facilities identified in VA's Construction and Long-Range Capital Plan.

The Secretary would include in the budget submitted to Congress by the President information regarding any projects conducted under this section during the year preceding the submittal of the budget. Each report would provide a detailed status of projects, including the percentage of completion of the project.

The Comptroller General of the United States would submit a biennial report on the partnership agreements to Congress.

There are many aspects to this complex bill, and AMVETS does not have a formal position at this time.

S. 3021 - A bill to authorize the use of Post-9/11 Educational Assistance to pursue independent study programs at certain educational institutions that are not institutions of higher learning.

This bill would authorize the use of Post-9/11 Educational Assistance to pursue independent study programs at certain educational institutions that are not institutions of higher learning. The independent study program would provide a certificate that reflects completion of a course of study, such as an area career or technical education school or vocational institution providing education at the postsecondary level.

AMVETS does not have a National Resolution on this measure, but favors its passage. It is important that a veteran be able to utilize their earned educational assistance to learn a trade or to develop skills required for a career that are from facilities other than institutes of higher learning.

S. 3023 - The Arla Harrell Act

The Arla Harrell Act would require the Secretaries of Defense and Veterans Affairs to reconsider all compensation claims related to exposure to mustard gas or lewisite during active military, naval, or air service during World War II, and make a new determination on claims denied before the date of enactment.

In carrying this out, the Secretaries would determine if a veteran experienced full-body exposure to mustard gas or lewisite with a presumption that they did, unless it could be proven otherwise. The Secretaries would not use information contained in the Department of Defense (DoD) and Department of Veterans Affairs (VA) Chemical Biological Warfare Database or any other VA or DoD list of known mustard gas or lewisite testing sites as the sole reason for determining whether this exposure occurred.

Within 90 days of enactment, and at least once every 90 days thereafter, the VA Secretary would submit a report to Congress specifying any reconsidered claims that were denied during the preceding 90-days, including the rationale for each denial.

Within one year of enactment, the Secretaries would jointly establish a policy for processing future compensation claims that VA determines are in connection with exposure to mustard gas or lewisite during active military, naval, or air service during World War II.

Within than 180 days of enactment, the Secretary of Defense would, for purposes of determining whether a site should be added to the list of DoD sites where mustard gas or lewisite testing occurred, investigate and assess sites where the Army Corps of Engineers uncovered evidence of mustard gas or lewisite testing or where more than two veterans submitted claims for compensation where claims were denied.

A report to Congress would be required covering experiments conducted by the DoD during World War II to assess the effects of mustard gas and lewisite on people and would include a list of each location where experiments occurred, including locations investigated and assessed related to review of claims; the dates of each experiment; and the number of members of the Armed Forces who were exposed to mustard gas or lewisite in each experiment.

Within 80 days of enactment, the Secretary of Veterans Affairs would investigate and assess the outreach to individuals who had been exposed to mustard gas or lewisite in experiments; the claims for disability compensation that were filed, and the percentage of such claims that were denied. A report to Congress would be required related to findings of the investigations and assessments carried out under this bill, and a comprehensive list of each location where an experiment was conducted.

According to Senator McCaskill, who AMVETS thanks for introducing this legislation, the military has acknowledged for decades that secret mustard gas tests were performed on troops at the end of World War II. A recent U. S. Senate investigation found that 90 percent of related disability compensation claims have been rejected by the Department of Veterans Affairs. This is an astounding statistic.

AMVETS has two National Resolutions addressing toxic wounds, and advocating for those who suffer chronic conditions as a result of exposure to various contaminants while serving their country remains a top priority. The definition of a Toxic Wound is any adverse health condition, chronic or terminal, suffered by military personnel resulting from, or associated with, exposure to toxic substances or environmental hazards during their military service, the effects of which may not emerge until months or years after initial exposure.

AMVETS supports swift passage of the Arla Harrell Act.

S. 3032 - Veterans' Compensation Cost-of-Living Adjustment (COLA) Act of 2016

The COLA Act would provide for an increase in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans effective December 1, 2016.

The dollar amounts to be increased would be wartime disability compensation, additional compensation for dependents, clothing allowance, dependency and indemnity compensation to surviving spouse, and to children.

Each dollar amount would be increased by the same percentage as the Social Security Act, effective December 1, 2016.

The Secretary of Veterans Affairs would publish the amounts specified as increased in the Federal Register no later than the date on which those pertaining to the Social Security Act are required to be published.

AMVETS supports this COLA Act, and encourages its swift passage.

S. 3035 - Maximizing Efficiency and Improving Access to Providers at the Department of Veterans Affairs Act of 2016

This act would establish an eighteen-month pilot program increasing the use of medical scribes to maximize the efficiency of physicians in at least five medical facilities of the Department of Veterans Affairs (VA). A medical scribe is a member of the medical team trained exclusively to perform documentation in an electronic health record to maximize productivity of a physician.

The facilities chosen would have a high volume of patients, or be rurally located in areas determined to have a shortage of physicians which high caseloads.

In carrying out the pilot program, the Secretary would enter into a contract with one or more appropriate nongovernmental entities that train and employ professional medical scribes.

Data would be collected to determine the effectiveness of the pilot program in increasing the efficiency of physicians at VA medical facilities and would measure the following, both before and after implementation of the program:

- The average wait-time for a veteran to receive care from a physician.
- The average number of patients that such a physician is able to see on a daily basis.
- The average amount of time such a physician spends on documentation on a daily basis.
- The satisfaction and retention scores of each such physician.

- The patient satisfaction scores for each such physician.
- The patient satisfaction scores for their health care experience.

Within 180 days after the start of the pilot program, and at least once every 180 days thereafter, the Secretary would submit a report to Congress including the number of VA medical facilities participating in the pilot, and an assessment of the effects that participation has had on maximizing the efficiency of physicians; reducing average appointment wait times; improving access of patients to electronic medical records; mitigating physician shortages by increasing the productivity of physicians as well as all of the data collected as part of the program. The report would also include recommendations with respect to the extension or expansion of the pilot.

AMVETS does not have a National Resolution on this measure, but does not oppose its passage as it relates to increasing a physician's patient load with the goal of providing veterans more ready access to care.

S. 3042 - Justice for Servicemembers Act of 2016

As part of the Military Coalition (TMC), which is a consortium of uniformed services and veterans' associations representing more than 5.5 million current and former service members, their families and survivors, AMVETS recently signed a strong support letter for this bill.

It was noted that this concise, straightforward bill ensures that our service members and veterans can enforce the rights afforded to them under the Uniformed Services Employment and Reemployment Rights Act (USERRA).

Some service members have been unable to exercise their USERRA rights due to increased use of forced arbitration clauses. Usually presented on a take-it-or-leave-it basis, these clauses preclude access to the judicial system and instead funnel service members' employment discrimination or wrongful termination USERRA claims into private, costly arbitration systems set up by the employers. The "Justice for Service Members Act" gives service members the ability to pursue their USERRA claims in court while preserving the option to enter into an arbitration agreement after a dispute arises.

AMVETS supports passage of this important legislation.

S. 3055 - Department of Veterans Affairs Dental Insurance Reauthorization Act of 2016

This act would provide dental insurance to veterans and survivors and dependents of veterans who could enroll on a voluntary basis. This beneficiary group is defined as any veteran who is enrolled in the Department of Veterans Affairs (VA) system or any survivor or dependent of a veteran who is eligible for medical care under section 1781 of this title which is:

- the spouse or child of a veteran who has a total disability, permanent in nature, resulting from a service-connected disability,
- the surviving spouse or child of a veteran who (A) died as a result of a service-connected disability, or (B) at the time of death had a total disability permanent in nature, resulting from a service-connected disability,
- the surviving spouse or child of a person who died in the active military, naval, or air service in the line of duty and not due to such person's own misconduct, and
- an individual designated as a primary provider of personal care services under the caregiver program who is not entitled to care or services under a health-plan contract who are not otherwise eligible for medical care under chapter 55 of title 10 (CHAMPUS).

VA would establish a contract with a dental insurer to administer the plan, and provide benefits for dental care and treatment as considered appropriate, diagnostic services, preventative services, endodontics and other restorative services, surgical services, and emergency services.

Premiums for the dental insurance would adjust annually, and each person covered at the time of adjustment would be notified of the new amount and effective date. The entire premium would be paid by the individuals covered, in addition to the full cost of any copayments.

Voluntary disenrollment would be allowed if it occurred within 30-days of enrollment, or in circumstances where disenrollment did not jeopardize the fiscal integrity of the dental insurance plan. Such circumstances include if an enrollee relocates outside the jurisdiction of the dental insurance plan which prevents use of the benefits, or if they have a serious medical condition preventing them from obtaining benefits. The Secretary would also establish procedures for determining permission for voluntary disenrollment in order to ensure timely decisions.

This program would terminate on December 31, 2021.

AMVETS does not have a National Resolution on this bill, and has taken no formal position at this time.

S. 3076 - Charles Duncan Buried with Honor Act of 2016

The Charles Duncan Buried with Honor Act would authorize the Secretary of Veterans Affairs to furnish caskets and urns for burial in cemeteries of states and Indian tribes of veterans without sufficient resources to provide for caskets or urns.

It is noted that in 2013 Congress enacted the "Dignified Burial and Other Veterans' Benefits Improvement Act of 2012" which authorizes the U.S. Department of Veterans Affairs (VA) to furnish a casket or urn of such quality as the Secretary considers appropriate for a dignified burial in a national cemetery of a deceased eligible veteran who died with no known next of kin

and without sufficient financial resources to furnish a casket or urn. While AMVETS does not have a National Resolution on this issue, we support this Act and believe that those who serve this country should be provided the dignity of having a proper burial if they or their survivors do not have the means to provide for a casket or urn.

S. 3081 - Working to Integrate Networks Guaranteeing Member Access Now (WINGMAN) Act

WINGMAN seeks to streamline the benefit claims procedure between the Department of Veterans Affairs (VA) and Congressional constituent advocates who process claims on behalf of veterans and their families.

Under WINGMAN, an accredited, permanent Congressional employee would have access to electronic Veterans Benefits Administration (VBA) records in a read-only fashion in order to review the status of a pending claim, medical records, compensation and pension records, rating decisions, statement of the case, supplementary statement of the case, notice of disagreement, and Form-9 files. This eliminates the time-consuming step of using the VA as a middle-man to receive files the Congressional employee already has permission to possess.

AMVETS supports this bill, which is in line with our National Resolution addressing the claims and appeals backlog which calls for improving the timeliness of all disability claims and appeals, and agrees that it is unacceptable for weeks or months pass before advocates are able to receive files they requested to help veterans.

Discussion Draft to expand eligibility for readjustment counseling to certain members of the Selected Reserve of the Armed Forces.

This bill would allow any member of the Selected Reserve of the Armed Forces who has a behavioral health condition or psychological trauma to receive counseling provided by the Department of Veterans Affairs (VA) which may include a comprehensive individual assessment. No patient referral would be required and this would take effect one year after date of the enactment Act.

The Selected Reserve includes the Army, Navy, Air Force, Marine Corps and Coast Guard Reserves, and the Army and Air National Guard. These groups have served in unprecedented numbers since 2001, and of the nearly 2 million Iraq and Afghanistan veterans who have become eligible for VA Health Care in that time, nearly 40 percent served in the Reserves or National Guard. This group of veterans present with a wide range of health conditions, and mental disorders are among the top three.

We must do all that we can to provide access for readjustment services and counseling for those who serve in the Armed Forces of the United States, to include those in the Selected Reserve. AMVETS has a National Resolution on Mental Health Services and supports this draft measure.

Discussion Draft to authorize the American Battle Monuments Commission to acquire, operate, and maintain the Lafayette Escadrille memorial in Marnes-la-Coquette, France.

This bill would authorize the American Battle Monuments Commission to acquire, operate, and maintain the Lafayette Escadrille Memorial in Marne-la-Coquette, France.

The Commission would carry out its duties pursuant to an agreement with the Lafayette Escadrille Memorial Foundation and would be subject to the consent of the Government of France. Additionally, the Commission could only employ the personnel needed to carry out this Act.

AMVETS has no National Resolution on this issue, but supports passage of this bill and believes that this memorial should be properly maintained in honor of the U.S. troops who served in WWI and the forty-nine American heroes who are entombed at this location.

Mr. Chairman and members of the Committee, this concludes my testimony and would be happy to answer any questions the Committee may have.