STATEMENT OF JOHN VITIKACS, DEPUTY DIRECTOR
NATIONAL ECONOMICS COMMISSION
THE AMERICAN LEGION
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
VETERANS' BENEFITS

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Mr. Chairman and Members of the Committee:

The American Legion appreciates the opportunity to provide testimony on various veterans' benefit legislation and several draft bills that directly affect the 24 million veterans – past, present and future. The American Legion continues to be deeply concerned about the future of veterans' earned entitlements and deeply appreciate the leadership of this Committee for addressing these important issues.

S. 131 – the Veterans' Higher Educational Opportunities Act of 2001, would amend title 38, United States Code, to modify the annual determination of the basic benefit of active duty educational assistance under the Montgomery GI Bill (MGIB). The measure would change the amount of veterans' educational assistance allowance under MGIB from a fixed amount adjusted for inflation to an amount equal to the average monthly costs of tuition and expenses for commuter students at public institutions of higher education that award baccalaureate degrees (75 percent of such amount for veterans whose initial obligated period of active duty is two years). The proposal requires the Secretary of Veterans Affairs to determine such average monthly costs each year and to publish such amounts in the Federal Register.

The American Legion commends the Committee for its most recent actions, which resulted in improvements to the current Montgomery GI Bill (MGIB) through enactment of Public Law 106-419. In particular, the provision on licensure and credentialing greatly enhances the benefits available under the MGIB. Nonetheless, a stronger MGIB is necessary to provide the nation with the caliber of individuals needed in today's armed forces. S. 131 is a good starting point to address the overall recruitment and retention needs of the armed forces and to focus on current and future educational requirements of the All-Volunteer Force.

Over 96 percent of recruits currently choose to enroll in the MGIB and pay $1,200 out of their first year's pay to guarantee eligibility. However, only one-half of these military personnel use any of the current MGIB benefits. This is due in large part because current MGIB benefits have not kept pace with the increasing costs of education. Costs for attending the average four-year public institution as a commuter student during the 1999-2000 academic year were nearly $9,000. Public Law 106-419 recently raised

the basic monthly rate of reimbursement under MGIB to $650 per month for a successful four-year enlistment and $528 for an individual whose initial active duty obligation was less than three-years. The current educational assistance allowance for persons training full-time under the MGIB – Selected Reserve is $263 per month. Although extremely useful, the MGIB educational allowance improvements enacted under Public Law 106-419 have not addressed the fundamental shortcomings of the program. Data today suggests that only one-fourth of all enlistees, who enroll in MGIB, actually complete a four-year degree of higher education.

The Servicemen's Readjustment Act of 1944, the original GI Bill, provided millions of members of the armed forces an opportunity to seek higher education. Many of these individuals may not have taken advantage of this opportunity without the generous provisions of that law. Consequently, these servicemen and servicewomen made a substantial contribution not only to their own careers, but also to the well being of the nation. Of the 15.6 million World War II veterans eligible for the original GI Bill, 7.8 million took advantage of the education and training provisions. The total education costs of the original GI Bill (terminated on July 25, 1956) were estimated to be approximately $14.5 billion. The Department of Labor estimated that the federal government actually made a profit because veterans earned more income and therefore paid higher taxes. Today, a similar concept applies. The educational benefits provided to members of the armed forces must be sufficiently generous to have an impact. The individuals who use MGIB educational benefits are not only taking the necessary steps to enhance their own careers, but also, by doing so, will make a greater contribution to their community, state, and nation.

In determining the costs of tuition and expenses under S. 131, the Secretary would take into account tuition and fees, the cost of books and supplies, the cost of board, transportation costs, and other non-fixed educational expenses.

The American Legion strongly supports the provisions of S. 131. Increasing the educational benefit available through the MGIB will provide a better incentive to veterans to complete a program of higher education. Conversely, several important enhancements are not incorporated into the bill. Among these are eliminating the required $1,200 "buy-in" payment. The American Legion believes that veterans earn this benefit through the risks, sacrifices, and responsibilities associated with military service. Eliminating the "buy-in" provision would automatically enroll veterans' in the MGIB. Veterans would become eligible to receive the earned benefit through meeting the terms of their enlistment contract and by receiving an honorable discharge.

The American Legion is concerned that S. 131 does not increase the rate of educational benefits earned by members of the Select Reserves. Today, the All-Volunteer military relies on the National Guard and the Reserves to meet its force requirements. Individuals serving in the Select Reserves can be activated to duty at a moment's notice. Oftentimes, these units reinforce the active-duty military around the globe, as is presently the case in the Balkans. The American Legion believes that

members of the National Guard and the Reserves should also receive a substantial increase in MGIB educational benefits.

Additionally, The American Legion supports House Veterans' Affairs Committee Chairman Chris Smith's veterans' education bill, H.R. 1291 – the 21st Century Montgomery GI Bill Enhancement Act. The provisions contained in H.R. 1291 which seek to raise the monthly rate of GI Bill entitlements to $1,100 by 2004 will help bring current entitlements closer to the actual cost of education in America today. While The American Legion supports both S. 131 and H.R. 1291, it is our hope that efforts will continue to restore the benefits afforded through the Montgomery GI Bill to the level of the original Servicemember's Readjustment Act of 1944.

The American Legion advocates that the following provisions must become part of any successful overhaul of the current MGIB:

- The dollar amount of the entitlement should be indexed to the average cost of a college education including tuition, fees, textbooks, and other supplies for a commuter student at an accredited university, college, or trade school for which they qualify. The American Legion supports indexing the monthly MGIB payment to the average costs of a college education or trade school tuition. The MGIB would then be adjusted on an annual basis to include tuition, and other associated costs, and includes a separate monthly stipend. With these provisions, veterans would be provided educational benefits on par with the first recipients of the original GI Bill.

- The educational cost index should be reviewed and adjusted annually. The Chronicle of Higher Education Almanac annually publishes the average costs at four-year public and private colleges for commuter students and at two-year colleges.

- A monthly tax-free subsistence allowance indexed for inflation must be part of the educational assistance package. Veterans must receive a monthly income stipend in addition to tuition assistance.

- Service members would no longer have to elect to enroll in the MGIB upon enlistment. Enrollment in the MGIB would become automatic upon commencement of active duty service, or active duty service for training purposes. Veterans would still have to meet the MGIB eligibility criteria in order to receive educational benefits.

- The current military payroll deduction ($1200) requirement for enrollment in MGIB must be terminated. The MGIB would rightly become an earned benefit rather than a participatory benefit.

- If a veteran enrolled in the MGIB acquired educational loans prior to enlisting in the Armed Forces, MGIB benefits may be used to repay existing educational loans.

- If a veteran enrolled in MGIB becomes eligible for training and rehabilitation under Chapter 31, of Title 38, United States Code, the veteran shall not receive less educational benefits than otherwise eligible to receive under MGIB.

- If a veteran becomes eligible for vocational rehabilitation training, they would not receive less educational assistance than under the provisions of Chapter 30 of Title 38, United States Code.

- A veteran may request an accelerated payment of all monthly educational benefits upon meeting the criteria for eligibility for MGIB financial payments, with the payment provided directly to the educational institution.

- Separating servicemembers and veterans seeking a license or credential must be able to use MGIB educational benefits to pay for the cost of taking any written or practical test or other measuring device. The American Legion commends the action taken in Public Law 106-419 that enables veterans to use MGIB eligibility to enroll in certified education courses to obtain state licenses and certification in specialty occupations.

- The American Legion strongly encourages Congress to increase the rate of MGIB payments to members of the National Guard and the Reserves. Today's Total Force Concept places a greater reliance on the National Guard and the Reserves. Citizen soldiers who choose to enlist in the Select Reserves must be provided additional compensation to further their individual education.

The American Legion believes that all of these provisions are equally important to providing the appropriate and necessary enhancements to the current MGIB.

S. 228 – would amend section 3761 of title 38, United States Code, to make permanent the Native American veterans housing loan program, which currently terminates on December 31, 2001. The purpose of such loans is to permit Native American veterans who are located in a variety of geographic areas and in areas experiencing a variety of economic circumstances to purchase, construct, or improve dwellings on trust land.

The American Legion recognizes the sacrifices made by Native American veterans and has no objection to permanently extending the Native American housing loan program. Every man and women who has worn the uniform in honorable service to this country deserves the rights afforded them through that service.

S. 409 – the Persian Gulf War Illness Compensation Act, would clarify the standards for compensation for Gulf War veterans suffering from certain undiagnosed illnesses and to extend Gulf War compensation presumption.

Shortly after returning home from the 1991 Gulf War, thousands of Gulf War veterans began complaining of unexplained multiple symptom illnesses that alluded diagnosis or clear definition. At the time, VA was precluded from compensating veterans for service-connected disabilities unless the claimed condition had been clearly diagnosed. Aware that thousands of disabled Gulf War veterans were ineligible for disability compensation because Gulf War veterans' illnesses remained ill defined and poorly understood, Congress developed legislation that would permit VA to compensate these veterans. In 1994, hallmark legislation in the form of PL 103-446 was enacted to ensure compensation for ill Gulf War veterans suffering from unexplained conditions commonly referred to as Gulf War veterans' illnesses. Yet most Gulf War veterans who have filed a claim for undiagnosed illness compensation have been denied service connection for those conditions. PL 103-446 looked good on paper, but a dismal seventy-five percent denial rate is the current reality for our sick Gulf War veterans trying to receive VA service connection for Gulf War-related undiagnosed illness.

Although the final product contained ambiguities in the language that permitted VA to write regulations (38 C.F.R. § 3.317) narrowly interpreting section 1117 of Title 38, floor statements and hearing transcripts from the period during which PL 103-446 was crafted make clear that Congress intended for VA to compensate Gulf War veterans suffering from disabilities that were likely related to their Gulf War service, regardless of how these illnesses would be labeled by a physician. The original intent of Congress and the spirit of the law were also addressed in a June 3, 1998, letter from House Veterans' Affairs Committee Chairman Bob Stump to Department of Veterans Affairs Secretary Togo D. West. VA's response in the form of General Counsel Opinions and Congressional testimony make it quite clear that it will take legislative action to correct the deficiencies and injustice caused by the vagueness of PL 103-446.

Conditions that fall under the umbrella of Gulf War veterans' illnesses share many symptoms and can be labeled several different ways by physicians. Among the common labels are chronic fatigue syndrome (CFS) and fibromyalgia (FM). Although technically diagnosed, such conditions are not well understood by the medical community and are considered poorly defined because their exact causes remain unknown. Moreover, researchers investigating Gulf War veterans' illnesses recognize that the pattern of symptoms reported by Gulf War veterans overlap with recognized but poorly defined illnesses such as FM and CFS (this point was further discussed and supported earlier this year at a government sponsored Gulf War veterans' illness research conference held in Alexandria, Virginia). Despite this, a veteran with such a diagnosis will be denied compensation under the current undiagnosed illness law.

It must also be kept in mind that physicians undergo years of rigorous training in order to diagnose and treat illness. Yet VA compensates veterans who are examined by physicians who are unable to diagnose their illness. As a result, many disabled Gulf War veterans are left in a very precarious situation. If their examining physician labels their illness, they are ineligible for compensation. If the physician does not, the veteran becomes eligible for compensation. This scenario would be comical if it did not result in

the continued suffering of ill Gulf War veterans. Additionally, there is a growing body of evidence found in the medical literature which suggests that the symptoms of CFS and FM so overlap with each other that these illnesses are sometimes indistinguishable to physicians. CFS and FM are often diagnoses that physicians arrive at after they excluded other diseases. Patients with these illnesses do not test positive on any available medical tests. For example, one does not test positive for fatigue on a blood test. Although a physician may diagnose these illnesses after spending a great deal of time with a patient, the very nature of such conditions often results in different examining physicians of the same patient diagnosing one or the other, or even none, of these illnesses in the same patient.

As you can see Mr. Chairman, there are many uncertainties and unanswered questions that encompass the multiple unexplained physical symptoms experienced by many Gulf War veterans. To date, research into the possible causes and long-term health effects from the multitude of toxic agents and other hazards Gulf War veterans were exposed to during the war, has been mostly inconclusive. Uncertainty and confusion have also plagued effective treatment and definitive diagnosis, hindering a proper treatment regimen and also, often times, adversely impacting the veteran's undiagnosed illness claim, precluding the veteran from rightfully deserved compensation. This is why it is imperative that the law allowing compensation for such illnesses recognize the uncertainties and limitations in Gulf War research and treatment in order to establish a fair and just means of compensation for ill Gulf War veterans.

Clarifying the definition of "undiagnosed," for VA purposes under the law, to include poorly defined conditions such as CFS, FM and other such conditions is necessary in order to recognize both the original intent of Congress and the complexities involved with Gulf War-related research and treatment. Doing so would serve to correct the deficiencies in the current law and help to ensure that ill Gulf War veterans receive the compensation to which they are entitled.

Mr. Chairman, the presumptive period for undiagnosed illness claims is set to expire at the end of this year. However, Gulf War-related research to date, as highlighted by a September 2000 Institute of Medicine (IOM) report on the long-term health effects of exposures during the Gulf War, has been inconclusive. Research is ongoing and IOM is scheduled to release several additional reports on long-term health effects in the future. Therefore, due to the inconclusive nature of Gulf War research and the resulting uncertainties, it would be unconscionable to allow the presumptive period to expire at the end the year. The nature of Gulf War veterans' illnesses and limitations and problems with Gulf War research, as cited by IOM, warrant, at the very least, a ten year extension of the presumptive period.

S. 457 – would establish certain presumptions, which would apply to claims for service connection by veterans suffering from hepatitis C. Under this legislation, if a veteran is diagnosed with hepatitis C and was exposed to one or more enumerated risk

factors while on active duty, there will be a presumption of service connection. The presumption would apply to those veterans, who, while in service:

- Received a transfusion of blood or blood products;
- Were exposed to blood on or through the skin or mucous membrane;
- Underwent hemodialysis;
- Experienced a needle-stick accident or medical event involving a needle, not due to the veteran's willful misconduct;
- Were diagnosed with unexplained liver disease;
- Experienced an unexplained liver dysfunction or;
- Served in a health-care position or specialty under such circumstances, as the Secretary shall prescribe.

Mr. Chairman, hepatitis is not a new disease. The prevalence of the hepatitis C virus in the veterans' population and the long-term adverse health consequences are now recognized as a major public health issue. It is an easily transmitted blood-borne virus, which can result in potentially fatal health problems years or decades after being contracted. The circumstances of military training, combat and other related activities in locations around the world offer many opportunities for contact with infected blood or blood products. VA estimates that ten to twenty percent of all veterans have hepatitis C, as compared with fewer than two percent for the general population. Study data indicates that Vietnam veterans appear to be the group most affected. Many of these veterans, both men and women, unknowingly contracted the hepatitis C virus 25 or 30 years ago and may only now become symptomatic with severe liver disease and other related problems. Medical studies have established that this virus can remain dormant in a person's system for their entire lifetime or, in other individuals, it can become active at some point and attack various organs, particularly the liver. According to VA, fifty-two percent of liver transplant recipients have hepatitis C.

Mr. Chairman, there is sufficient and compelling scientific evidence of a link between certain risk factors inherent in many types of activities and duties associated with military service and the numbers of veterans with a current diagnosis of hepatitis C. In light of the available information, The American Legion wrote to former Secretary of Veterans Affairs Togo D. West in August, 1999 urging him to promulgate regulations establishing hepatitis C as a presumptive disease for the purpose of entitlement to service connected disability compensation and VA medical care. Although proposed regulations have been developed, they have not been published in the Federal Register for public comment.

Under the current law and regulations, it is very difficult for a veteran to receive favorable action on a claim for service connection for hepatitis C or a related medical problem, because of a general inability to prove that the virus was, in fact, acquired during military service. Claims by many hepatitis C veterans who may have been treated for what was described as acute hepatitis in service are also denied by VA. Again, because they cannot prove the current condition is related to exposure to hepatitis C in service. Even though it is clear that VA intends to amend the regulations and provide certain presumptions in cases involving hepatitis C, these regulations have yet to be

issued. Preliminary indications are that the number and scope of these presumptions will be limited.

Mr. Chairman, The American Legion believes the broad presumptions in S. 457 would remove an often insurmountable legal hurdle to VA compensation and medical care for veterans who are disabled from hepatitis C and related medical problems. Once service connection is established, they would become eligible for vocational rehabilitation benefits and assistance. We believe action on this legislation is essential to ensuring the welfare and wellbeing of thousands of veterans who were unknowingly exposed to the hepatitis C virus as a result of service in the armed forces.

S. 662 – would amend section 2306 of title 38, United States Code, to authorize the Secretary of Veterans Affairs to furnish headstones or markers for marked graves of, or to otherwise commemorate, certain individuals.

The American Legion continues to support this measure. It is proper and correct to afford all veterans equal application of burial benefits. All too often, veterans and their families are unaware that purchasing and erecting a private grave marker voids all rights to obtaining a government headstone. This is particularly distressing in those instances when the veteran's spouse precedes him or her in death, or when the veteran purchases a gravesite in advance of their death to ease the burdens that later fall on the family. The American Legion understands the original intent of the law that placed the restriction on obtaining a government marker for the veteran's privately marked gravesite. It is time to end this unfairness.

The American Legion supports the entitlement for all honorably discharged veterans to receive an appropriate grave marker provided by the Department of Veterans Affairs, without regard to any other private marker or headstone that may be in place at the time of application.

S. 781 – would amend section 3702(a)(2)(E) of title 38, United States Code, to extend until September 30, 2015, the authority for housing loans for members of the Selected Reserves who have honorably completed at least six years of such service or who were discharged or released from the Selected Reserve before completing six years because of a service-connected disability.

In the current era of military downsizing and increased operations tempo, Guard and Reserve troops are being tasked more than ever to augment the active duty force. The American Legion recognizes the sacrifices made by members of the Guard and Reserve forces and supports extending the authority for housing loans to eligible members of the Selected Reserve.

S. 912 – the Veterans' Burial Benefits Improvement Act of 2001, would increase the authorized allowance for burial and funeral expenses for deceased veterans who: (1) at the time of death were in receipt of veterans' disability compensation or veterans' pension benefits; or (2) were veterans of any war or were discharged or released from active military service for a service-connected disability and for whom there is no next of kin or sufficient resources to cover funeral or burial costs. The measure also increases the burial plot allowance for veterans who, at the time of death, were receiving hospital or nursing home care in or through the Department of Veterans Affairs. The proposal authorizes the annual adjustment of such allowances based on increases in the Consumer Price Index.

The American Legion views the proposed increases in certain burial benefits as recognition that inflation has eroded the value of these important benefits. The service-connected death benefit has remained at $1,500 since the late 1970s. The American Legion recommends that the service-connected death benefit should be at the least doubled.

The American Legion supports an increase in the veterans' burial and plot allowance, and believes these benefits should apply to all eligible veterans. Prior to OBRA 1990, all honorably discharged veterans were eligible for these benefits. Since these benefits were eliminated in the spirit of deficit reduction, with significant budgetary surpluses, Congress should finally restore these benefits. A proposed increase in the burial plot allowance will be welcomed by all states that participate in VA's State Cemetery Grants Program. However, the burial plot allowance paid to individual states should apply to all veteran burials, not just those who served during a period of war.

S. 937 – Helping Our Professionals Educationally (HOPE) Act of 2001, would amend Chapter 30 of title 38, United States Code, to permit the transfer of entitlement to educational assistance under the MGIB by members of the Armed Forces.
Provisions of the HOPE Act include:

- Each military service would choose whether to participate.
- Each participating service would choose which Military Occupational Specialties (MOS) would be eligible for benefits.
- Participating service members must meet existing MGIB criterion.
- Participating service members must have completed at least six years of service and agree to serve at least four more years.
- Participating service members may transfer up to fifty percent (50%) of their total MGIB benefit entitlement.
- Spouses may use HOPE benefits after six years of service.
- Children may use HOPE benefits after ten years of service.
- Children must use HOPE benefits between the ages of 18 and 26.

At this time, The American Legion has no official position on the transferability of MGIB benefits and is currently evaluating the provisions of S. 937.

Mr. Chairman, The American Legion is pleased to provide comments on pending legislation that seeks to improve veterans' earned entitlements.

Draft legislation has been developed proposing a cost-of-living adjustment (COLA) in the monthly rates of compensation for service-disabled veterans, including the annual clothing allowance, and Dependency and Indemnity Compensation (DIC) to surviving spouses and dependent children of veterans who died of a service-connected disability. The percentage of increase in these benefits would be the same as the COLA authorized for beneficiaries under Social Security and would be effective December 1, 2001. The President's proposed budget for the Department of Veterans Affairs for FY 2002 included a cost-of-living adjustment of 2.5 percent, based on the projected increase in the consumer price index.

The American Legion supports the proposal to provide an appropriate COLA for veterans receiving disability compensation and individuals in receipt of DIC benefits. We believe it is important that this Committee take the required action to ensure the continued welfare and wellbeing of disabled veterans and their families by enacting periodic adjustments in their benefits, which reflect the increased cost-of-living. The American Legion also believes that annual congressional hearings on such legislation provide an important forum to discuss issues of concern relating to the compensation and DIC programs, which might not otherwise be available.

Mr. Chairman, The American Legion fully supports legislation to repeal the 30-year limit currently in place for respiratory cancers presumptively associated with Agent Orange exposure in Vietnam. The American Legion has long opposed this arbitrary statutory limit. Available evidence, including recent reviews of peer-reviewed literature by the Institute of Medicine (IOM), does not indicate that the potential harmful effects of herbicide exposure simply cease after 30 years. As the number of veterans reaching this scientifically unsupported limit increases with each passing day, it is imperative that legislation correcting this great injustice be enacted in order to stop the hardship this unjust limit has already caused for many ailing Vietnam veterans.

It has been more than 25 years since the cessation of hostilities in Vietnam and we still do not fully understand the ramifications of the herbicides used during that war. Even today, as highlighted by the recent IOM findings regarding Type 2 diabetes and acute myelogenous leukemia (AML), research is uncovering associations between diseases and herbicide exposure that were previously unknown. This means that although science does not support a relationship between a certain condition and exposure to herbicides today, tomorrow may be a different story.

The current system recognizes the ever-changing nature of Agent Orange research by allowing veterans diagnosed with a condition not currently recognized by VA as associated with Agent Orange exposure to obtain service connected compensation if the veteran submits medical evidence linking the claimed condition to herbicide exposure in Vietnam. Such claims are decided on a case by case basis and hinge on medical

evidence, usually in the form of expert medical opinions, linking a particular condition in an individual to the exposure. Currently, the law presumes exposure to herbicides for veterans who served in Vietnam if they have been diagnosed with one of the conditions officially recognized as associated with herbicide exposure. However, precedent decisions from the appellate court system have held that the law does not afford this presumption to veterans in cases where the claimed condition is not officially recognized, even if the veteran has submitted credible medical evidence supporting an association between the claimed condition and herbicide exposure. In cases such as this, the veteran has the added burden of proving actual exposure to herbicides, requiring additional development of the claim and often resulting in unnecessary delay and further hardship for the veteran.

Mr. Chairman, legislation amending the current law, by removing language that limits the presumption of herbicide exposure to cases in which the claimed condition is officially recognized, is warranted.

Health care professionals are only just beginning to understand the long-term health effects associated with exposure to herbicides. The reports generated by the National Academy of Sciences (NAS) have played a crucial role in both our understanding of health effects from herbicide exposure and the VA compensation process regarding these conditions. Based on where we stand today with respect to Agent Orange research and where we need to be, The American Legion fully supports legislation to extend NAS reviews and reports pertaining to herbicide exposure from 10 years to 20 years. Such legislation must also extend VA's authority to take appropriate compensation-related action based on the findings of these reports.

The American Legion is pleased to comment on the draft bill to amend title 38, United States Code, to facilitate the use of educational assistance under the MGIB for education leading to employment in the field of high technology.

Section 1 of the measure would provide accelerated payments of educational assistance under MGIB for education leading to employment in the high technology industry. The American Legion supports this provision. The American Legion policy resolution on the MGIB makes no distinctions as to what courses of study should qualify for advanced educational assistance. Instead, we support providing advanced educational assistance under MGIB, as required to all eligible veterans, with the payment provided directly to the educational institution.

Section 2 of the draft bill would amend section 3452(c) and 3501(a)(6) of title 38, United States Code, to recognize certain private technology entities in the definition of educational institutions. The American Legion recommends that any technology entity providing a course of study to veterans under MGIB be subject to the same standards and requirements as any educational institution subject to regulation by the State Approving Agencies.

Contained in Section 10 of a separate draft bill is language that would amend section 3703(a)(1) of title 38, United States Code, to raise the home loan guaranty limit from $50,750 to $63,175. The provision would increase the amount of a veteran's home loan guaranteed by the United States from $203,000 to $252,700. The American Legion supports this provision. However, there are locations where the increased home loan amount will still require qualified veterans to live significant distances from their place of employment. For instance, a guaranteed home loan amount of $252,700 may be appropriate in Birmingham, Alabama or Salt Lake City, Utah, but insufficient in Washington, D.C. or Sacramento, California. The American Legion believes that VA should study the feasibility of adjusting the amount of government-backed loans obtained through the VA home loan guaranty program for local economic housing conditions.

Mr. Chairman, that completes my testimony. Again, I thank you for allowing The American Legion to provide comments on these important issues. The American Legion looks forward to working with the members of this Committee to improve the lives of all of America's veterans.