



**STATEMENT OF
GREG NEMBARD, DEPUTY DIRECTOR
NATIONAL VETERANS AFFAIRS & REHABILITATION DIVISION**

**TO THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON**

**"S. 123; S. 221; S. 318; S. 450; S. 514; S. 524; S. 711; S. 746; S. 785; S. 805; S. 850; S. 857;
S. 980; S. 1101; S. 1154
AND ALL SUBSEQUENTIAL DRAFT BILLS"**

MAY 22, 2019

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THE AMERICAN LEGION
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Chairman Isakson, Ranking Member Tester, and distinguished members of the committee; On behalf of National Commander Brett P. Reistad, and the nearly 2 million members of The American Legion, we thank you for this opportunity to testify regarding The American Legion's positions on pending legislation. As the largest veterans service organization in the United States with a myriad of programs supporting veterans, we appreciate the committee focusing on these critical issues that will affect veterans and their families.

S. 123

To require the Secretary of Veterans Affairs to enter into a contract or other agreement with a third party to review appointees in the Veterans Health Administration who had a license terminated for cause by a State licensing board for care or services rendered at a non-Veterans Health Administration facility and to provide individuals treated by such an appointee with notice if it is determined that an episode of care or services to which they received was below the standard of care, and for other purposes.

The provisions of this bill fall outside the scope of established resolutions of The American Legion. As a large, grassroots organization, The American Legion takes positions on legislation based on resolutions passed by the membership or in meetings of the National Executive Committee. With no resolutions addressing the provisions of the legislation, The American Legion is researching the material and working with our membership to determine the course of action which best serves veterans.

The American Legion has no current position on S. 123.

S. 221

To amend title 38, United States Code, to require the Under Secretary of Health to report major adverse personnel actions involving certain health care employees to the National Practitioner Data Bank and to applicable State licensing boards, and for other purposes.

The National Practitioner Data Bank (NPDB) is a United States Government program that collects and discloses, only to authorized users, negative information on health care practitioners, including malpractice awards, loss of license, or exclusion from participation in Medicare or Medicaid. This bill would require the VA to report major adverse actions against certain Veterans Health Administration medical employees to the National Practitioner Data Bank (NPDB) and state licensing boards within 30 days after action is taken against a Department of Veterans Affairs (VA) employee.

The VA lists integrity as its first core value, and VA employees make the promise to act with high moral principle and adhere to the highest professional standards. The vast majority of VA healthcare providers are well-trained, caring, public servants who work hard to take care of our nation's veterans. This legislation would help ensure that negative incidences do not go unreported, therefore safeguarding the safety and wellbeing of those who are cared for by the VA healthcare system.

Through Resolution No. 377, *Support for Veteran Quality of Life*, The American Legion urges Congress and the VA to enact legislation and programs within the VA that will enhance, promote, restore or preserve benefits for veterans and their dependents.¹

The American Legion supports S. 221.

S. 318

To amend Section 1786 of title 38, United States Code, to authorize the Secretary of Veterans Affairs to furnish medically necessary transportation for newborn children of certain women veterans, and for other purposes.

Currently, Department of Veterans Affairs (VA) healthcare facilities do not provide newborn care, and women veterans are referred to community hospitals for prenatal and postnatal services at VA expense. Title 38 U.S.C. 1786 authorizes women veterans enrolled in VA healthcare and receiving maternity care furnished by VA, or under authorized from VA, care for the newborn child up to the first eight days. This bill would provide the VA Secretary the authority to furnish medically necessary transportation, which The American Legion supports and believes is the right thing to do.

Through Resolutions No. 147, *Women Veterans*, and No. 377, *Support for Veteran Quality of Life*, The American Legion works to ensure that the needs of the current and future women veteran populations are met; and that the VA provides full comprehensive health services for women veterans Department-wide, and any legislation or programs within VA that enhance, promote, restore or preserve benefits for veterans and their dependents.²

The American Legion supports S. 318.

S. 450

To require the Secretary of Veterans Affairs to carry out a pilot program to expedite the onboarding process for new medical providers of the Department of Veterans Affairs, to reduce the duration of the hiring process for such medical providers, and for other purposes.

The American Legion is deeply troubled by the Department of Veterans Affairs (VA) leadership, physicians and medical specialist staffing shortages within the Veterans Health Administration (VHA). Since the inception of our System Worth Saving program in 2003, The American Legion has identified, and reported staffing shortages at every VA medical facility and reported these critical deficiencies to VA Central Office (VACO), Congress, and the President of the United States.

In 2018, VA reported there were more than 33,000 full-time vacancies.³ Many of these vacancies included hard-to-fill clinical positions, as well as occupations identified under Title 38 U.S.C. 7412. These findings were reinforced by a VA's Office of Inspector General (VAOIG) report determining the largest critical need occupations are medical officers, nurses, psychologists, physician assistants, and medical technologists.⁴ The VA needs to identify and attract as many qualified candidates as possible as soon as possible.

Through American Legion Resolutions No. 115, *Department of Veterans Affairs Recruitment and Retention*,⁵ and No. 377, *Support for Veteran Quality of Life*, we support legislation addressing recruitment and retention challenges, and any legislation or programs within VA that enhance, promote, restore or preserve benefits for veterans and their dependents.⁶

The American Legion supports S. 450.

S. 514

To amend title 38, United States Code, to improve the benefits and services provided by the Department of Veterans Affairs to women veterans, and for other purposes.

Women veterans have consistently been overlooked by the Department of Veterans Affairs (VA). The American Legion feels that it is time that we thank this growing military demographic with, at a minimum, the healthcare they deserve. Women veterans are the fastest growing demographic serving in the military, so we can expect the number of women veterans using VA healthcare to increase dramatically. The United States has more than 2 million women veterans who live in every Congressional district in the nation, and the number of women veterans seeking VA health care has tripled since 2000.

³ VA Vacancies - https://www.washingtonpost.com/world/national-security/trump-says-veterans-wait-too-long-for-health-care-vas-33000-vacancies-might-have-something-to-do-with-that/2018/04/10/d20bc890-3ccf-11e8-974f-aacd97698cef_story.html?noredirect=on&utm_term=.58facbebf668

⁴ VAOIG Report 17-00936-835

⁵ The American Legion Resolution No. 115 *Department of Veterans Affairs Recruitment and Retention*

⁶ The American Legion Resolution No. 377 *Support for Veteran Quality of Life*

Although the VA has made improvements in women's healthcare, many challenges remain. The Deborah Sampson Act would help rectify many issues women veterans face by improving the ability of the VA to provide women's care, improve services, and change its culture to embrace this growing population. It does so by providing veterans and family members group retreats that offer information on reintegration and readjustment into family, employment and community; establishing a partnership between the VA and at least one community entity to provide legal services to women veterans; completing an analysis of VA program offered to homeless women veterans to identify gaps in services; making adjustments to extend care that the VA can provide newborns; addressing significant barriers women veterans face when seeking care by ensuring a women's health primary care provider is at each VA facility and provide training materials to community partners who care for to women veterans; reporting of the availability of gender-specific prosthetics within the medical facilities; creating a women veterans service website to include the name and contact information of women's health coordinator in respect to each medical center and community-based outpatient clinic; requiring the VA to report who and how women veterans are using VHA facilities, in addition to what type of model and the breakdown of staffing at each facilities women's health center.

Through American Legion Resolution No. 39, *Women Veterans Strategic Plan*, we call on the VA to develop a new women veterans' national strategic plan to address women veterans' access, outreach, culture and communication training for VA staff as well as women veterans quality of care and gender-specific women veterans programs; that the Veteran Integrated Service Network (VISN) and VA Medical Centers establish respective VA facility operational plans to meet the requirements of the national strategy plan; and that the VA Central Office develop performance measures to address all components of the women veterans objectives in order to ensure the needs of women veterans are met through the VA's Women Veterans Strategic Plan.⁷

The American Legion recommends the following changes to the bill. A separate Transition Assistance Program (TAP) track to address specific needs of women veterans. For example, the VA Trauma Service Program (TSP) allows women veterans to choose to partake in an information session with a group or with an individual woman coordinator. More women veterans opt to conduct the information session with an individual woman coordinator. Resolution No. 364, *Department of Veterans Affairs to Develop Outreach and Peer to Peer Program for Rehabilitation*, supports the President of the United States and the U.S. Congress passing legislation to call on the VA Secretary to develop a national program to provide peer to peer rehabilitation services based on the recovery model tailored to meet the specialized needs of current generation combat-affected veterans and their families.⁸

Additionally, The American Legion requests the Department of Defense (DoD) transfer contact information of all transitioning women veterans to the VA and the Department of Labor (DoL). This would provide an opportunity for the VA, DoL, and Veterans Service Organizations to follow-up with women veterans after separation to offer additional support, programs, and

services. Resolution No. 147, *Women Veterans*, calls on The American Legion to work with Congress and the VA to ensure that the needs of current and future women veteran populations are met.⁹

The American Legion supports S. 514 with the noted amendments and improvements..

S. 524

To establish the Department of Veterans Affairs Advisory Committee on Tribal and Indian Affairs, and for other purposes.

Native Americans serve in the United States military at the highest per capita rate of all ethnicities, protecting our American freedoms and values. Currently, there are 31,000 American Indian and Alaska Native men and women are on active duty today, serving in Iraq, Afghanistan, and elsewhere around the world.¹⁰ Native Americans served in the post-9/11 period in a higher percentage than veterans of other ethnicities, 18.6 percent vs. 14 percent, respectively. Many Indigenous people routinely put their lives on the line for our country.¹¹ The American Legion believes these service members should be provided with the necessary tools for accessing health care unique to Native American communities.

The *VA Tribal Advisory Committee Act of 2019*, is a bipartisan bill that will improve VA outreach, health care, and benefits for Native American veterans through the establishment of a VA Advisory Committee on Tribal and Indian Affairs. The Advisory Committee will facilitate communication and understanding between the VA and Tribal governments to better address the unique barriers Native American veterans face when accessing VA services.

The VA Tribal Advisory Committee Act aims to eliminate health disparities for Native American veterans by establishing a 15-member Committee comprised of a representative from each of the 12 regions of the Indian Health Service (IHS) and three at-large Native American members. The Committee will do the following: facilitate consultations between the Department of Veterans Affairs and tribal governments/organizations; advise the VA Secretary on ways the Department can improve its programs and services to better serve Native American veterans; provide a forum for Indigenous tribes and tribal organizations to discuss proposals for changes to Department regulations, policies, and procedures; and ensure pressing issues are brought to the attention of tribal organizations early so tribes can share their feedback.

The American Legion understands the importance of making healthcare available to all of those who have proudly served in the United State military. We are particularly cognizant of the issues faced by Native American populations. We believe that the Native communities remian one of

⁹ <https://americanindian.si.edu/nnavm/heroes/>

the most underserved population of veterans and that they are not receiving the benefits and critical care they, like their veteran counterparts, are entitled to. Through American Legion Resolution No. 377: *Support for Veteran Quality of Life*, we support legislation aimed at directly enhancing veterans' quality of life by expanding their VHA, VBA, or NCA benefits.

The American Legion supports S. 524.

S. 711

To amend title 38, United States Code, to expand eligibility for mental health services from the Department of Veterans Affairs to include members of the reserve components of the Armed Forces, and for other purposes.

Traumatic Brain Injury (TBI) has been identified as the “signature injury” of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND). Servicemembers have experienced injuries related to their combat experiences that will likely negatively impact their earnings post-service. As a result, it is imperative that we ensure that veterans suffering from the devastating and debilitating effects of TBI are properly evaluated for the condition and any symptoms associated with the conditions. We have taken the position through Resolution No. 238 *For Activated Guardsmen and Reservists* that our support for S. 711 includes the men and women of the National Guard and Reserves that have been mobilized to Active Federal Service for operations Enduring Freedom, Iraqi Freedom and other conflict.

Suicide prevention and mental healthcare remain a top priority of The American Legion. As a response to the high rate of veteran suicide The American Legion established the TBI/PTSD Committee to study and recommend best practices. Access to mental health has been identified as a barrier, according to the Department of Veterans Affairs (VA) 14 out of the 20 veterans who commit suicide were not receiving treatment from a VA medical facility. A veteran may not be eligible for VA benefits including mental health treatment due to their characterization of discharge or duty status. As a response to close the gap in access

The American Legion passed resolution No. 23 to allow veterans with other than honorable discharges to receive mental health treatment at the VA. Our men and women of the Active Guard and Reservist meet that criteria. To reduce the number of veterans and Service members who commit suicide The American Legion believes that service through the VA should be a viable option.

Through American Legion Resolution No. 377: *Support for Veteran Quality of Life*, we support legislation aimed at directly enhancing veterans' quality of life.

The American Legion supports S. 711

S. 746

To require the Secretary of Veterans Affairs to conduct a study on the accessibility of websites of the Department of Veterans Affairs to individuals with disabilities, and for other purposes.

20 USC 794d § 508 (Section 508), of the *Rehabilitation Act* establishes requirements for electronic and information technology developed, maintained, procured, or used by the federal government. Section 508 requires federal electronic and information technology to be accessible to people with disabilities, including employees, and members of the public. An accessible information technology system is one that is operated in a variety of ways and does not rely on a single sense or user ability.

The *Department of Veterans Affairs Website Accessibility Act of 2019* is not proposing any changes to Section 508. S. 746 requires VA to examine all websites (including attached files and web-based applications) of VA to determine whether such websites are accessible to individuals with disabilities in accordance with Section 508. Further, S. 746 requires VA to compile a complete list of non-compliant websites and submit a plan to Congress to make these websites compliant with the requirements of Section 508.

The American Legion believes no veteran should be inhibited in their efforts to participate in or benefit from VA programs. The VA should bring into compliance, websites that are not currently accessible to individuals with certain disabilities. Veterans should not encounter unavoidable barriers to benefits and critical care they, like their veteran counterparts, are entitled to. The American Legion, through Resolution No. 377: *Support for Veteran Quality of Life*, support legislation aimed at directly enhancing veterans' quality of life by expanding their VHA, VBA, or NCA benefits.¹²

The American Legion supports S. 746.

S. 785

To improve mental health care provided by the Department of Veterans Affairs, and for other purposes.

It is estimated that more than twenty veterans die by suicide every day. Of those twenty, fourteen have received no treatment or care from the VA. Suicide among veterans continues to be higher than the rest of the population, with an even sharper increase among younger veterans. VA data released in September showed the rate of suicide among veterans ages 18 to 34 had significantly increased. Forty-five of every 100,000 veterans in the 18 to 34 age group committed suicide in 2016.

In 2018, VA reported there were more than 33,000 full-time vacancies. Many of these vacancies included hard-to-fill clinical positions, as well as occupations identified under 38 U.S.C. 7412. These findings were reinforced by a VA's Office of Inspector General (VAOIG) report

¹² The American Legion Resolution No. 377 [*Support for Veteran Quality of Life*](#)

determining the largest critical need occupations are medical officers, nurses, psychologists, physician assistants, and medical technologists. The VA needs to identify and attract as many qualified candidates as possible as soon as possible.

The Commander John Scott Hannon Veterans Mental Health Care Improvement Act will improve outreach to veterans and their mental health care options. Among its many provisions regarding suicide prevention and access to treatment, the legislation directs the VA to work with the Office of Personnel Management to create an occupational series for mental health counselors.

The bill also would mandate that the Secretary of Veterans Affairs submit a staffing plan that would increase the hiring of mental health counselors to the Senate and House Veterans' Affairs Committees within 270 days of passage. The VA would also be required to report on the specific number of mental health counselors it has hired based on the staffing plan.

The provisions of this bill address many areas of concern The American Legion has raised recently. The American Legion remains deeply troubled by the Department of Veterans Affairs (VA) leadership, physicians, and medical specialist staffing shortages within the Veterans Health Administration (VHA). Additionally, mental healthcare is a major concern for The American Legion, we have seen the hardships faced by our veterans and their dependents dealing with PTSD, TBI, Suicide Ideation, and many other mental health issues. The American Legion has created a TBI/PTSD Committee and has a dedicated staff member for the sole purpose of advocating on behalf of veterans dealing with the before mentioned mental health issues. Further, last month, National Commander Brett Reistad with Dr. Keita Franklin, VA's Executive Director of Suicide Prevention, penned a letter to nearly 850,000 American Legion members, family, and friends, to let them know we are working to adopt a public health approach to suicide prevention.

The public health approach looks beyond the individual to involve peers, family members and the community in preventing suicide. We understand preventing veteran suicide is a top priority for VA and we encourage VA to look to dedicated partners to reach veterans outside the VA health-care system. The letter provided links to VA's National Strategy for Preventing Veteran Suicide, a toolkit that includes a guide to online suicide prevention resources, and a resource locator for contacting local VA Suicide Prevention Coordinators.

The American Legion supports S. 785.

S. 805

To amend title 38, United States Code, to improve the processing of veterans benefits by the Department of Veterans Affairs, to limit the authority of the Secretary of Veterans Affairs to recover overpayments made by the Department and other amounts owed by veterans to the United States, to improve the due process accorded veterans with respect to such recovery, and for other purposes.

The VA is responsible for distributing monthly earned benefits to veterans and their beneficiaries. Currently, when the VA makes an overpayment in error to a veteran, the VA can then withhold some or all of a veteran's benefit, without limitation, including monthly disability benefit payments. For veterans who live on a fixed income, withholding a benefit payment due to no fault of their own can present an undue hardship in their ability to pay rent or buy groceries.

The VA annually sends as many as 200,000 overpayment notices totaling thousands of dollars to veterans and their families, sending them into crippling debt and withholding future benefits payments until the debt is paid. These overpayments are often a result of the VA's own accounting errors, but the VA puts veterans and their families on the hook for repaying the debt. Debt caused by VA overpayments are a major concern for The American Legion, we have seen the financial hardship veterans and their dependents end up and in many cases through no fault of their own. Since 1978 The American Legion has retained a dedicated staff member at the Debt Management Center for the sole purpose of advocating on behalf of veterans and their dependents facing garnishment.

If enacted, the Veteran Debt Fairness Act, will prevent the VA from collecting debt if caused by errors at the VA. The bill would allow the VA to recoup overpayments only if the debt was due to an error or fraud on the part of the veteran or beneficiary. Additionally, to reduce the risk of financial hardship, the legislation states that the VA cannot deduct more than 25 percent from a veteran's monthly payment in order to recoup overpayment. It also requires the VA to provide veterans with a way to update dependency information on their own, eliminating a common delay that may affect a veteran's benefits.

The American Legion has testified and recommended many of the above changes, if passed the legislation would greatly improve the way VA manages debt collection while minimizing the negative impact for veterans.

The American Legion supports S. 805.

S. 850

To extend the authorization of appropriations to the Department of Veterans Affairs for purposes of awarding grants to veterans service organizations for the transportation of highly rural veterans.

The provisions of this bill fall outside the scope of established resolutions of The American Legion. As a large, grassroots organization, The American Legion takes positions on legislation based on resolutions passed by the membership or in meetings of the National Executive Committee. With no resolutions addressing the provisions of the legislation, The American Legion is researching the material and working with our membership to determine the course of action which best serves veterans.

The American Legion has no current position on S. 850.

S. 857

To amend title 38, United States Code, to increase the amount of special pension for Medal of Honor recipients, and for other purposes.

The American Legion enthusiastically supports an increase in the special pension assigned to Medal of Honor recipients. For the 70 living recipients of this nation's highest military honor, an increase in the monthly pension based upon heroic acts in the face of nearly insurmountable challenges is a small token of appreciation and gratitude for their sacrifices.

The last stipend increased to affect Medal of Honor recipients was in the Veterans Benefits Act of 2002, which increased the stipend from \$600 monthly to \$1000 monthly. The current rate is \$1,303.51 a month.

As the nation's largest wartime veterans service organization, The American Legion fully appreciates the service of those awarded the Congressional Medal of Honor and supports increasing their monthly pension to \$3,000. Recognizing the need to improve the pension for those Americans that received the highest award for valor in action against an enemy force, The American Legion passed Resolution No. 366, Honoring those who have earned the Medal of Honor, during our 98th National Convention in August 2016, thus we support this legislation.¹³

The American Legion supports S. 857.

S. 980

To amend title 38, United States Code, to improve the provision of services for homeless veterans, and for other purposes.

S.980 allows Grant Per Diem grantees (service-providers) to receive per diem payments for dependents of homeless veterans. As it stands, some Grant Per Diem service-providers are forced to find alternate funding to support the operating costs to support the dependents of veterans in receipt of their services. 38 CFR § 61.33 (a) states that the VA will pay per diem to the recipient for those homeless veterans. The American Legion understands the negative impact of the current regulation as the current policy discourages Grant Per Diem providers from identifying veterans with dependents for their programs, at the same time, it encourages service providers to participate in other homeless assistance federal programs that match one for one funding for

¹³ The American Legion Resolution No. 366 (2016): Honoring Those Who Have Earned the Medal of Honor

services provided. Further, S.980 authorizes the VA to expand dental care for homeless veterans receiving homeless assistance services and funding. Over the past few years, the availability and accessibility of dental services is consistently listed as a top-ten need in the VA's Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) survey. S. 980 goes a long way in filling this much needed veteran health need. Furthermore, S.980 authorizes the VA to partner with public and private entities to provide civil legal aide to homeless veterans and veterans at risk of experiencing homelessness. Everyday veterans face evictions and civil disputes as a result of their housing status. S.980 provides the foundation for homeless veterans to receive the same access to legal services that all veterans deserve. Lastly, the bill would increase the authorization limit for the Supportive Services for Veterans Families (SSVF) Program to \$500 million, opening the door for the renewal of surge grants set to expire at the end of the year.

The American Legion's Resolution No.340: Support Permanent Authorization for the Supportive Services for Veteran Families Program supports the permanent authorization of adequate funding for the SSVF program. As it stands, although the language in this bill makes in roads towards permanence and adequacy, SEC.6., S.980 does not meet the overall intent of Resolution No.340. The American Legion supports S.980 with amendments.

The American Legion supports S. 980.

S. 1101

Ensuring only licensed health care providers furnish medical disability examinations under certain Department of Veterans Affairs pilot program for use contract physicians for disability examinations.

The provisions of this bill fall outside the scope of established resolutions of The American Legion. As a large, grassroots organization, The American Legion takes positions on legislation based on resolutions passed by the membership or in meetings of the National Executive Committee. With no resolutions addressing the provisions of the legislation, The American Legion is researching the material and working with our membership to determine the course of action which best serves veterans.

The American Legion has no current position on S. 1101.

S. 1154

To amend title 38, United States Code, to establish an advisory committee on the implementation by the Department of Veterans Affairs of an electronic health record.

The VA is currently undertaking a decade-long transition to bring veterans' health records into the 21st century by ensuring that veterans can have access to a seamless electronic health record across the VA and Department of Defense health systems. The Department of Veterans Affairs Electronic Health Record Advisory Committee Act, would establish a third party oversight group to monitor the VA's \$16 billion EHR rollout. The 11-member EHR Advisory Committee would include medical professionals, IT and interoperability specialists, and veterans receiving care from the VA. This committee would operate as an independent entity.

The American Legion, through resolution, has long endorsed and supported the Department of Veterans Affairs (VA) in creating a Lifetime Electronic Health Records (EHR) system. Additionally, The American Legion has encouraged both DoD and the VA to either use the same EHR system, or, at the very least, systems that were interoperable.

The American Legion recognizes the advantages of a bi-directional interoperable exchange of information between agencies. Collaborating with DoD offers potential cost savings and opportunities for VA. Opportunities include capitalizing on challenges DoD encounters deploying its own Cerner solution, applying lessons learned to anticipate and mitigate issues, and identifying potential efficiencies for faster and successful deployment. The EHR is a high-priority initiative that ensures a seamlessly integrated healthcare record between the Department of Defense and VA, by bringing all patient data into one common system.

The American Legion supports S. 1154.

Draft Bill: Janey Ensminger Act of 2019

A bill to amend the Public Health Service Act with respect to the Agency for Toxic Substances and Disease Registry's review and publication of illness and conditions relating to veterans stationed at Camp Lejeune, North Carolina, and their family members, and for other purposes.

This draft bill would allow the Agency for Toxic Substances and Disease to collect information regarding service members, veterans, and family members who suffer from a variety of illnesses due to contaminated drinking water at Camp Lejeune , NC. Additionally, this bill would require the Secretary of Veterans Affairs to allocate two million dollars a year to assist service members, veterans, and their families affected by contaminated water at Camp Lejeune, in applying for health benefits through the VA.

During the early parts of the 1980s, contaminants were found in two wells that provided water at Camp Lejeune. These contaminants included the volatile organic compounds trichloroethylene (TCE), a metal degreaser, perchloroethylene (PCE), dry cleaning agents, and vinyl chloride, as well as benzene, and other compounds. It is estimated that the contaminants were in the water supply from the mid-1950's until February 1985 when the wells were shut down. Additionally, there is evidence of an association between certain diseases and the contaminants found in the water supply at Camp Lejeune during the period of contamination.

United States Marine Corps (USMC) service members and their families living at the base, between the 1950's to 1985, bathed in and ingested tap water contaminated with harmful chemicals at concentrations ranging from 240 to 3400 times higher than appropriate safety levels. An undetermined number of former base residents later developed cancer or other ailments, which may be associated with the contaminated drinking water. Victims claim that USMC leaders concealed knowledge of the problem and did not act appropriately in resolving it or notifying former base residents that their health might be at risk.

The American Legion is appalled that military members serving our nation, and their families, were exposed to harmful chemical contaminants at Camp Lejeune. We are equally shocked that the USMC was potentially aware of the issue and did nothing to mitigate the risk associated with the water contamination at this military installation. This bill would allow individuals affected by water contamination at Camp Lejeune to receive healthcare provided by the VA and claim any benefits due to them. Resolution No. 377: *Support for Veteran Quality of Life* supports legislation that would allow access to quality VA health care and timely decisions on claims and receipt of earned benefits.⁹ The American Legion strongly supports this draft bill.

The American Legion supports this draft bill.

Draft Bill: A bill to amend title 38

A bill to amend title 38, United States Code, to extend the authority of the Secretary of Veterans Affairs to continue to pay educational assistance or subsistence allowances to eligible persons when educational institutions are temporarily closed, and for other purposes.

Presently, when a school closes traditional, non-veteran students have federal protections that support them. Affected students with federal student loans have the ability to discharge their student loans. Students who received Pell Grants can have their eligibility periods reset for the time spent at a closed institution. The American Legion believes strongly that veterans are entitled to the same protection as their civilian counterparts. Over 6,000 student veterans were attending ITT Tech when they abruptly shut down their campuses¹⁴, and more school closures will inevitably occur, and The American Legion applauded provisions in the Harry W. Colmery Veterans Educational Assistance Act that restored these veterans.

Despite this victory, the Forever GI Bill provisions only restored benefits for schools that closed between 2015 and 2017. Congress must not forget about the student veterans affected by school closures outside of this time period, including most recently Argosy University.

¹⁴ <http://www.indystar.com/story/money/2016/09/06/why-veterans-have-most-lose-if-itt-tech-closes/89710280/>
"Why ITT closing hits veterans hardest"

Through resolution No. 21: *Education Benefit Forgiveness and Relief for Displaced Student-Veterans* The American Legion supports legislation that restores lost benefits to student-veterans attending schools that abruptly shut down.¹⁵

The American Legion supports this draft bill.

Conclusion

The American Legion thanks this committee for the opportunity to elucidate the position of the 2 million veteran members of this organization. For additional information regarding this testimony, please contact the Legislative Associate of the Legislative Division, Mr. Ernest J. Robinson, at The American Legion's Legislative Division at (202) 861-2700 or erobinson@legion.org.

¹⁵ The American Legion Resolution No 21: [Education Benefit Forgiveness and Relief for Displaced Student-Veterans](#)