STATEMENT OF
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NATIONAL LEGISLATIVE COMMISSION
THE AMERICAN LEGION
BEFORE THE
VETERANS' AFFAIRS COMMITTEE
UNITED STATES SENATE
ON
THE LEGISLATIVE PRIORITIES OF THE AMERICAN LEGION
IN THE 111TH CONGRESS

JANUARY 28, 2009

Mr. Chairman and Members of the Committee:

On behalf of The American Legion, I thank you for this opportunity to present today the legislative priorities of our 2.6 million members on issues under the jurisdiction of this Committee.

Those mandates with legislative intent create the legislative portfolio of The American Legion for the 111th Congress. National Commander David K. Rehbein presented The American Legion's proposals before the Joint Session of the Committees on Veterans' Affairs held on September 11, 2008.

Please note The American Legion's current legislative portfolio contains more than 200 legislative resolutions and we stand ready to present oral and written testimony before your Committee on these issues. I will, however, take a moment to highlight those issues we see as the most significant matters to focus upon this Congressional session taken from the Commander's testimony.

The war on terrorism – Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) – has generated nearly one million discharged veterans, all of whom are guaranteed access to health care through the Department of Veterans Affairs (VA) for the first five years after their return home. Hundreds of thousands of OIF and OEF veterans are using their VA healthcare benefits, thus increasing the workload of a healthcare system that was overburdened before the war began.

It is a sacred and time honored obligation of The American Legion to ensure these veterans have the services they need and timely access to the care they have earned. The American Legion, working with Congress, has made considerable progress in recent years to meet that obligation. We especially thank the Congress for the increased funding for the VA healthcare system, the greater attention being paid to mental health concerns, including Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) care which have become known as the "signature wounds" of the war we fight today, and the new GI BILL which recognizes the significant sacrifices today's veterans make to ensure our nation's safety. To all those programs, Congress responded with needed funding.

The American Legion applauds the 110th Congress for the FY 2009 funding allocations for many VA accounts that met or exceeded funding targets proposed by The American Legion. The process of providing adequate and compassionate services to our veterans is, as we all know, continuous. We must stay on top of the changes in health care, in technology, and foremost, among the veterans we serve.

We continue to work with Congress to ensure that government agencies, particularly VA, have the resources to provide quality health care, disability compensation, rehabilitation services and transitional programs to all eligible veterans. We are making progress, but we are not there yet.

For example, the outrageous backlog of VA benefits claims and appeals remains a source of continuous frustration nationwide. And while new attention has been given to mental health care for returning veterans, VA providers themselves say they cannot keep up with it all. In some communities, it is truly a crisis.

Funds have been budgeted for new VA medical facilities that have only been in blueprints far too long. VA must move into the 21st Century, addressing the needs of a new generation of war veterans with unique needs now entering the system, but at the same time honor the service of – and provide caring for – those veterans of past wars and conflicts.

With that in mind and on behalf of The American Legion, I offer the following recommendations to the committee today.

Veterans Health Care

The American Legion continues to have concerns about the effects of current budgets on VA's ability to deliver quality care in a timely manner. America's veterans are turning to VA for their health care needs and, as we welcome home injured veterans from the current War on Terrorism, it is forever our responsibility as advocates to work together to ensure VA is capable of treating all eligible prior war veterans as well. We especially want the committee to take note of the impending retirement of the Vietnam War cohort of veterans.

Budget Reform

The annual discretionary appropriations in Fiscal Year (FY) 2008 and FY 2009 represented a dramatic improvement over years of consistent budgetary shortfalls, but these funding levels were achieved only through dynamic leadership in both chambers. However, even these two outstanding appropriations did not follow the normal appropriations process – one was achieved through a year-long continuing resolution with significant markups for VA medical care and the second required the President to declare a need for emergency appropriations for VA medical care.

With the influx of returning veterans from Iraq and Afghanistan, the demands for various clinical providers, nurses, medical care facilities and equipment are mounting. Assured funding is essential to proactively meet the challenges faced at VA medical facilities. The American

Legion believes reform of the budget process for veterans' health care would provide timely, predictable, and sufficient appropriations for VA medical care.

For several years, The American Legion lobbied for the meaningful reform of the Federal appropriations process as recommended by the President's Task Force to Improve Health Care Delivery for our Nation's Veterans (in 2003). This Task Force clearly identified the consistent mismatch between VA health care funding and the growing demand for health care services.

The American Legion and eight other major veterans' and military service organizations joined forces to urge Congress to provide annual appropriations that are timely, predictable, and sufficient. These three components are critical for effective long- and short-range decision making by VA management. The *Partnership for Veterans Health Care Budget Reform* supported legislation that would make VA health care funding mandatory rather than discretionary. Under this concept, VA health care funding would be formula-based, much like other mandatory programs like Medicare, Social Security, and VA disability compensation and pension benefits.

This concept was met with great resistance by lawmakers on Capitol Hill; so The American Legion and its colleagues now recommend an alternative to mandatory funding – advance appropriations. The American Legion believes this change would assure timeliness and predictability. Under advance appropriations, VA medical care discretionary appropriations would be approved prior to the start of the ***next*** fiscal year. Should The American Legion have concerns about the sufficiency of the advance appropriations, it would have an opportunity to address any shortfalls while testifying for the remainder of the VA appropriations for that fiscal year.

Medicare Reimbursements to VA

As do most American workers, veterans pay into the Medicare system, without choice, throughout their working lives, including when they are serving on active duty or serving in the reserve components of the Armed Forces. However, although veterans must pay into the Medicare system, VA is prohibited from collecting any Medicare reimbursements for the treatment of allowable, nonservice-connected medical conditions. Since over half of VA's enrolled patient population is Medicare-eligible, this prohibition constitutes a multi-billion dollar annual subsidy to the Medicare Trust Fund. The American Legion opposes the current policy on Medicare reimbursement and asks Congress to allow Medicare reimbursement for VA for the treatment of allowable, nonservice-connected medical conditions by enrolled Medicare-eligible veterans.

Traumatic Brain Injury (TBI)

A recent General Accountability Office (GAO) report acknowledged VA's clinical challenges in its efforts to screen OEF/OIF veterans for mild TBI and evaluating those who screen positive on the TBI screening tool. The challenges include the lack of objective diagnostic tests, such as laboratory tests or neuroimaging tests like MRI and computer tomography (CT) scans that can definitively and reliably identify mild TBI. Other challenges include the similarity of many symptoms of mild TBI to symptoms associated with other conditions, making a definitive

diagnosis of mild TBI more difficult to diagnose. Many OEF/OIF veterans with mild TBI might not even realize that they have an injury and should seek health care.

Soldiers with mild traumatic brain injury were more likely to report poor health, missed workdays, medical visits, and a high number of somatic and post concussive symptoms than were soldiers with other injuries. On the other hand, after adjustment for PTSD and depression, mild traumatic brain injury was no longer significantly associated with these physical health outcomes or symptoms, except for headache.

Clearly additional funding for TBI research and treatment is warranted and should be appropriately funded.

Access to Care for Rural Veterans

Research conducted by VA indicated veterans residing in rural areas are in poorer health than their urban counterparts. It was further reported that nationwide, one in five veterans who enrolled to receive VA health care lives in rural areas. Providing quality health care in a rural setting has proven to be very challenging to VA, given factors such as limited availability of skilled care providers and inadequate access to care. Even more challenging will be VA's ability to provide treatment and rehabilitation to rural veterans who suffer from the signature ailments of the on-going Global War on Terrorism—traumatic blast injuries and combat-related mental health conditions. VA's efforts need to be especially focused on these issues.

A vital element of VA's transformation in the 1990s was the creation of Community Based Outpatient Clinics (CBOCs) that proximate access to VA primary care within veterans' communities. Recently, VA scheduled the opening of 44 additional CBOCs in 21 states. The new clinics will be fully activated in 2009, increasing VA's network of independent and community-based clinics to 782. The American Legion believes the clinics are warranted due to the growing population of veterans within rural areas of the nation. More veterans are also migrating to less populated areas with an abundance of automobiles, which are the primary catalysts that transport Improvised Explosive Devices (IEDs) in Iraq.

While VA has taken the right step with the addition of more CBOCs, The American Legion believes more are warranted. There continues to be great difficulty serving veterans in rural areas, such as Nebraska, Nevada, Utah, South Dakota, Wyoming, and Montana where veterans face extremely long drives, a shortage of health care providers, and bad weather. VISNs rely heavily upon CBOCs to close the gap.

Seamless Transition

VA has an Office of Seamless Transition that is available to participate in Department of Defense (DOD), National Guard and Reserves Transition Assistance Programs (TAP) and Disabled Transition Assistance Programs (DTAP). However, The American Legion remains concerned that many service members returning home from OEF/OIF duty are not being properly advised of the benefits and services available to them from VA and other Federal and State agencies. This is especially true of Reserve and National Guard units that are demobilized

at hometown Reserve Centers and National Guard armories, rather than at active duty demobilization centers.

The American Legion recommends this Committee continue its oversight of VA to ensure that all recently separated veterans, to include Reserve components service members are provided appropriate current and future plans and policies for a successful transition of the nation's heroes from active duty to civilian life.

Medical and Prosthetics Research

The American Legion believes VA's focus in research should remain on understanding and improving treatment for conditions that are unique to veterans. Service members are surviving catastrophically disabling blast injuries due to the superior armor they are wearing in the combat theater and the timely access to quality triage. The unique injuries sustained by the new generation of veterans clearly demand particular attention. VA must be funded to provide and maintain state-of-the-art prostheses.

The American Legion also supports adequate funding of other VA research activities, including basic biomedical research and bench-to-bedside projects. This Committee should continue to encourage acceleration in the development and initiation of needed research on conditions that significantly affect veterans - such as prostate cancer, addictive disorders, trauma and wound healing, post traumatic stress disorder, rehabilitation, and other medical problems jointly with DOD, the National Institutes of Health (NIH), other Federal agencies, and academic institutions.

Environmental Exposures

Agent Orange

One of the top priorities of The American Legion has been to ensure that long overdue major epidemiological studies of Vietnam veterans who were exposed to the herbicide Agent Orange are carried out.

The Institute of Medicine (IOM) report, *Characterizing Exposure of Veterans to Agent Orange and Other Herbicides Used in Vietnam*, is based on the research conducted by a Columbia University team. Headed by principal investigator Dr. Jeanne Mager Stellman, the team has developed a powerful method for characterizing exposure to herbicides in Vietnam. The American Legion is proud to have collaborated in this research effort. In its final report on the study, the IOM urgently recommends that epidemiological studies be undertaken now that an accepted exposure methodology is available. The American Legion strongly endorses this IOM report.

The IOM's most recent report on veterans' herbicide exposure in Vietnam, *Veterans and Agent Orange: Update 2006*, released July 27, 2007, added two new illnesses to the category of "limited or suggestive evidence of association," AL amyloidosis and hypertension. This is a profound finding since many Vietnam War veterans suffer from hypertension.

The "limited or suggestive" evidence finding meets the threshold of a positive association between the exposure of humans to a herbicide agent and the occurrence of a disease in humans, as set forth in title 38, United States Code § 1116, and has been used by VA to add other conditions, including type 2 diabetes, to the list of herbicide presumptive disabilities. Although the Secretary of Veterans Affairs, in violation of specific reporting requirements set forth in § 1116, has yet to publish his official determination regarding this latest IOM report in the Federal Register, The American Legion received a letter from the Secretary on June 26, 2008, informing our organization that AL amyloidosis is the only condition, based on the July 2007 IOM report, that would be added to the list of disabilities presumed to be service-connected due to herbicide exposure. The Secretary specifically stated that he has "determined that the evidence available at this time does not warrant the establishment of a new presumption of service connection based on service in Vietnam for any additional diseases reviewed in the NAS report."

Since, at of the time of this writing, the Secretary has not published a notice of his determination in the Federal Register, which will include an explanation of the scientific basis for that determination; The American Legion is unable to comment on the reasoning behind VA's decision not to recognize hypertension as presumptively service-connected to herbicide exposure among Vietnam veterans. Rest assured we will carefully review the Secretary's determination once it is published in the Federal Register and will take appropriate action, including, but not limited to, seeking a legislative remedy to correct this injustice.

The American Legion is extremely concerned about the timely disclosure and release of all information by DOD on the use and testing of herbicides in locations other than Vietnam during the war. Over the years, The American Legion has represented veterans who claim to have been exposed to herbicides in places other than Vietnam. Without official acknowledgement by the Federal government of the use of herbicides, proving such exposure is virtually impossible. Information has come to light in the last few years leaving no doubt that Agent Orange, and other herbicides contaminated with dioxin, were released in locations other than Vietnam. This information is slowly being disclosed by DOD and provided to VA.

Obtaining the most accurate information available concerning possible exposure is extremely important for the adjudication of herbicide-related disability claims of veterans claiming exposure outside of Vietnam. For herbicide-related disability claims, veterans who served in Vietnam during the period of January 9, 1962 to May 7, 1975 are presumed by law to have been exposed to Agent Orange. Veterans claiming exposure to herbicides outside of Vietnam are required to submit proof of exposure. This is why it is crucial that all information pertaining to herbicide use, testing, and disposal in locations other than Vietnam be released to VA in a timely manner. Congressional oversight is needed to ensure that additional information identifying involved personnel or units for the locations already known by VA is released by DOD, as well as all relevant information pertaining to other locations that have yet to be identified. Locating this information and providing it to VA must be a national priority.

Gulf War Illness

Gulf War research is moving away from the previous stress theories and is beginning to narrow down possible causes. However, research regarding viable treatment options is still lacking.

The American Legion applauds Congress for having the foresight to provide funding to the Southwestern Medical Center's Gulf War Illness research program. The Center was awarded $15 million, renewable for five years, to further the scientific knowledge on Gulf War Veterans Illnesses research. This research will not only impact veterans of the 1991 Gulf War, but may prove beneficial for those currently serving in the Southwest Asia Theater and the Middle East.

VA must continue to fund research projects consistent with the recommendations of the Research Advisory Committee on Gulf War Veterans' Illness (RACGWI). It is important that VA continues to focus its research on finding medical treatments that will alleviate veterans' suffering as well as on figuring out the causes of that suffering.

Public Law 103-210, which authorized the Secretary of Veterans Affairs to provide priority health care to the veterans of the Persian Gulf War who have been exposed to toxic substances and environmental hazards, allowed Gulf War Veterans--and veterans of the Vietnam War--to enroll into Priority Group 6. The last sunset date for this authority was December 31, 2002. Since this date, information provided to veterans and VA hospitals has been conflicting. Some hospitals continue to honor Priority Group 6 enrollment for ill Gulf War veterans seeking care for their ailments. Other hospitals, well aware of the sunset date, deny Priority Group 6 enrollment for these veterans and notify them that they qualify for Priority Group 8. To these veterans' dismay, they are completely denied enrollment because of VA's restricted enrollment for Priority Group 8 since January 2003. Even more confounding is the fact that eligibility information disseminated via internet and printed materials does not consistently reflect this change in enrollment eligibility for Priority Group 6. VA has assured The American Legion that this issue will be rectified.

Although these veterans can file claims for these ailments and possibly gain access to the health care system once a disability percentage rate is granted, those whose claims are denied cannot enroll. According to the May 2007 version of VA's Gulf War Veterans Information System (GWVIS), there were 14,874 claims processed for undiagnosed illnesses. Of those undiagnosed illness claims processed, 11,136 claims were denied. Due to their nature, these illnesses are difficult to understand and information about individual exposures may not be available, many ill veterans are not able to present strong claims. They are then forced to seek care from private physicians who may not have enough information about Gulf War Veterans' illnesses to provide appropriate care.

VA notes that veterans may still be granted service connection, if evidence indicates an association between their diseases and their exposures. This places the burden of proof on Gulf War veterans to prove their exposures and that the level of exposure is sufficient enough to warrant service connection. IOM and VA have acknowledged that there is insufficient information on the use of the identified solvents and pesticides during the Gulf War.

VA states that PL 105-277 does not explain the meaning of the phrase, "known or presumed to be associated with service in the Armed forces in the Southwest Asia theater of operations during the Persian Gulf War" and that there is no legislative history explaining the meaning of the phrase. VA has had adequate time to get Congress to clarify the statute's intent and should have clarified the intent prior to delivering a charge to the IOM for the report. VA's interpretation is

that Congress did not intend VA to establish presumptions for known health effects of all substances common to military and civilian life, but that it should focus on the unique exposure environment in the Persian Gulf during the war. The IOM was commissioned to ascertain long-term health effects of service in the Persian Gulf during the war, based on exposures **associated** with service in theater during the war as identified by Congress, not exposures **unique** to the Southwest Asia Theater. The determination to not grant presumption for the ailments identified should be based solely on the research findings, not on the legitimacy of the exposures identified by Congress.

The IOM has a similar charge to address veterans who served in Vietnam during the war. Herbicides were not unique to the operations in the Southeast Asia theater of conflict and there had not been, until recently, a definitive notion of the amounts of herbicides to which servicemembers had been exposed. Peer-reviewed, occupational studies are evaluated to make recommendations on which illnesses are associated with exposure the herbicides—and their components known to be used in theater. For ailments that demonstrate sufficient evidence of a causal relationship, sufficient evidence of an association, and limited evidence of an association, the Secretary may consider presumption. Gulf War and Health Volume 2 identifies several illnesses in these categories. However the Secretary determined that presumption is not warranted

VA needs to clearly define what type of information is required to determine possible health effects, for instance clarification of any guidance or mandate for the research. VA also needs to ensure that its charge to the IOM is specific enough to help it make determinations about presumptive illnesses. VA noted that neither the report, nor the studies considered for the report identified increased risk of disease based on episodic exposures to insecticides or solvents and that the report states no conclusion whether any of the diseases are associated with "less than chronic exposure," possibly indicating a lack of data to make a determination. If this was necessary, it should have been clearly identified.

Finally, Section 1118, title 38, USC, mandates how the Secretary should respond to the recommendations made in the IOM reports. The Secretary is required to make a determination of whether or not a presumption for service connection is warranted for each illness covered in the report no later than 60 days after the date the report is received. If the Secretary determines that presumption is not warranted for any of the illnesses or conditions considered in the report, a notice explaining scientific basis for the determination has to be published in the Federal Register within 60 days after the determination has been made. Gulf War and Health, Volume 2 was released in 2003, four years ago. Since then, IOM has released several other reports and VA has yet to publish its determination on those reports as well.

The American Legion urges VA to provide clarity in the charge for the IOM reports concerning what type of information is needed to make determinations of presumption of service connection for illnesses that may be associated with service in the Gulf during the war.

The American Legion urges VA to get clarification from Congress on the intent of the phrase "known or presumed to be associated with service in the Armed forces in the Southwest Asia theater of operations during the Persian Gulf War," get clarification from the IOM committee to

fill in as many gaps of information as possible, and re-evaluate the findings of the IOM report with the clarification provided.

The American Legion also urges Congress to provide oversight to ensure VA provides timely responses to the recommendations made in the IOM reports.

Atomic Veterans

Since the 1980s, claims by Atomic Veterans exposed to ionizing radiation for a radiogenic disease, for conditions not among those listed in Section 1112(c)(2), title 38, USC, have required an assessment to be made by the Defense Threat Reduction Agency (DTRA) as to nature and amount of the veteran's radiation dosing. Under this guideline, when dose estimates provided are reported as a range of doses to which a veteran may have been exposed, exposure at the highest level of the dose range is presumed. From a practical standpoint, VA routinely denied the claims by many atomic veterans on the basis of dose estimates indicating minimal or very low-level radiation exposure.

As a result of the court decision in *National Association of Radiation Survivors v. VA* and studies by GAO and others of the U.S.'s nuclear weapons test program, the accuracy and reliability of the assumptions underlying DTRA's dose estimate procedures have come into question. On May 8, 2003, the National Research Council's Committee to Review the DTRA Dose Reconstruction Program released its report. It confirmed the complaints of thousands of Atomic Veterans that DTRA's dose estimates have often been based on arbitrary assumptions resulting in underestimation of the actual radiation exposures. Based on a sampling of DTRA cases, it was found that existing documentation of the individual's dose reconstruction, in a large number of cases, was unsatisfactory and evidence of any quality control was absent. The Committee concluded their report with a number of recommendations that would improve the dose reconstruction process of DTRA and VA's adjudication of radiation claims.

The American Legion was encouraged by the mandate for a study of the dose reconstruction program; nonetheless, we are concerned that the dose reconstruction program may still not be able to provide the type of information that is needed for Atomic Veterans to receive fair and proper decisions from VA. Congress should not ignore the National Research Council's findings and other reports that dose estimates furnished VA by DTRA over the past 50 years have been flawed and have prejudiced the adjudication of the claims of tens of thousands of Atomic Veterans. It remains practically impossible for Atomic Veterans or their survivors to effectively challenge a DTRA dose estimate.

It is not possible to accurately reconstruct the radiation dosages to which these veterans were exposed. The process prolongs claims decisions on ionizing radiation cases, ultimately delaying treatment and compensation for veterans with fatal diseases. Therefore, The American Legion believes the dose reconstruction program should not continue. We urge the enactment of legislation to eliminate this provision in the claim of veterans with a recognized radiogenic disease who were exposed to ionizing radiation during military service.

Mustard Gas Exposure

In March 2005, VA initiated a national outreach effort to locate veterans exposed to mustard gas and Lewisite as participants in chemical warfare testing programs while in the military. For this recent initiative, VA is targeting veterans who have been newly identified by DOD for their participation in the testing, most of which had participated in programs conducted during WWII. DOD estimated 4,500 service members had been exposed.

The American Legion has been contacted by veterans who contend that the number of participants identified was understated by tens of thousands and that participation in these clandestine chemical programs extended decades beyond the World War II era. Investigators have not always maintained thorough records of the events; adverse health effects were not always annotated in the service member's medical records; and participants were warned not to speak of the program. Without adequate documentation of their participation, participants may not be able to prove their current ailments are related to the testing.

It is important DOD commits to investigating these claims as they arise to determine if they have merit. It is also important VA commit to locating those identified by DOD in a timely manner, as many of them are WWII era veterans. Congressional oversight may be necessary to ensure these veterans are granted the consideration they deserve.

Blinded Veterans

There are approximately 38,000 blind veterans enrolled in the VA health care system. Additionally, demographic data suggests that in the United States, there are over 160,000 veterans with low-vision problems and eligible for Blind Rehabilitative services. Due to staffing shortages, over 1,500 blind veterans will wait months to get into one of the 10 blind rehabilitative centers.

VA currently employs approximately 164 Visual Impairment Service Team (VIST) Coordinators to provide lifetime case management to all legally blind veterans and all OEF/OIF patients and 38 Blind Rehabilitative Outpatient Specialists (BROS) to provide services to patients who are unable to travel to a blind center. The training provided by BROS is critical to the continuum of care for blind veterans. The DOD medical system is dependent on VA to provide blind rehabilitative services.

The American Legion urges VA to increase funding for more Blind Rehabilitative Outpatient Specialists.

Medical Construction and Infrastructure Support

Major Construction

The CARES process identified approximately 100 major construction projects in the VA Medical Center System, the District of Columbia, and Puerto Rico. Construction projects are categorized as major if the estimated cost is over $10 million. Now that VA has disclosed the plan to deliver health care through 2022, Congress has the responsibility to provide adequate

funds. VA has not had this type of progressive construction agenda in decades. Major construction money can be significant and proper utilization of funds must be well planned. However, if timely completion is truly a national priority, The American Legion continues to have concerns due to inadequate funding.

In addition to the cost of the proposed new facilities are many construction issues that have been "placed on hold" for the past several years due to inadequate funding, and the moratorium placed on construction spending by the CARES process. One of the most glaring shortfalls is the neglect of the buildings sorely in need of seismic correction. This is an issue of safety. The delivery of health care in unsafe buildings cannot be tolerated and funds must be allocated to not only construct the new facilities, but also to pay for much needed upgrades at existing facilities. Gambling with the lives of veterans, their families and VA employees is absolutely unacceptable.

The American Legion believes VA has effectively shepherded the CARES process to its current state by developing the blueprint for the future delivery of VA health care – we urge Congress adequately fund the implementation of this comprehensive and crucial undertaking.

Minor Construction

VA's minor construction program has also suffered significant neglect over the past several years. Maintaining the infrastructure of VA's buildings is no small task due to the age of these buildings, continuous renovations, relocations and expansions. A slight hesitation in provision of funding leaves a profound impact.

The American Legion recommends Congress adequately fund the implementation of this program.

Information Technology Funding

Since the data theft occurrence in May 2006, the VA has implemented a complete overhaul of its Information Technology (IT) division nationwide. Although not quite from its beginning stages, The American Legion is hopeful VA takes the appropriate steps to strengthen its IT security to renew the confidence and trust of veterans who depend on VA for the benefits they have earned.

Within VA Medical Center Nursing Home Care Units, it was discovered there was conflict with IT and each respective VAMC regarding provision of Internet access to veteran residents. VA has acknowledged the Internet would represent a positive tool in the veteran's rehabilitation. The American Legion believes Internet access should be provided to these veterans without delay, for time is of the essence in the journey to recovery. In addition, veterans should not have to suffer due to VA's gross negligence in the matter.

The American Legion believes there should be a complete review of IT security government wide. VA isn't the only agency within the government requiring an overhaul of its IT security protocol. The American Legion urges Congress to exercise its oversight authority and review each Federal agency to ensure that the personal information of all Americans is secure.

The American Legion supports the centralization of VA's IT. The quantity of work required to secure information managed by VA is immense. The American Legion urges Congress to maintain close oversight of VA's IT restructuring efforts and fund VA's IT to ensure the most rapid implementation of all proposed security measures.

Compensation and Pension

Veterans Benefits Administration

VA has a statutory responsibility to ensure the welfare of the nation's veterans, their families, and survivors. Providing quality decisions in a timely manner has been, and will continue to be one of VA's most difficult challenges.

Claims Backlog & Staffing

In FY 2007, more than 2.8 million veterans received disability compensation benefits. Providing quality decisions in a timely manner has been, and will continue to be, one of the VA's most difficult challenges. A majority of the claims processed by the Veterans Benefits Administration's (VBA) 57 regional offices involve multiple issues that are legally and medically complex and time consuming to adjudicate.

As of August 9, 2008, there were 618,314 claims pending in VBA, 394,201 of which are rating cases. There has been a steady increase in VA's pending claim backlog since the end of FY 2004 when there were 321,458 rating cases pending. At the end of FY 2007, there were more than 391,000 rating cases pending in the VBA system, up approximately 14,000 from FY 2006. Of these, more than 100,000 (25.7 percent) were pending for more than 180 days. Including non-rating claims pending, the total compensation and pension claims backlog was more than 627,000, with 26.5 percent of these claims pending more that 180 days.

There were also more than 164,000 appeals pending at VA regional offices, with more than 142,000 requiring some type of further adjudicative action. At the end of FY 2007, the average number of days to complete a claim from date of receipt (182.5 days) was up 5.4 days from FY 2006.

Inadequate staffing levels, inadequate continuing education, and pressure to make quick decisions, resulting in an overall decrease in quality of work, has been a consistent complaint among regional office employees interviewed by The American Legion staff during regional office quality checks. It is an extreme disservice to veterans, not to mention unrealistic, to expect VA to continue to process an ever increasing workload, while maintaining quality and timeliness, with the current staff levels. The current wartime situation provides an excellent opportunity for VA to actively seek out returning veterans from OEF and OIF, especially those with service-connected disabilities, as well as veterans from prior wars, for employment opportunities within VBA. Despite the recent hiring initiatives, regional offices will clearly need more personnel given current and projected future workload demands. VBA must be required to provide better justification for the resources it says are needed to carry out its mission and, in

particular, how it intends to improve the level of adjudicator training, job competency, and quality assurance.

The American Legion recommends Congress increase VBA staffing levels, provide appropriate training support for these employees and increase the number of veterans of all wars hired in the VA.

Production vs. Quality

Since 1996, The American Legion, in conjunction with the National Veterans Legal Services Program (NVLSP), has conducted quality review site visits at more than 40 regional offices for the purpose of assessing overall operation. This Quality Review Team visits a regional office for a week and conducts informal interviews with both VA and veterans service organization (VSO) staff. The Quality Review Team then reviews a random sample of approximately 30-40 recently adjudicated American Legion-represented claims. The Team finds errors in approximately 20-30 percent of cases reviewed.

The most common errors include the following:

- Inadequate claim development leading to premature adjudication of claim;
- Failure to consider reasonably inferred claims based on evidence of record;
- Rating based on inadequate VA examination; and/or
- Under evaluation of disability (especially mental conditions).

These errors are a direct reflection of VA's emphasis of quantity over quality of work. This seems to validate The American Legion's concerns that emphasis on production continues to be a driving force in most VA regional offices, often taking priority over such things as training and quality assurance. Clearly, this frequently results in premature adjudications, improper denials of benefits and inconsistent decisions

Veterans' Disability Benefits Commission

In October 2007, after almost 2 ½ years of study, the Veterans' Disability Benefits Commission (VDBC or Commission), released its extensive report, *Honoring the Call to Duty: Veterans' Disability Benefits in the 21st Century*, to the President and Congress. Due to the history surrounding the establishment of the Commission, The American Legion and others in the VSO community feared that it would be used as a tool to restrict veterans' benefits. In fact, key members of Congress and other Federal government officials publicly expressed their desire to use the VDBC as a vehicle to institute radical changes in the VA disability system that would negatively impact and restrict entitlement to benefits for a large number of veterans. The American Legion closely monitored the Commission's activities and provided written and oral testimony, as well as other input.

The American Legion appreciates the Commission's hard work and commitment and we are generally pleased with its recommendations. As the final report contains 113 recommendations, this statement will focus, for the most part, on recommendations that will directly impact the

disability compensation system as well as those addressed as high priority in the Executive Summary.

The American Legion looks forward to working with Congress and VA to implement many of these recommendations.

Filipino Veterans

The American Legion fully supports the *Filipino Veterans Equity Act* and has testified in support of this legislation on a number of occasions for several years. The American Legion's objection rests with how Congress plans to pay for larger bill that contains the Filipino Equity Act provision. In order to meet its PAY GO obligations, Congress plans to repeal the *Hartness v. Nicholson* decision. In fact, some Filipino veterans may very well benefit from the *Hartness v. Nicholson* decision; especially should the Filipino Veterans Equity Act become law. By repealing this decision, Congress would be denying one group of veterans (elderly, disabled homebound) an earned benefit to give another group of veterans (the Filipino veterans and others) benefits. The American Legion believes it is wrong and sets an unacceptable precedence.

There is nothing that would prevent Congress from next year, repealing the Filipino Equity Act to use that money to pay for some other group of veterans. Such a "rob Peter to pay Paul" scheme clearly dishonors and disrespects all veterans involved. Even worse, it pits veterans against veterans. Thus, while The American Legion strongly supports the *Filipino Veterans Equity Act*, it cannot support this proposed PAYGO funding stream. Congress must not make a grave mistake in the name of fairness, equality or eve fiscal responsibility.

We urge Congress to do what is right. It has other funding options – not just the repeal of *Hartness v. Nicholson* but can waive the budget rules, which Congress has already done to fund other bills; or pass the Filipino Veterans Equity Act as part of an emergency supplemental appropriations.

National Cemetery Administration

The mission of the National Cemetery Administration (NCA) is to honor veterans with final resting places in national shrines and with lasting tributes that commemorate their service to this nation. The American Legion recognizes NCA's excellent record in providing timely and dignified burials to all veterans who opt to be buried in a National Cemetery. We also recognize the hard work that is required to restore and maintain National Cemeteries as national shrines and applaud NCA for its commitment and success toward that endeavor.

The American Legion supports the "75-mile service area/170,000 veteran population" threshold that currently serves as the benchmark for establishing a new national cemetery. However, driving (commuting) times should be considered as inner-city traffic can significantly increase travel times to distant cemeteries and driving time needs to be factored in when trying to determine if the veteran population is being served effectively.

National Cemetery Expansion

According to NCA's estimates in the President's budget request for FY 2009, annual interments will increase to 111,000, a 10 percent rise from FY 2007. Interments in FY 2013 are expected to be about 109,000, a 9 percent increase from FY 2007. The total number of graves maintained is expected to increase from almost 2.8 million in FY 2007 to over 3.3 million in FY 2013. The American Legion recommends that monies for additional employees be included in the budget.

Vocational Rehabilitation and Employment service (VR&E)

The mission of the VR&E program is to help qualified, service-disabled veterans achieve independence in daily living and, to the maximum extent feasible, obtain and maintain suitable employment. The American Legion fully supports these goals. VA leadership must focus on marked improvements in case management, vocational counseling, and -- most importantly -- job placement.

Interagency Cooperation between DOL-VETS and VA

It is our experience that the interagency collaboration and communication between the VR&E program, and the Department of Labor (DOL) Veterans Employment and Training Service (VETS) is lacking. The American Legion recommends exploring possible training programs geared specifically for VR&E Counselors through the National Veterans Training Institute (NVTI). Contracting for standardized or specialized training for VR&E employees could very well strengthen and improve overall program performance.

Veterans' Preference in Job Placement

The Federal government has scores of employment opportunities that educated, well-trained, and motivated veterans can fill given a fair and equitable chance to compete. Working together, all Federal agencies should identify those vocational fields, especially those with high turnover rates, suitable for VR&E applicants. There are three ways veterans can be appointed to jobs in the competitive civil service: by competitive appointment through an OPM list of eligibles (or agency equivalent); by noncompetitive appointment under special authorities that provide for conversion to the competitive service; or, by Merit Promotion selection under the Veterans Employment Opportunities Act (VEOA). The American Legion recommends the number of veterans in the Federal government be increased.

Provide military occupational skills and experience translation for civilian employment counseling

The American Legion notes that due to the current demands of the military, greater emphasis on the Reserve component of the Armed Forces created employment hardships for many Reservists. The American Legion supports amending Section 4101(5), title 38, USC, to add Subsection (D) to the list of "Eligible Persons" for Job Counseling, Training, and Placement Service for Veterans, to include members in good standing of Active Reserve and Guard Units of the Armed

Forces of the United States who have completed basic and advanced Duty for Training (ACDUTRA) and have been awarded a Military Occupation Specialty.

DOD provides some of the best vocational training in the nation for its military personnel and establishes measures and evaluates performance standards for every occupation with the armed forces. There are many occupational career fields in the armed forces that can easily translate to a civilian counterpart. Many occupations in the civilian workforce require a license or certification. In the Armed Forces, these unique occupations are performed to approved military standards that may meet or exceed the civilian license or certification criteria. Upon separation, many former military personnel, certified as proficient in their military occupational career, are not licensed or certified to perform the comparable job in the civilian workforce, thus hindering chances for immediate civilian employment and delaying career advancement. This situation creates an artificial barrier to employment upon separation from military service.

A study by the Presidential Commission on Servicemembers' and Veterans' Transition Assistance identified a total of 105 military professions where civilian credentialing is required. The most easily identifiable job is that of a Commercial Truck Driver in which there is a drastic shortage of qualified drivers. Thousands of veterans must venture through each state's laws instead of a single national test or transfer of credentials from the military. We have testified alongside members of the trucking industry to Congress for the need for accelerated MGIB payments for these courses and other matters.

The American Legion supports efforts to eliminate employment barriers that impede the transfer of military job skills to the civilian labor market, and supports efforts to DOD take appropriate steps to ensure that service members be trained, tested, evaluated and issued any licensure or certification that may be required in the civilian workforce. The American Legion supports efforts to increase the civilian labor market's acceptance of the occupational training provided by the military.

Department Of Labor Veterans Employment and Training Service (DOL-VETS)

The mission of VETS is to promote the economic security of America's veterans. This stated mission is executed by assisting veterans in finding meaningful employment. The American Legion believes that by strengthening American veterans, we in turn strengthen America. Annually, DOD discharges approximately 300,000 service members. Recently separated service personnel will seek immediate employment or increasingly have chosen some form of self-employment. In order for the VETS program to assist these veterans to achieve their goals, it needs to:

- Improve by expanding its outreach efforts with creative initiatives designed to improve employment and training services for veterans;
- Provide employers with a labor pool of quality applicants with marketable and transferable job skills;
- Provide information on identifying military occupations that require licenses, certificates or other credentials at the local, state, or national levels;

- Eliminate barriers to recently separated service personnel and assist in the transition from military service to the civilian labor market;
- Strive to be a proactive agent between the business and veterans' communities in order to provide greater employment opportunities for veterans; and
- Increase training opportunities, support and options for veterans who seek self-employment and entrepreneurial careers.

The American Legion believes staffing levels for DVOPs and LVERs should match the needs of the veterans' community in each state and not be based solely on the fiscal needs of the state government. Such services will continue to be crucial as today's active duty service members, especially those returning from combat in Iraq and Afghanistan, transition into the civilian world. Education, vocational and entrepreneurial training and employment opportunities will enable these veterans to succeed in their future endeavors. Adequate funding will allow the programs to increase staffing to provide comprehensive case management job assistance to disabled and other eligible veterans.

The American Legion believes that military experience is essential to understanding the unique needs of the veteran and that all LVERs, as well as all DVOPs, should be veterans and should be additionally educated to be able to address the needs of veterans who desire entrepreneurial support.

The American Legion also supports legislation that will restore language to Chapter 41, title 38, USC, that require that half time DVOP/LVER positions be assigned only after approval of the DVET and that the Secretary of Labor would be required to monitor all career centers that have veterans on staff assigned. PL 107-288 has eliminated the requirement that DOL/VETS review all workforce centers annually and this has minimized Federal oversight of the programs since the ASVET has drastically cut funds allocated for this activity and established a policy that only 10 percent of the centers operated under title 38, USC, will be reviewed, and PL 107-288 has removed the job descriptions of the DVOPs and LVERs from title 38, USC, and given the States the ability to establish the duties and responsibilities, thus weakening the VETS program across the country by eliminating the language that required these staff positions provide services only to veterans.

Make Transitional Assistance Program (TAP)/Disabled Transitional Assistance Program (DTAP) a Mandatory Program

The American Legion is deeply concerned with the timely manner that veterans, especially returning wartime veterans, transition into the civilian sector. Annually, for the past 6 years, approximately 300,000 service members, 90,000 of them belonging to the National Guard and Reserve, enter the civilian sector each year.

In numerous cases brought to the attention of The American Legion by veterans and other sources, many of these returning service members have lost jobs, promotions, businesses, homes, and cars and, in a few cases, become homeless. The American Legion strongly endorses the belief that service members would greatly benefit by having access to the resources and knowledge that the Transitional Assistance Program (TAP) and Disabled Transitional Assistance

Program (DTAP) can provide and the TAP/DTAP program needs to update their program to recognize the large number of Guard and Reserve business owners who now require training, information and assistance while they attempt to salvage or recover from a business which they abandoned to serve their country.

The American Legion strongly supports the Transition Assistance Program and Disabled Transition Assistance Program. Additionally, The American Legion supports that DOD require all separating, active-duty service members, including those from Reserve and National Guard units, be given an opportunity to participate in Transition Assistance Program and Disabled Transition Assistance Program training not more than 180 days prior to their separation or retirement from the Armed Forces.

To ensure that all veterans, both transitioning and those looking for employment assistance well past their discharge, receive the best care; the DOL-VETS program must be adequately funded. However, we feel that the current funding levels are inadequate. Funding increases for VETS since 9/11 do not reflect the large increase in service members requiring these services due to the Global War on Terrorism.

Military Occupational Specialty Transition (MOST) Program

The American Legion supports legislation that will authorize $60 million for the next ten years to fund the *Service Members' Occupational Conversion and Training Act (SMOCTA).* SMOCTA is a training program developed in the early 1990's for those leaving military service with few or no job skills transferable to the civilian market place. SMOCTA has been changed to the Military Occupational Specialty Transition (MOST) program, but the language and intent of the program still applies. If enacted, MOST would be the only Federal job training program available strictly for veterans and the only Federal job training program specifically designed and available for use by state veterans' employment personnel to assist veterans with barriers to employment.

Veterans eligible for assistance under MOST are those with a primary or secondary military occupational specialty that DOD has determined is not readily transferable to the civilian workforce or those veterans with a service-connected disability rating of 30 per cent or higher. MOST is a unique job training program because there is a job waiting for the newly trained veteran upon completion of training so that they can continue to contribute to the economic well being of the nation.

The American Legion recommends reauthorization of SMOCTA (now MOST) and adequate funding for the program.

Employment

DVOPs provide outreach services and intensive employment services to meet the employment needs of eligible veterans, with priority to disabled veterans and special emphasis placed on those veterans most in need. LVERs conduct outreach to local employers to develop employment opportunities for veterans, and facilitate employment, training and placement

services to veterans. In particular, many LVERs are the facilitators for the Transition Assistance Program employment workshops. There are inadequate appropriations to several states because of policies and practices that cause these states to receive fewer positions and/or less funding. This procedure caused a deterioration of the available services provided to veterans in those states, and adversely impacts the level of services provided. The American Legion, therefore, recommends increased funding for this program.

Homelessness (DOL-VETS)

The American Legion notes that there are approximately 154,000 homeless veterans on the street each night. This number, compounded with 300,000 service members entering the private sector each year since 2001 with at least a third of them potentially suffering from mental illness, requires that intensive and numerous programs to prevent and assist homeless veterans are available.

The Homeless Veterans Reintegration Program (HVRP) is a competitive grant program. Grants are awarded to states or other public entities and non-profits, including faith-based organizations, to operate employment programs that reach out to homeless veterans and help them become gainfully employed. The purpose of the HVRP is to provide services to assist in reintegrating homeless veterans into meaningful employment within the labor force and to stimulate the development of effective service delivery systems that will address the complex problems facing veterans. HVRP is the only nationwide program focused on assisting homeless veterans to reintegrate into the workforce. The American Legion strongly supports this highly successful grant program.

Veterans Workforce Investment Program (VWIP)

VWIP grants support efforts to ensure veterans' lifelong learning and skills development in programs designed to serve the most-at-risk veterans, especially those with service-connected disabilities, those with significant barriers to employment, and recently separated veterans. The goal is to provide an effective mix of interventions, including training, retraining, and support services, that lead to long term, higher wages and career potential jobs. The American Legion recommends fully funding VWIP.

Employment Rights and Veterans' Preference

The *Uniformed Services Employment and Reemployment Rights Act (USERRA)* protects the civilian job rights and benefits of veterans and members of the armed forces, including National Guard and Reserve members. USERRA also prohibits employer discrimination due to military obligations and provides reemployment rights to returning service members. VETS administers this law, conducts investigations for USERRA and Veterans' Preference cases, as well as conducts outreach and education, and investigates complaints by service members.

Since September 11, 2001, nearly 600,000 National Guard and Reserve members have been activated for military duty. During this same period, DOL-VETS provided USERRA assistance to over 410,000 employers and service members.

Veterans' Preference is authorized by the *Veterans' Preference Act of 1944*. The *Veterans' Employment Opportunity Act (VEOA)* of 1998 extended certain rights and remedies to recently separated veterans. VETS was given the responsibility to investigate complaints filed by veterans who believe their Veterans' Preference rights have been violated and to conduct an extensive compliance assistance program.

Veterans' Preference is being unlawfully ignored by numerous agencies. Whereas figures show a decline in claims by veterans of this conflict compared to Gulf War I, the reality is that employment opportunities are not being broadcast. Federal agencies as well as Federal contractors and subcontractors are required by law to notify OPM of job opportunities but more often than not these vacancies are never made available to the public. The VETS program investigates these claims and corrects unlawful practices. The American Legion recommends fully funding for Program Management that encompasses USERRA and VEOA.

Veteran- and Service Disabled Veteran-Owned Businesses

The American Legion views small businesses as the backbone of the American economy. The impact of deployment on self-employed National Guard and Reserve service members is tragic with a reported 40 percent of all businesses owned by veterans suffering financial losses and, in some cases, bankruptcies. Many small businesses have discovered they are unable to operate and suffer some form of financial loss when key employees (who are members of the Reserve component) are activated. The Congressional Budget Office in a report, "*The Effects of Reserve Call-Ups on Civilian Employers,"* stated that it "expects that as many as 30,000 small businesses and 55,000 self-employed individuals may be more severely affected if their Reservist employee or owner is activated." The American Legion is a strong supporter of the "*Hope at Home Act of 2007*," which is bipartisan legislation that would not only require the Federal government to close the pay gap between their Reserve and National Guard service member's civilian and military pay but it would also provide tax credits up to $30,000 for small businesses with service members who are activated.

Additionally, the Office of Veterans' Business Development within the Small Business Administration (SBA) remains crippled and ineffective due to a token funding of $750,000 per year. This amount, which is less than the office supply budget for the SBA, is expected to support an entire nation of veterans who are entrepreneurs. The American Legion feels that this pittance is an insult to American veterans who are small business owners; consequently, this undermines the spirit and intent of PL 106-50 and continues to be a source of embarrassment for this country.

The American Legion strongly supports increased funding of the efforts of the SBA's Office of Veterans' Business Development in its initiatives to provide enhanced outreach and specific community based assistance to veterans and self employed members of the Reserves and National Guard. The American Legion also supports legislation that would permit the Office of Veterans Business Development to enter into contracts, grants, and cooperative agreements to further its outreach goals and develop a nationwide community-based service delivery system specifically for veterans and members of Reserve components of the United States military.

The American Legion recommends funding to enable the implementation of a nationwide community-based assistance program to veterans and self employed members of the Reserves and National Guard.

The National Veterans Business Development Corporation

Congress enacted the *Veterans Entrepreneurship (TVC) and Small Business Development Act of 1999* (PL 106-50) to assist veterans and service-connected disabled veterans who own small businesses by creating the National Veterans Business Development Corporation. Presently, the objectives of PL 106-50 (as originally envisioned) are not being met. The American Legion supports a close review of the organization.

The American Legion encourages Congress to require reasonable "set-asides" of Federal procurements and contract for businesses owned and operated by veterans. The American Legion also supported legislation that sought to add service-connected disabled veterans to the list of specified small business categories receiving 3 percent set-asides. PL 106-50 included veteran small businesses within Federal contracting and subcontracting goals for small business owners and within goals for the participation of small businesses in Federal procurement contracts. It requires the head of each Federal agency to establish agency goals for the participation by small businesses owned and controlled by service-connected disabled veterans, within that agency's procurement contracts.

Agency compliance with PL 106-50 has been minimal with only two agencies self-reporting that they have met their goals (the Department of Veterans Affairs and the Small Business Administration). In 2004, President Bush issued Executive Order 13360 to strengthen opportunities in Federal contracting for service-disabled veteran-owned businesses.

The American Legion recommends:

Incorporate Executive Order 13360 into SBA Regulations and Standard Operating Procedures

- The American Legion endorses these recommendations from the "SBA Advisory Committee on Veterans Business Affairs" FY 2006 SBA report:
- Change to Sole Source Contracting Methods
- Develop a User Friendly Veteran Procurement Database

Home Loan Guaranty Program

VA's Home Loan Guaranty program has been in effect since 1944 and has afforded approximately 18 million veterans the opportunity to purchase homes. The Home Loan program offers veterans a centralized, affordable and accessible method of purchasing homes in return for their service to this nation. The program has been so successful over past years that not only has the program paid for itself, but has also shown a profit in recent years. Administrative costs constitute a relatively small portion -- less than 10 percent -- of the total capital and operating costs. The predominant costs are claims costs and other costs associated with foreclosure and

alternatives taken to avoid foreclosure. Each claim costs the Federal government about $20,000. However, revenues that VA collects from different sources, including the funding fee that borrowers pay, property sales, and proceeds from acquired loans and vendee loans, offset this cost.

The VA funding fee is required by law and is designed to sustain the VA Home Loan Program by eliminating the need for appropriations from Congress. Congress is not required to appropriate funding for this program; however, because veterans must now 'buy' in to the program, it no longer serves the intent of helping veterans afford a home.

The fee, currently 2.15 percent on no-down payment loans for a first-time use, is intended to enable the veteran who obtains a VA home loan to contribute toward the cost of this benefit and thereby reduce the cost to taxpayers. The funding fee for second time users who do not make a down payment is 3.3 percent. The idea of a higher fee for second time use is based on the fact that these veterans have already had a chance to use the benefit once, and also that prior users have had time to accumulate equity or save money towards a down payment.

The following persons are exempt from paying the funding fee:

- Veterans receiving VA compensation for service-connected disabilities.
- Veterans who would be entitled to receive compensation for service-connected disabilities if they did not receive retirement pay.
- Surviving spouses of veterans who died in service or from service-connected disabilities (whether or not such surviving spouses are veterans with their own entitlement and whether or not they are using their own entitlement on the loan).

The funding fee makes the VA Home Loan program less beneficial compared to a standard, private loan in some aspects. The funding fee mandates the participant to buy in to the program; however that goes directly against the intention of the law, to provide veterans a resource for obtaining a home. The American Legion believes that it is unfair for veterans to pay high funding fees of 2 to 3 percent, which can add approximately $3,000 to $11,000 for a first time buyer. The VA funding fee was initially enacted to defray the costs of the VA guaranteed home loan program. The current funding fee paid to VA to defray the cost of the home loan has had a negative effect on many veterans who choose not to participate in this highly beneficial program. Therefore, The American Legion strongly recommends that the VA funding fee on home loans be reduced or eliminated for all veterans whether active duty, Reserve, or National Guard.

Homeless Veterans

The American Legion supports the efforts of public and private sector agencies and organizations with the resources necessary to aid homeless veterans and their families. The American Legion supports proposals that will provide medical, rehabilitative and employment assistance to homeless veterans and their families. Homeless veteran programs should be granted full appropriations to provide supportive services such as, but not limited to outreach, health care, habilitation and rehabilitation, case management, daily living, personal financial planning, transportation, vocational counseling, employment and training, and education.

The American Legion applauds the Department of Housing and Urban Development (HUD) - Veterans Affairs Supported Housing (VASH) program. This program allowed HUD and VA to make up to 10,000 supportive incremental housing vouchers available to homeless veterans. The American Legion urges continued support of this program.

Homeless Providers Grant and Per Diem Program Reauthorization

In 1992, VA was given authority to establish the Homeless Providers Grant and Per Diem Program under the *Homeless Veterans Comprehensive Service Programs Act of 1992*, PL 102-590. The Grant and Per Diem Program is offered annually (as funding permits) by the VA to fund community agencies providing service to homeless veterans. VA can provide grants and per diem payments to help public and nonprofit organizations establish and operate supportive housing and/or service centers for homeless veterans. Funds are available for assistance in the form of grants to provide transitional housing (up to 24 months) with supportive services, supportive services in a service center facility for homeless veterans not in conjunction with supportive housing, or to purchase vans. The American Legion strongly supports increasing the funding level for the Grant and Per Diem Program.

Domiciliary Care for Homeless Veterans Program

DCHV operates 34 sites, with 1,833 dedicated domiciliary beds, providing time limited residential treatment with long-term physical, psychological, and rehabilitative counseling and services including aftercare. This program annually provides residential treatment to nearly 5,200 homeless veterans. The American Legion supports the program.

Veterans Industries/Compensated Work Therapy Program

VI/CWT offers vocational and rehabilitative services, ranging from evaluation and counseling to participation in compensated work and vocational training. Since 1994 over 32,000 veterans have been successfully reintegrated into society as responsible members of the community through this program. The American Legion supports the program.

Homeless Women Veterans and Children

Homeless veterans' service providers' clients have historically been almost exclusively male. That is changing as more women veterans and women veterans with young children have sought help. Additionally, the approximately 200,000 female Iraq veterans are isolated during and after deployment making it difficult to find gender-specific peer-based support. Access to gender-appropriate care for these veterans is essential.

Homeless veteran service providers recognize that they will have to accommodate the needs of the changing homeless veteran population, including increasing numbers of women and veterans with dependents. Access to family housing through the distribution of the thousands of new Section 8 vouchers that will be made available through the HUD-VASH program will offer an important new resource allowing VA staff to assist the veteran and her family.

The American Legion supports adequate funding for all domiciliary programs for qualified veterans. This includes funding for gender-specific, peer-based support and access to gender-appropriate care.

Summary

The American Legion appreciates the strong relationship we have developed with the Committee. With increasing military commitments worldwide, it is important we work together to ensure that the services and programs offered through VA and other government agencies are available to the new generation of American servicemembers who are returning home as well as for the veterans of prior conflicts.

The American Legion is fully committed to working with each of you to ensure that America's veterans receive the benefits they have earned. Whether it is improved accessibility to health care, timely adjudication of disability compensation claims, improved educational benefits or employment services, each and every aspect of these programs touches veterans from every generation. Together we can ensure that these programs remain productive, viable options for the men and women who have chosen to answer the nation's call to arms.