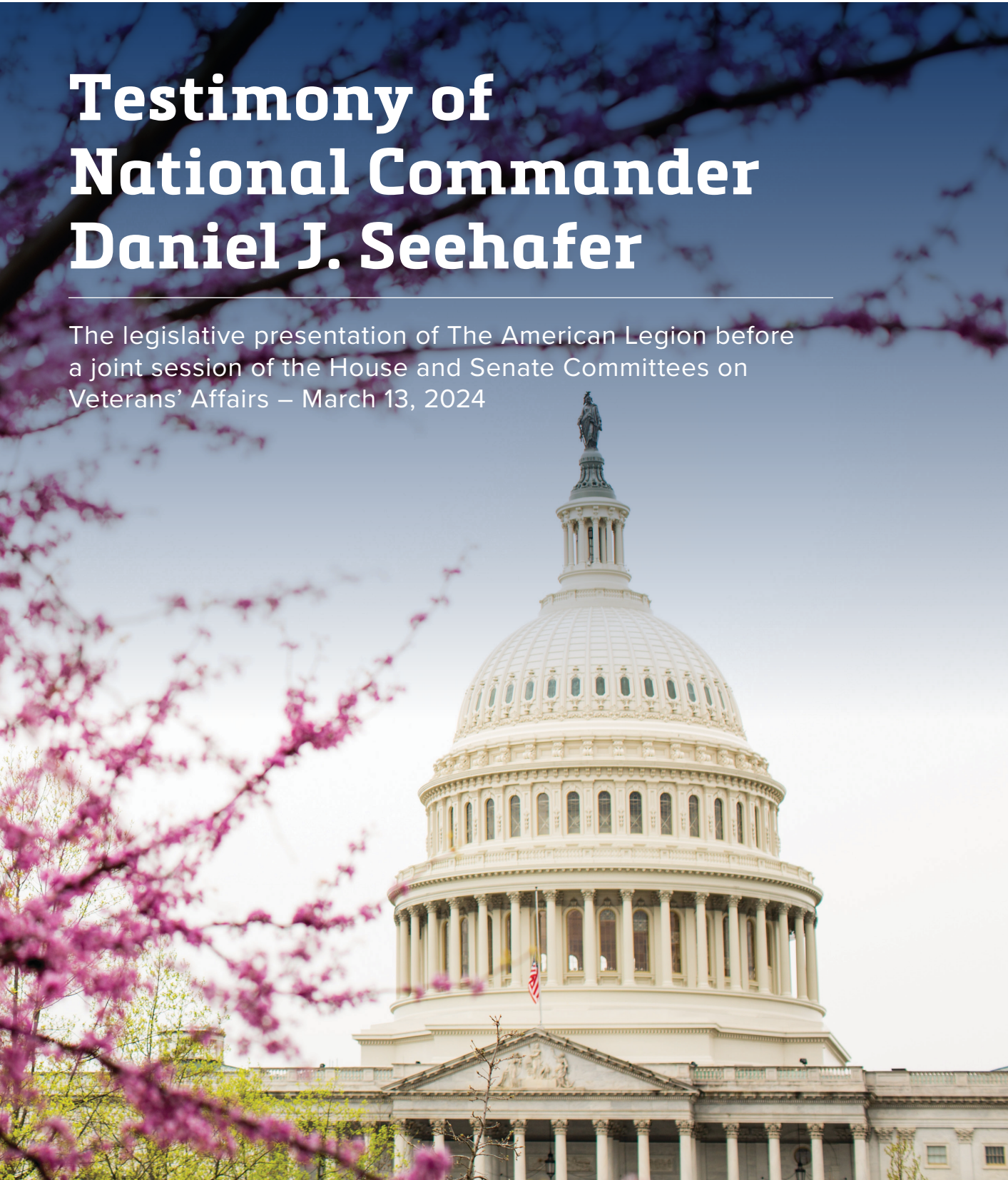




# Testimony of National Commander Daniel J. Seehafer

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The legislative presentation of The American Legion before  
a joint session of the House and Senate Committees on  
Veterans' Affairs – March 13, 2024





# This Congress Can Be the One

When a veteran takes his or her own life, it is a national tragedy and a personal one. The loved ones left behind are often saddled with guilt, wondering if more could have been done. This is one of many reasons why The American Legion has made it our mission to Be the One to do everything possible to save veterans from making this horrific choice.

I call on the second session of the 118<sup>th</sup> Congress to also Be the One. As lawmakers, you have an opportunity to do so much for those who have served in uniform, those still serving and the families who share in their sacrifice.

This Congress can Be the One that passes the *PFC Joseph P. Dwyer Peer Support Program (H.R. 2768)* and the *VA Zero Suicide Demonstration Act (H.R. 1639)*, bills that would fund outreach and encourage proven mental wellness strategies such as Buddy Checks. This can be the Congress that expands research for, and access to, alternative treatments and emerging therapies.



**Daniel J. Seehafer**  
The American Legion  
National Commander

Congress can Be the One to ease the transition from military to civilian life through the use of technology. The *VET-TEC Authorization Act of 2023*, which already passed the House, would help veterans find employment, obtain degrees and open entrepreneurship opportunities.

You can protect veterans from being fleeced by predatory claims sharks, who illegally exploit veterans by charging exorbitant fees without any accreditation from the Department of Veterans Affairs. This Congress can send a message to National Guard and reservists that when it comes to GI Bill benefits, their daily service is valued equally as the service of their active-duty counterparts. A day should equal a day, regardless of who issued the orders.

Congress can pass the *Major Richard Star Act (H.R. 1282)* so disabled military retirees with VA ratings below 50% would no longer have to fund their disability compensation out of their own pensions. This can be the Congress to ensure that members of the U.S. Coast Guard will be paid without interruption in the event of a prolonged government shutdown.

In the past, legislators have stepped up for veterans. The 117<sup>th</sup> Congress passed the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act*, a game-changing law that still requires congressional oversight to ensure smooth implementation. Last October, VA conducted its first annual Buddy Check Week, a successful veteran outreach program that was the result of congressional action.

Veterans appreciate it when their fellow Americans thank them for their service. But veterans are also people of action. We know that Congress shares in The American Legion's desire to serve veterans as well as veterans have served this nation. We know that you can Be the One.

A handwritten signature in black ink, appearing to read 'Daniel J. Seehafer'. The signature is fluid and cursive, with a large initial 'D'.

Daniel J. Seehafer  
National Commander  
The American Legion



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# The Best Care for Our Nation's Veterans



## Mental Health & Suicide Prevention

Veteran suicide prevention remains the top priority for The American Legion and is the most serious issue facing America's veteran population. On average, veterans are twice as likely to die by suicide than the general population, with an estimated 18 veterans taking their lives every day.<sup>1</sup> Suicide is the second leading cause of death for veterans under age 45, with the most common method identified as firearms.<sup>2</sup> Reducing the veteran suicide rate is imperative to The American Legion, as exemplified through our programs, including our Be the One mission.

The American Legion's Be the One mission emphasizes peer support for veterans struggling with the loss of a team/community style support system and destigmatizes seeking mental health assistance. Peer support provides veterans with another sense of community with fellow veterans coping with similar issues. These efforts are led by our Buddy Check program, a peer-to-peer outreach program that allows veterans to have open and candid conversations with other veterans about their experiences. There has been tremendous grassroots success with our program, as veterans who otherwise did not know where to turn have now received assistance. The Department of Veterans Affairs (VA) has also developed its own National Buddy Check Week, underscoring how effective these peer-to-peer programs can be in preventing veteran suicide – but more must be done.<sup>3</sup>

Other important programs for veteran suicide prevention include the 988 Suicide & Crisis Lifeline and the Veterans Crisis Line, VA's mental health and wellness mobile applications, lethal-means safety training for VA staff and community providers, and increased staffing of Suicide Prevention Coordinators at VA Medical Centers. For veterans who reside in rural areas and face challenges accessing VA medical centers, community-based Vet Centers are invaluable resources for veterans and their families in need of assistance. These Vet Centers also offer mobile units, reducing veteran travel time to receive treatment. Expanding the Vet Centers program will support transitioning and rural veterans to access the resources they need.

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1 The Department of Veterans Affairs, "2023 National veteran suicide prevention annual report," Office of Mental Health and Suicide Prevention, November 2023, <https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>.

2 Ibid.

3 The Department of Veterans Affairs, "VA encourages all veterans and their families to participate in first inaugural National Buddy Check Week," October 13, 2023, <https://news.va.gov/press-room/va-encourages-all-veterans-and-their-families-to-participate-in-first-inaugural-national-buddy-check-week>.

## KEY POINTS

- » According to the most recent data, Veterans Health Administration (VHA) users experiencing homelessness saw a 38.2% increase of suicide (112.9 per 100,000) in the year 2021, the highest increase observed between years 2001–2021. Furthermore, it was noted that VHA users facing homelessness had a 186.5% higher risk for suicide than VHA users who had no indications of veteran homelessness, demonstrating a significant link between veteran homelessness and suicide.<sup>4</sup>
- » Studies have shown that veteran peer-support providers are better able to empathize with struggling veterans in an accepting, adaptable, and calm manner, which leads to better outcomes in mental health support and suicide prevention.

## WHAT CAN CONGRESS DO?

- » Pass *H.R. 1639-VA Zero Suicide Demonstration Project Act* to fund VA's suicide-prevention outreach budget and continue to invest in mental-health research.
- » Pass *H.R. 3722-Daniel J. Harvey, Jr. and Adam Lambert Improving Servicemember Transition to Reduce Veteran Suicide Act* to provide more resources to veterans in transition, focusing on those who are at risk of facing financial hardships.
- » Support continued funding, implementation, and expansion of veteran mental health and suicide prevention services through the Veteran Crisis Line, Vet Centers, complementary and alternative medicine (CAM) therapies, and whole health programs.
- » Require VA, in coordination with the Centers for Disease Control and Prevention (CDC) and the Department of Defense (DoD), to include cases of self-injury deaths (e.g. overdose, asphyxiation, accidental gunshot, drowning, suicide by law enforcement, or high-speed single-driver accident) in the suicide data report to ensure suicide rates are properly recorded.
- » Pass legislation focused on suicide prevention efforts for veterans in higher-risk classes, including homeless veterans, financially insecure veterans, and women veterans.

## Safeguarding Veteran Benefits

In 1917, as the United States entered World War I, Congress established a new veterans' benefits system. This system included programs for disability compensation, insurance, and vocational rehabilitation.<sup>5</sup> The rationale behind these programs was to make the veteran “whole,” and to provide them with assistance that could help them navigate a successful life after military service. More often than not, the disability compensation a veteran receives is used to offset financial burdens caused by service-connected challenges.

Currently, there are unaccredited third parties that present themselves to veterans as legitimate claims service companies that assist veterans in obtaining their earned benefits. The price for assistance is often a portion of the veteran's monetary award, and this can range into the thousands of dollars. Additionally, these companies obtain personal health information needed to file a claim by asking the veteran for their electronic login information. The company then logs into the veteran's record and has access to all the information in the veteran's file. Once the company compiles the information, they ask the veteran to file the forms as themselves making it look as though the veteran prepared and filed his or her own claim. This is done in this manner because it is illegal, according to 38 C.F.R. § 14.629(b)(1), for any party to assist a veteran in the preparation, presentation, or prosecution of a VA claim unless the party is accredited through VA for such purposes.

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4 The Department of Veterans Affairs, “2023 National veteran suicide prevention annual report,” Office of Mental Health and Suicide Prevention, November 2023, <https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>.

5 The Department of Veterans Affairs, 2023, “History Overview,” accessed on November 23, 2023, <https://department.va.gov/history/history-overview>.

Unaccredited claims companies target veterans with fees as high as 600% of any future increase in their monthly VA benefits. This practice violates 38 U.S.C. § 5301(a)(3)(A), which prohibits fees based on future benefits compensation. These unaccredited companies operate outside the regulatory oversight of the VA's Office of General Counsel, leaving veterans susceptible to misleading practices.

The *Camp Lejeune Justice Act (CLJA) of 2021*, which was designed to allow legal action for veterans exposed to contaminated water at Camp Lejeune, N.C., has attracted predatory law firms seeking a share of the projected \$6 billion in payments over the next decade. Veterans, often unaware of the exclusive remedy clause, face potential offsets by benefits received through VA, Medicare, and Medicaid, leaving them with minimal compensation after legal fees are applied.



Beyond exploitative practices, The American Legion underscores the need to address concurrent receipt disparities affecting an estimated 42,000 military retirees with combat-related injuries. The Major Richard Star Act aims to repeal the offset deducting VA compensation from Department of Defense (DoD) retirement pay with a disability rating below 50%, allowing disabled veterans to concurrently receive both retirement pay and disability compensation.

Safeguarding veterans' benefits, especially for elderly veterans and those receiving Total Disability Individual Unemployability (TDIU), remains a priority. The American Legion opposes VA's proposed means-testing of Disability Compensation and potential termination of IU payments at the full retirement age for Social Security. The Legion remains steadfast in its commitment to protecting those veterans who have served our nation and earned continued benefits due to their service-connected disabilities.

## KEY POINTS

- » Unaccredited claims companies operate outside of compliance with VA regulations, remaining beyond the reach of penalties from the Office of General Counsel.
- » Unethical law firms, through aggressive ad campaigns, encourage veterans to file lawsuits against the federal government without adequately explaining fee structures, potentially depriving them of settlement money.
- » Retirement benefits and disability compensation are two separate benefits, provided for two different reasons and should never be conflated.
- » Veterans with service-connected disability ratings less than 50% have their VA disability compensation deducted from their DoD retirement pay.

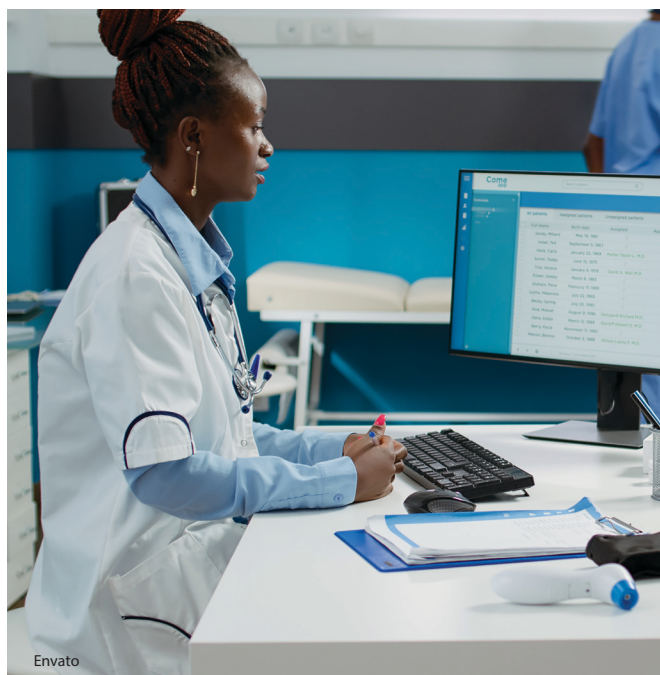
## WHAT CAN CONGRESS DO?

- » Pass *H.R. 1282-Major Richard Star Act*, which would provide total offset relief to veterans who retired from the military and earned VA disability benefits.
- » Pass legislation to restore criminal penalties for persons or companies violating VA rules regarding representing or charging veterans fees to file, prepare or prosecute initial VA claims without VA accreditation, and to fully fund VA staffing for the enforcement of these penalties.
- » Oppose legislation that would allow unaccredited parties to become legal representatives without completing the VA accreditation process.



# The Future of VA

As VA implements the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022*, the focus must be on propelling the VA healthcare system into the future, guaranteeing veterans access to cutting-edge care and contemporary facilities that match or exceed civilian standards. This involves incorporating innovations like telehealth, executing the Electronic Health Record Modernization (EHRM) program, and establishing a user-friendly electronic scheduling system for VA and community care. Amid the transformative changes shaping the future of VA healthcare, the commitment to delivering high-quality and timely care to veterans must remain the priority.



Modernizing healthcare facilities is critical to the future of VA. While the inclusion of 31 new major VA medical illnesses in the PACT Act is a positive step, there is a pressing need for further facility modernization to provide veterans with top-notch healthcare.

A significant challenge in the modernization journey is the implementation of the EHRM program, which faced setbacks leading to a pause in April 2023. The Office of Inspector General's critical report in the summer of 2022 highlighted 148 incidents of veteran harm, including four deaths, attributable to health record system issues.<sup>6</sup> Addressing these issues is paramount to meeting the requirement for a 99.7% system uptime, a standard comparable to civilian hospitals.<sup>7</sup> Collaborative efforts between VA and Oracle are underway to resume the rollout in the summer of 2024, with a clear directive to prevent further harm to veterans.<sup>8</sup>

In 2022, the Veterans Benefits Administration (VBA) introduced the Automated Review Summary Document (ARSD) as part of the integration of artificial intelligence (AI) technology in disability claims processing.<sup>9</sup> The American Legion stresses the importance of Congress' responsibility to oversee this technological advancement, ensuring responsible and ethical AI implementation to prevent biases and maintain transparency in decision-making for veterans' benefits. At the same time, we ask for Congress to continue funding the Toxic Exposure Fund (TEF) that supports innovative development like the ARSD.

The American Legion emphasizes the importance of maintaining adequate resourcing for TEF to efficiently address the long-term health consequences faced by veterans exposed to toxic substances during their service. By securing the necessary resources, we can affirm our commitment to supporting veterans affected by toxic exposures and uphold our responsibility to provide them with the care and assistance they deserve.

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6 Orion Donovan Smith, "Senators Threaten Consequences after VA Confirms 4 Deaths Tied to Computer System Tested in Spokane," *Spokesman.com*, March 15, 2023, <https://www.spokesman.com/stories/2023/mar/15/senators-threaten-consequences-after-va-confirms-4>.

7 Heckman, Jory. "VA Expects Its Legacy EHR to Be 'around for a Long Time' as It Troubleshoots Replacement." *Federal News Network*, March 13, 2023, <https://federalnewsnetwork.com/veterans-affairs/2023/03/va-expects-its-legacy-ehr-to-be-around-for-a-long-time-as-it-troubleshoots-replacement>.

8 Nihal Krishman, "VA, Oracle Cerner expect problem-ridden EHR rollout to resume by summer 2024," *Fedscoop*, September 13, 2023, <https://fedscoop.com/va-oracle-cerner-expect-problem-ridden-ehr-rollout-to-resume-by-summer-2024>.

9 Veterans Benefits Administration, Office of Communication. "Modernizing the Disability Claims Process." *VA News*, August 23, 2023, <https://news.va.gov/123338/modernizing-the-disability-claims-process>.

## KEY POINTS

- » The Department of Veterans Affairs faces a crucial task of modernizing healthcare and implementing technologies, including the EHRM program and telehealth capabilities. Congressional oversight is necessary to resolve critical issues with EHRM.
- » Urgent infrastructure investments are required to elevate VA facilities to a standard comparable to civilian healthcare facilities.
- » Congress should oversee the implementation of AI tools for expediting VA disability claims and ensure sufficient funding for the Toxic Exposure Fund to support veterans and their families.

## WHAT CAN CONGRESS DO?

- » Continue close oversight of the *VA Electronic Health Record Transparency Act of 2021* to ensure Congress is properly monitoring critical performance metrics once EHRM rollout resumes.
- » Fully fund TEF to invest in critical infrastructure upgrades to modernize and expand VA operations to meet the influx of PACT Act veterans, and fully fund VA infrastructure accounts.
- » Enforce accountability for deadlines, contracts, and IT system upgrades within VA, while maintaining transparency through publicly available information on patient wait times, facility performance, and staff vacancies for each VAMC.

## Underrepresented Populations

Underrepresented veterans such as ethnic groups, women, and those living in rural areas represent about 29% of the total veteran population.<sup>10</sup> While the overall veteran population is expected to shrink by 2050, underrepresented veterans are anticipated to increase to 43% of the total veteran community.<sup>11</sup> It is clear that underrepresented veterans are a growing demographic within the veteran community and require increased focus.

Underrepresented veterans suffer from disparities in healthcare, worse health outcomes, and unmet healthcare needs.<sup>12</sup> Native Americans serve in the military at a higher rate than any other ethnic group, but face distinct challenges, including high rates of substance abuse, depression, PTSD, diabetes, and chronic pain following transition.<sup>13</sup> Separately, Black veterans are more likely to suffer from late-stage chronic kidney disease, colon and rectal cancer, diabetes, and stroke.<sup>14</sup> The Department of Veterans Affairs (VA) must be cognizant of these disparities and how veteran health is impacted by gender, sexuality, race, religion, access to healthcare, socioeconomic status, etc.

Women veterans, currently around 870,000 enrolled in VA healthcare, represent the largest growing group among veterans, with projections indicating continued growth.<sup>15</sup> This demographic's evolving needs have prompted a significant expansion in reproductive healthcare services. Despite playing a crucial role in Cultural Support Teams (CSTs), their combat-related contributions went unrecognized by VA, leading to a

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10 The Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, [https://www.va.gov/vetdata/veteran\\_population.asp](https://www.va.gov/vetdata/veteran_population.asp).

11 Ibid.

12 The U.S. Department of Health and Human Services, "National healthcare quality and disparities report," December 2021, Agency for Healthcare Research and Quality, <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/2021qdr.pdf>.

13 The Department of Veterans Affairs, "American Indian/Alaska Native Veterans Fact Sheet," Office of Health Equity, [https://www.va.gov/HEALTHEQUITY/docs/American\\_Indian\\_Heritage\\_Month\\_Fact\\_Sheet.pdf](https://www.va.gov/HEALTHEQUITY/docs/American_Indian_Heritage_Month_Fact_Sheet.pdf).

14 Peterson, Kim et al. "Mortality Disparities in Racial/Ethnic Minority Groups in the Veterans Health Administration: An Evidence Review and Map." *American Journal of Public Health* vol. 108,3 (2018): e1-e11. doi:10.2105/AJPH.2017.304246.

15 J. Katon, A. Rodriguez, E. Yano, et al., & E. Patton, "Research priorities for women veterans' reproductive health and healthcare within a learning healthcare system," *Women's Healthcare Issues*, January 24, 2023, <https://www.hsrdr.research.va.gov/research/citations/PubBriefs/articles.cfm?RecordID=1215>.



lack of treatment and earned disability benefits.<sup>16</sup> Legislative support, including *H.R. 1753-Jax Act*, aims to amend military records for these women veterans, acknowledging their courage under fire and facilitating a reassessment of their medical claims at VA.

There are approximately 435,000 veterans who identify as LGBTQIA+.<sup>17</sup> This population reports having more health challenges, such as increased depression and anxiety, alcohol use disorder, and PTSD, than non-

LGBTQIA+ veterans. While progress has been made in VA, there are still concerns with trust and outreach, especially for those who were involuntarily separated under “Don’t Ask, Don’t Tell.”

Nearly 5 million veterans reside in rural communities that lack accessible VA facilities, telehealth technology, or broadband capacity. There is a rural staff shortage throughout the Veterans Health Administration (VHA), as the physician-to-patient ratio for rural communities is 1:2,500, posing “serious challenges to serve the nearly 3 million rural veterans enrolled in VHA healthcare” such as transportation and access to resources.<sup>18</sup>

## KEY POINTS

- » Ensuring VA has culturally competent healthcare providers, inclusive facility policies, and educational campaigns on the needs of the underrepresented veteran community is essential in providing high-quality care.
- » Rural veterans struggle with a variety of barriers to accessing their earned VA benefits, including broadband limitations, community care referral problems, lack of reliable transportation, and healthcare staffing shortages.

## WHAT CAN CONGRESS DO?

- » Pass *H.R. 984-Commitment to Veteran Support and Outreach Act* to expand outreach efforts to underserved veterans.
- » Pass *H.R. 1753-Jax Act* to recognize the combat service of women who served as part of Cultural Support Teams, which will open doors for VA medical treatment and disability compensation.
- » Support new service programs and modernization grant initiatives benefiting rural veterans.
- » Pass legislation that promotes the fair and equitable treatment of the LGBTQIA+ veteran community through training in patient-centered care.
- » The *VA Emergency Transportation Access Act (S. 2757 / H.R. 5530)* is a crucial proposal aimed at safeguarding veterans’ access to emergency transportation services. If enacted, this legislation would mandate that the Department of Veterans Affairs (VA) undertake a thorough review process before implementing any changes to reimbursement rates for ground and air ambulance services

<sup>16</sup> Special Operations Association of America, “We are abandoning the women of Special Operations,” February 21, 2023, <https://soaa.org/cultural-support-teams>.

<sup>17</sup> The Department of Veterans Affairs, “LGBT cultural competence and veteran homelessness,” Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Program, Office of Patient Care Services, 2018, Research Priorities for Women Veterans’ Reproductive Health – Publication Brief, [https://www.va.gov/HOMELESS/nchav/docs/6m\\_Kauth\\_LGBTQ.pptx](https://www.va.gov/HOMELESS/nchav/docs/6m_Kauth_LGBTQ.pptx).

<sup>18</sup> U.S. Congress, (House Committee on Veterans Affairs), Subcommittee on Technology Modernization & Subcommittee on Health, *VA Telehealth During the COVID-19 Pandemic: Expansion and Impact*, 116th Cong., 2nd see., 2020, <https://veterans.house.gov/calendar/eventsingle.aspx?EventID=5649>.

## Caregivers & Survivors



DoD News photo by EJ Hersom

Caregivers are crucial to the lives of veterans, devoting countless hours to the care of their veteran and giving up their own health and wellness. Support for these caregivers is critical, and efforts must be made to address their mental healthcare as they navigate challenges of caring for or losing their loved one. Many caregivers and survivors are at risk for distress, loneliness, and depressive symptoms. The threats of burnout, grief, and bereavement require the expansion of accessible mental health resources.

The Department of Veterans Affairs (VA) offers the Caregiver Support Program (CSP), which includes the Program of General Caregiver Support Services (PGCSS) and the Program of Comprehensive Assistance for Family Caregivers (PCAFC). These programs are effective at reducing stress on the Veterans Health Administration (VHA) system by allowing veterans who would otherwise be served with inpatient facilities to be cared for at home. While veterans of all eras are eligible to apply for these programs, there is frustration involving the

strict eligibility requirements. Disabled veterans who can feed themselves even once a week are considered “able” under the current requirements and ineligible for either caregiver program.

For caregivers and veterans that reside in rural areas, especially those on native and tribal land, access to resources is challenging. VA must increase the use of alternative care, expanding access to home and community-based services which can offer respite for caregivers.

Many caregivers transition to survivors when their loved ones die. A survivor’s Dependency and Indemnity Compensation (DIC) payment, which reduces to 43% of the basic rate of disability compensation for a 100% disabled veteran, currently lags other federal survivor programs, such as the Department of Justice whose DIC recipients receive 50% of the deceased employee’s monthly pay.<sup>19</sup> There is a lack of standardized definition for Gold Star families, causing confusion and disparity in eligibility, and the reverse incentive to heal by removing benefits from Gold Star spouses if they choose to remarry, forcing a decision between financial and emotional stability.

### KEY POINTS

- » Caregivers are critical to the well-being of veterans and should have comprehensive support from VA, including access to mental healthcare.
- » The caregiver program is effective in reducing long-term care demand at VA facilities, but eligibility requirements and rural access remain a concern.
- » Survivor benefit payment rates differ between military and civilian federal employees and should be standardized.

<sup>19</sup> The Department of Veterans Affairs, “Veterans’ benefits: Dependency and indemnity compensation (DIC) for survivors,” Congressional Research Service Report, February 13, 2015, Veterans’ Benefits: Dependency and Indemnity Compensation (DIC) for Survivors (everycrsreport.com).

## WHAT CAN CONGRESS DO?

- » Improve access to the Caregiver Support Program by reducing Activities of Daily Living requirements and disability rating eligibility requirements.
- » Pass *H.R. 104-TEAM Veteran Caregivers Act* to improve transition out of the CSP by requiring warm handoffs between caregivers when eligibility is lost or denied and extend benefits 90 days after loss of eligibility.
- » Pass *H.R. 2526-S.O.S. Veterans Caregivers Act* to clarify that veterans with service-connected illnesses are eligible for caregiver programs. Current language only lists service-connected injuries.
- » Pass *H.R. 3581-Caregiver Outreach and Program Enhancement (COPE) Act* to expand, improve, and coordinate mental health resources for caregivers.
- » Pass *S. 141-Elizabeth Dole Home Care Act* to expand access to rural communities, U.S. territories, and tribal areas, to expand home and community-based care, and require transition support for ineligible veterans and caregivers.
- » Pass *H.R. 1083-Caring for Survivors Act* to increase survivor benefits to the same level as civilian government employees.
- » Pass *H.R. 3651-Love Lives On Act of 2023* to clarify and solidify the debt our country owes to the surviving family of those who gave their lives.

## Polytrauma

Polytrauma occurs when a veteran experiences injury to multiple body parts and organ systems simultaneously, such as blast-related events. Traumatic Brain Injury (TBI) is frequently associated with polytrauma in combination with other disabling injuries, such as amputation, burns, auditory and visual damage, spinal cord injury (SCI), and post-traumatic stress disorder (PTSD).<sup>20</sup> Polytraumas are complex morbidities of associated conditions that make diagnosis and treatment complex and difficult.

**Traumatic Brain Injury.** From 2000 to 2021, nearly 450,000 servicemembers were diagnosed with at least one TBI during their military service.<sup>21</sup> TBI is associated with an increased risk of mental health issues, including substance use disorder (SUD), PTSD, anxiety, and depression, which can all be associated with suicide and accident-related mortality. The complex interplay between these multiple conditions has left many veterans undergoing treatment for TBI also reporting other unmet needs, including memory issues, controlling the physical symptoms of TBI, and managing emotions. Most concerning, veterans with a TBI and additional mental health conditions were found to die by suicide more than 20% faster than those without a TBI.<sup>22</sup> Improving treatment and reducing the effects of TBI is key to veteran health, mental well-being and reducing the veteran suicide rate.

**Spinal Cord Injury.** SCI affects between 255,000 to 383,000 Americans, and servicemembers are 180% more likely to experience SCIs than Americans who aren't in the military.<sup>23</sup> The Department of Veterans Affairs (VA) provides

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20 The Department of Veterans Affairs, "What is polytrauma?," Polytrauma/TBI system of care, accessed January 2023, <https://www.polytrauma.va.gov/understanding-tbi/definition-and-background.asp>.

21 Kathryn E. Bouskill, Carrie M. Farmer, Irineo Cabrerros, Jonathan H. Cantor, Natalie Ernecoff, Lynn Hu, Shira H. Fischer, Aaron Kofner, Lisa S. Meredith, Matthew L. Mizel, Aneesa Motala, Tepring Piquado, Zachary Predmore, and Rajeev Ramchand, "Improving Care for Veterans with Traumatic Brain Injury Across the Lifespan" RAND Corporation, 2022, [https://www.rand.org/pubs/research\\_reports/RRA1205-1.html](https://www.rand.org/pubs/research_reports/RRA1205-1.html).

The Department of Veterans Affairs, "VA Research on Traumatic Brain Injury (TBI)," Office of Research & Development, February 16, 2022, <https://www.research.va.gov/topics/tbi.cfm>.

22 Lisa A. Brenner, Jeri E. Forster, Jaimie L. Gradus, Trisha A. Hostetter, Claire A Hoffmire, Colin G. Walsh, Mary Jo Larson, Kelly A. Stearns-Yoder, Rachel Sayko Adams, "Associations of military-related traumatic brain injury with new-onset mental health conditions and suicide risk," *JAMA Network*, July 31, 2023;6(7), doi:10.1001/jamanetworkopen.2023.26296

23 National Spinal Cord Injury Statistical Center, "Traumatic spinal cord injury facts and figures at a glance," Spinal Cord Injury Model System, 2023, <https://www.nscisc.uab.edu/public/Facts%20and%20Figures%202023%20-%20Final.pdf>.

care to more than 27,000 veterans with SCI each year, making VA the largest SCI treatment system in the world.<sup>24</sup> A substantial number of veterans with SCI suffer from persistent neuropathic pain that is treated successfully with opioids, however this treatment can lead to complications like Opioid Use Disorder (OUD).<sup>25</sup> The opioid epidemic in the United States has led surgeons and physicians to consider alternatives for pre-surgical, post-surgical, and chronic pain management for patients.

**Prosthetics.** Servicemembers suffer traumatic and non-traumatic amputations at young ages, and often these young veterans are admitted to senior care facilities for long-term in-patient rehabilitation and prosthetic care.<sup>26</sup> These facilities do not have the programs and resources to care for the complex demands of polytrauma veterans. This can damage recovery and lead to reduced patient outcomes. Improved collaboration between VA primary healthcare, surgical and rehabilitation services, and prioritizing rehabilitation for amputees will improve recovery.



## KEY POINTS

- » Between 2010 and 2019, drug overdose mortality in America increased by 333.4% for overdoses involving stimulants and by 93.4% for overdoses involving opioids.<sup>27</sup>
- » Approximately one-third of people with SCI will experience persistent neuropathic pain following injury, and opioids are among the most effective treatments for neuropathic pain.<sup>28</sup>
- » Approximately 85% of veterans with a limb amputation are under the age of 35, and often face other challenges such as mental health difficulties due to polytrauma and PTSD.<sup>29</sup>

## WHAT CAN CONGRESS DO?

- » Pass *H.R. 6353-Veterans Heroin Overdose Prevention Examination (HOPE) Act* to gain a clear understanding of the impact of opioid use on the veteran community.
- » Pass legislation to continue funding VA's initiatives for alternative and innovative treatments for veterans with polytrauma, prioritizing those suffering from neuropathic and chronic pain.
- » Pass legislation that supports VA in providing young veterans with SCI or prosthetics age-appropriate long-term services that are better-suited to provide both physical and mental care.

24 The Department of Veterans Affairs, "VA research on spinal cord injury," Office of Research & Development, <https://www.research.va.gov/topics/sci.cfm>.

25 Alex S. Bennett, Honoria Guarino, Peter C. Britton, Dan O'Brien-Mazza, Stephanie H. Cook, Franklin Taveras, Juan Cortez, & Luther Elliott, "U.S. Military veterans and the opioid overdose crisis: A review of risk factors and prevention efforts," *Annals of Medicine* 54, no. 1 (7 July 2022): 1826-1838, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9262363>.

26 The Department of Veterans Affairs, "Long-term care following traumatic amputation," VA amputation System of Care, Accessed in January 2023: ASoC\_Traumatic\_Amputation\_Fact\_Sheet\_Full\_Version\_Sec\_508\_09\_2012.pdf (va.gov)

27 Alex S. Bennett, Honoria Guarino, Peter C. Britton, Dan O'Brien-Mazza, Stephanie H. Cook, Franklin Taveras, Juan Cortez, & Luther Elliott, "U.S. Military veterans and the opioid overdose crisis: A review of risk factors and prevention efforts," *Annals of Medicine* 54, no. 1 (7 July 2022): 1826-1838, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9262363>.

28 Ibid.

29 Craig D. Murray, Heather Havlin, & Victoria Molyneaux, "Considering the psychological experience of amputation and rehabilitation for military veterans: A systematic review and meta-synthesis of qualitative research," *Disability and Rehabilitation* (1 March 2023). <https://www.tandfonline.com/doi/full/10.1080/09638288.2023.2182915>.



## Toxic Exposures

In August of 2022, the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act* was signed into law by President Biden recognizing more than 20 presumptive conditions for veterans who experienced toxic exposure while on active duty. Furthermore, Title II of the PACT Act allowed new authorities and procedures for VA to determine new presumptive conditions. Currently, VA is assessing leukemia and multiple myeloma as presumptive service conditions. While the PACT Act is one of the most significant steps taken to provide benefits to veterans, The American Legion must be vigilant in monitoring disability claims backlogs and fraudulent bad actors, and advocate for expedited review of other potential presumptive conditions. PACT Act claims should be processed in a timely manner without impacting the quality of adjudication or the consistent, equitable distribution of benefits.

As of Dec. 30, 2023, VA received 1,276,797 new claims resulting from the PACT Act with a granting rate of 75.7%. The average time to complete a PACT Act related claim is 157.6 days, and only 43.4% of the claims are completed in less than four months. VA has made great strides in increasing staffing levels to manage the increased claims from the PACT Act and must continue to ensure that examiners are competently trained to fairly evaluate toxic exposures.

### KEY POINTS

- » The PACT Act has led to unprecedented expansion of VA services to veterans who suffered toxic exposure in a multitude of theaters.
- » While VA is making great progress in processing the new claims, the backlog of unprocessed claims has increased to nearly 500,000 claims.
- » VA continues to increase staffing levels to keep up with the expansion of patients and work through the backlog.

### WHAT CAN CONGRESS DO?

- » Continue oversight over the implementation of the PACT Act, especially execution of new Title II authorities.
- » Ensure VA reports quality, relevant data to Congress on PACT Act implementation.
- » Ensure VA has resources to process the increased number of claims coming from the PACT Act, including staffing, technology, and oversight.

# Ensuring the Economic Well-Being of Veterans Returning to Civilian Life

## GI Bill for Honorable Service

Most VA benefits require that the veteran have a discharge characterized by the military as “under honorable conditions.” However, to receive education assistance benefits, servicemembers must have an “honorable discharge.” If their discharge is “general under honorable conditions,” the GI Bill remains out of reach for these veterans.

General discharge eligibility of the GI Bill was debated on the Senate floor prior to the passage of the 1944 Servicemembers Readjustment Act, and the Senate voted to uphold the general discharge eligibility for the GI Bill. When the Montgomery GI Bill was passed, the eligibility for education benefits was restricted to only honorable discharges.

The American Legion does not believe there is a compelling reason to have deviated from the initial intent of the GI Bill being available for all characters of discharges, other than dishonorable. The administrative conditions that result in a general discharge do not negate the honorable service these members of the military provided to our country. It is time to finally correct this historical inequity by granting these servicemembers the same educational benefits we provided to our World War II veterans.



### KEY POINT

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

### WHAT CAN CONGRESS DO?

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



# VA Home Loan Transferability to Veteran Families

Nearly 50% of non-homeowner millennials say the down payment is their primary obstacle in buying a home.<sup>30</sup> With the VA Home Loan Guaranty Program offering a no-down-payment option, transferability is a ready solution to overcome this obstacle for those from veteran and military families. Transferability could also positively impact living veterans, as 12% of home buyers are adult children purchasing multi-generational homes to be closer to and provide care for aging parents.<sup>31</sup>

The expansion of the VA Home Loan Guaranty benefit will produce advantages for veterans and their families. The fundamental goal of VA's education and housing programs must be to ensure that veterans can provide, with honor and dignity, the economic necessities of life for themselves and their families.<sup>32</sup> All veterans should have the privilege and equal opportunities to enjoy this benefit in any way they choose, including in support of their dependents.

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

## KEY POINT

- » VA currently provides for the transfer of existing loans to eligible recipients. Transferability will expand eligibility to initiate loans to designated family members of the veteran, similar to transfer of VA education benefits.

## WHAT CAN CONGRESS DO?

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



30 Caporal, Jack. "Millennial Home-Buying and Homeownership Statistics." The Motley Fool, November 8, 2023. <https://www.fool.com/the-ascent/research/millennial-homebuying>.

31 Reddy, Naveen Kumar. "A Guide to Managing a Multigenerational Home." MoneyGeek.com, October 29, 2023. <https://www.moneygeek.com/mortgage/resources/multigenerational-family-finances>.

32 VHA Office of Mental Health. "VA.Gov | Veterans Affairs," n.d. <https://www.va.gov/HOMELESS/featuredarticles/VAs-Implementation-of-Housing-First.asp>.



DOD Photo

## Transition Assistance Program

Approximately 200,000 servicemembers separate from the military annually. As our nation continues to navigate through changes in the economic landscape and shifting national security environment, delivering effective transition assistance is essential to the servicemember's successful reintegration back into civilian life. Supporting career-building workshops, job fairs, and small business development programs is vital in these reintegration efforts for servicemembers, veterans, and their families seeking gainful employment. Informing separating servicemembers about all the available VA resources will provide information on education and training programs, the GI Bill, and VA home loan guarantees, all of which enhances the chances of a veteran's success, and provides a hedge against unemployment and homelessness. Successful veterans contribute significantly to their communities and to the nation generally, and a robust Transition Assistance Program, attended by every separating servicemember, will increase the chances of success.

### KEY POINTS

- » A December 2022 Government Accountability Office (GAO) report found that service branches and DoD's TAP policy office could make better use of performance data to improve servicemember participation and increase the benefit of the counseling and transition resources available.
- » The *FY2022 National Defense Authorization Act (NDAA)* authorizes grant funding to eligible organizations to provide supplemental TAP services, such as training opportunities for industry-recognized certifications and job placement assistance.

### WHAT CAN CONGRESS DO?

- » Provide oversight to DoD and VA to ensure adequate and comprehensive implementation of the BATTLE for Servicemembers Act, an optional two-day workshop on higher education, skills training, and entrepreneurship that folds into the five-day TAP workshop.
- » Provide oversight to VA as it completes TAP studies directed by the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* and the *NAVY Seal Chief Petty Officer William "Bill" Mulder (Ret.) Transition Improvement Act* which was signed into law through the FY2021 NDAA.

# Improving Transition Assistance Accessibility and Portability

In addition to the Transition Assistance Program (TAP) curriculum, VA offers Military Life Cycle (MLC) modules that allow servicemembers and their families to access information about VA's services and benefits at any time during their military service. The informational sessions are comprised of 14 modules that address specific topics in-depth, including education benefits, the VA Home Loan Guaranty Program, and Community Integration Resources. VA's MLC modules offer a promising best practice for government agencies involved in TAP to provide micro-learning opportunities to servicemembers throughout their military service, increasing transition readiness outcomes well before TAP. However, VA reported that between Fiscal Year 2022 and 2023, only 30,191 participants viewed these modules. It is not enough for VA to design high-quality training material, there must also be a thorough communications plan designed to reach the intended audience.

Congress can modernize TAP delivery through the creation of a mobile application, which can serve as a valuable addition to the program's virtual offerings. The mobile application would comprise vital TAP resources and information, providing the military-connected community convenient access to important material, while allowing users to customize their career and transition plans. Additionally, the application should permit offline access, allowing military personnel deployed in areas with limited connectivity access to critical information and resources.

## KEY POINTS

- » Currently, 70% of transitioning servicemembers do not begin TAP a year in advance of their anticipated separation or retirement because their unit is busy or their chain of command does not want to lose the member for the duration of the classes.
- » It is vital that transitioning servicemembers have easier access to TAP resources, to include access to local, state, and federal resources that ensure a successful transition from military to civilian life, using available technology.

## WHAT CAN CONGRESS DO?

- » The American Legion urges Congress to direct all Federal Executive Branch Agencies involved in TAP to create a mobile transition application.



DOD Photo

# Veterans Preference Hiring

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

However, changes in the federal workforce environment, increased demand for new hiring authorities, and policy proposals to limit Veterans Preference Hiring pose significant threats to this benefit. To ensure these challenges do not continue, The American Legion opposes any proposed reduction to the Veterans Preference hiring process. Congress and the VA should reiterate support for the Veterans Preference Act of 1944 and ensure its application throughout the federal workforce environment.



U.S. Coast Guard photo

## KEY POINTS

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

## WHAT CAN CONGRESS DO?

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

## Veteran Homelessness

The American Legion is committed to ending veteran homelessness and mitigating the contributing underlying conditions such as substance abuse disorders, untreated mental health issues, and unemployment and legal troubles. The reasons behind veteran homelessness are various and complex. As of 2023, 35,574 veterans were experiencing homelessness, demonstrating a 7% increase between 2022 and 2023.<sup>33</sup>

33 "Fact Sheet: 2023 Annual Homelessness Assessment Report Key Findings ..." Fact Sheet: 2023 Annual Homelessness Assessment Report Key Findings from the Point-in-Time Counts, December 1, 2023. [https://www.hud.gov/sites/dfiles/PA/documents/Fact\\_Sheet\\_Summarized\\_Findings.pdf](https://www.hud.gov/sites/dfiles/PA/documents/Fact_Sheet_Summarized_Findings.pdf).

To reduce veteran homelessness further, we need policies and programs which offer support to at-risk and homeless veterans and their families through counseling, guidance in obtaining healthcare and benefits, financial help, job training and career fairs, and business development workshops. Some at-risk populations need additional support to mitigate dangerous or illegal situations, and outreach programs must build trust in VA's support.

## KEY POINTS

- » Female veterans are the fastest-growing demographic in the U.S. homeless population and are at special risk of violence and human trafficking.

## WHAT CAN CONGRESS DO?

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

# GI Bill Parity for National Guard & Reserve Servicemembers

From protecting borders and capitals, to delivering aid and supporting local law enforcement, our National Guard and Reserve servicemembers have been increasingly called to unique missions on the home front, as well as augmenting and reinforcing missions abroad. Often, they are leaving their families and civilian employers for lengthy amounts of time. Yet despite all we ask of them, too often they are denied a cornerstone benefit for our nation's veterans: the GI Bill.

National Guard and Reserve servicemembers only accrue GI Bill benefits when called to active duty under federal orders.<sup>34</sup> When National Guard and Reserve servicemembers are activated under state orders or for reserve training duty, they do not accrue eligibility for GI Bill benefits.



DOD photo by John Oldham

A glaring example of this discrepancy occurred during the rush of activations at the onset of the COVID-19 pandemic, before the declaration of national emergency was signed by President Biden. The wording of these activations and emergency declaration had no bearing on the actual duties the servicemembers performed. Those activated under the federal national emergency declaration received credit toward GI Bill eligibility. However, those activated under a Governor's State of Emergency did not. The thousands of National Guard servicemembers assisting on the U.S.-Mexico border received credit toward GI Bill eligibility, however the 120,000 activated to respond to protests throughout 2020 did not. We must discard this arbitrary classification of military service. Every day in uniform counts, and our National Guard and Reserve servicemembers deserve the same GI Bill eligibility as their active-component counterparts.

<sup>34</sup> Veterans Affairs. "How We Determine Your Percentage of Post-9/11 GI Bill Benefits | Veterans Affairs," February 7, 2023. <https://www.va.gov/resources/how-we-determine-your-percentage-of-post-911-gi-bill-benefits>.

## KEY POINTS

- » All 50 states and U.S. territories activated servicemembers under 32 U.S.C. § 502(f), also known as Title 32 orders, to directly support the federal Public Health Emergency for COVID-19.
- » When Army Reserve servicemembers are ordered to professional development academies, they are activated under GI Bill-eligible 10 U.S.C. § 12301(d), also known as Title 10 orders. When National Guard servicemembers are ordered to the same professional development academies, they are activated under GI Bill-ineligible 32 U.S.C. § 502(f) orders.

## WHAT CAN CONGRESS DO?

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

## Support for the Armed Forces Retirement Home

In 1851, the Armed Forces Retirement Home (AFRH) began providing housing, residential care, and support services to thousands of former enlisted servicemembers, warrant officers, and limited duty officers of the U.S. Armed Services. Today, the AFRH operates two communities, comprised of a 272-acre community in Washington, D.C., and a 40-acre community in Gulfport, Miss., providing independent living, assisted living, and skilled nursing care to eligible veterans.<sup>35</sup> The AFRH is not affiliated with the VA, but is an agency of the Department of Defense (DoD).



DOD Photo

The AFRH is funded through resident fees, revenue sharing, and leasing agreements from building and property assets, as well as withholdings of 50 cents per month from active-duty servicemembers, and fines and forfeitures from active-duty personnel, transferred per 24 U.S.C. § 419 into the Armed Forces Retirement Home Trust Fund. Since 2015, AFRH has had to rely on transfers from the general fund of the U.S. Treasury to fund operations due to substantial declines in revenue. Despite general fund transfers in 2016 to 2023, and improvement in the trust fund balance, income and initiatives to generate additional revenue and cut costs are not yet sufficient to support operating expenses.<sup>36</sup>

## KEY POINTS

- » The Armed Forces Retirement Home is a DoD agency, and has no connection to VA.
- » Insufficient funding for the AFRH threatens to close and displace hundreds of veteran residents who count on AFRH for housing, medical care, and support services.

## WHAT CAN CONGRESS DO?

- » Congress must enact legislation that will ensure funding and resources for the AFRH to maintain its continued operations and services to veterans.

35 "Property Development | Armed Forces Retirement Home," n.d. <https://www.afrh.gov/aboutus/propertydevelopment>.

36 "USAspending.Gov," n. d. [https://www.usaspending.gov/federal\\_account/084-8522](https://www.usaspending.gov/federal_account/084-8522).



## Prioritizing Veterans in Federal Contracting

Federal agencies have an obligation to prioritize veteran-owned small businesses in their procurement strategies to promote robust veteran entrepreneurship and ensure resilient public-sector supply chains.<sup>37</sup> Unfortunately, many federal agencies continue to underperform in meeting their procurement goals for Service-Disabled Veteran-Owned Small Businesses (SDVOSB). An American Legion analysis of the U.S. Small Business Administration's Office of Policy, Planning and Liaison found that among the 24 largest federal agencies, only four met both their prime and subcontracting goals on SDVOSBs in 2020.<sup>38</sup>

Underachieving agencies must work diligently to increase their share of spending on SDVOSBs and end this discrepancy. However, challenges to veterans' preference in government contracting persists even among agencies that already rely heavily on veteran-owned small businesses. VA depends on SDVOSBs at a greater rate than any other federal agency, thanks largely to its adoption of the Veterans First Program (Vets First).<sup>39</sup> As a unique verification authority, Vets First provides access for veteran-owned small businesses to take advantage of unique set-aside and sole-source contracting opportunities.

### KEY POINTS

- » Most federal agencies struggle to meet their prime and/or subcontracting quotas with SDVOSBs.
- » VA is attempting to transition away from its MSPV procurement requirements to the DLA's acquisition system, a non-Vets First compliant contracting vehicle.

### WHAT CAN CONGRESS DO?

- » Hold agencies accountable for achieving their 3% prime and subcontracting procurement spending goal for SDVOSBs as predicated under Public Law 106-50.
- » Codify additional measures to mitigate the negative impacts of category management and ensure that SDVOSBs can compete in the federal marketplace.
- » Include language in the *FY25 National Defense Authorization Act* to require the Department of Defense to adopt the Vets First procurement model.

37 Association of Procurement Technical Assistance Centers. "Veteran-Owned Small Business Contracting (VOSB & SDVOSB) | APTAC." APTAC - Association of Procurement Technical Assistance Centers, March 22, 2019. <https://www.aptac-us.org/veteran-owned-small-business-vosb-sdvosb-contracting>.

38 "National Commander Troiola's Testimony | Brochures & Publications | The American Legion," January 25, 2024. <https://www.legion.org/publications/226221/national-commander-troiolas-testimony>.

39 Office of Small And Disadvantaged Business Utilization. "VA.Gov | Veterans Affairs," n.d. <https://www.va.gov/osdbu/faqs/109461.asp>.

# Maintain a Strong National Defense



American Legion Photo

## Military Quality of Life

Taking care of our servicemembers and their families remains the highest priority in keeping a ready and agile force needed to defend our nation. Providing a high quality of life for military personnel is not only a moral imperative, but it also contributes to the operational effectiveness and ability to carry out missions successfully. Factors that contribute to quality of life include competitive pay and compensation, appropriate housing, quality healthcare, access to affordable childcare, spousal employment, education benefits, financial security, and equal opportunities for career development. Given the frequent risks and danger associated with serving in the military, a servicemember's welfare should never be compromised by the loss or degradation of services owed to them.

Access to timely mental healthcare is imperative in keeping a fit and healthy force. The rising number of suicides and suicidal ideations in our active and reserve forces are staggering and cannot be ignored. The Secretary of Defense's published findings from the Suicide Prevention and Response Independent Review Committee (SPRIRC) Report in 2022 highlights the correlation between degraded quality of life and behavioral health issues.<sup>40</sup> Among the ten dozen recommendations from the report, nearly half were quality-of-life-related solutions.<sup>41</sup> It is clear that providing exemplary quality-of-life standards can reduce risks factors for behavioral health issues. Additionally, the passage of the Brandon Act last year sought to alleviate undue chain of command influence in a servicemember's ability to seek mental healthcare in an expedient manner and help reduce the stigma associated with seeking help. We implore the Department of Defense (DoD) to continue providing the necessary training and tools for its full implementation.

40 United States, Department of Defense, Suicide Prevention and Response Independent Review Committee, Preventing Suicide in the U.S. Military: Recommendations from the Suicide Prevention and Response Independent Review Committee, 2022, Washington, D.C.: US Government Printing Office, pp. 49.

41 Ibid. pp. 7-16



Military housing is a cornerstone of servicemembers' well-being. It is essential to address issues related to substandard living conditions, inadequate maintenance, and the need for increased oversight of both privatized military housing projects, and barracks facilities. Today, there are servicemembers housed in barracks facilities DOD-wide that are old enough to collect social security. Further, findings from a 2023 Government Accountability Office (GAO) report showed numerous dilapidated and crumbling barracks facilities across every branch of service.<sup>42</sup> Among the highlights from the report were safety and security issues such as faulty fire-protection systems and exterior doors that do not lock, allowing anyone easy access to a servicemember's barracks room. The failure to provide safe, secure, and habitable housing to junior enlisted personnel is an abject failure that must be afforded the funds to be repaired or replaced.

Privatized military housing has been affected by the same issues plaguing military barracks across DoD installations. The lack of federal government oversight in the Military Housing Privatization Initiative created the perfect storm for neglect, misappropriation of funds, and in some cases, fraud by privatized military housing companies. While Congress has made some progress mediating between housing companies and DoD officials, the need for Congress to intervene has increasingly become the norm and not the exception. Tenants' rights must remain safeguarded, and allow for dispute resolution in a timely manner, without the need for Congress to intervene.

With the rising costs of childcare nationwide, military families are still feeling a pinch in their budgets. Limited availability and high costs for childcare have in some cases taken spouses out of the workforce to care for their children fulltime. Affordable childcare options must be expanded, and financial assistance should be prioritized for junior enlisted families.

## KEY POINTS

- » The correlation between degraded quality of life and behavioral health issues cannot be overlooked. Providing the best quality of life standards for servicemembers can reduce risk factors for behavioral health issues.
- » Barracks facilities DoD-wide are in desperate need of repair following the multitude of issues ranging from mold, mildew, safety and security concerns, electrical and plumbing issues. Military family housing shares many of the same issues, and tenants' rights must be safeguarded.
- » Lack of childcare options and rising costs leave military families struggling to afford daycare.
- » Poor quality of life for troops negatively impacts recruitment and retention.

## WHAT CAN CONGRESS DO?

- » Pass *H.R. 2537-BAH Restoration Act*, a bill that would restore BAH payments to covering 100% of housing costs – up from the currently mandated 95%.
- » Recognize the importance military quality of life plays in an individuals' mental and physical well-being.
- » Increase funding for building new and renovating existing military barracks and family housing and safeguard tenants' rights of those who reside in privatized family housing.
- » Pass legislation that would expand financial assistance to servicemembers for childcare, increase access through new agreements with private and public childcare facilities and grant military construction authority for building new child-development centers.
- » Continue to fully fund and retain quality-of-life programs including, military commissaries and exchanges, MWR programs, educational benefits, spouse employment programs, career development programs, and housing improvements.

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<sup>42</sup> Government Accountability Office. (2023) Military Housing Strengthened Oversight Needed to Make and Sustain Improvements to Living Conditions (GAO Publication No. 23-107038). Washington, D.C.: US Government Printing Office.

## Access to Healthcare for Overseas Military and Families

The lack of healthcare services overseas adversely affects forward-based servicemembers and their families. Military Treatment Facilities (MTFs) outside the continental United States (OCONUS) have been plagued with personnel staffing shortages, the inability to provide dependable specialized and emergency care, and most lack significant resources to provide appropriate mental health services<sup>43</sup>. Additionally, the realignment of medical services under the Defense Health Agency has yet to rectify persistent problems involving access for Status of Forces Agreement (SoFA) personnel (military members and their families) to overseas host-nation medical networks<sup>44</sup>. Collectively, these issues have contributed to a lack of confidence in military leadership, reduced readiness, and, in several cases, were associated with the loss of life.

The realignment of healthcare resources under the Defense Health Agency (DHA) aimed to improve DoD personnel's access to medical care. DHA's lack of authority to control critical medical resources, including uniformed personnel assignments, has compounded the impact of a shortage of healthcare professionals, especially mental health specialists. To complicate matters, military services retain control over personnel staffing assignments and struggle to balance filling operational billets with positions at stateside and overseas medical facilities. Collectively, these issues have resulted in limited healthcare options being available for SoFA personnel stationed at overseas bases. As a result, it is not uncommon for mental health patients from bases in Japan to return to stateside locations to seek appropriate care<sup>45</sup>, a process that typically involves escort personnel and costly logistical arrangements.

The lack of emergency and specialized care, coupled with systemic differences in the approach to emergency medicine, has led to dire outcomes, including the deaths of American service members and family members. Among these was a 7-year-old child in Japan who died after delays in finding a hospital that would admit her for a traumatic brain injury<sup>46</sup>. Another person was denied emergency medical care at 10 different hospitals before succumbing to injuries. These tragic incidents underscore significant issues with medical access arrangements for care between host nations and U.S. military authorities that must be addressed immediately.

Addressing these healthcare challenges is essential for the physical and psychological well-being of military personnel performing critical missions overseas. There is an immediate need to revise how TRICARE and foreign nation healthcare systems, including mental health services, must be enhanced to better provide for the health and safety of SoFA personnel overseas. Problems associated with the overseas healthcare network impacts the desire for military families to be stationed overseas and frequently results in service members executing unaccompanied orders, contributing to family separations and increased stress for military families.

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43 Raths, David. "Inspector General Highlights Staffing Shortages in Military Health System." Healthcare Innovation. Last modified December 7, 2023. <https://www.hcinnovationgroup.com/policy-value-based-care/staffing-professional-development/news/53080101/inspector-general-highlights-staffing-shortages-in-military-health-system>.

44 Agee, Kelly, and Hana Kusumoto. "DOD Failed to Apprise Japanese Medical Providers About a Potential Wave of US Patients." Stars and Stripes. Last modified January 30, 2023. [https://www.stripes.com/theaters/asia\\_pacific/2023-01-30/japan-dod-civilian-military-medical-care-8934571.html](https://www.stripes.com/theaters/asia_pacific/2023-01-30/japan-dod-civilian-military-medical-care-8934571.html).

45 Government Accounting Agency. Defense Health Care: DOD Should Reevaluate Market Structure for Military Medical Treatment Facility Management. United States Government Accountability Agency, 2023. [https://www.gao.gov/products/gao23105441?utm\\_campaign=usgao\\_email&utm\\_content=topic\\_natldefense&utm\\_medium=email&utm\\_source=govdelivery](https://www.gao.gov/products/gao23105441?utm_campaign=usgao_email&utm_content=topic_natldefense&utm_medium=email&utm_source=govdelivery)

46 Kime, Patricia. "Denied Care, Deaths in Japan Result from Lack of Emergency Medical Services for American Personnel." Military.com. Last modified January 5, 2024. <https://www.military.com/daily-news/2024/01/04/denied-care-deaths-japan-result-lack-of-emergency-medical-services-american-personnel.html>.



DOD Photo by Marcy Sanchez

## KEY POINTS

- » The availability of specialized and emergency healthcare services at Military Treatment Facilities (MTFs) in foreign locations is often limited.
- » Overseas military healthcare facilities do not meet the unique psychological needs of servicemembers and their families.
- » The Defense Health Agency (DHA) structure and existing authorities have created complex problems involving personnel shortages as military service branches have been unable to keep pace with stateside and overseas medical staff requirements.

## WHAT CAN CONGRESS DO?

- » Direct a comprehensive review of overseas Military Treatment Facilities (MTFs) staffing and capabilities and considered providing DHA oversight of uniformed medical personnel assignments.
- » Direct a review of Status of Forces Agreements and other formal arrangements with host nations that address access to healthcare for personnel stationed abroad.
- » Direct a comprehensive review of DHA's effectiveness as currently structured.

## Ensure the Coast Guard is Paid

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

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



The American Legion believes the Coast Guard’s mission is essential to national security, and its personnel should never go without pay. The Coast Guard also needs significant modernization to keep pace with today’s emerging threats to the nation.

## KEY POINTS

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

## WHAT CAN CONGRESS DO?

- » Approve and continue to increase the Coast Guard’s budget annually to meet national security requirements and funding priorities such as restoring readiness and recapitalizing legacy assets and infrastructure.
- » Pass *H.R. 2693-Pay Our Coast Guard Parity Act of 2023*. Though it has been more than five years since members of the Coast Guard had their pay interrupted, legislation to ensure that members are paid on time during future shutdowns has seen little movement in Congress.

# Build National Pride and Advance Patriotism

## Amend & Update the U.S. Flag Code



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

was held in June 1924. After both conferences, The American Legion printed and distributed the results nationwide.

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

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

### KEY POINTS

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

### WHAT CAN CONGRESS DO?

- » The American Legion urges Congress to approve changes to the U.S. Flag Code to codify multiple customs and practices pertaining to the display and use of the flag of the United States of America.
- » Reintroduce and pass legislation, such as *H.R.4212-Flag Code Modernization Act of 2021*, which would amend the U.S. Flag Code to codify multiple common patriotic customs and practices.
- » The American Legion urges Congress to pass *S. J. Res. 34*.

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