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**STATEMENT OF
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COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
JUNE 29, 2016**

Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee:

Thank you for inviting DAV (Disabled American Veterans) to submit testimony for the record of this legislative hearing, and to present our views on the bills under consideration. As you know, DAV is a non-profit veterans service organization comprised of 1.3 million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity.

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

This measure would require VA to enter into an agreement with the Institute of Medicine (IOM) to conduct an independent review of the process by which the Department of Veterans Affairs (VA) assesses cognitive impairments that result from a Traumatic Brain Injury (TBI) for purposes of awarding disability compensation.

The independent review committee would include a group of experts in clinical neuropsychology and other related disciplines and would be charged with determining the adequacy of the tools and protocols used by VA for examinations relating to assessment of cognitive functions and the required credentials of the clinicians who perform such examinations. Finally, the bill would allow VA to contract with an alternate organization to perform the above mentioned review.

According to VA, following revision of its Schedule for Rating Disabilities addressing neurological conditions and convulsive disorders and the related examination protocol for residuals of TBI, guidance on using certain clinicians for compensation examinations on the residuals of TBI was sent to field operations of the Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA).

VA conducted a review of VHA and contractor examinations for 24,588 veterans from 2007 through 2015, which revealed psychiatrists, physiatrists, neurologists, or neurosurgeons were not accustomed to performing initial TBI examinations. Consequently, VA granted equitable relief on May 3, 2016, to affected veterans who are invited to exercise this remedy to

include the ordering of a new initial TBI examination with one of the four designated specialists, submission of additional supporting evidence, leading to readjudication of the previous claim for residuals of TBI using the new examination and evidence.

DAV has no resolution on this specific issue. Notably however, we commend VA for revising its Schedule for Rating Disabilities in order to provide more detailed and updated criteria for evaluating residuals of TBI. The previous version did not recognize TBI as a signature injury of the conflict in Iraq and Afghanistan, and did not properly address the needs of a statistically larger number of veterans returning from these conflicts with residuals of TBI. In addition, the effects of injuries stemming from blasts resulting from roadside explosions of improvised explosive devices, which have been common sources of injury in these conflicts, appeared to be different from the effects of brain trauma observed from other explosive sources.

VA's new rating schedule for residuals of TBI and corresponding examination criteria focuses on three main areas of dysfunction that may result from TBI with serious effects: cognitive dysfunction; emotional/behavioral dysfunction, and physical dysfunction. However, this measure would require the independent review be limited to VA's process in assessing only cognitive impairments. This measure, if acted on favorably, should include in its requirements the processes of assessing physical and emotional/behavioral dysfunction, and that the convening groups of subject matter experts established in the bill should include individuals in the appropriately related disciplines.

S. 603, Rural Veterans Travel Enhancement Act of 2015

Section 2 of this bill would make permanent the authority set to expire December 31, 2016, for VA to operate the Veterans Transportation Service (VTS) program. DAV opposes this measure and asks for the opportunity to work with the sponsors of this legislation and the Committee to find a resolution.

As the Committee may be aware, our organization began our free transportation program in 1987. Since then, the DAV National Transportation Network continues to show tremendous growth as an indispensable resource for veterans. Across the nation, 190 DAV Hospital Service Coordinators operate nearly 197 active programs, in which our volunteer drivers have logged over 24.7 million miles last year, providing over 700,000 rides for veterans to and from VA healthcare facilities. To date, DAV has purchased and donated 2,967 vehicles to the VA, at a cost of \$65.1 million. The Ford Motor Company has also donated 207 vehicles at a cost of over 4.7 million dollars. Thus far our vans have carried veterans more than 642 million miles to and from their medical appointments.

The VTS provides an invaluable service in meeting the transportation needs of a special subset of the VA patient population that the DAV Transportation Network is not equipped to serve—veterans in need of special modes of transportation and accommodation due to severe disabilities. We believe that with a truly collaborative relationship, the DAV Transportation Network and VTS will be able to meet the growing transportation needs of ill and injured veterans in a cost-effective manner.

DAV Resolution No. 113 urges the VA to operate an effective and efficient transportation program for all service-connected veterans and to simplify access to transportation benefits and services so they may receive timely and high-quality VA health care, benefits and services. Accordingly, we have been working with the VHA Chief Business Office, as well as VA medical facilities across the country to resolve weaknesses that we have observed in the VTS program, which operates on resources that would otherwise go to direct medical care and services for veterans.

As one of the strongest advocates of sufficient and predictable funding for VA, we believe these precious resources should be used judiciously for ancillary programs to ensure veterans are not denied care when they most need it. Ensuring VTS works in concert with other existing and emerging transportation resources will help maximize the ability of veterans to access VA care while guarding against fraud, waste and abuse of these limited resources.

Section 3 of this bill would require VA to treat Vet Centers as department facilities in connection with payments for beneficiary travel. DAV has a special connection to the VA Vet Center program and the counseling services it provides. In 1976, the DAV funded the groundbreaking Forgotten Warrior Project, which first defined the issue of post-traumatic stress disorder (PTSD) among Vietnam War veterans. Vietnam veterans were experiencing serious post-war problems at that time, and DAV hoped our new study would make it impossible for Congress, the VA, and the American public to continue to ignore the lingering dilemma that prevented many of these veterans from gaining normal lives after serving in a very unpopular and difficult war.

DAV initiated our own Vietnam Veterans Outreach Program in 1978. This DAV-sponsored study and the DAV's clinical outreach work spurred new, broad realization and additional research by others that forced the federal government to confront the psychological impact of war on veterans of Vietnam, and subsequently of all wars. When that movement finally occurred, the DAV Vietnam Veterans Outreach Program was already there to serve as an effective counseling model to be adopted by the VA's Vet Center program as we know it today.

Since the Readjustment Counseling Service program was established by Congress in 1979, eligibility for Vet Center readjustment counseling services has expanded from Vietnam-era veterans to include all combat veterans, to veterans who experienced military sexual trauma, to certain family members, and to survivors of veterans who die in combat or on active duty. Vet Centers also offer other vital services, including counseling for post-traumatic stress disorder (PTSD) and other readjustment challenges; marriage and family counseling; and family bereavement counseling.

DAV supports this section based on Resolution No. 117, which calls on Congress to enact legislation to change beneficiary travel policies to meet the specialized clinical needs of veterans receiving MST-related treatment.

Mr. Chairman, one key policy of Vet Centers is to ensure veterans seeking help are not required to wait to receive it. Vet Centers are known for minimal barriers with almost no bureaucracy and provide a non-medical setting in a safe environment with confidentiality and an

emphasis on informed consent. Because of this type of delivery model, VA's current policy— to pay travel expenses for one-way travel to veterans who receive VA care for unscheduled appointments—needs to be adjusted to meet the full intent of this measure if enacted.

Section 4 would extend the existing VA grant program to provide innovative transportation options to veterans in highly rural areas. DAV supports this section based on Resolution no. 226 calling for innovative improvements in providing health care to veterans living in rural and remote areas of the United States. We also urge the Committee to make appropriations to provide enhanced VA health care access to rural veterans.

Finally, we recommend changing the language to be stricken from “through 2014” to “through 2016” to reflect current law as amended by Public Law 114–58, Title I, Section 106.

S. 2210, Veteran PEER Act

Enactment of the Veteran PEER Act would require VA to establish a program that includes peer specialists within patient aligned care teams (PACT) in medical centers of the VA to promote better integration of mental health services into the primary care setting. VA must carry out this program in at least 10 VA medical centers within the first 180 days of the Act passing and in no less than 25 locations after two years of the enactment of the bill, including within five polytrauma center locations.

The bill also would require VA to consider the feasibility of locating peer specialists in rural areas and other locations that are underserved by the Department. VA would be required to ensure that the unique needs of women veterans are considered and that female peer specialists are included in the program. The measure includes requirements for routine reporting to include findings and conclusions with respect to the program and recommendations related to the feasibility of expansion of the program.

When a veteran is experiencing a mental health crisis and asking for help, there must be ready access to a mental health specialist and services must be provided. However, even when in crisis, many veterans are reluctant to reach out for help and are reluctant to seek the mental health services they need. Since 2012, VA has hired over 900 Peer Specialists, and we have heard from mental health providers that peer-to-peer interactions have been extremely helpful to both patients and treating clinicians. Making that first contact with another veteran who has had a similar experience seems to lessen the stigma and has been a successful method for coaching veterans into care.

We are pleased the bill also includes provisions that would require VA to address the needs of women veterans. Findings show that when women return from deployment, the camaraderie and support from their male peers is often short-lived, resulting in isolation for many. Studies have shown that peer support is important to a successful transition, but women report they often cannot find a network of women who can relate to their military or wartime service. Including the requirement that VA focus on hiring female peer specialists helps ensure the unique needs of women veterans will be addressed and that women veterans can benefit from access to peer-to-peer interactions.

DAV is pleased to support S. 2210, which is consistent with the following DAV resolutions: DAV Resolution No. 103, which calls for program improvements for VA mental health services to include increased staffing levels, improved outreach to veterans with a focus on reducing stigma when seeking post-deployment readjustment and other mental health services; DAV Resolution No. 104, which calls for enhanced medical services for women veterans as well as additional methods to address barriers to care. Also, the bill is consistent with recommendations in DAV's 2014 report, *Women Veterans: The Long Journey Home*.

S. 2279, Veterans Health Care Staffing Improvement Act

This bill would require the VA, in conjunction with the Department of Defense, to recruit military medical service personnel to VA health care positions following their service. To promote this outcome, the bill would require DOD to submit to VA a list once each year (or more often if agreed) of such individuals, including reservists and Coast Guardsmen, who are approaching the discharge point, or afterwards, along with contact and other relevant information to identify these individuals and their prior duties in military health care, including credentials, licensure and related information.

In respect to this program, the bill would require VA to work to resolve barriers in credentialing or other rules that could delay or prevent such VA hiring. In the event that an identified barrier cannot be resolved by VA, the bill would require VA to report its existence and nature to Congress, with recommendations for legislation or administrative action (including any barrier imposed by a state).

The bill would require VA to treat applications for VA employment by the individuals contemplated by this authority as federal civilian employees rather than outside applicants, if applications were made within one year of discharge.

The bill would require VA to establish a national, uniform credentialing policy for any VA employee who needs credentials to practice, and that once an individual is VA-credentialed in one site, the bill would enable such an employee to practice anywhere in the VA health care system without further credentialing.

The bill would authorize full practice authority for advance practice nurses, physician assistants (PA), and other categories of health personnel as identified by the Secretary. The bill would empower these individuals to conduct independent practices in VA health care, irrespective of limitations that might be imposed by state laws. The bill would define a number of terms associated with these authorities.

With regard to easing transition from military careers to civilian careers, DAV strongly supports the intent of this bill on the basis of DAV National Resolution 130, which urges continuing support for veterans' preference in federal, state and local employment. While the resolution does not specify employment in VA itself, the bill is a logical method of aiding VA's recruitment efforts for medical professionals and, therefore, DAV supports this provision.

With respect to the credentialing provisions of this bill, setting aside differing requirements from state to state, or from VA facility to VA facility, could produce unintended consequences. While it is true that credentialing may often delay or complicate the employment of clinical professionals in VA health care (and elsewhere), such policies are put in place to protect the quality of care and health of patients and to ensure individual practitioners are in fact capable of providing patients the type and intensity of care they are licensed to provide. In VA, credentialing in a major, affiliated VA academic health center, generally a teaching center of health professions, is considerably different than in a secondary, non-affiliated VA facility, and these differences exist for good reason.

Finally, on the issue of independent practice authority of advance practice nurses, PAs and others that might be identified by the Secretary, VA recently proposed new regulations affecting these groups. While DAV has no resolution specific to these issues in the bill, or in VA's proposed regulation, we ask the sponsors to consider the implications of setting aside VA's proposal and any public comment that it may generate, with such sweeping federal supremacy legislation.

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

The bill would authorize the Department of Veteran Affairs (VA) to reissue benefits to veterans within the fiduciary program when fiduciaries are found to have misused or mishandled the administration of their benefits.

VA would require that any person or entity appointed or recognized as a fiduciary for a beneficiary to provide VA with authorization to obtain from any financial institution any record held by the institution with respect to the fiduciary or beneficiary. This authorization would be utilized whenever a financial record is necessary for the administration of a VA program. The authorization could also be executed when it becomes necessary to safeguard a beneficiary's benefits against neglect, misappropriation, misuse, embezzlement, or fraud.

Under this bill, in instances when a fiduciary refuses to provide or revokes an authorization to permit VA access to financial institution information concerning benefits paid to a beneficiary, VA would have the authority to revoke the appointment or the recognition of the fiduciary for each beneficiary for whom such fiduciary had been appointed or recognized.

Although we not have a resolution specific to fiduciary matters, DAV appreciates the importance of safeguarding benefits of veterans within the fiduciary program; therefore, DAV supports the intent of this legislation because it protects the rights and benefits of ill and injured veterans.

S. 2791, Atomic Veterans Healthcare Parity Act

The Atomic Veterans Healthcare Parity Act would provide health care parity for veterans who participated in the atomic debris cleanup mission on Enewetak Atoll in the Marshall Islands

between 1977-1980. Currently these veterans are not included in the definition of “atomic veterans” and are not considered to have experienced at-risk exposure to radiation while relocating radioactive materials contaminated by 43 atomic tests at Enewetak Atoll. This measure would require VA to consider such veterans to be radiation exposed for presumption of service connection for recognized radiogenic diseases.

DAV is pleased to support S. 2791 because it is consistent with DAV Resolution No. 089, which supports legislation authorizing presumptive service connection for atomic veterans with a recognized radiogenic disease including any veteran involved in clean-up operations following the detonation of a nuclear device. We urge the Committee to expeditiously pass this legislation that would establish eligibility for personnel who participated in this specific radiation-risk activity during military service to receive presumptive service connection for recognized radiogenic diseases.

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

This bill would provide VA a discretionary authority to enter into not more than five public-private partnerships to construct major VA medical facilities, new cemeteries, and expanded cemeteries. Under the bill, VA could choose any qualified entity to carry out this construction, including “a donor group,” an undefined term. The bill would require in each instance that a board of directors were chosen to guide each project, and the project chosen for this pilot program would come either from projects partially funded by Congress, or from VA’s internal capital planning process and its priority list submitted annually to Congress as a part of VA’s budget request.

One of the five sites that would be authorized and required to participate in this pilot program would be located in Omaha, Nebraska, and would include a new ambulatory care clinic with sufficient space and parking facilities, and would be limited in cost to \$56 million, unless Congress appropriated additional funds for this project.

The bill would set rules for the conduct of the pilot program, including activities, actions, reports and dissolutions of these boards of directors, as well as for the entities chosen to partner with VA on the projects chosen, and would prescribe various terms and conditions applicable to both the five entities and VA. Finally, the bill would specify required elements in the application process, and would prescribe required reports to Congress by VA and the Government Accountability Office.

DAV National Resolution No. 100 urges VA to request adequate funding to fulfill the intent of its strategic capital planning initiative; that Congress carefully monitor any intended VA changes in infrastructure that could jeopardize VA’s ability to meet veterans’ needs; and, that Congress continue to provide appropriated funding sufficient to fulfill the needs for infrastructure identified through the strategic capital planning process. Enactment of this bill would introduce a major change in VA’s capital planning and construction management programs. This new approach may hold promise in reforming VA’s capital infrastructure program. Nevertheless, because it is an untested concept, before advancing this bill in the

legislative process, we would urge further discussions with VA officials on the impact and intent of the measure on normal VA construction operations, especially given that VA is currently managing 49 major construction projects system-wide.

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

This bill would authorize the use of Post-9/11 Educational Assistance to pursue independent study programs at certain educational institutions that are not institutions of higher learning as currently defined by law.

Section 3452 of title 38 defines an “institution of higher learning” as one that grants an associate degree or higher degree. Post-secondary career and technical education (CTE) centers, which are public, non-profit, non-degree-granting institutions that award certificates, are an integral part of the postsecondary education and workforce training systems in many states—offering alternative routes for non-traditional students to obtain a postsecondary credential. To better accommodate working adult students, some CTE centers are utilizing technology by incorporating distance learning online. However, under current law, any independent study program offered through these institutions that includes an online component is ineligible because CTE centers are non-degree-granting and are therefore not considered institutions of higher learning.

This bill would update existing law to mirror the Post-9/11 Veterans Educational Assistance Improvement Act’s incorporation of non-degree-granting institutions as an option for veterans, while also recognizing the expanding role of technology in these institutions. This legislation would accomplish this much-needed update by providing an exception for accredited independent study programs that lead to certificates from non-degree-granting institutions.

DAV has no resolution concerning this issue; however, we would not oppose its enactment because it would appear to be beneficial to veterans.

S. 3023, the Aria Harrell Act

This bill would establish procedures to address mustard gas or lewisite testing done on service members by the Department of Defense during World War II.

This legislation would require the Secretary of Veterans Affairs, in consultation with the Secretary of Defense, to reconsider claims for compensation relative to these experiments and render new determinations. The legislation would establish a presumption of exposure, unless proven otherwise, thus creating a lower evidentiary standard to demonstrate exposure to mustard gas or lewisite.

DAV is pleased to offer our support for this legislation consistent with Resolution No. 010, which calls on Congress to vigorously support VA’s expeditious handling of veterans’

claims and payment of fair and just compensation for all conditions associated with exposure to toxic and environmental hazards.

S. 3032, Veterans' Compensation Cost-of-Living Adjustment Act of 2016

This bill would provide for an increase in the rates of compensation, commensurate with an increase for Social Security recipients with no "round down," effective December 1, 2016.

Mr. Chairman, DAV strongly supports this legislation, especially since it does not mandate that the cost-of-living adjustment (COLA) it would authorize be rounded down to the next lowest whole dollar amount.

Many disabled veterans and their families rely heavily, or solely, on VA disability compensation, or DIC payments, as their only means of financial support, and they have struggled during recent years. Their personal economic circumstances have been negatively affected by rising costs of many essential items, including food, medicines and gasoline.

In FY 2016, no COLA increase was authorized due to depressed inflation, so it seems only fitting that no round-down be imposed in 2017 to help offset the loss of COLA in 2016. It is imperative that veterans and their dependents receive a full COLA; on the strength of DAV Resolution No. 013, DAV supports enactment of this legislation.

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

DAV supports this legislation that would require VA to carry out an 18-month pilot program in at least five VA medical centers to use medical scribes to transcribe provider comments during visits with patients, thereby saving the provider time to manage the medical documentation process while also allowing more visual contact and better communication between provider and patient.

DAV resolution 126 calls for quality care for veterans to be achieved when health care providers are given the freedom and resources to provide the most effective and evidence-based care available. In response to the growing complexity of health care and the electronic medical record, medical scribes have been used in the private sector to improve productivity, clinical documentation, completion of medical records, as well as provider satisfaction.

We understand VA has been exploring the scope of responsibilities for medical scribes. DAV believes this bill, if enacted, would help provide a wider scope through which meaningful information could be produced to help determine the most effective integration of scribes within the various patient aligned care teams and across care settings in VA.

S. 3042, the Justice for Service Members Act of 2016

This bill would improve the scope of procedural rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA), and improve the enforcement authority of the Department of Justice.

Section 1 would clarify employment and reemployment rights of service members by proposing any agreement to arbitrate a claim under USERRA is unenforceable, unless all parties consent to arbitration after a complaint on the specific claim has been filed in court or with the Merit Systems Protection Board and all parties knowingly and voluntarily consent to have that particular claim subjected to arbitration. Under the bill, consent would not be considered voluntary when a person is required to agree to arbitrate an action, complaint, or claim alleging a violation under USERRA as a condition of future or continued employment, advancement in employment, or receipt of any right or benefit of employment.

Section 2 would enhance enforcement of employment and reemployment rights of service members with respect to employment with State or private employers. This section would provide that the Attorney General may commence an action for relief under USERRA, further clarifying Congressional intent to effectively protect service members.

DAV has no specific resolution pertaining to the issues addressed by this bill; however, these changes would appear to improve service members' employment and reemployment rights; thus, we would not oppose its favorable consideration.

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

If enacted, this measure would make permanent and existing pilot program of VA dental insurance for veterans, survivors and dependents of veterans as mandated under Section 510 of Public Law 111-163, by allowing eligible veterans plus family members receiving care under the Civilian Health and Medical Program of VA (CHAMPVA), to purchase dental insurance.

DAV recognizes that oral health is integral to the general health and wellbeing of a patient, and is part of comprehensive health care irrespective of service-connected disability. The law defines preventive health services as a broad collection of VA health services that improve, protect and sustain the general health and well-being of veterans enrolled in VA health care, to include "such other health care services as the Secretary may determine to be necessary to provide effective and economical preventive health care." It is for this reason that DAV supports the intent of this bill in accordance with DAV resolution 049, which supports providing VA outpatient dental care to all enrolled veterans. However, DAV opposes any copayments that this program would require. DAV resolution 114, adopted at our most recent convention, calls for legislation to eliminate or reduce VA and DoD health care out-of-pocket costs for service-connected disabled veterans.

Veterans, through service to their nation, have made extraordinary sacrifices and contributions, and have earned the right to certain benefits in return. Premiums, health care cost

sharing and deductibles are features of health care systems in which some costs are shared by the insured and the insurer in a contractual relationship between the patient and the insurer.

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

Currently, VA reimburses the purchase of a casket or urn used only when the deceased veteran is interred in a VA National Cemetery. The veteran must have no identifiable next of kin and insufficient resources to pay for a casket or urn. This bill would extend the benefit to such veterans interred in state and tribal cemeteries.

DAV has no resolution pertaining to this issue; however, we would not oppose passage of this legislation because it appears to be beneficial to veterans.

S. 3081, Working to Integrate Networks Guaranteeing Member Access Now Act

This bill would provide certain permanent Congressional employees with read-only remote access to the electronic VBA claims records of veterans who are constituents of Members. These employees would be prohibited from modifying any data, processing, preparing or prosecuting of claims.

These designated Congressional staff members could utilize this system to provide their constituents with information relevant to the processing of their claims or appeals. Designated staff members would require certification by the VA in order to access this system in the same manner currently required for agents or attorneys. Any costs associated with gaining access to these VA systems would be incurred by the particular Member of Congress whose staff accessed these records.

DAV has no resolution relative to this issue, but would not oppose passage of the legislation.

Draft Bill, to expand eligibility for readjustment counseling to certain members of the Selected Reserve of the Armed Forces (John B.)

This bill, if enacted, would authorize VA Readjustment Counseling Centers to provide counseling in Vet Centers to members of the Selected Reserve, for psychological trauma or behavioral conditions, and would protect the privacy of these individuals in seeking out such counseling by not requiring them to obtain referrals, presumably from their commands or military medical authorities, before seeking counseling.

VA Resolution No. 103 urges Congress, the Administration and VA to enable Vet Centers to continue expanding and extending their rehabilitative and readjustment services, including in more rural communities, to veterans of past, present and future military service, and to their family members when necessary to aid in the recovery of veterans suffering the latent effects of combat exposure. Therefore, DAV strongly supports this proposal.

Draft Bill, to authorize payment by the Department of Veterans Affairs for the costs associated with service by medical residents and interns at facilities operated by Indian tribes and tribal organizations, to require the Secretary of Veterans Affairs to carry out a pilot program to expand medical residencies and internships at such facilities

This bill would expand into health care facilities of Indian tribal organizations VA's current responsibilities and costs incurred in its graduate medical education programs. The bill would require VA to establish a five-year program of residency training in Alaska and two as-yet unidentified locations, and to reimburse tribal facilities selected for some of their costs in hosting VA medical residencies as specified in the bill. After three years of operation, the bill would require VA to report to Congress on the feasibility and advisability of expanding the pilot program to additional tribal health care sites, and on making the program or any aspect of it permanent.

VA has executed an extensive memorandum of agreement with the Indian Health Service to ensure that veterans of Indian ancestry receive adequate health care and other services. It is unclear from the language of this bill whether this new academic program would impact this agreement, and to what extent. Also, an authorization of \$20 million per year over a five-year period for a three-site pilot program seems excessive; we recommend the amount be reconsidered.

While DAV has no resolution supporting this concept of VA medical residencies in Indian tribal facilities, we would not offer opposition to this bill; nevertheless, we recommend the sponsor consult with the VA Office of Rural Health, as well as the Office of Academic Affiliations, on the implications of the bill prior to its further advancement through the legislative process.

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

This bill would authorize the American Battle Monuments Commission to take ownership and operational control of an important World War I memorial in France. DAV has received no resolution dealing with this particular topic and takes no position on this bill.

Mr. Chairman, this concludes DAV's testimony. We thank the Committee for inviting DAV to submit this testimony for the record. DAV is prepared to respond to any questions by Committee Members on the positions we have taken with respect to the bills under consideration.