

**STATEMENT OF ROSCOE G. BUTLER
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NATIONAL VETERANS AFFAIRS AND REHABILITATION DIVISION
THE AMERICAN LEGION
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
PENDING AND DRAFT LEGISLATION**

JUNE 29, 2016

Chairman Isakson, Ranking Member Blumenthal, and distinguished members of the committee, on behalf of National Commander Dale Barnett and The American Legion; the country's largest patriotic wartime service organization for veterans, comprising over 2 million members and serving *every* man and woman who has worn the uniform for this country; we thank you for the opportunity to testify regarding The American Legion's position on the pending and draft legislation.

S. 244:

A bill 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, and for other purposes.

Traumatic Brain Injury (TBI) has been identified as the "signature injury" of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND). Servicemembers have experienced injuries related to their combat experiences that will likely negatively impact their earnings post-service. As a result, it is imperative that we ensure that veterans suffering from the devastating and debilitating effects of TBI are properly evaluated for the condition and any symptoms associated with the conditions.

Recently, VA acknowledged that it may have under evaluated nearly 25,000 veterans suffering from TBI. In a June 2016 press release, VA stated, "Veterans whose initial examination for TBI was not conducted by one of four designated medical specialists and provides them with the opportunity to have their claims reprocessed."¹ TBI is an inherently complex medical condition and requires the opinions of specialized medical professionals to determine the level of severity and disability.

S. 244 directs VA to work with the Institute of Medicine (IOM) to conduct a comprehensive review of VA examinations to ensure that they are appropriately targeting symptoms and levels

¹ VA Office of Public and Intergovernmental Affairs [VA Secretary Provides Relief for Veterans with Traumatic Brain Injuries \(June 1, 2016\)](#)

of disability by TBI sufferers. Additionally, it directs IOM to convene medical experts to determine the required credentials necessary to assess cognitive functions and provide recommendations to improve the adjudications of claims.

The American Legion has over 3,000 accredited representatives responsible for the effective advocacy of veterans' benefits throughout the nation. It is not uncommon to hear reports from these representatives of the under evaluation of claims associated with TBI; despite their determined efforts to have these claims adjudicated properly by a VA rater, they often are compelled to appeal these decisions and have veterans who suffer from the pain and trauma associated with TBI wait for years to finally have their claims properly adjudicated.

The American Legion by resolution stated, "That Congress and the Administration encourage acceleration in the development and initiation of needed research on conditions that significantly affect veterans, such as prostate cancer, addictive disorders, trauma and wound healing, Post-Traumatic Stress Disorder, Traumatic Brain Injury, rehabilitation, and others, jointly with the Department of Defense, the National Institutes of Health, other federal agencies, academic institutions and the Department of Veterans Affairs."²

The American Legion supports S. 244.

S. 603: Rural Veterans Travel Enhancement Act of 2015:

A bill to make permanent the authority of the Secretary of Veterans Affairs to transport individuals to and from facilities of the Department of Veterans Affairs in connection with rehabilitation, counseling, examination, treatment, and care, and for other purposes.

One out of every three veterans treated by the Department of Veterans Affairs (VA) lives in rural communities and rural veterans have been underserved due to a lack of access to health care, which can be attributed to greater travel barriers and a lack of public transportation. S. 603 would make it easier for veterans who live in rural areas to be reimbursed for expenses occurred as a result of traveling long distances for their medical and mental health appointments. This bill would permanently reauthorize the Department of Veterans Affairs (VA) Veterans Transportation Program (VTS). The VTS program provides funding to local VA healthcare systems to hire transportation coordinators and purchase vehicles that staff can utilize to transport veterans to the care they need. *The Rural Veterans Travel Enhancement Act of 2015* would also provide mileage reimbursement for combat veterans traveling to receive mental health care at Veterans Centers, and would amend the Caregivers and Veterans Omnibus Health Services Act of 2010 to reauthorize through FY2020 a grant program to provide innovative transportation options to veterans in highly rural areas.

Based on VA's interpretation of titles 38 U.S.C. § 111, Beneficiary Travel, and 38 U.S.C. § 1712A, entitled "Eligibility for readjustment counseling and related mental health services", VA has interpreted these laws to mean they do not allow payment of beneficiary travel benefits to

² American Legion Resolution No. 148 (August 2014): [Request Congress Provide the Department of Veterans Affairs Adequate Funding for Medical and Prosthetic Research](#)

veterans traveling to Vet Centers. Veterans traveling to Vet Centers should be eligible for beneficiary travel benefits on the same basis as other veterans.

The American Legion urges the Secretary to seek adequate funding to accommodate the needs of the increasing demand for care, to include the need for a Veterans Transportation System (VTS), accompanied by an increase in the beneficiary travel rate.³

The American Legion supports S. 603.

S. 2210: Veteran Partners' Efforts to Enhance Reintegration (PEER) Act:

A bill to require the Secretary of Veterans Affairs to carry out a program to establish peer specialists in patient aligned care teams at medical centers of the Department of Veterans Affairs, and for other purposes.

A peer support specialist is a person with significant life altering experience who works to assist individuals with chemical dependency, mental disorder or domestic abuse and other life effecting issues. Due to their life experiences, such persons have expertise that professional training cannot replicate. This is not to be confused with peer educators who may not consider recovery a suitable goal for everyone and may focus instead on the principles of *harm reduction*. There are many tasks performed by peer support specialists that may include assisting their peers in articulating their goals for recovery, learning and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience, and supporting them in advocating for themselves to obtain effective services.

S. 2210 would expand VA's current use of peer specialists from mental health clinics to be utilized in primary care settings. The PEER Act would require the Department of Veterans Affairs (VA) to establish a pilot program of peer specialists to work as members of VA's patient-aligned care teams (PACT), for the purpose of promoting the integration of mental health services in a VA primary care setting. This bill would authorize the establishment of this pilot program in 25 VA sites, to include the five VA's Polytrauma centers across the country. The bill would also require a series of reports, including a final report to recommend whether the program should be expanded beyond the pilot program sites.

The American Legion urges the President of the United States and the U.S. Congress to call on the Secretary of Veterans Affairs to develop a national program to provide peer to peer rehabilitation services based on the recovery model tailored to meet the specialized needs of current generation combat-affected veterans and their families.⁴

The American Legion supports S. 2210.

³ American Legion Resolution No. 106 (August 2014): [Veterans Transportation System & Benefits Travel](#)

⁴ American Legion Resolution No. 284 (August 2014): [Department of Veterans Affairs to Develop Outreach and Peer to Peer Programs for Rehabilitation](#)

S. 2279 Veterans Health Care Staffing Improvement Act:

A bill to require the Secretary of Veterans Affairs to carry out a program to increase efficiency in the recruitment and hiring by the Department of Veterans Affairs of health care workers that are undergoing separation from the Armed Forces, to create uniform credentialing standards for certain health care professionals of the Department, and for other purposes.

S. 2279 would make changes in staffing policies throughout the VA healthcare system to improve the recruitment of health care workers who are transitioning from military service. Throughout the country veterans are faced with waiting weeks or even months for a health care appointment. These barriers to receiving quality care can be attributed to a shortfall of tens of thousands of medical professionals to provide that care. This bill would decrease the bureaucratic red tape by making it easier for the VA to increase staffing throughout the VA healthcare system and ultimately reduce wait times for thousands of veterans. This bill also includes the “Docs-to-Doctors” program which allows servicemembers who have served in the medical field to transition directly into the VA which would allow veterans access to health care they need in a timely manner.

The American Legion supports Sections 2 and 3 of S. 2279 however; at this time The American Legion does not have a position on Section 4, which is granting Nurses and Physicians Assistants full practice authority.

S. 2316:

A bill 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.

Without question, veterans requiring a fiduciary are some of our nation’s most vulnerable. Unable to manage their financial affairs, VA will appoint a fiduciary to ensure that payments for bills are provided from their VA benefits. Due to their vulnerable states, veterans are exposed to abuse by their fiduciary and may face daunting challenges to recover lost payments.

The American Legion has previously testified regarding the need to reform the fiduciary program. Repeatedly, we have heard from our accredited representatives about veterans being financially harmed by their appointed fiduciary.

In 2011, the Federal Bureau of Investigation (FBI) detailed a conviction of two individuals, to include one former VA employee, of defrauding veterans of nearly \$900,000 between 1999-2008⁵. Based upon allegations received by VA’s Office of Inspector General (VAOIG) in May 2013, an investigation of the Eastern Area Fiduciary Hub was conducted; as stated in the May 2014 VAOIG report, there were 12 incidents of fiduciaries misusing funds, costing veterans approximately \$944,000 in benefits⁶.

⁵ The Federal Bureau of Investigation: [Veterans’ Benefit Fiduciary and Former U.S. Department of Veterans Affairs Employee Plead Guilty to Embezzling Nearly \\$900,000](#) (August 10, 2011)

⁶ VA OIG report (May 28, 2014): [Review of Alleged Mismanagement at the Eastern Area Fiduciary Hub](#)

Unfortunately, it is often noticed after years of a fiduciary's abuse of a veteran's funds. This can amount to hundreds of thousands of dollars lost by the veteran. Currently, the only way that a veteran can pursue the lost benefits are through civil court proceedings.

S. 2316 removes the requirement of these vulnerable veterans to have to pursue civil litigation to recover the lost benefits. It places the requirement on VA; considering that VA is responsible for assigning a fiduciary, it stands to reason that they should inherit the responsibility of recovering the lost benefits by unscrupulous fiduciaries. Through this bill, we can move to protecting beneficiaries from the unlawful taking of benefits by unscrupulous fiduciaries from our nation's veterans.

Recognizing that veterans requiring fiduciaries are often some of our nation's most vulnerable veterans, The American Legion supports legislation requiring the Department of Veterans Affairs to provide oversight over their fiduciary program and that it protects veterans and their beneficiaries who are unable to manage their financial affairs.⁷

The American Legion supports S. 2316.

S. 2791: Atomic Veterans Healthcare Parity Act

A bill to provide for the treatment of veterans who participated in the cleanup of Enewetak Atoll as radiation exposed veterans for purposes of the presumption of service-connection of certain disabilities by the Secretary of Veterans Affairs.

From 1977 to 1980, thousands of members of the United States Armed Forces participated in a radiation cleanup of United States nuclear test sites in the Marshall Islands. S. 2791 would provide for the treatment and service-connection presumption of certain disabilities related to those veterans who participated in the cleanup of the Enewetak Atoll and other areas that conducted nuclear testing. The *Atomic Veterans Healthcare Parity Act* would help veterans who were exposed through the cleanup at these atomic sites to access the benefits and treatment they earned.

The American Legion highlighted the plight of these veterans, left behind and struggling to gain access to treatment and benefits due to the way the laws are written, in the March 2016 issue of The American Legion Magazine entitled "Toxic Paradise", as well as on our website.

The American Legion urges ensuring medical examinations, compassionate treatment and just compensation for veterans exposed to environmental hazards "through testing, transportation, storage, and disposal."⁸

The American Legion supports S. 2791.

⁷ American Legion Resolution No. 103 (September 2015): [Fiduciary Responsibility](#)

⁸ American Legion Resolution No. 125 (August 2014): [Environmental Exposures](#)

S. 2958:

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

Veterans are frustrated and concerned with VA's construction processes and the continued delays and cost overruns and unsure whether VA's improvements will ensure VA major construction in the future will be within schedule and budget. S. 2958 would allow the VA to enter into public-private partnerships for the planning, design and construction of new buildings for the use by the Department of Veterans Affairs. This bill would allow improvements to be made to VA medical centers to better serve veterans by creating a pilot program that would allow the VA to create up to five partnerships to assist with their VA construction projects.

The American Legion urges VA to consider all available options, both within the agency and externally, to include, but not limited to, the Army Corps of Engineers to ensure major construction programs are completed on time and within budget.⁹

The American Legion supports S. 2958.

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 provide student-veterans with expanded scope and usage of the Post-9/11 GI Bill education benefits to other forms of postsecondary institutions. This legislation adds needed options to student-veterans in the pursuit of their educational goals. The Post-9/11 GI Bill passed by Congress in 2008 has been an effective upgrade for 21st century veterans using their college education benefits. It was not, nor can it be, a law so static that it cannot continue evolving to best meet the needs of student-veterans in an ever-shifting landscape of higher education and career training.

Lastly, The American Legion has been encouraged by the growing recognition within Congress of the need to make basic, but critical information about the return on investment in higher education available to student-veterans.

The American Legion seeks and supports any legislative or administrative proposal that improves, but not limited to, the GI Bill, Department of Defense Tuition Assistance (TA), Higher Education Title IV funding (i.e., Pell Grants, Student Loans, etc.) and education benefits so servicemembers, veterans, and their families can maximize its usage.¹⁰

⁹ American Legion Resolution No. 24 (May 2015): [Department of Veterans Affairs Construction Programs](#)

¹⁰ American Legion Resolution No. 312 (August 2014): [Ensuring the Quality of Service Member and Veteran Student's Education at Institutions of Higher Learning](#)

The American Legion supports S. 3021.

S. 3023: The Arla Harrell Act

A bill to provide for the reconsideration of claims for disability compensation for veterans who were the subjects of experiments by the Department of Defense during World War II that were conducted to assess the effects of mustard gas or lewisite on people, and for other purposes.

For 10 years, Arla Harrell has sought VA disability compensation for conditions he attributes to his military service. While stationed at Camp Crowder, Missouri, during the waning days of World War II, he reports being subjected to mustard gas exposure as part of a secret experimental program. The exposure led to a lifetime of respiratory ailments.

Unfortunately, like many World War II veterans, his military records were burned in the National Personnel Records fire of 1973. To further complicate the matter, neither the Department of Defense (DOD) nor VA have been able to produce accurate records indicating the impacted veterans. According to an article published on May 27, 2016, in the St. Louis Post Dispatch, National Public Radio uncovered in November 2015 that 3,900 veterans were exposed to mustard gas experiments, a list six times greater than VA previously acknowledged¹¹.

38 CFR §3.316 identifies a host of medical conditions, to include respiratory conditions that are presumptively related to mustard gas exposure. The issue is not what conditions to service connect presumptively; S. 3023 will allow VA to presumptively service connect veterans for exposure to mustard gas based upon participating in mustard gas testing.

The American Legion has long supported service connecting veterans presumptively due to environmental exposures. The American Legion supports “the liberalization of the rules relating to the evaluation of studies involving exposure to any environmental hazard and that all necessary action be taken by the federal government, both administratively and legislatively as appropriate, to ensure that veterans are properly compensated for diseases and other disabilities scientifically associated with a particular exposure”¹²

The American Legion supports S. 3023.

S. 3032: Veterans’ Compensation Cost-of-Living Adjustment Act of 2016

A bill to provide for an increase, effective December 1, 2016, in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes.

This bill will provide a Cost of Living Allowance (COLA) effective December 1, 2016. Disability compensation and pension benefits awarded by the Department of Veterans Affairs (VA) are designed to compensate veterans for medical conditions due to service or who earn

¹¹ St. Louis Post Dispatch (May 27, 2016): [“World War II vet’s mustard gas claim again denied, but VA boss pledges look at new evidence”](#)

¹² American Legion Resolution No. 125 (August 2016): [Environmental Exposures](#)

below an income threshold. With annual increases to costs of living, it is only appropriate that veterans' benefits increase commensurate with those increases.

For nearly 100 years, The American Legion has advocated on behalf of our nation's veterans, to include the awarding of disability benefits associated with chronic medical conditions that manifest related to selfless service to this nation. Annually, veterans and their family members are subjects in the debate regarding the annual cost of living adjustment (COLA) for these disability benefits. For these veterans and their family members, COLA is not simply an acronym or a minor adjustment in benefits; instead, it is a tangible benefit that meets the needs of the increasing costs of living in a nation that they bravely defended.

The American Legion would like to commend the members on this bill. Previous bills introduced have had "round-down" provisions, where veterans' benefits were rounded-down to the next whole dollar. This is a frustrating practice that has an insidious effect over years of receiving benefits.

The American Legion supports legislation to provide a periodic cost-of-living adjustment increase and to increase the monthly rates of disability compensation.¹³

The American Legion supports S. 3032.

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

A bill to require the Secretary of Veterans Affairs to carry out a pilot program to increase the use of medical scribes to maximize the efficiency of physicians at medical facilities of the Department of Veterans Affairs.

Veterans are experiencing long wait times for VA health care for a variety of reasons, but in part due to high patient load and not enough doctors to serve the population. This shortage is a nationwide problem.

A medical scribe is a paraprofessional who specializes in charting physician-patient encounters in real time, such as during medical examinations. Depending on which area of practice the scribe works in, the position may also be called clinical scribe, ER scribe or ED scribe (in the emergency department), or just scribe (when the context is implicit). A scribe is trained in health information management and the use of health information technology to support it. A scribe can work on-site (at a hospital or clinic) or remotely from a Health Insurance Portability and Accountability Act (HIPAA) secure facility. Medical scribes who work at an off-site location are known as virtual medical scribes and normally work in clinical settings.

A medical scribe's primary duties are to follow a physician through his or her work day and chart patient encounters in real-time using a medical office's electronic health record (EHR) and

¹³ American Legion Resolution No. 18 (August 2014): [Department of Veterans Affairs Disability Compensation](#)

existing templates. Medical scribes also generate referral letters for physicians, manage and sort medical documents within the EHR system, and assist with e-prescribing. Medical scribes can be thought of as data care managers, enabling physicians, medical assistants, and nurses to focus on patient in-take and care during clinic hours. Medical scribes, by handling data management tasks for physicians in real-time, free the physician to increase patient contact time, give more thought to complex cases, better manage patient flow through the department, and increase productivity to see more patients.

S. 3035 would require VA to carry out an 18 month pilot program in no less than five high-volume VA medical centers for the contract hiring of medical scribes to assist VA physicians with workload. This bill will ensure doctors have more time to see patients rather than entering in medical data and will serve as a recruitment tool for doctors who want a package comparable to the private sector.

The American Legion supports any legislation and programs within the VA that will enhance, promote, restore or preserve benefits for veterans and their dependents, including timely access to quality VA health care.¹⁴

The American Legion supports S. 3035.

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

A bill to provide a dental insurance plan to veterans and survivors and dependents of veterans.

S. 3055 would reauthorize the current veteran dental insurance pilot program that was included in the *Caregiver and Veterans Omnibus Health Services Act of 2010*. This bill would ensure that eligible veterans, survivors and dependents of veterans continue to access quality dental insurance at a low cost.

Under current VA's dental authority, only certain enrolled veterans are eligible for outpatient dental care from the VA. If this bill was enacted into law, veterans not eligible for VA benefits would be also able to enroll in the VA Dental Insurance Program (VADIP). Each veteran enrolled in the plan shall pay the entire premium for coverage under the dental insurance plan, in addition to the full cost of any copayment.

The American Legion urges Congress and the VA to enact legislation and programs within the VA that will enhance benefits for veterans and their dependents.¹⁵

The American Legion supports S. 3055.

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

¹⁴ American Legion Resolution No. 23 (May 2016): [Support for Veteran Quality of Life](#)

¹⁵ American Legion Resolution No. 23 (May 2016): [Support for Veteran Quality of Life](#)

A bill to authorize the Secretary of Veterans Affairs to furnish caskets and urns for burial in cemeteries of States and Indian tribes of veterans without sufficient resources to provide for caskets or urns.

The draft bill would amend Title 38 United States Code (U.S.C) Section 2306 entitled *Headstones, markers, and burial receptacles* subsection (f). Under current law, Title 38 U.S.C. § 2306(f), the Secretary may furnish a casket or urn, of such quality as the Secretary considers appropriate for a dignified burial, for burial in a national cemetery of a deceased veteran in any case in which the Secretary is unable to identify the veteran's next of kin, if any; and determines that sufficient resources for the furnishing of a casket or urn for the burial of the veteran in a national cemetery are not otherwise available. The bill would allow for such burial in cemeteries of States and Native American Indian tribes of veterans without sufficient resources to provide for caskets or urns.

The American Legion urges Congress and the Department of Veterans Affairs (VA) to enact legislation and programs within the VA that will enhance, promote, restore or preserve benefits for veterans and their dependents with final resting places in national shrines and with lasting tributes that commemorates their service.¹⁶

The American Legion supports S. 3076.

S. 3081: Working to Integrate Networks Guaranteeing Member Access Now Act
“WINGMAN Act”:

To amend title 38, United States Code, to provide certain employees of Members of Congress and certain employees of State or local governmental agencies with access to case-tracking information of the Department of Veterans Affairs.

The WINGMAN Act would grant access to the Department of Veterans Affairs (VA) Veterans Benefits Management System (VBMS) for the purpose of assisting constituents. According to the bill, Members could select an employee, and at a cost to the employee or member, would receive the necessary training to gain accreditation to legally review veterans' records within VBMS. The American Legion has over 3,000 accredited representatives located throughout the nation. These professionals receive regular professional training to ensure they have the most current understanding of the impact of changes in statutes, regulations, and case law. It is simply not a matter of receiving initial training and meeting the requirement of being accredited; like many professions, it requires on-going, thorough training. Additionally, veterans are repeatedly advised of their opportunity to elect to have a Veterans Service Organization (VSO) represent them in their quest to receive VA disability benefits without a cost to the veteran. The American Legion does not have a resolution to support the enactment of this bill; however, we urge Congress to consider the long-term ramifications of supporting legislation that only requires their own employees to have the minimal level of understanding in veterans' law assisting their

¹⁶ American Legion Resolution No. 23: (May 2016): [Support for Veteran Quality of Life](#)

constituents. To ensure their constituents receive the assistance they deserve, we highly recommend that a VSO advocate on their veterans' behalf.

The American Legion Opposes the S. 3081.

Draft Bill:

A bill to clarify the scope of procedural rights of members of the uniformed services with respect to their employment and reemployment rights, to improve the enforcement of such employment and reemployment rights, and for other purposes.

With the number of Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) cases across the country, The American Legion is deeply concerned with the protection of the servicemember and the prevention of the servicemember not being reemployed by their previous employer after deployment(s). USERRA cases have become more complex than in the past and frequently involve multiple issues. This is due to longer and more frequent deployments of National Guard and Reserve members. As currently drafted, USERRA fails to adequately support military personnel upon their return to civilian employment as numerous employers have violated the rules laid out in Title 38 of the United States Code.

This bill would improve USERRA by clarifying the scope of USERRA rights and expand the enforcement authority of the Department of Justice (DOJ). This legislation adds essential authority to DOJ that provides the kind of protection for servicemembers' employment – which includes compensatory and punitive damages - which servicemembers have earned through their honorable service for the United States of America.

The American Legion seeks and supports any legislative or administrative proposal that will mandate the use of automated recruitment, hiring and retention system that safeguard against hiring malpractice in the application and the hiring process.¹⁷ The American Legion supports legislation to amend Title 38, U.S.C., to prohibit discrimination and acts of reprisals by employers against veterans that seek treatment for their service-connected disabilities.¹⁸

The American Legion supports the Draft Bill.

Draft Bill:

A bill to expand eligibility for readjustment counseling to certain members of the Selected Reserve of the Armed Forces.

Readjustment counseling is made up of a wide range of psychosocial services offered to eligible veterans and their families in the effort to make a successful transition from military to civilian life. The draft bill would amend Title 38 United States Code Section 1712A entitled *Eligibility*

¹⁷ American Legion Resolution No. 301 (August 2014): [Enforcing Veterans' Preference Hiring Practices in Federal Civil Service](#)

¹⁸ American Legion Resolution No. 341 (August 2014): Resolution No. 341: [Support Legislation to Amend Title 38 United States Code, to Prohibit Discrimination and Acts of Reprisal by Employers against Veterans that Seek Treatment for Their Service-Connected Disabilities](#)

for readjustment counseling and related mental health services by adding new subparagraphs under the current law that includes: (D)(i) The Secretary, in consultation with the Secretary of Defense, may furnish to any member of the Selected Reserve of the Armed Forces who has a behavioral health condition or psychological trauma, counseling under subparagraph (A)(i), which may include a comprehensive individual assessment under subparagraph (B)(i) and (ii) A member of the Selected Reserve of the Armed Forces described in clause (i) shall not be required to obtain a referral before being furnished counseling or an assessment under this subparagraph”.

The American Legion urges Congress and the Department of Veterans Affairs (VA) to enact legislation and programs within the VA that will enhance, promote, restore or preserve benefits for veterans and their dependents, including, but not limited to, the following: timely access to quality VA health care.¹⁹

The American Legion supports the Draft Bill.

Draft Bill:

A 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, and for other purposes.

This bill would require the Secretary of Veterans Affairs to implement a pilot program to establish graduate medical education (GME) residency training programs at covered facilities. According to Title 25 U.S. Code Subchapter II – *Indian Self-Determination and Education Assistance* 450b Section 4 of the *Indian Self-Determination and Education Assistance Act*- VA defines a covered facility to mean a department facility, or a facility operated by an Indian tribe or a tribal organization.

The American Legion supports any legislation or policies that will enhance, promote, restore, or preserve benefits for veterans and their dependents.²⁰

The American Legion supports the Draft Bill.

Discussion Draft

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

The Lafayette Escadrille Memorial is dedicated to the memory of the American pilots who volunteered to assist the Allied Army in 1914. The central platform is crowned with a triumphal

¹⁹ American Legion Resolution No. 23 (May 2016): [Support for Veterans Quality of Life](#)

²⁰ American Legion Resolution No. 23 (May 2016): [Support for Veterans Quality of Life](#)

arch and flanked with porticos leading to the underground crypt. The "art deco" style highlights the pilots' sacrifice and the Franco-American friendship.

There are statues of Lafayette and Washington facing one another and, on the ground, a mosaic of the famous Sioux warrior's head, the squadron's ensign. The crypt holds the ashes of 66 American pilots. It is decorated with 13 stained glass windows depicting the great aerial combats of the war. The monument was inaugurated on American Independence Day, July 4, 1928.

The discussion draft would authorize the American Battle Monuments Commission (ABMC), which was established by the Congress in 1923, as the guardian of America's overseas commemorative cemeteries and memorials and honors the service, achievements and sacrifices of the United States Armed Forces by overseeing the operations of the memorial which has been erected to honor those who gave the ultimate sacrifice for their country.

The American Legion urges Congress to appropriate adequate funding and human resources to the American Battle Monuments Commission in order to properly maintain and preserve the final resting place of America's war dead located on foreign soil.²¹

The American Legion supports the Discussion Draft.

Conclusion

As always, The American Legion thanks this committee for the opportunity to explain the position of the over 2 million veteran members of this organization. For additional information regarding this testimony, please contact Mr. Warren J. Goldstein at The American Legion's Legislative Division at (202) 861-2700 or wgoldstein@legion.org.

²¹ American Legion Resolution No. 50 (August 2014): [Support for the American Battle Monuments Commission](#)

**BIOGRAPHY FOR
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NATIONAL VETERANS AFFAIRS AND REHABILITATION DIVISION
THE AMERICAN LEGION**

Roscoe Butler was appointed Deputy Director of The American Legion's Veteran Affairs and Rehabilitation (VA&R) Division in June, 2014. He is responsible for overseeing three national field service representatives and two assistant directors that conduct site visits of the Department of Veterans Affairs (VA) Medical Facilities in conjunction with The American Legion's "System Worth Saving" Program. The site visits are compiled into the "System Worth Saving" Publication which is submitted annually to the White House, Congress, VA officials and fellow legionnaires regarding the status of VA healthcare. Mr. Butler also provides veterans analysis, advocacy and training on all Veterans Health Administration (VHA) trends and policies.

Roscoe served three years in the United States Army from May 1974 to May 1977. After his honorable discharge from the United States Army, he was employed by the Department of Veterans Affairs in October 1977. Throughout his VA career, he worked at six Department of Veterans Affairs Health Care facilities before transferring to VA Central Office in 1992. He is a graduate of the Veterans Health Administration Health Care Leadership Institute, Class of 2008, and the Interagency Institute for Federal Health Care Executives, Class of September 2009. Prior to his retirement, he was the Deputy Director for Policy in the Veterans Health Administration, Chief Business Office. After 37 years of service to our Nation's Veterans, he retired from the VA in December 2011.