TESTIMONY

OF

JAMES LACOURSIERE, JR.

NATIONAL COMMANDER

THE AMERICAN LEGION

BEFORE THE

JOINT HEARING
OF THE

COMMITTEES ON VETERANS' AFFAIRS
UNITED STATES SENATE AND UNITED STATES HOUSE OF REPRESENTATIVES

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James LaCoursiere Jr., National Commander
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Committees on Veterans' Affairs
United States Senate and United States House of Representatives

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Chairmen Bost and Moran, Ranking Members Takano and Blumenthal, and members of the joint committee, thank you for inviting The American Legion (TAL) to testify before you today and share our priorities on behalf of the 1.6 million Legionnaires nationwide.

The American Legion deeply appreciates these committees' fervent commitment to our nation's veterans, as evidenced during the 118th Congress through the passage of the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. This monumental piece of legislation was the result of bipartisan collaboration, diligent work by a coalition of veterans service organizations (VSOs), and continuous advocacy from our nation's veterans, caregivers, and survivors. We look forward to working with the committees to ensure this legislation is properly implemented.

As we embark on both a new Congress and new administration, it is imperative that we continue to collaborate on the pressing issues that veterans and their families struggle with every single day. Today, we will present our priorities regarding **Veterans Affairs and Rehabilitation, Veterans Employment and Education,** and **Americanism.** These pillars have guided TAL's work since our founding and have evolved as the nature and impacts of warfighting have evolved.

As we begin the work for the 119th Congress, we urge the committees to prioritize the following issues:

Veterans Affairs and Rehabilitation

Veteran Suicide

Ending veteran suicide remains a top priority for TAL and is one of the most serious issues facing America today. According to the 2024 National Veterans Suicide Prevention Annual Report, veterans are almost twice as likely to die by suicide than the general population, with an average of 17.6 veterans tragically taking their lives every day.[1] Thankfully, suicide is a preventable problem. To attack it, Congress must work to fundamentally change the Department of Veterans Affairs' (VA) approach on the issue, embrace and properly fund targeted grant programs, increase funding for outreach, shore up mental health care, explore complementary and alternative

[1] "2024 National Veteran Suicide Prevention Annual Report." VA Office of Mental Health and Suicide Prevention, December 2024. https://www.mentalhealth.va.gov/suicide_prevention/data.asp

medicine (CAM) therapies, and address the "broken veteran" narrative that is unfortunately all too common in public perception.

VA bases its approach for suicide prevention on its 2018 National Strategy for Preventing Veterans Suicide, which outlines a comprehensive public health approach that includes a combination of clinically based interventions and community-based programs and services.

Clinically based interventions are offered as access to mental healthcare including crisis intervention, inpatient, outpatient, and residential services. In the past few decades, in line with the Legion's effort to destigmatize asking for help through campaigns like the Buddy Check and Be The One initiatives, there has been significant growth in demand for the Veterans Health Administration's (VHA) mental health services and crisis intervention.

In 2023 alone, nearly 11% of the nation's 18.1 million veterans sought mental health services at VA, having 19.6 million behavioral health encounters with VA, including appointments, walk-ins and emergency room visits.[2] Since the passage of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (PACT Act), there has been an 8.7% increase in VHA enrollments to access mental health services.

VHA community-based counseling centers, or Vet Centers, provide a wide range of confidential social and psychological services at no cost in a relaxed, non-medical environment for veterans, servicemembers, and their families. In FY 2024 alone, more than 110,000 of them had 1.2 million encounters at VA's 300+ Vet Centers nationwide.[3]

However, the increased demand for traditional mental healthcare, combined with the lingering impact of the COVID-19 pandemic on the healthcare workforce, has strained VHA's ability to provide access to mental health appointments in a reasonable time or distance in VHA facilities and the community. In 2024, the Legion conducted four "System Worth Saving" site visits where inadequate staff for mental health, cancelled appointments, and access to internet were routinely brought up as challenges in the veteran community. In response to this problem, VHA launched the Mental Health Optimization and Outpatient Staffing Enhancement and the Mental Health Staffing Pipeline Project to ensure mental health programs remain adequately staffed. The Legion will closely monitor these initiatives to ensure VHA can anticipate and address gaps in mental health providers. While mental health is rarely the sole factor in a suicide, consistent medical care with a trusted provider is a key component for prevention.

In the absence of an appointment, a veteran in crisis can use emergency care or the Veteran Crisis Line (VCL), which has experienced a 22.7% increase in calls per day, a 76.7% increase in texts per day, and 27.5% increase in chats per day since the rollout of the 988 function just two years ago.[4] Encouragingly, a study of the VCL's effectiveness found that veteran callers were over five

[2] "FY 2024 Budget Submission: Budget In Brief." Accessed January 2024. https://department.va.gov/administrations-and-offices/management/budget/
[3] "Vet Centers (Readjustment Counseling)." January 2024. https://www.vetcenter.va.gov/
[4] "Dial 988 +1: Examining the operations of the Veterans Crisis Line." Statement of Matthew A. Miller, PH.D., MPH, Executive Director VHA OSP, September 2018. https://docs.house.gov/meetings/VR/VR03/20240918/117648/HHRG-118-VR03-Wstate-MillerM-20240918.pdf

times more likely to have less distress at the end of the call than at the beginning; five times more likely to have less suicidal ideation at the end of the call than at the beginning; and were 11 times more likely to have reduced suicidal urgency at the end of the call than the beginning.[5] Further, another study reported among veterans with suicidal thoughts who called VCL, 82.6% reported that using VCL played a role in stopping them from acting on those thoughts.[6]

However, the single biggest flaw in VA's approach to suicide prevention lies in the institutional set-up of the Department of Veterans Affairs.

In 2017, VHA combined the Office of Suicide Prevention (OSP) and the VCL with mental health policy and operations in the new Office of Mental Health and Suicide Prevention (OMHSP) to improve oversight and management of evidence-based strategies of targeted suicide prevention and mental health issues in VHA. However, officials in Suicide Prevention said the change gave them less autonomy on their initiatives because they now had to obtain multiple levels of approval. As a result, VHA decided to move the OSP and VCL out of mental health and into the VHA's Office for Clinical Services in 2024, elevating OSP to improve coordination with other VHA offices. But the move creates the public and internal perception that suicide is a clinical problem, when the reality is – of course – far more complex.

While challenges with mental health can have a huge impact on suicidal ideation, the decision to take one's life is usually a conglomeration of factors like loss of purpose, transition, chronic pain, isolation, relationship stress, unemployment, education, transportation, and financial instability. Some estimates for financial stability alone assert it accounts for 20% of the top 20 risk factors for suicide attempts.[7] Most of these non-mental health issues fall outside VHA's area of responsibility, which is why moving OSP out of VHA and making it a direct report to the Secretary is a necessary change to VA's overall approach to the issue. Doing so would empower the OSP to work more collaboratively within VA's internal administrations, among executive agencies, and align internal perception with the external reality.

With less than 50% of veterans engaging with VA, public-private partnerships have been and will continue to be crucial in tackling these upstream problems. Peer-support programs offered in the veteran community have been effective in a variety of areas assisting in treating invisible wounds and coordinating complex cases. Specifically, The American Legion began the Buddy Check program in 2019 and still regularly conducts checks on veterans, with the program being officially adopted by VA in 2024. Peer-support programs and public-private partnerships are crucial, given that less than 50% of the 17.4 million veterans in the United States are enrolled in VA healthcare, and even less use it on a regular, recurring basis. But with such a large portion of America's veterans not engaging the department, VA's FY25 budget request for suicide prevention outreach was $583 million, representing a paltry .001% of the overall budget. Moreover, of the amount requested for outreach activities, just $750,000 was allocated for "Local Facility and Community

[5] "Veteran Crisis Line Outcomes: Distress, Suicidal Ideation, and Suicidal Urgency." Britton et al. NIH, May 2022. https://pubmed.ncbi.nlm.nih.gov/35063305/

[6] "Veterans' Satisfaction and perspectives on helpfulness of the Veterans Crisis Line." Johnson, et al. Wiley Online Library, April 2021. https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12702

[7] "Financial Strain and Suicide Attempts in a Nationally representative Sample of US Adults." Elbogen, et al. NIH, November 2020. https://pubmed.ncbi.nlm.nih.gov/32696055/

Outreach Activities." In contrast, $300 million was budgeted for the VCL in the same budget.[8] These numbers, given the urgency and scale of the problem, are unacceptable. Congress must re-think VA's institutional approach to this issue and properly fund innovative programs to meet veterans where they are.

In the past few years, Congress has tried to address the failing status quo by passing a wide variety of legislation like the Support for Suicide Prevention Coordinators Act (SPCA), Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, Veterans' Care Quality Transparency Act, and the Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act of 2020. While many initiatives within these laws have expanded crisis intervention and opened the door for veteran service organizations and community partners to assist in treating veterans through a variety of CAM therapies, they are underfunded based on the scope and scale of the existing issue. Moreover, these laws have led to increased oversight on mental health professionals within the VA and often require the addition of full-time employees in local non-profits to fulfill the reporting requirements to VA.

Accordingly, The American Legion strongly believes veterans should have the freedom to access complementary and alternative medicines and therapies. Of the 9 million veterans enrolled in VHA care, more than 4.2 million were prescribed psychiatric drugs and 1.75 million were prescribed antidepressants, almost double the national average.[9] Despite the VHA Handbook mandating veterans be fully informed of medication side effects and treatment options, we hear from veterans on a regular basis who do not receive this education from their VA or community providers. The lack of Informed Consent likely contributes to overdose, exacerbation of mental health issues, and self-medication. Data from the National Survey on Drug Use and Health (NSDUH) highlighted that approximately 2.8 million veterans experienced an illicit drug or alcohol-use disorder in 2021, with 92.4% not receiving treatment.[10]

Chronic pain and substance use disorder (SUD) place veterans at an increased risk of overdose and led The American Legion to support the Veterans Naloxone Access Expansion Act, creating a pilot program to expand naloxone access to veterans and registered caregivers at no cost and without a prescription. Veterans who receive naloxone will be given education on its use and application, as well as additional resources regarding addiction, suicide prevention and mental health services. This is a step in the right direction in encouraging help-seeking behavior in veterans dealing with chronic pain or SUD.

The American Legion continues to observe advances in research for emerging therapies, including psilocybin, cannabis, ketamine, methylenedioxymethamphetamine (MDMA) and ibogaine. MDMA and psilocybin are actively being researched as a treatment for post-traumatic stress by

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[8] U.S. Department of Veterans Affairs FY2025 Budget Submission, March 2024. https://department.va.gov/administrations-and-offices/management/budget/

[9] "Nearly Two Million Veterans Using VA Health Services Are Prescribed Antidepressants, but Their Suicide Rates Remain High." WJHL, November 10, 2022. https://www.wjhl.com/business/press-releases/ein-presswire/600461077/nearly-two-million-veterans-using-va-health-services-are-prescribed-antidepressants-but-their-suicide-rates-remain-high/#:~:text=Of%20the%209%20million%20U.S.,with%201.75%20million%20prescribed%20antidepressants.

[10] "2021 National Survey on Drug Use and Health (NSDUH) Releases." SAMHSA. Accessed February 4, 2025. https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases.

VA. Ketamine therapy has been authorized for medical use within specific facilities, cannabis has been decriminalized and legalized in multiple states, and a study on active-duty participants utilizing MDMA has been authorized. But the major barrier in these therapies is the scheduling of the drugs. Psilocybin has been designated a breakthrough therapy by the Food and Drug Administration (FDA) for treating post-traumatic stress to encourage accelerated research.[11] At a recent House Committee on Veterans' Affairs hearing, the VA stated it found no roadblocks in pursuing the study of these drugs, but private partners, including Johns Hopkins University, claimed they found major barriers due to the scheduling of the drugs.[12] The American Legion urges Congress to pass legislation allowing for educational research studies and FDA-approved studies on specific drugs shown to have a positive effect on the recovery and treatment of mental health conditions.

Furthermore, The American Legion has supported the use of service dogs to combat the veteran suicide epidemic and curb mental health issues. Research has shown that veterans with service animals have decreased symptoms of depression, post-traumatic stress, and suicidal ideation by decreasing psychological pain and increasing a veteran's sense of purpose and engagement.[13,14] Congress passed the Puppies Assisting Wounded Servicemembers (PAWS) for Veterans Therapy Act of 2021, which was authored by the Legion's Veterans Affairs and Rehabilitation Division Director Cole Lyle and created a pilot program for veterans to train service dogs as a form of therapy. This bill created an unfunded mandate for VA, and The Legion supports an additional appropriation specifically for service dog providers with good track records across the country.

Finally, The American Legion aims to address the "broken hero" narrative by reminding veterans that we can grow from our unique experiences and traumas. Post Traumatic Growth (PTG) is a recent theory exploring alternative outcomes for post-traumatic stress treatments.[15] PTG therapies often pursue new experiences to take advantage of the increased neuroplasticity of traumatized patients.[16] Due to the untraditional nature of PTG therapies, it has been difficult for VA to implement systemwide programs. Accordingly, organizations using this approach have benefitted from VA grants from the previously mentioned Fox Grant program.

The American Legion believes this upstream approach aligns with the Be the One mission and peer-support initiatives like the Buddy Check program. We continue to urge Congress to continue to fund alternative therapies as options for veterans, particularly those with peer-support elements.

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[11] Heal, DJ, SL Smith, and JE Henningfield. "Psychedelics: Threshold of a Therapeutic Revolution." Neuropharmacology, May 27, 2023. https://pubmed.ncbi.nlm.nih.gov/37247807/.

[12] Jensen, Brennen. "Johns Hopkins Experts Discuss the Promise and Pitfalls in Studying the Healing Power of Psychedelics." The Hub, November 21, 2023. https://hub.jhu.edu/2023/11/21/studying-the-healing-power-of-psychedelics/.

[13] Sheikh Shoib et al. "Role of pets and animal assisted therapy in suicide prevention." National Institute of Health, July 2022. https://pmc.ncbi.nlm.nih.gov/articles/PMC9422226/

[14] Leighton, S. C. et al. "Service dogs may reduce PTSD symptoms for military members and veterans." JAMA Network Open. https://www.nih.gov/news-events/news-releases/service-dogs-may-reduce-ptsd-symptoms-military-members-veterans

[15] Dell'Osso et al. "Post Traumatic Growth (PTG) in the Frame of Traumatic Experiences." NIH, December 2022. https://pmc.ncbi.nlm.nih.gov/articles/PMC9807114/

[16] Sophie Su et al. "Neuroplasticity after Traumatic Brain Injury." Translational Research in Traumatic Brain Injury, 2016. https://pmc.ncbi.nlm.nih.gov/articles/PMC9807114/

The Legion understands more needs to be done to prevent veteran suicide and will continue urging Congress to pass and properly fund legislation solidifying support programs for veterans. Going forward, addressing veteran suicide will take a comprehensive, cross-sector approach focusing on enhancing crisis response, effective care coordination, better research and data sharing, and addressing upstream risk factors.

What Congress Can Do:

- Enhance access to, and funding for, suicide prevention outreach and targeted grant allocation via the Staff Sergeant Parker Gordon Fox Program.
- Move the Office of Suicide Prevention outside of the Veterans Health Administration as a direct report to the Secretary.
- Ensure VA's timeliness, efficacy, and standardization of data on veteran suicide, and create an intentional strategy to combat veteran suicide based on this data.
- Strengthen VA's Informed Consent requirement to better educate veterans on effects of prescribed medications.
- Enhance access to alternative therapies and continue to invest in mental-health research on emerging, non-traditional therapies.
- Update and standardize the International Classification of Diseases (IDC) codes and improve the funding, training, and standards for coroners and medical examiners for validating military service and cause of death.

Balancing Community Care

The American Legion advocated for the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 as a much-needed relief valve when the VA is unable to provide a veteran's healthcare within a reasonable time or distance. As stated in our letter with other veterans service organizations at the time, "[it] would consolidate VA's community care programs and develop integrated networks of VA and community providers to supplement, not supplant, VA healthcare... This carefully crafted compromise represents a balanced approach to ensuring timely access to care while continuing to strengthen the VA healthcare system that millions of veterans choose and rely on."[17]

The American Legion firmly believes community care is intended to supplement – not supplant – the VA direct-care system. Although an "apples-to-apples" comparison of quality between VHA and non-VHA providers is limited, it has suggested care veterans receive from VHA providers is equivalent to, or higher than, non-VHA providers. Further, the estimated spending per veteran patient in VHA facilities is $14,750,[18] comparable to Medicare. But the veteran population is changing rapidly. Despite an overall decline in the U.S. veteran population, the number of veterans using VA health care has increased, as the average age of the veteran population has created more

[17] DAV Communications. "VSO Letter Supporting VA Mission Act of 2018." DAV, May 7, 2018. https://www.dav.org/learn-more/news/2018/vso-letter-supporting-va-mission-act-of-2018/.

[18] "The Veterans Community Care Program: Background and Early Effects." Congressional Budget Office. October 2021.

serious health conditions.[19] In FY2023 alone, VA delivered more than 116 million healthcare appointments serving over 6.5 million patients.[20] There has also been a major geographic shift, with more veterans living in the southern and western parts of the United States.[21] Taken with a lack of focus on VA infrastructure reform, these changes have created significant variations in wait times and specialty care capabilities in VHA facilities across the country. In turn, more veterans have been eligible to use community providers than ever before, with 39% of VA healthcare and 25% of total healthcare spending[22] being directed to the community.

Finding the proper balance between VHA direct care and community care is crucial for veterans and the health of VA, which should remain the center of veteran healthcare, and Congress should thereby strengthen VA's direct-care system while keeping the veteran as its north star. Care coordination, however, is becoming harder as VA continues sending more veterans into the community. The complex health issues in an aging patient population make communication between VHA and non-VHA providers even more important. A lack of communication often results in confusion for patients and providers alike, redundant exams or tests, and higher costs.[23]

In the absence of more focus on VA infrastructure to properly address internal capacity amid growing demand, the decision on whether to use community care should be between a veteran and their provider. There have been credible reports of VA restricting access[24] to community providers, which has been confirmed by veterans and VA employees on TAL System Worth Saving (SWS) visits to VHA facilities. These visits are designed for TAL to identify successes for replication and challenges to address, thereby improving veteran outcomes in consultation with Congress and VA. In our 2024 site visits, access standards were consistently identified as an area for improvement. Veterans and VA providers reported unexpected barriers to completing referrals for different episodes of primary and specialty care.

For example, we met with Lillian Moss, a member of American Legion Post 310 in San Diego, Calif., who highlighted several stark inadequacies of referrals and VA operations. In addition to being a survivor of combat and military sexual trauma (MST), Lillian was diagnosed with cancer in December of 2017. Thanks to her VA care, she underwent a double mastectomy in 2020. Her cancer was removed, but inadequacies with her follow-up reconstructive surgery were left unresolved for years. She described waiting on various calls and confirmations that always seemed to be just around the corner and yet just out of reach.

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[19] Eibner et al. "Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs." August 2022. https://www.rand.org/pubs/research_reports/RR1165z1.html

[20] U.S. Department of Veterans Affairs FY2025 Budget Submission, March 2024. https://department.va.gov/administrations-and-offices/management/budget/

[21] "VA Recommendations to the Asset and Infrastructure Review Commission, Vol. 1: Introduction, Approach and Methodology, and Outcomes." U.S. Department of Veterans Affairs. March 2022.

[22] "Veterans Community Care Program: VA Needs to Strengthen Contract Oversight." GAO Report, August 2024. https://www.gao.gov/assets/gao-24-106390.pdf

[23] "Association Between Care Coordination Tasks with Non-VA Community Care and VA PCP Burnout: An Analysis of a National, Cross-Sectional Survey." Apaydin et al. August 2021. https://link.springer.com/article/10.1186/s12913-021-06769-7

[24] "Sen. Moran Speaks on Senate Floor Regarding VA Decisions That Are Limiting Veterans' Access to Care." U.S. Senate Committee on Veterans' Affairs, June 21, 2024. https://www.veterans.senate.gov/2024/6/sen-moran-speaks-on-senate-floor-regarding-va-decisions-that-are-limiting-veterans-access-to-care.

Lillian further struggled with financial hardship after her local VA pulled back her community care referral for her psychologist. Devastated at the thought of losing a trusted provider, Lillian was forced to pay out of pocket for her desired mental healthcare. She is now waiting for what she was told would be another quick call to requalify her referral but has been waiting for months with no progress made. This is an unacceptable burden to place on veterans seeking mental healthcare. For veterans engaged in specialty care, a continuum of care is critical to a veteran's well-being. We know how challenging transitions can be for members of the veteran community, and abrupt changes can be devastating to those receiving care.

At the VA in Portland, Oregon, Martha Nava faced repeated denials and delays for necessary medical treatments, including a three-year wait for back surgery and a mismanaged kidney procedure that led to severe complications. Despite VA policy stating that community care should be approved in the "best interest of the veteran," the patient-advocate system failed to provide her with necessary referrals, leaving her trapped in a cycle of inadequate care, prolonged suffering, and a lack of accountability.

Because Lillian and Martha's stories are unfortunately common, Congress should codify existing regulatory access standards and remove VA's ability to restrict authorization to community providers when it is in the veteran's best medical interest. VA and Congress should also demand clear guidelines for contract oversight and better communication between VHA and non-VHA providers as the agency negotiates a new third-party administrator contract.

Of course, improving access to specialty services within VHA facilities would have been preferable for Lillian and Martha, but VA will continue sending veterans like them into the community should Congress not consider and act upon a comprehensive plan for infrastructure reform.

As the nation's largest publicly funded healthcare system, VHA accounts for most of VA's capital assets, with more than 1,700 hospitals, clinics, and other healthcare facilities. The VA infrastructure portfolio consists of approximately 187 million owned and leased square feet – one of the largest in the federal government. But while the median age of medical facilities in the private sector is roughly 13 years, VAs are over 60 years old and in need of significant repair. Funding for the construction and/or repairs of VHA facilities is generally appropriated through three different accounts: major construction, minor construction, and non-recurring maintenance (NRM). The backlog of unfunded NRM in VHA facilities remains high, causing issues providing timely access to healthcare in VA's direct-care system.[25] This leads to VA using leases to quickly address space deficiencies and respond to veteran healthcare needs. But combined with a patchwork effort to authorize major and minor construction projects, this approach has failed to address the overall problem. Previous efforts to address VA's long-standing infrastructure issues have failed in Congress for several reasons. But reinvigorating this effort to improve infrastructure will strengthen VA's direct-care system and reduce barriers to care.

[25] U.S. Department of Veterans Affairs FY2025 Budget Submission, March 2024. https://department.va.gov/administrations-and-offices/management/budget/

Lastly, transportation remains a significant obstacle when it comes to veterans getting to their appointments in VHA facilities and community providers. VA has several programs available to help veterans get to and from their VA and non-VA appointments such as the Veterans Transportation Service (VTS), Beneficiary Travel (BT), Highly Rural Transportation Grants (HRTG),[26] and a new partnership with Uber, Uber Health. During our SWS visits, TAL found these programs all struggled with the same issue: lack of drivers. Even with funding available and programs in place, highly rural catchment areas struggle to find enough employees, a problem that exists in both the public and private sectors. The American Legion urges Congress to understand there is a gap here that cannot be covered by transportation programs in certain areas, and to look at providing more in-house services like the Beneficiary Travel Self-Service System.

Infrastructure reform, codification of access standards, ensuring adequate transportation, and addressing provider recruitment and retention are all crucial to providing veteran healthcare in an effective and timely manner. The American Legion urges Congress to address these issues while holding VA accountable for delays and denials of veterans who need healthcare in their communities. Sidelining veterans with bureaucratic roadblocks requiring extra reviews, referrals, and conversations does nothing to accomplish VA's mission or improve on it, nor does it help veterans.

We must, in every effort to balance VA direct care and community care, keep the individual veteran as our focus. While VA's sheer size means agency consideration must be weighed in policy decisions, its parochial interests must come second to those of the end-user.

What Congress Can Do:

- Codify access standards under the VA MISSION Act.
- Pass legislation to address VA infrastructure reform.
- Streamline scheduling for VA direct care and community care when authorized.
- Hold the Office of Community Care accountable for the continuity of veteran care by increasing oversight to ensure training requirements are met, and guidelines for prescribing potentially hazardous drugs are followed appropriately.
- Improve communication and transparency between VA providers, CCN providers, and the veterans.
- Strengthen transportation services to community care appointments for rural veterans.

Electronic Health Record Modernization

In 2018, Congress funded a $10 billion contract with Cerner, which merged to become Oracle Cerner in June 2022. The electronic health record modernization (EHRM) initiative leverages Oracle Cerner technology and coordinates with VA medical facilities and the Department of Defense (DOD) to revitalize the system, ensuring functionality for veterans and their health care providers. The intent of the project is to provide a seamless electronic health record from a service

[26] US Department of Veterans Affairs, Veterans Health Administration. "Veterans Transportation Program." US Department of Veterans Affairs, January 12, 2015. https://www.va.gov/healthbenefits/vtp/.

member's time of service with the DOD, through their post-service VA healthcare. Created because the VA's current system, VistA, is outdated and cannot properly communicate with other providers' systems, the EHR is a tool VA needs.[27]

However, the system has been delayed by significant concerns over safety and cost, with VA ultimately pausing rollouts to new facilities while they fix critical issues. Originally set to resume in FY2025, VA's Office of Inspector General (OIG) conducted an audit in September 2024 to determine whether VA and its contractor had sufficient controls to prevent, respond to, and mitigate the impact of major performance incidents affecting the EHR system. The audit found that VA and Oracle did not have adequate controls to prevent system changes from causing major incidents, to respond to them, and mitigate impacts. Further, it said VA had no formal process to link reports of delays to specific major performance incidents.[28] Therefore, VA extended the program pause to FY 2026. Congress and TAL should keep close watch on the improvements being made to the EHR system as it implements OIG recommendations to ensure there is no further harm to veterans.

In his confirmation hearing, VA Secretary Doug Collins said the EHR project will be one of his top priorities, and suggested he may consider moving up the redeployment. If that occurs, it will be critical for Congress and VSOs to provide continued oversight to ensure veterans are kept safe.

Further, Congress needs to ensure the EHR is properly funded and urge VA to keep lawmakers apprised of additional funds needed to ensure success in future deployments.

What Congress Can Do:

- Provide continued oversight to ensure veterans are kept safe.
- Adequately fund the EHR program to ensure future success in deployments.

Toxic Exposure

The American Legion has always been a champion of veterans exposed to toxins since it began providing legal services to mustard gas victims unfairly denounced publicly as "slackers" in 1921.[29] But as warfare has evolved, so too have the toxins. Historically, Congress and VA have been slow to recognize these issues. For instance, it took 29 years from the start of the Vietnam War for VA to recognize Agent Orange as a presumptive toxin,[30] and the process was messy, requiring the persistent advocacy of veterans through VSOs like TAL.

Therefore, considering new evidence certain toxic substances in the Global War on Terror were resulting in certain cancers, Congress passed the Honoring Our PACT Act of 2022, the largest expansion of VA healthcare and benefits in decades. The law expanded eligibility for VA healthcare

[27] "VistA History." WorldVistA. Accessed February 3, 2025. https://worldvista.org/AboutVistA/VistA_History.
[28] "VA Needs to Strengthen Controls to Address Electronic Health Record System Major Performance Incidents." VA Office of Inspector General. September 2024. VA Needs to Strengthen Controls to Address Electronic Health Record System Major Performance Incidents | Department of Veterans Affairs OIG
[29] https://archive.legion.org/node/1293
[30] Agent Orange Act, Public Law 102-44.pdf

to veterans with toxic exposures from multiple eras of service, establishing the Cost of War Toxic Exposure Fund (TEF) to be used for costs associated with the delivery of healthcare associated with environmental hazards during active military service. TEF funds may be used for costs associated with medical and other research related to environmental hazards, administrative expenses related to benefits (including information technology), benefit claims processing, and adjudicating appeals from veterans.

Until the passage of the PACT Act, the ability to connect a disability from toxic substances to a veteran's military service was incredibly difficult. VA historically had a threshold for such cases, proving "as likely than not," there was a greater than 50% chance the condition was caused by the service. The PACT Act made a long list of conditions presumptive, whereby a diagnosis is automatically connected to past service if the veteran was in a certain place, during a certain time. Going forward, Congress must require the DOD to properly track and research toxic exposures to ensure veterans of future wars aren't overlooked and left to fend for themselves.

The most recent PACT Act Dashboard[31] offers a comprehensive overview of VA efforts to implement the PACT Act. The dashboard is designed to track performance metrics, demonstrate transparency, and measure the impact of the PACT Act on veterans and their families. The dashboard reveals noteworthy progress in processing and approving PACT Act claims. Between August 2022 and January of 2025, a total of 1,461,759 PACT Act claims were approved.[32] While this is encouraging, the average time to complete a PACT Act claim remains at 167 days,[33] and there remains a backlog. VA estimated this backlog will be reduced to 50,000 by the end of 2025, but recent executive actions may hinder the department's ability to accomplish that goal.

Further, passage of the PACT Act and creation of the TEF also created some implementation and budgetary problems. In fall of 2024, VA officials incorrectly estimated its FY2024 and FY2025 budget requirements for some TEF-related healthcare and benefits, requesting a supplemental appropriation from Congress on very short notice. This created confusion in the veteran community and concern in Congress the VA couldn't accurately assess its financial need to manage the delivery of healthcare and benefits. Further, the Congressional Budget Office has said that proposed legislation seemingly unrelated to the toxic exposure benefits could still trigger new mandatory spending related to the TEF, requiring PAYGO offsets. That means, under current Congressional rules, lawmakers must find other savings to counteract those appropriations increases.

What Congress Can Do:

- Require the DOD to properly track toxic exposures to ensure veterans of future wars aren't overlooked and left to fend for themselves.
- Provide VA full funding to reduce reliance on budgetary gimmicks and increase oversight of VA budgetary process related to the TEF.
- Urge the administration to exempt all VBA personnel from the federal hiring freeze.

[31] PACT Act Dashboard, 2025.
[32] Ibid
[33] Ibid

Survivors

Survivor Dependency and Indemnity Compensation (DIC) has been paid in some form to military survivors since the Revolutionary War. At the time, only officers received the benefit. This discrepancy between officer and enlisted was eliminated in 1917 by the War Risk Insurance Act. Rank-based DIC was reintroduced in 1969 and rescinded again in 1993.[34]

Today, discrepancies in death benefits are not determined by rank but whether or not the civil servant is military or civilian. Military Survivor DIC payment is currently 43% of the basic rate for a 100% disabled veteran.[35] This contrasts with the Office of Personnel Management's civilian death payment of 55% of retirement pay, or 50% of retirement with an additional lump- sum payment.[36] Military Survivor DIC recipients currently lag behind other federal program payments by nearly 28%. Department of Justice DIC recipients receive 50% of the monthly pay of the deceased employee (monthly pay generally being much higher than disability compensation) equating to two times military DIC. When the government is culpable for the death of the employee, which is always the case for DIC recipients, federal survivors receive between 1.2 times to four times the amount military widows receive.

While VA has already testified in support for DIC parity changes, barriers exist. Although the Congressional Budget Office (CBO) has not scored the increase officially, the Military Officers Association of America has noted that the unofficial estimate is $45 billion over 10 years.[37] This cost is much higher than the current congressional appetite for stand-alone bills.

Regardless of our stance on parity for payments, all benefits stop when a widow remarries before the age of 55. This is directly in conflict with a TAL position illustrated in Resolution No. 36: Prevent Gold Star Spouses Loss of Benefits.[38] TAL believes this represents an arbitrary age limit that bars younger surviving spouses' leeway to decide, at a time of their choosing, should they be able to "move on with their lives," all while honoring the loved one who was killed. A younger widow or widower in their 20s should not have to wait 30 years to reach age 55, before being able to find love again without financial penalties. This loss of benefits is a reverse incentive for marriage, discouraging a strong family unit.

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[34] "DIC Benefits for Survivors of Certain Veterans Rated Totally Disabled at Time of Death." Federal Register, January 21, 2000. https://www.federalregister.gov/documents/2000/01/21/00-1507/dic-benefits-for-survivors-of-certain-veterans-rated-totally-disabled-at-time-of-death#:~:text=In%201978%2C%20Congress%20enacted%20Public,410(b)(1).

[35] "Current DIC Rates for Spouses and Dependents." Veterans Affairs, December 1, 2024. https://www.va.gov/family-and-caregiver-benefits/survivor-compensation/dependency-indemnity-compensation/survivor-rates/.

[36] "Survivors." U.S. Office of Personnel Management. Accessed February 4, 2025. https://www.opm.gov/retirement-center/fers-information/survivors/#:~:text=The%20spouse%20may%20be%20eligible,12%2F1%2F87).

[37] Goodale, Jen. "This Bipartisan Bill Would Strengthen Earned Support for Survivors of Veterans." MOAA, August 22, 2023. https://www.moaa.org/content/publications-and-media/news-articles/2023-news-articles/advocacy/this-bipartisan-bill-would-strengthen-earned-support-for-survivors-of-veterans/?utm_source=chatgpt.com.

[38] "Resolution No. 36: Prevent Gold Star Spouses Loss of Benefits." The American Legion, August 31, 2021. https://archive.legion.org/node/630.

According to the VA 2022 annual benefit report, there are 477,573 DIC recipients,[39] however the VA office solely responsible for survivors' benefits, the Office of Survivor Assistance (OSA), only has three full-time employees.[40] The lack of employees at OSA has forced VA to route survivor inquiries to the Office of Pensions, which has little to do with survivor benefits.[41] This, combined with the confusing eligibility standards for benefits, has led to military survivors unable to access the benefits they have earned. In response to outcry by Congress, in 2022 VA began work to fully revamp OSA's services and rebrand it into the Survivor Assistance and Memorial Support program (SAMS).[42] SAMS was expected to be online in the fourth quarter of 2024 but has been delayed without an estimate on when it will come online.

What Congress Can Do:

- Pass legislation to remove financial penalties for widows who choose to remarry before the age of 55.
- Conduct oversight of VA's Survivor Assistance and Memorial Support Program to ensure it is online in a timely manner.

Enhancing and Protecting VA Benefits

With a global network of approximately 3,000 accredited service officers in Europe, Asia, Australia, and the Americas, The American Legion is proud to have secured more than $21 billion in compensation for veterans in FY2024.[43] We did this with VA-accredited representatives, attorneys and claims agents, who are required by law to abide by VA regulations of Conduct and must have an ability to represent claimants before VA to ensure veterans and their families receive quality representation throughout the claims process.

Because of The American Legion's strong history and experience assisting veterans with initial claims and appeals, we believe VA's contracted-out Compensation & Pension (C&P) examiners need better oversight. With the surge in disability claims created from the passage of the PACT Act, the need for accurate, thorough and fair medical evaluations has never been more critical.

The VA Medical Disability Examination Office's (MDEO) management of VA-contracted vendors has been reported as substandard, and American Legion service officers across the nation continue to receive complaints from veterans about the poor quality of C&P examinations. MDEO's inadequate track record may warrant a congressional investigation into its past and current operations.

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[39] "Annual Benefits Report Fiscal Year 2022." US Department of Veterans Affairs, 2023. https://www.benefits.va.gov/REPORTS/abr/docs/2022-abr.pdf.

[40] "Prioritizing Veterans' Survivors Act." Govinfo, September 6, 2024. https://www.govinfo.gov/content/pkg/CRPT-114hrpt228/pdf/CRPT-114hrpt228-pt1.pdf.

[41] Full Committee Oversight Hearing | House Committee on Veterans Affairs

[42] "Department of Veterans Affairs." Care Management and Social Work, September 2, 2009. https://www.patientcare.va.gov/caremanagement.asp.

[43] Veterans Benefits Administration. Power of Attorney Awards Report, October 2024.

Some of the significant issues include poorly trained examiners, unqualified practitioners, questionable "medical facilities," inadequate medical opinions, disrespectful attitudes, and incomplete Disability Benefits Questionnaires (DBQs). The American Legion service officers frequently receive complaints from veterans about their experience with those contracted C&P exam providers. For example, a veteran represented by The American Legion submitted the following statement to VA in November 2024:

> *"I am respectfully requesting that if the medical examinations are going to be evaluated on face value during this appeal process,* ***I would like it noted and acknowledged that at no time during any of the examinations, I was asked to perform physical activity that would have revealed that I experience loss of sensation, numbness, and loss of movement of my right foot*** *due to the injury sustained during military service."*

Additionally, a 2024 OIG report found that of 100 claims remanded in fiscal year 2023, 34 were remanded for inadequate exams or medical opinions.[44] MDEO officials said contractors are not required to correct all errors identified during MDEO's Quality Criteria Checklist review. Also, the MDEO's quality-control procedures did not have some key details, including steps for routinely (1) verifying that contractors complete the corrective actions cited in their plans and (2) determining the extent to which these actions help improve exam quality.

In November of 2024, more than 120 American Legion service officers had an opportunity to hear from the MDEO's executive director during The American Legion Q4 Nationwide Service Officer Conference. After the presentation, some of our most senior and experienced service officers had major concerns about the content of the presentation – specifically that they have seen many contracted examiners performing C&P exams outside their specialties. While we understand that flexibility is needed to hold down cost, there is also a "hidden cost" in allowing exams to be performed by unqualified medical staff (e.g., a cardio DBQ completed by a podiatrist). Such exams are often deemed inadequate in the adjudication process.

Another glaring omission noticed by our service officers was the transparency of the quality-review process. Nothing in the presentation addressed if and how VA is holding its contractors accountable for maintaining a consistently high standard of quality. Given the fact that VA contractors are making huge sums of money from this process, VA should use its authority over contractors to exact consistently excellent results. MDEO's quality-review process is based on quantity of exams rather than quality of exams, suggesting VA vendors just need to be in range of their exam quota, but are not held accountable for failing to meet a rigorous but fair standard of quality.

The American Legion urges Congress to investigate MDEO's progress addressing GAO/OIG recommendations mentioned above, hold a hearing on MDEO's transparency and accountability in managing the VA vendor program, and examine the feasibility and advisability of using teaching hospitals or other resources vs. contracted medical examiners.

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[44] GAO-24-107730, VA DISABILITY EXAMS: Improvements Needed to Strengthen Oversight of Contractors' Corrective Actions

Without addressing issues with VA's C&P process, the likelihood of veterans seeking out unaccredited for-profit organizations to handle claims will continue to increase. Without accountability, the current status quo will see bad actors continue to take advantage of veterans who are frustrated with the C&P process; potentially causing more veterans to pay money to get their claims adjudicated. The American Legion believes veterans have the right to choose for themselves based on their own considerations, and TAL fundamentally opposes removing that right. However, VA's enforcement mechanisms to hold bad actors accountable for exploiting the system at the expense of veterans must come with legal consequences.

Under current law, VA has authority over accredited parties to "investigate and suspend or remove the VA accreditation of any individual who violates the standards of conduct for VA-accredited practitioners." Additionally, anyone represented by an accredited agent can file a complaint by contacting VA's Office of the Inspector General, VA's Office of the General Counsel, the Federal Trade Commission, or their State Attorney General.

These protections provide a measure of accountability to ensure veterans are receiving assistance from accredited individuals in an ethical manner, while protecting VA by providing an enforcement mechanism to go after bad actors with dishonest intentions. While initial claim services can be relatively simple, more complex veteran cases at the appellate level can require VA-accredited attorneys and agents who specialize in the appeals process.

Current laws allow VA-accredited attorneys and agents to charge fees for their services, and the laws have outlined the specific amounts they are authorized to charge veterans for services. The law also provides that fees to attorneys/agents may only be paid from past-due benefits after successful representation. An attorney or agent may elect to have VA withhold and pay them a fee directly if it does not exceed 20% of past-due benefits. This means fees cannot be charged, or withheld, by VA from future benefits. This establishes a presumption of reasonable fees, which is a key protection for veterans and their families. Under no circumstances are the accredited attorneys and claims agents allowed to charge fees that exceed 33% of past-due benefits, an amount which is presumed to be unreasonable for veterans and families.

In 2020, many VA Regional Offices (VAROs) were closed due to the COVID pandemic, along with co-located Veterans Service Organization offices. Unaccredited claims companies took advantage of this gap in representation and began aggressively targeting veterans and families, luring them in to assist with filing VA claims and appeals without VA accreditation and by unlawful charges. Some of these companies continue to exploit veterans and have benefited from charging exorbitant fees for questionable services beyond the legally allowed amount. Since 2006, VA has halted sanctions for unaccredited individuals or companies charging veterans for their services; instead, VA resorts to issuing non-enforceable "cease & desist" letters. These unaccredited claims companies have used aggressive and misleading online ad campaigns to ensnare clients with long, complicated contracts, charge exorbitant fees, and used collection agents to badger veterans for payments. The Federal Trade Commission (FTC) has testified its reporting network received more than 150,000 complaints of fraud and illegal business practices in 2022, resulting in more than $414 million in damages. This was an increase of over 50% from the previous year. At the same

hearing, VA testified that more than 40% of all complaints received by veterans from 2018 to 2022 were against unaccredited individuals.[45]

Action must be taken to comprehensively address issues with VA's role in C&P contract examinations and enforcement mechanisms. Bad actors should be held accountable for inappropriate or illegal activities, and the free processes used by accredited claims representatives must be made more efficient and appealing for veterans nationwide.

In 2011, The American Legion launched the Regional Office Action Review (ROAR) program to address claims backlog and assist VA regional offices in setting priorities to reverse this issue. Over the years, ROAR teams have identified critical factors that negatively impacted the claims backlog, including staffing and training issues. These issues are consistent with data collected through our System Worth Saving (SWS) program, which identifies best practices and areas of improvement through site visits at various VA medical facilities. When interviewing VA leadership about their staffing and hiring practices, the "time required to hire" an employee was repeatably brought up as an area for improvement. This concern was further amplified with the passage of the PACT Act, which rapidly expanded the list of presumptive conditions for Gulf War, Post 9/11, and Vietnam era veterans, requiring additional staff to process the workload. Adequate staffing levels and a lack of proper training continue to be a major factor affecting the timely delivery of benefits that our nation's veterans have earned for themselves and their families.

A hiring freeze has the potential to impact millions of veterans, particularly those waiting on adjudication of claims post-PACT Act. Although 7,183[46] employees have been onboarded to support PACT Act implementation, the heavy caseload has created issues that make it tremendously difficult to honor the PACT Act's commitment, particularly if VA cannot hire more claims processors. In the current fiscal year, there are 956,215 veterans' claims pending, with 252,406 claims awaiting processing for 125 days or more. The southeast region, encompassing states like Texas and Florida with the largest veteran population, has the highest number of pending claims at 62,622.

To prevent delays or denials of benefits our veterans deserve, Congress must urge the administration to exempt Veterans Benefits Administration personnel from the hiring freeze.

What Congress Can Do:

- Investigate MDEO's progress in following GAO/OIG recommendations, hold a hearing on MDEO's transparency and accountability in managing the VA vendor program, and examine the feasibility and advisability of using teaching hospitals or other resources vs. contracted medical examiners.
- Pass legislation to strengthen VA's enforcement mechanisms to hold bad actors accountable for exploiting the VA claims process at the expense of veterans.

[45] "Veterans Consumer Protection: Preventing Financial Exploitation of Veterans and their Benefits." Senate Veterans Affairs Committee. April 2023. https://www.veterans.senate.gov/2023/4/veterans-consumer-protection-preventing-financial-exploitation-of-veterans-and-their-benefits

[46] Ibid

- Urge the administration to exempt VA medical centers and regional offices from the hiring freeze.

Veterans Employment and Education

Ending Veteran Homelessness

Veteran homelessness remains a national crisis, demanding urgent legislative action. As of December 2024, the U.S. Department of Housing and Urban Development (HUD) reported that approximately 32,882 veterans were experiencing homelessness on a single night—an 8% decrease from last year, and a key step forward.[47] Although veterans make up only 7% of the U.S. adult population, they account for nearly 8-9% of the total homeless population.[48] This issue is compounded by systemic barriers that prevent veterans from accessing stable housing, employment, and supportive services.

The primary causes of veteran homelessness are well-documented and require targeted intervention. Mental health issues and substance abuse are significant contributors, with an estimated 48-67% of homeless veterans suffering from PTSD, depression, or traumatic brain injuries.[49] Furthermore, according to the 2024 National Veteran Suicide Prevention Annual Report, veterans experiencing homelessness are six times more likely to die by suicide than the average American.[50] Many of these veterans turn to substance use as a coping mechanism, further complicating their ability to maintain stable housing. Additionally, the lack of affordable housing is a major challenge. Rental costs have surged nationwide, making it increasingly difficult for low-income veterans to secure housing. Even those who qualify for HUD-VASH (Veterans Affairs Supportive Housing) vouchers often struggle to find landlords willing to accept them.

Employment challenges also play a significant role, as veterans frequently struggle to translate military skills into civilian careers. While the U.S. Bureau of Labor Statistics reports that the unemployment rate for post-9/11 veterans was up to 4.7% in January of 2025 a .4% increase over non-veterans, underemployment remains a critical issue.[51] Veterans earning low wages often cannot afford stable housing, increasing their risk of homelessness. Another factor is the aging veteran population, with a significant portion of homeless veterans being over 55 years old. Many of these veterans live on fixed incomes, which makes it difficult for them to keep up with rising housing costs. Finally, the lack of family and social support contributes to veteran homelessness. Many homeless veterans lack strong family networks, which are essential during times of financial hardship, leaving them more vulnerable to long-term homelessness.

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[47] Sousa, Tanya de, and Meghan Henry. "The 2024 Annual Homelessness Assessment Report (AHAR) to Congress Part 1: Point-In-Time Estimates of Homelessness." The 2024 Annual Homelessness Assessment Report (AHAR) to Congress, December 2025. https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf.
[48] Ibid.
[49] "Top Challenges Facing Homeless Veterans in 2025." NVHS, January 29, 2025. https://nvhs.org/top-challenges-facing-homeless-veterans-in-2025/#:~:text=48%25%20to%2067%25%20of%20homeless,that%20of%20the%20general%20population.
[50] 2024 National Veteran Suicide Prevention Annual Report, December 2025. https://www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-1-of-2_508.pdf.
[51] "Employment Situation News Release - 2025 M01 Results." U.S. Bureau of Labor Statistics, February 7, 2025. https://www.bls.gov/news.release/archives/empsit_02072025.htm.

Several programs have been established to address veteran homelessness, but gaps remain. The HUD-VASH program, which combines HUD rental assistance with VA case management, has successfully housed more than 112,000 veterans since 2008.[52] However, many veterans face delays in receiving HUD-VASH vouchers, leaving them in shelters or on the streets for months before securing permanent housing. The Supportive Services for Veteran Families (SSVF) program provides rapid rehousing and homelessness prevention assistance, serving more than 100,000 veterans annually. Despite its success, funding limitations prevent the program from reaching all eligible veterans, leaving some without critical support. Additionally, the Grant and Per Diem (GPD) Program funds community-based transitional housing programs, but it lacks the long-term housing solutions necessary to keep veterans permanently off the streets, creating a gap in permanent housing opportunities for many veterans.

To effectively decrease veteran homelessness, several key actions must occur. First, it is essential to ensure that HUD-VASH vouchers are issued in a timely manner. Veterans in urgent need of housing should not face delays that keep them in shelters or on the streets for months. Streamlining the approval process will allow faster placement in available housing. The American Legion applauds the recent changes made to the HUD-VASH program for veterans with service-connected disabilities, ensuring that this crucial benefit is no longer considered income for the approval process. Additionally, increasing funding for both HUD-VASH and the Supportive Services for Veteran Families (SSVF) programs is necessary to help more veterans access immediate housing and critical case management services. Expanding these programs will help address the rising costs of rental assistance. Strengthening housing protections for veterans is also vital, including enforcing landlord participation in HUD-VASH and offering tax incentives to property owners who rent to veterans.

Furthermore, expanding employment and job-training programs will help veterans secure stable, well-paying jobs, reducing their risk of homelessness. This includes reforming the Transition Assistance Program (TAP) and increasing funding for veteran-specific apprenticeships and skills training. For aging and disabled veterans, expanding the Specially Adapted Housing (SAH) and Special Housing Adaptation (SHA) grant programs will help them remain in permanent housing by providing necessary home modifications. Improving coordination between federal, state and local agencies is also critical to eliminate bureaucratic delays and streamline services, ensuring that veterans receive immediate assistance. Lastly, establishing a national goal to end veteran homelessness by 2030, with clear benchmarks and accountability, will provide direction and urgency in addressing this issue.

In 2024, efforts to reduce veteran homelessness made a significant impact by successfully placing veterans into permanent housing, demonstrating the effectiveness of these initiatives. Veterans who served this country should never be left to sleep on the streets. While progress has been made, more must be done to ensure that every veteran has access to safe, affordable housing. Ensuring HUD-VASH vouchers are issued in a timely manner is a critical step in making sure no veteran is left behind.

[52] HUD VASH awards (2008-2023), n.d. https://www.hud.gov/sites/dfiles/PIH/documents/HUD%20VASH%20Awards%202008-2023.pdf.

What Congress Can Do:

- Pass legislation that targets funding, strengthens housing protections, and improves access to employment opportunities for veterans.
- Ensure that HUD-VASH vouchers are issued in a timely manner to ensure veterans in urgent need of housing do not face delays that keep them in shelters or on the street.
- Increase funding for both HUD-VASH and the Supportive Services for Veteran Families (SSVF) programs to provide more access to immediate housing and critical case management services.
- Strengthen housing protections for veterans, including enforcing landlord participation in HUD-VASH and offering tax incentives to property owners who rent to veterans.
- Reform the Transition Assistance Program (TAP) and increase veteran-specific apprenticeships and skills training.
- Expand the Specially Adapted Housing (SAH) and Special Housing Adaptation (SHA) grant programs.
- Improve coordination between federal, state, and local agencies to eliminate bureaucratic delays and streamline services, ensuring that veterans receive immediate assistance.
- Establish a national goal to end veteran homelessness by 2030, with clear benchmarks and accountability to provide direction and urgency in addressing this issue.

Modernize the Transition Assistance Program

Military transition into civilian life is one of the most important events in a service member's life. For years, the Department of Defense and the Department of Veterans Affairs have worked to provide relevant services and tools to exiting servicemembers which aim to facilitate successful transition from military to civilian life.

In addition to the Transition Assistance Program (TAP) curriculum, the Department of Veterans Affairs (VA) offers Military Life Cycle (MLC) modules, designed to provide servicemembers and their families with ongoing access to information about VA services and benefits throughout their military careers. These modules, which consist of 14 distinct sessions, address a wide range of topics in-depth, including VA Education Benefits, the VA Home Loan Guaranty Program, Community Integration Resources, and other critical areas that support servicemembers' transition from military to civilian life.[53]

By offering these resources proactively throughout a servicemember's career, VA aims to foster greater preparedness for post-service life, enhancing transition readiness well before the individual begins the formal TAP process. These MLC modules represent a promising best practice for government agencies involved in military transition, for promoting micro-learning opportunities that can be accessed at any time, and to increase awareness and engagement long before military separation. However, despite the MLC's potential, VA has reported that only 30,191 participants engaged with the modules between FY 2022 and Q2 of FY 2023, indicating a significant

[53] "TAP ONLINE COURSES." Tapevents.mil, n.d. https://tapevents.mil/courses.

underutilization of this resource.[54] This limited engagement demonstrates the need for high-quality training materials and a strategic communication plan to effectively reach and engage the target audience. Simply creating educational content is insufficient if the intended recipients are not fully aware of its availability or relevance to their needs.

To address this challenge, The American Legion recognizes the need to modernize TAP delivery by integrating new technologies, specifically through the development of a mobile application equipped with artificial intelligence (AI). This mobile application would serve as a powerful alternative to existing virtual offerings, providing servicemembers with an extensive toolkit of on-demand, easily accessible transition-related content. By making TAP resources available on smartphones and tablets, the application would enable the military-connected community to access critical information any time and place, facilitating consistent engagement with the material. Moreover, the application would offer personalized features, allowing users to tailor their career and transition plans to their unique circumstances, ensuring that the information they receive is relevant to specific needs. In addition to the aforementioned features, the application would ideally incorporate offline capabilities, so that personnel deployed in remote or low-connectivity areas could still access essential resources without interruption. Servicemembers would be allowed to begin using this application approximately 24 months from their scheduled end of service date.

The American Legion cautions that the development of such an application must be done thoughtfully, ensuring that it is user-friendly, effective, and accessible. The application should not be rushed into design but rather implemented with careful consideration of the diverse needs of servicemembers, veterans, and their families. Lastly, it is critical that interagency partners, community resource groups, and veterans service organizations, such as The American Legion, be actively involved in the design process, providing feedback, and suggesting potential improvements to ensure that the final product meets the needs of its users and maximizes its impact on transition readiness.

What Congress Can Do:

- In partnership with interagency partners, community resource groups, and veterans service organizations, modernize TAP delivery by integrating new technologies, specifically through the development of a mobile application equipped with artificial intelligence (AI).

Prioritize Veterans in Federal Contracting

Federal agencies must prioritize Veteran-Owned Small Businesses (VOSBs) in their procurement strategies to foster robust veteran entrepreneurship and strengthen defense-sector supply chains. VOSBs can play a vital role in strengthening and supporting the Defense Industrial Base (DIB) through their agility in innovation, specialized capabilities, and competitive pricing. However, despite all they offer and a strong commitment to national security, many agencies fall short in meeting their procurement goals for Service-Disabled Veteran-Owned Small Businesses (SDVOSBs). An analysis by The American Legion of data from the U.S. Small Business

[54] Statement of Kevin O'Neil Employment & Education Policy Associate The American Legion, October 18, 2023. https://www.veterans.senate.gov/services/files/3700CD07-D5BF-49A9-8D48-B9324625A148.

Administration's Office of Policy, Planning, and Liaison revealed that, among the 24 largest federal agencies, the subcontracting goals – set at 3% of total purchasing for SDVOSBs – in 2024 was not met.[55]

To address this underperformance, federal agencies must make concerted efforts to increase spending on SDVOSBs and eliminate the existing disparity. Challenges continue to persist in securing veterans' preference in government contracting, even within agencies that rely heavily on VOSBs. The Department of Veterans Affairs (VA), for example, utilizes SDVOSBs more than any other agency, thanks in large part to the Veterans First Program (Vets First). This program grants SDVOSBs exclusive access to set-aside and sole-source contracting opportunities through its unique verification authority, which facilitates greater participation in federal procurement.

Unfortunately, VA is attempting to transition its procurement model from the current Medical Surgical Prime Vendor (MSPV) program to the Defense Logistics Agency's (DLA) acquisition system – a move that jeopardizes the future of the Vets First mandate. This transition could significantly disadvantage SDVOSBs by undermining access to vital contracts. The American Legion supports expanding opportunities for veterans in federal contracting, while also not reducing them. For this reason, we encourage the Department of Defense to adopt the Vets First Program.

SDVOSBs are essential to the DIB due to their expertise, innovation, and commitment to national security. Federal agencies must do more to ensure these businesses have equitable access to procurement opportunities. By strengthening the Vets First program, enforcing SDVOSB procurement goals, enhancing access to subcontracting, and promoting innovation, the federal government can better integrate SDVOSBs into the defense supply chain. Prioritizing SDVOSBs is not only a matter of supporting veteran entrepreneurship but also a critical strategy for ensuring the long-term resilience and competitiveness of the DIB. Efforts to reduce or divest from SDVOSB participation must be firmly opposed.

What Congress Can Do:

- Conduct oversight and accountability to ensure the federal government is meeting their procurement goals for Service-Disabled Veteran-Owned Small Businesses.

VA Home Loan Transferability

Approximately 60% of non-homeowner millennials believe that saving for a down payment is the primary obstacle to purchasing a home.[56] Introducing transferability into the VA Home Loan Guaranty Program could alleviate this issue for spouses and dependents, as the no-down-payment feature would provide a valuable solution. This change would extend significant benefits to the families of servicemembers and veterans, creating greater access to homeownership opportunities.

[55] "Scorecard 2023 Details U.S. Small Business Administration Government Wide." U.S. Small Business Administration, n.d. https://www.sba.gov/federal-contracting/contracting-data/scorecard-2023/details?agency=GW&year=2023.

[56] Ostrowski, Jeff. "Survey: More than Half of Aspiring Homeowners Say Cost of Living, Low Income Hold Them Back." Bankrate, February 20, 2024. https://www.bankrate.com/mortgages/down-payment-survey/.

Expanding the VA Home Loan Guaranty benefit to spouses and children would produce significant advantages for veterans and their families, fostering long-term financial stability and supporting their overall well-being. The goal of the Department of Veterans Affairs' education and housing programs is to ensure that veterans and their families can meet, with honor and dignity, the economic necessities of life. By broadening the scope of eligibility for these benefits, to include both veterans and their dependents, the government would ensure that all individuals who have served their country, as well as their families, have access to the same opportunities for economic advancement and homeownership.

The military asserts that when the individual serves, the entire family serves. If this statement is to be taken seriously, the sacrifices made by the families of servicemembers must be not only acknowledged but rewarded. Families of veterans play a vital role in the success of military service, yet they often face significant challenges as a result of their loved one's sacrifice. Providing access to the VA Home Loan Guaranty benefit for family members would allow the nation to demonstrate its gratitude for their support by offering tangible, long-term assistance. Such a change would reflect a deep commitment to the military community, honoring the sacrifices of military families and ensuring they receive the same respect and opportunities as the servicemembers. Through the extension of this benefit, the phrase "Thank you for your service" would be more than a gesture; it would become a meaningful, actionable recognition of the contributions made by Servicemembers, veterans and their families.

What Congress Can Do:

- Congress should expand the VA Home Loan Guaranty benefit to spouses and children of eligible veterans.

National Guard and Reserve GI Bill Parity

National Guard and Reserve servicemembers play a crucial role in defending our borders, responding to public health crises, and supporting local law enforcement. These servicemembers face unique challenges on the home front, often leaving families and civilian jobs behind for extended periods, sometimes at considerable financial loss. Despite their significant contributions, they are often denied a fundamental benefit of service: the GI Bill.

Under current law, National Guard and Reserve servicemembers accrue GI Bill entitlements only when activated under federal orders. When activated under state orders, they do not qualify for GI Bill benefits, creating a disparity in access to these resources. This issue became particularly evident during the COVID-19 pandemic, when National Guard units were activated in response to the public health emergency. In 2020, service members in the National Guard served more than 7.6 million duty days directly related to the COVID-19 pandemic, more than three times as many as 2019.[57] Those called under federal orders to assist with pandemic relief were eligible for GI Bill

[57] 2021 National Guard Bureau Posture statement, n.d. https://www.nationalguard.mil/portals/31/Documents/PostureStatements/2021 National Guard Bureau Posture Statement.pdf.

benefits, but those activated under state orders, such as those supporting governors' declarations, were not. Similarly, National Guard members who helped construct the U.S.-Mexico border wall earned GI Bill benefits, but more than 66,000 National Guard members who responded to civil rights protests in 2020 did not.[58] Even more recently, the activation in response to fires in Los Angeles, involved nearly 3,000 servicemembers who were activated under Title 32 that will not be recognized for GI Bill benefits.[59]

The distinction between federal and state military activation orders in determining GI Bill eligibility has led to thousands of servicemembers being ineligible for GI Bill benefits. The American Legion strongly believes that "every day in uniform counts" and that National Guard and Reserve servicemembers, who serve alongside their active-duty counterparts, should receive the same benefits. It is time for Congress to act and extend GI Bill eligibility to all National Guard and Reserve servicemembers, regardless of the nature of their activation.

What Congress Can Do:

- Congress should extend GI Bill eligibility to all National Guard and Reserve servicemembers for every day activated, regardless of the authority of their activation.

Americanism

Amend & Update the U.S. Flag Code

For its entire history, The American Legion has consistently advocated for respect of the United States flag. In June 1923, and again in 1924, the American Legion's Americanism Commission called a National Flag Conference in Washington, D.C. where representatives from the Daughters of the American Revolution, the Boy Scouts of America, Knights of Columbus, the American Library Association and more than 60 other patriotic, fraternal, civic, and military organizations were present. Their mission was to set standardized guidelines for the proper display, care, and respect for our flag. The resulting code was printed and distributed nationwide, and the Legion has endeavored to protect this code ever since.

Congress established the U.S. Flag Code as public law in 1942. However, it did not provide for criminal or civil penalties for those who violate its provisions. Although some amendments have been made over the years, Congress has failed to implement comprehensive changes to the code.

The American flag is not just the symbol of our country, but it is also a symbol of our national history. Through every crisis, the American people have looked to our flag as a testament to the strength and resilience of our country. The men and women who serve in our military, our

[58] Soucy, Jon. "Guard Members in 23 States, D.C. Called up in Response to Civil Unrest." National Guard, May 31, 2020. https://www.nationalguard.mil/News/Article-View/Article/2202946/guard-members-in-23-states-dc-called-up-in-response-to-civil-unrest/.

[59] Soucy, Jon. "National Guard Members Continue La Wildfire Response." National Guard, January 21, 2025. https://www.nationalguard.mil/News/Article-View/Article/4034416/national-guard-members-continue-la-wildfire-response/#:~:text=More%20than%202%2C700%20National%20Guard,ground%20and%20in%20the%20air.

politicians, public servants, and citizens honor it every day by preserving American norms and institutions.

Therefore, The American Legion urges changes to the United States Flag Code to codify the patriotic customs and practices pertaining to its display and use. These changes include additional 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.

What Congress Can 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*.

Conclusion

On behalf of The American Legion's 1.6 million members, we thank the joint committees for their commitment to our nation's veterans. As we continue to address the impacts of war and support the readiness of our Armed Forces, I look forward to working with the 119th Congress to advance robust, bipartisan, and meaningful legislation. Questions regarding this testimony can be directed to Julia Mathis at 202-735-2207, or jmathis@legion.org.