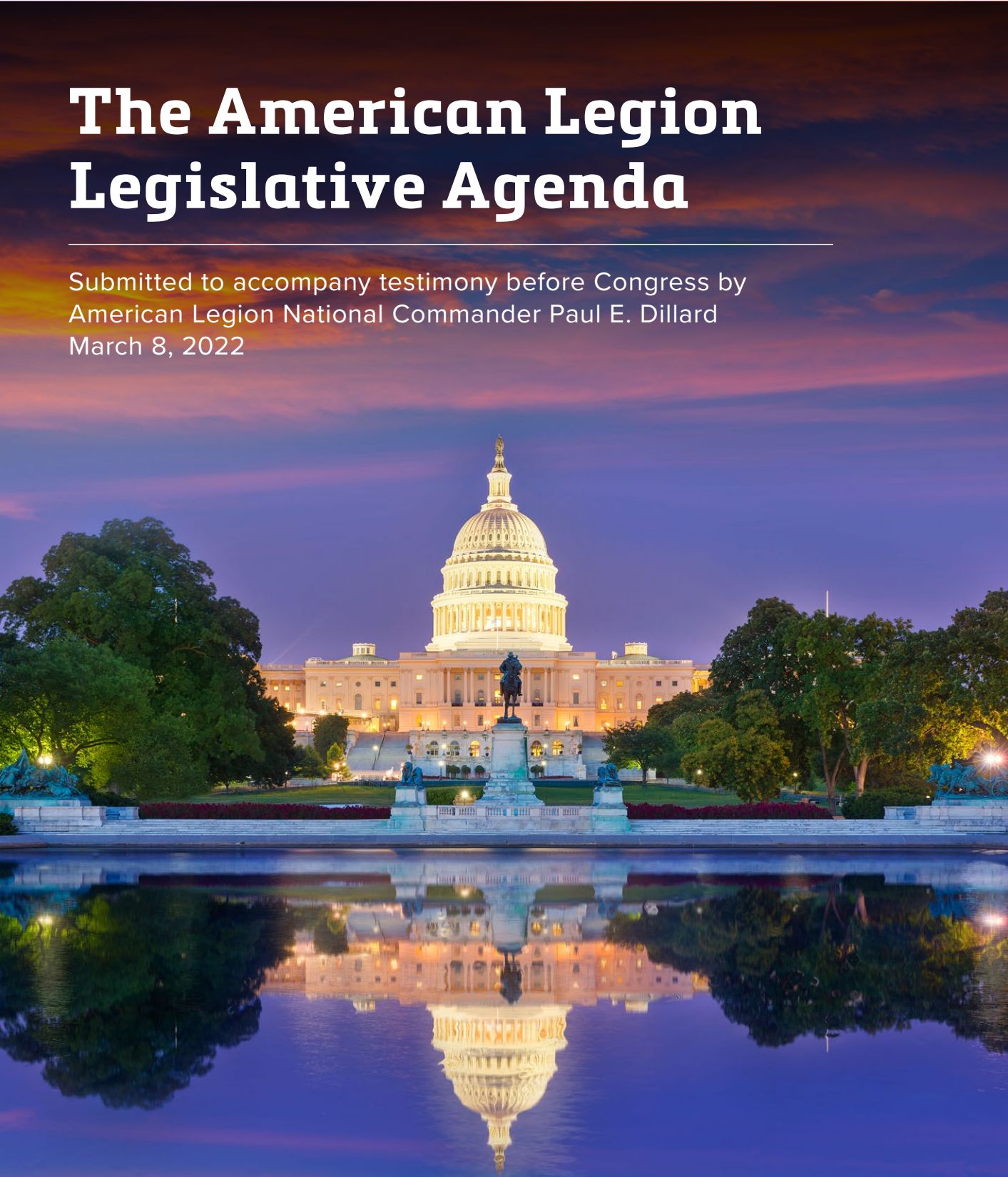




The American Legion Legislative Agenda

Submitted to accompany testimony before Congress by
American Legion National Commander Paul E. Dillard
March 8, 2022



The importance of veteran peer support

The final line in the Preamble to The American Legion Constitution states a purpose, drafted in 1919, that is as meaningful today as when our organization was founded: *To consecrate and sanctify our comradeship by our devotion to mutual helpfulness.* In sum, that means The American Legion is fundamentally built on veteran peer support. We strengthen America by helping each other along a journey most citizens don't clearly understand.

That line has given rise to many opportunities for The American Legion and Congress to collaborate in support of our nation's veterans, military personnel, young people and responsible citizens for over a century. It guided us as we brought the Veterans Administration into existence in 1930 and oversaw its development into the Department of Veterans Affairs, where "the best care anywhere" could not have happened without peer-to-peer advocacy and support from Congress. It gave us the GI Bill and the Veterans Preference Hiring Act. Government accountability for exposure to toxic substances, as well as the effects of post-traumatic stress disorder, comes from our devotion, as veterans, to mutual helpfulness, facilitated and guided by Congress, the administration and the Pentagon.



Paul E. Dillard
The American Legion
National Commander

Today, that line in our Preamble inspires The American Legion's Buddy Check program that has helped thousands of veterans and their families throughout the COVID-19 pandemic. It drives our tireless efforts to prevent veteran suicide, to seek effective treatments for PTSD, to even the health-care playing field for women veterans and to build education and career opportunities for those who have served, regardless of branch, reserve status or National Guard.

The brave men and women who have protected America through the Global War on Terrorism are now Post-9/11 "veterans." Their needs are unique to the battles they have individually confronted – combat danger, exposure to toxic substances, mental health challenges, difficult transitions to civilian life and others. Their needs and concerns are likewise conditioned by this complicated time in America, entering the third year of a global pandemic, as health-care services are strained, the economy is weakened by supply-chain breakdowns and as our troops are called upon once again to stand strong against deadly threats on foreign soil.

Circumstances may differ from one war era to the next, but our mission does not.

Whether we served during the Cold War or Operation New Dawn, we know from experience that peer-to-peer support – devotion to mutual helpfulness – can effect positive changes not just for one veteran from one war era or another but potentially for millions across multiple generations.

The legislative priorities in this document represent the voices of our 1.8 million members who serve more than 12,000 communities. American Legion service officers handle some 750,000 VA claims, free of charge, at any one time, all the time. They know better than anyone the VA benefits landscape and changes that need to be made. Moreover, our positions arise from resolutions passed by veterans in support of their fellow veterans.

We are delighted that Congress has acknowledged the power and potential of peer-to-peer support. A National Buddy Check Week through VA can substantially advance an American Legion program that has already served thousands of hungry, lonely, sick and under-informed veterans. The American Legion is a staunch advocate of peer-based VA Vet Centers, structured peer-support programs at local posts and the responsibility we have to connect those who are struggling with mental health issues to VA services that can help them.

Programs and services for veterans always need fine-tuning. That's why we deliver this testimony each year. But what never changes is our shared responsibility to stand by the men and women who stepped into harm's way when our nation needed them, who need us now to live up to our end of the bargain.

A handwritten signature in black ink that reads "Paul E. Dillard". The signature is written in a cursive, flowing style.

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The Best Care for Our Nation's Veterans

Mental Health

Mental health treatment has always been a priority for The American Legion. Recently, it has been a predominant concern as veterans struggle to deal with the ramifications of the ongoing COVID-19 pandemic, the chaotic U.S. withdrawal from Afghanistan and the 20th anniversary of 9/11. Many veterans may feel lost, tired, isolated and hopeless, which can be seen in increased substance use, depression and anxiety, further aggravating pre-existing mental health concerns.

While mental health needs manifest in various ways, some more severe than others, all need quality treatment options that address military and veteran-specific needs. Specifically, we must continue to address two common risk factors that have plagued the military and veteran community for years: substance abuse and PTSD. Supporting the expansion of Vet Centers and the Department of Veterans Affairs (VA) Solid Start Program, as well as access to complementary and alternative medicine (CAM) therapies, will help to mitigate mental health crises.

Since 1979, Vet Centers have been critical resources for veterans and their families when in need of counseling and readjustment assistance. Many servicemembers who reside in rural areas face challenges trying to visit VA medical centers for mental health concerns. Vet Centers, which also offer mobile units, make it possible for veterans to receive services close to home. To improve access to high-quality services, VA should consider increasing the number of Vet Centers in certain states, based on population, providing information on Vet Centers to transitioning servicemembers and instituting a program at Vet Centers to help veterans suffering from food insecurity.

Many veterans are not willing to subject themselves to the emotional strain associated with evidence-based psychotherapies. CAM therapies provide an alternative treatment that may be more comfortable for at-risk individuals. Providing more diverse treatment options is critical to ensure that veterans have increased control and agency in their recovery processes. There are many factors to consider when addressing mental health issues, and providing veterans with alternative therapies allows for a more comprehensive and tailored approach to mental health treatment.

KEY POINTS

- » The veteran community struggles with distinct mental health challenges which can lead to anxiety, depression, suicidal ideation and PTSD.
- » To better understand veteran mental health issues, The American Legion is scheduled to conduct annual mental health surveys.

WHAT CAN CONGRESS DO?

- » Support the funding, implementation and expansion of mental health services at Vet Centers, CAM therapy programs and VA's Solid Start Program to support veterans' mental health treatment.



DoD Photo/ Airman 1st Class Anna Nolte

Suicide Prevention & Peer Support

In the military, servicemembers become a part of something larger than themselves. They find themselves surrounded by their peers who often function as a support network upon whom they can rely. When they transition from active service back to the civilian lifestyle, they may lose that support and feel isolated. Unfortunately, these transitional changes can bring about or exacerbate concerns related to emotional and environmental stress. Many of these issues can lead veterans to contemplate suicide. Peer support can aid in addressing this by providing veterans with access to others who are dealing with similar issues. Other important vehicles for suicide prevention include supporting the VA Suicide Prevention Hotline and continued funding of mental health initiatives.

The American Legion has taken a front-line role in these efforts by implementing an annual Buddy Check Week with Legionnaires and veterans. Buddy Check Week is a peer-to-peer outreach program which facilitates veterans having open and candid conversations with other veterans to share their experiences. There has been immense grassroots success with this initiative, and veterans have been connected with assistance they needed but did not know where to go or who to ask.

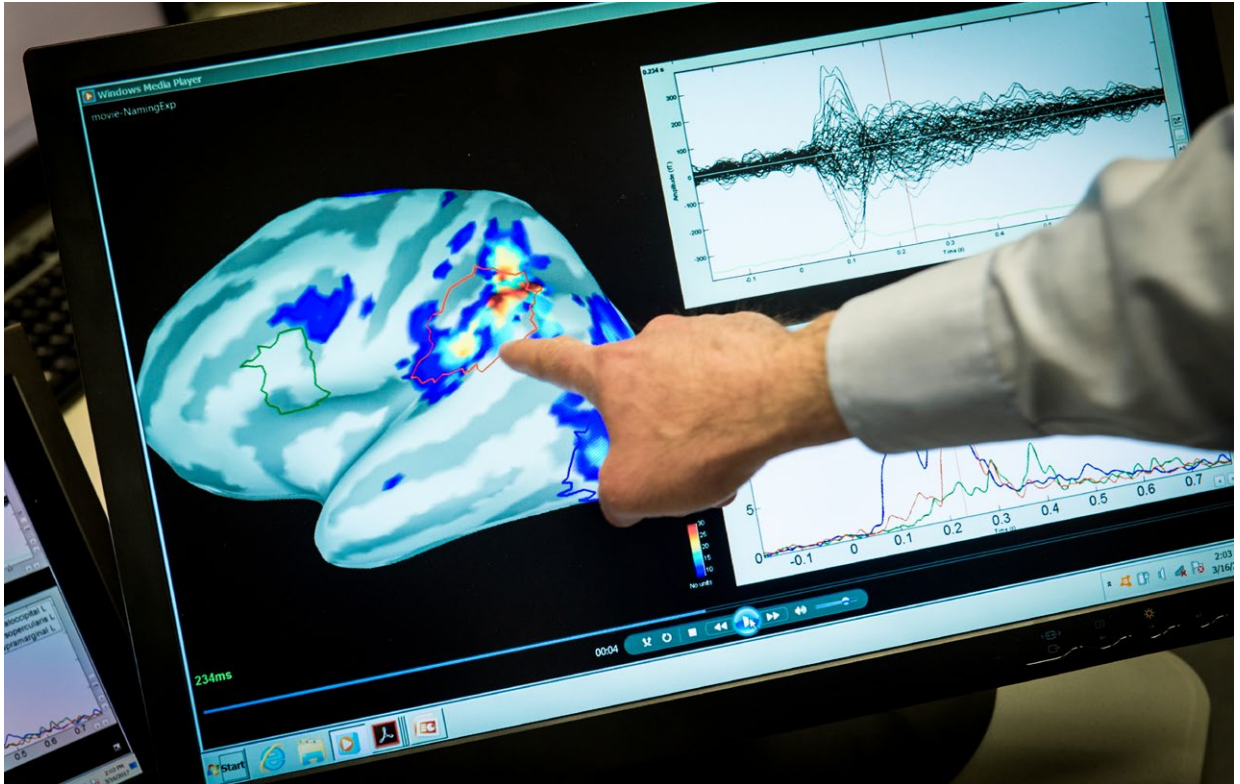
The Department of Veterans Affairs (VA) also works to provide a network of peer support for veterans during turbulent times, such as Peer Support Programs at various facilities across the country. VA continues to hire peer specialists and technicians, provide a Peer Specialist Toolkit on its website and instituted a Caregiver Peer Support Mentoring Program. All are amazing resources, but gaps remain to be filled. Developing effective partnerships with community mental health and addiction agencies to expand access to peer-support services, and ensuring VA has a recovery model tailored to meet the specialized needs of veterans through peer support, can help to bridge these gaps.

KEY POINTS

- » Since 2007, the Centers for Medicare and Medicaid Services have identified peer support as an evidence-based practice with Medicaid having reimbursed these services across 20 states.
- » Studies have shown peer-support providers are better able to empathize with veterans in an accepting, adaptable and calm manner.
- » In 2017, The American Legion established a suicide-prevention program to encourage conversations on the review of methods, programs and strategies that can best address and reduce veteran suicide.

WHAT CAN CONGRESS DO?

- » Ensure passage of VA National Buddy Check Week legislation (S. 544, “Budy Check Week” Act).
- » Support the expansion of the Peer Support Program, particularly in rural areas.
- » Expand the provision of VA peer-support services on virtual platforms.
- » Assure VA is providing culturally competent peer-support services to minority veterans.
- » Pass legislation creating a pilot program that would provide grants to eligible entities for peer-to-peer mental health programs for veterans.



U.S. Air Force photo by J.M. Eddins Jr.

TBI/PTSD

Traumatic brain injury (TBI) poses specific challenges due to the symptoms that are also commonly associated with post-traumatic stress disorder (PTSD). This makes identifying the source of these symptoms a complicated task. TBI symptoms can exacerbate PTSD symptoms and vice versa. The most concerning TBI issue is the number of comorbidities that are common suicide risk factors. To address this issue, the Department of Veterans Affairs (VA) conducts TBI research through its Office of Research and Development and studies treatment at its Translational Research Center for TBI and Stress Disorders. VA is also at the forefront of TBI/PTSD research and treatment with its Brain Rehabilitation Research Center, War Related Illness and Injury Center, and Polytrauma/TBI System of Care. The American Legion treats TBI as a priority through its TBI, PTSD and Suicide Prevention Committee, which was created by national resolution in 2015. More research must be done to provide high-quality health care to veterans suffering from TBI and PTSD.

KEY POINTS

- » TBI is a serious invisible wound of war that afflicts many Post-9/11 veterans; it has many symptoms in common with PTSD.
- » When treating TBI and PTSD, a variety of comorbidities require consideration and treatment because of their contribution to suicide risk.
- » The American Legion's TBI, PTSD and Suicide Prevention Committee encourages the advancement of research into the complex issues of those who have experienced TBI and PTSD, through new innovative care options.

WHAT CAN CONGRESS DO?

- » Facilitate VA and Department of Defense (DoD) efforts to conduct innovative research.
- » Provide oversight for VA and DoD initiatives which expand access to evidence-based complementary and alternative medicine (CAM) treatments for veterans suffering from TBI/PTSD.
- » Pass legislation empowering veterans to choose treatments that work best for them to address their TBI/PTSD.

VA Recruitment & Retention

Recruitment and retention issues in the Veterans Health Administration (VHA), which have manifested into physician and medical specialist staffing shortages, have long been a concern of The American Legion. Since The American Legion's System Worth Saving program's inception in 2003, the organization has tracked and reported staffing shortages at every Department of Veterans Affairs (VA) medical facility across the United States. Filling staffing shortages is imperative to ensure VHA's ability to provide high-quality and timely care for veterans. This is a particularly poignant issue given the increasing demand for services by veterans returning from military operations, as well as aging veterans.

Recently, VA has made strides in recruiting and hiring employees with the introduction of many new programs and improvements of existing ones. Of note, in FY2020, the medical center director fill rates were above target, and VA took an active role in employing more veterans. Additionally, the percentage of preference-eligible veterans employed at VA was above the U.S. Office of Personnel Management target guidance. Furthermore, VA's Education Debt Reduction Program has added significant retention power which increased employee retention rates.

VA is offering a Pathways to Internship Program that allows currently enrolled students to receive paid VA internships and receive full-time VA employment offers upon completion of the internships. Hiring transitioning medics and corpsmen through VA's Intermediate Care Technician Program plays an equally important role in improving VA recruitment and retention. This direct marketing campaign is used to attract transitioning military medical professionals to work for VA.

More must be done to oversee these programs to ensure their efficacy as well as fill gaps in areas where improvement is needed. It is critical that VHA continues to develop and implement staffing models for critical need occupations and VA comprehensively collaborates with community partners to fill shortages within VA's ranks. Further consideration must be given to finding a balance of primary care and medical specialists, adequately compensating VHA employees to incentivize retention and investigating how to better maintain high-level employees in critical leadership roles.

KEY POINTS

- » VA has a shortage of mental health providers, worsened by the COVID-19 pandemic, making it challenging for veterans, especially in rural areas, to receive mental health services.
- » Medical officer, psychiatry, nursing and custodial worker professions are commonly cited as having severe occupational staffing shortages.
- » Hiring new health-care professionals and non-clinical staff, and understanding how to retain them, is needed for VHA to maintain a robust and viable health-care system for veterans.

WHAT CAN CONGRESS DO?

- » Increase pay rates for certain physician and non-physician provider positions at VHA to encourage long-term VA employment.
- » Maximize the utility of current recruitment and retention policies, programs, and initiatives while supporting the implementation of new ones.



American Legion Photo by Stephen Geffre

Women Veterans

Women have voluntarily served in every war since the American Revolution. They have stood shoulder-to-shoulder with their male counterparts, filling roles critical to our country's national security. Today, women are the fastest-growing demographic in the military and veteran community. The Department of Veterans Affairs (VA) estimates an annual population increase of 0.6 percent for women veterans by 2045. VA must plan now to account for these demographic shifts and ensure that women veterans are provided high-quality care and resources.

Barriers include not identifying as a veteran, not being recognized as a veteran by VA employees, lack of awareness and understanding of VA health-care benefits and perceptions that VA is an "all-male" health-care system. Other gender-specific difficulties include women veterans being more likely to experience mental health issues and military sexual trauma, as well as chronic pain management and musculoskeletal condition treatment. To address these problems and barriers to care, VA must have care models and standards that are gender-specific and culturally competent.

The Department of Defense has worked with VA to introduce the Women's Health Transition Training Program, to reach active-duty women who are transitioning out of military service, about VA to ensure a seamless transition and connect them with the resources they need. Moving forward, it is equally important to simultaneously oversee current programs and the implementation of past legislation impacting women veterans while also advocating for new legislation which fills the gaps remaining. This means improving mammography services, mitigating the cost of contraceptive care, and studying the need for women-specific drug and alcohol dependency rehabilitation programs, as well as others.

KEY POINTS

- » Currently, about 9-in-10 veterans (89%) are men, while about 1-in-10 (11%) are women, according to VA's 2021 population model estimates. The number of female veterans is also projected to increase from around 2 million in 2021 to approximately 2.2 million in 2046.

WHAT CAN CONGRESS DO?

- » Improve access to mammography services for women veterans. (S. 2533/H.R. 4794, the Making Advances in Mammography and Medical Options – MAMMO – for Veterans Act)
- » Increase access to child-care services and newborn care at VA medical centers.
- » Support studies into inpatient women-veteran-specific alcohol and drug dependency rehabilitation programs. (H.R. 344, Women Veterans TRUST Act)
- » Provide timely oversight of legislation, which has been signed into law, that impacts women veterans.



DoD Photo by Sgt. Alexis Washburn-Jasinski



American Legion Photo by Greg Kendall-Ball

Minority Veterans

According to the National Center for Veterans Analysis and Statistics, minority veterans represent about 25% of the total veteran population. While the overall veteran population is expected to shrink by 2040, the minority veteran population is anticipated to increase to 34%. It is clear based on the statistics that minority veterans represent a growing demographic within the veteran community. Unfortunately, the U.S. Department of Health and Human Services and the Agency for Healthcare Research and Quality has reported minority veterans suffer from disparities in health care, worse health outcomes and unmet health-care needs. The Department of Veterans Affairs (VA) should be cognizant of these disparities and how they are impacted by gender, sexuality, race, religion and more.

For instance, African-American veterans are more likely to suffer from late-stage chronic kidney disease, colon and rectal cancer, diabetes, and stroke than their Caucasian counterparts. VA has reported that health disparities are potentially attributed to factors that include gaps in health literacy and health activation, lack of cultural competence, unconscious bias among providers, and stigma.

Another minority group with barriers to health care and health-care disparities is LGBTQ+ veterans. A recent Government Accountability Office report found LGBTQ+ veterans are potentially at a higher risk for depression and suicidal ideation. Corroborating these findings is VA's Office of Health Equity, which has noted LGBTQ+ veterans report suffering from negative stigma associated with their sexuality and gender identity which negatively impacts their mental health.

Native American veterans serve in the military at a higher rate than any other ethnic and racial group, yet are considered minority veterans. Like many other minority veterans, they have their own distinct challenges accessing high-quality health care and managing disparities in health care. They disproportionately suffer from high rates of substance abuse, depression, PTSD, diabetes and chronic pain.

KEY POINTS

- » Minority veterans, such as African-American, LGBTQ+ and Native Americans disproportionately struggle with disparities in health care and decreased access to high-quality health care.
- » Ensuring VA has culturally competent health-care providers, inclusive facility policies and educational campaigns on the needs of the minority veteran community is essential in providing high-quality care to this population of veterans.

WHAT CAN CONGRESS DO?

- » Support VA's Minority Veterans Program and other minority-veterans related programs, and ensure federal funding is properly working to address health inequities for minority veterans.
- » Expand educational outreach efforts on VA programs and services to the minority veteran community.

MST Survivors

Military sexual trauma (MST) refers to sexual assault or sexual harassment experienced during military service. MST impacts thousands of men and women in the U.S. Armed Forces and veterans' community. According to the Department of Defense (DoD), approximately one in three women veterans and one in 50 male veterans suffer from MST. A history of MST has correlations to many health and economic consequences, including PTSD, unwanted pregnancies, sexually transmitted infections, homelessness and substance abuse. As such, MST claims and treatment involve delicate and sensitive emotional issues with corresponding competent care.

In August 2021, grant rates for PTSD related to MST increased from 50% to 72%. While this would appear negative, it is reflective of effective outreach campaigns which have facilitated more MST survivors seeking help when they otherwise they would not have. Unfortunately, there remains inequity in claims adjudication. According to the DoD's 2018 Sexual Assault Prevention and Response report, 37% of female servicemembers who experienced sexual assault reported the crime while only 17% of men did.

MST has been widely framed as a women's issue, even though statistically, over half of survivors are men. The inequity in claims approvals for male MST survivors is influenced by military and sociocultural expectations of male veterans. According to these expectations, male veterans are expected to handle unwanted sexual situations in the moment and not allow them to happen in the first place. Conversely, women are painted as victims who cannot defend themselves, so their claims are more credible.

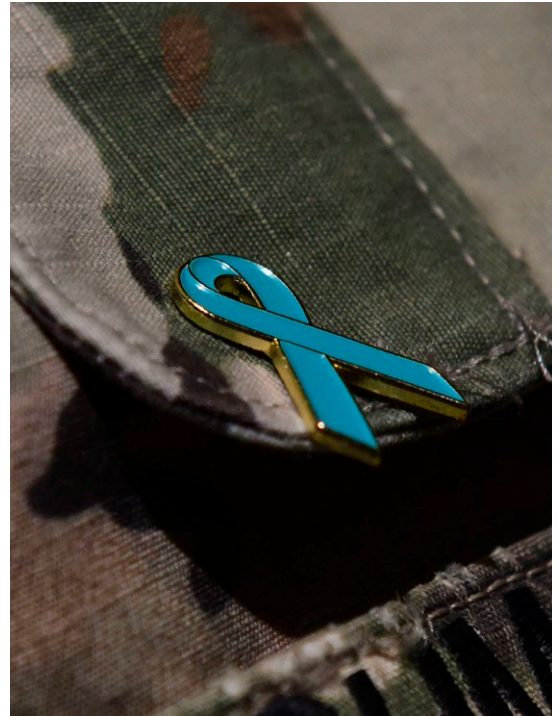
To fulfill the Department of Veterans Affairs' (VA) duty to provide care to MST survivors, without retraumatization, for services and treatment, Congress must encourage VA's compliance with recently passed legislation to ensure proper sensitivity training and culture change from the top down. Moving forward, VA and Congress should also consider expanding peer-support services to MST survivors, given it is an issue which reoccurs throughout the entirety of the survivor's life.

KEY POINTS

- » MST impacts people of different genders and does not exclusively occur in one gender group.
- » Veterans who suffer from MST are more likely to suffer from other dangerous and concerning comorbidities which put their health at risk requiring sensitive and delicate claims treatment and health care.

WHAT CAN CONGRESS DO?

- » Enhance peer-support services and mental health resources to MST survivors at VA facilities.
- » Support VA in creating reporting and claims filing processes that prevent MST retraumatization.
- » Improve oversight of MST claims and subsequent care by combining processes through the creation of a stand-alone MST office.
- » Pass legislation requiring VA to provide claims specialists with specific MST Disability Benefits Questionnaires that will give a more complete picture of the survivors' experience and reduce the burden of proof from the veteran.



DoD photo by Airman 1st Class Monica Roybal



American Legion Photo by Matthew Hinton

The Future of VA Health Care

The future of Department of Veterans Affairs (VA) health care is as a hybrid system consisting of inpatient and outpatient care, telehealth and community care. Ensuring VA is equipped to meet the unique needs of an increasingly diverse veteran population requires that VA fully leverage all health-care modalities and ensure a seamless transition between them. Modernizing electronic health records, veteran-centric access standards and a transparent online scheduling system for VA-provided care and community care alike are essential to ensuring our veterans receive the care they deserve. The means by which VA delivers care may change, but one thing cannot – VA should continue to deliver the best care anywhere to our nation's veterans. The American Legion stands ready as a true ally with Congress and VA to ensure this nation's veterans have access to the world-class, compassionate care they have earned.

KEY POINTS

- » Modernizing the VA health-care system and IT infrastructure is an investment in VA's future and the best path forward.
- » Over the next 10 years, VA will move to a new electronic health records system that links VA, DoD and community health-care providers to patient records and unifies all VA facilities under one system.

WHAT CAN CONGRESS DO?

- » Ensure VA is accountable to deadlines proposed for various IT system upgrades and installations and that they remain fully funded.
- » Pass legislation requiring VA to develop a website and mobile app-enabled self-scheduling appointment system where veterans can request, schedule and confirm medical appointments with health-care providers.
- » Pass legislation which requires VA to maintain a website that collects data about patient wait times, effectiveness of care and staffing/vacancy information publicly available (H.R. 2775/S.1319, the VA Quality Health Care Accountability and Transparency Act).

Telehealth & Rural Health

Approximately one quarter of veterans live in rural communities. Rural veterans continue to struggle with accessing earned Department of Veterans Affairs (VA) health care due to broadband connectivity problems, limited access to telehealth services, the inability to travel long distances and deficient public transportation. Throughout the years, VA and Congress have worked to bridge this gap in services. The COVID-19 pandemic was particularly helpful to accelerate the movement, given that by mid-2020, 58% of VA health care was being delivered virtually, compared to 14% the year prior. This was no doubt a result of VA telehealth appointments increasing 1,831% by January 2021. At the same time, congressional COVID-19 financial relief in the form of the CARES Act authorized VA to enter into short-term connection agreements with telecommunications companies to deliver free or subsidized support for mental health services.



American Legion Photo

Despite this work, the widening digital divide for rural communities persists. Native American veterans on tribal lands struggle with deficient access to broadband, limiting their ability to use telehealth services. On the same hand, Veterans Integrated Services Networks covering non-contiguous locations like the Virgin Islands, Puerto Rico, Guam, American Samoa and the Northern Mariana Islands struggle to give care to their rural veterans. These U.S. territories have either no or limited VA facilities, Vet Centers and Community-Based Outpatient Clinics (CBOCs). Rural veterans in U.S. territories deserve the same quality of care afforded to mainland veterans. It is vital Congress and VA continue to juggle the objectives of improving current rural health and telehealth access and services while also finding new and creative ways to expand upon them.

KEY POINTS

- » Rural veterans struggle with a variety of barriers to receiving their rightfully earned VA care.
- » VA has addressed some of these concerns, especially during the COVID-19 pandemic, when telehealth services significantly increased, but more must be done.
- » Broadband limitations, tightening budget constraints, community care referral problems, and qualified provider recruitment and retention must be addressed by VA to better serve rural veterans.

WHAT CAN CONGRESS DO?

- » Increase access to Vet Centers and CBOCs in rural areas.
- » Promote Rural Promising Practices to help field test initiatives that improve access to services for rural veterans.
- » Support the continuation and implementation of new service programs and modernization grants and initiatives benefiting rural veterans, like VA's Project ATLAS (Accessing Telehealth through Local Area Stations).
- » Find new ways to encourage VA to enhance recruitment and retention strategies to incentivize medical providers to practice in rural communities.
- » Address rural broadband limitations with a robust investment in telehealth infrastructure and digital literacy campaigns aimed at rural veterans.

Caregivers

Veteran caregivers sacrifice daily to provide care and support to loved ones who have served in the U.S. Armed Forces. Caregivers often become hyper focused on the health of their veteran which can result in the neglect of their own needs. This hyper focus can result in compassion fatigue and other mental health issues that impact both the caregiver and the veteran.

Due to the COVID-19 pandemic, caregivers were forced to adjust their work schedules in favor of caregiving duties which added financial stress. VA has addressed these issues through the VA Caregiver Support Program, Family Caregiver Assistance Program and Program of Comprehensive Assistance for Family Caregivers.

KEY POINTS

- » Veteran caregivers play a pivotal and multifaceted role in the lives of veterans, often providing around-the-clock physical and mental health support, additional income and fulfillment of day-to-day household duties.
- » Supporting veteran caregivers is equally important as caring for veterans, and VA has done this through the implementation of many programs.

WHAT CAN CONGRESS DO?

- » Properly oversee VA's various caregiver programs to ensure efficiency and efficacy as well as investigate any potential abuses.
- » Mandate increased VA funding for supplemental caregiver support programs such as Respite Care and Veteran-Directed Home and Community Based Services.



American Legion Photo by Lucas Carter



DoD Photo by Senior Airman Julianne Showalter

Toxic Exposures

In August 2021, the Department of Veterans Affairs (VA) announced that asthma, rhinitis and sinusitis would be the first presumptive conditions for veterans exposed to burn pits and other airborne toxic hazards during the Gulf War and Global War on Terror. Additionally, VA announced that it would begin a 90-day review of rare respiratory cancers to identify possible service connection. While the efficiency of VA rulemaking allows for quicker action, legislation is needed to comprehensively address the deadly effects of toxic exposures.

It took decades for VA to provide relief for Vietnam veterans exposed to Agent Orange. Now a new generation of veterans has deployed in support of the Global War on Terror and is coming home with illnesses and conditions caused by toxins. We must break this cycle of providing care that is considered “too little, too late” for our veterans. They cannot wait decades to receive the care they need and rightfully deserve.

The American Legion continues to urge Congress to pass legislation that uses a three-prong approach of (1) establishing the presumption of exposure to all veterans deployed to identified locations during the Gulf War and the Global War on Terror; (2) establishing a list of presumptive illnesses associated with exposure to burn pits and other toxic hazards where sufficient scientific evidence exists; and (3) by creating a transparent framework for VA to establish additional presumptive illnesses when scientific evidence displays an association between exposure and illness.

KEY POINTS

- » For veterans with exposure to toxins in Vietnam, VA recognized three additional presumptive conditions for Agent Orange/herbicide exposure: bladder cancer, hypothyroidism and Parkinsonism.
- » VA began processing disability claims for asthma, rhinitis and sinusitis on a presumptive basis by conceding exposure to veterans who served in the Gulf War and Global War on Terror theaters of operations.

WHAT CAN CONGRESS DO?

- » Mandate VA to recognize more presumptive conditions by establishing a transparent framework to determine additional presumptive illnesses when scientific evidence displays a positive association between exposure and illness.
- » Pass comprehensive legislation providing health care for millions of veterans exposed to toxic hazards, thereby conceding exposure while establishing a presumption of service connection for illnesses and cancers related to exposure when the scientific research displays positive association.

Concurrent Receipt

Currently, some 42,000 military retirees with combat-related injuries qualify for retirement pay for their service from the Department of Defense (DoD), and for compensation for service-connected disabilities from the Department of Veterans Affairs (VA). However, for retired veterans with disability ratings of less than 50%, their disability compensation is deducted from their retirement pay. The American Legion supports ending this unfair policy of forcing many military retirees to forfeit their retired pay to receive equal amounts of disability compensation.

KEY POINTS

- » Retirement benefits and disability compensation are two separate benefits, provided for two different reasons, and therefore should never be conflated.
- » Veterans with service-connected disability ratings less than 50% have their VA disability compensation deducted from their DoD retirement pay.

WHAT CAN CONGRESS DO?

- » Pass legislation that will provide total offset relief to veterans who retired from the military (S. 344, the Major Richard Star Act).



American Legion Photo by Timothy L. Hale

Career Transition, Education & Economic Opportunity for Servicemembers & Veterans



American Legion Photo by Alex Slitz

GI Bill for Honorable Service

To receive most Department of Veterans Affairs (VA) benefits, discharge characterized by the military must be “under honorable conditions.” However, education-assistance benefits require servicemembers have an “honorable discharge.” If the character of service is “general under honorable conditions,” the GI Bill remains out of reach for these veterans.

There is no historical precedent for this status quo. The issue of GI Bill for general discharges was debated vociferously on the Senate floor prior to passage of the 1944 Servicemembers Readjustment Act, resulting in a unanimous committee vote to uphold the GI Bill for all discharges other than dishonorable. It was only when the Montgomery GI Bill was passed that education benefits were cut back to only honorable discharges.

The American Legion does not believe there is a compelling reason to have deviated from the initial intent of the GI Bill being for all discharges other than dishonorable. The administrative conditions that result in a general discharge do not negate the honorable service that these servicemembers have provided to our country, and it is time to finally correct this historical inequity by granting these servicemembers the same education benefits that we provided for our World War II veterans and those who served before the Montgomery GI Bill was enacted.

KEY POINTS

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

WHAT CAN CONGRESS DO?

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



DoD Photo by David Poe

Transition Assistance Program

Approximately 200,000 servicemembers separate from the military annually. As our nation continues to navigate changes in the economic landscape due to the COVID-19 global health crisis, ensuring effective transition assistance is paramount for proper reintegration from active duty to civilian life. Supporting career-building workshops, job fairs and small-business development programs is vital in these reintegration efforts for servicemembers, veterans and their families seeking gainful employment. Utilizing the obligatory Transition Assistance Program (TAP) instruction for all separating servicemembers is a vital component of reintegration.

KEY POINTS

- » A July 2021 GAO report examined the efficacy of TAP at small or remote installations, finding seven of the nine reviewed locations exceeded the 85% compliance rate for active-duty servicemembers.
- » The FY2022 National Defense Authorization Act (NDAA) authorizes grant funding to eligible organizations to provide supplemental TAP services, such as training opportunities for industry-recognized certifications and job placement assistance.

WHAT CAN CONGRESS DO?

- » Ensure the appropriate federal agencies are adequately and comprehensively implementing the FY2019 NDAA, which includes provisions of the BATTLE for Servicemembers Act, which folds optional two-day workshops on higher education, skills training and entrepreneurship into the five-day TAP workshop.
- » Properly oversee VA as it completes TAP studies, as directed by the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 and provisions within the NAVY Seal Chief Petty Officer William “Bill” Mulder (Ret.) Transition Improvement Act, which was signed into law through the FY2021 NDAA.



American Legion Photo by Jon Endow

Veterans Preference Hiring

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

However, changes in the federal workforce environment, increased demand for new hiring authorities and practices, and policy proposals to limit veterans preference hiring pose significant threats to this benefit. To ensure these challenges do not continue, modifications to the veterans preference hiring process that diminish current hiring practices should be vehemently opposed. Congress and the Department of Veterans Affairs should reiterate its support for the Veterans Preference Act of 1944, thereby ensuring its application throughout the federal workforce environment.

KEY POINTS

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

WHAT CAN CONGRESS DO?

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

Veteran Homelessness

Ending veteran homelessness and mitigating the underlying conditions that create it is critical to protecting those who have served in uniform. From substance-abuse disorders and untreated mental health issues to unemployment and legal troubles, the reasons behind veteran homelessness are various and complex.

Through Housing and Urban Development’s (HUD) Point-In-Time count, 37,252 veterans experienced homelessness on a single night in January 2020. This comprised 8% of all homeless adults. Since 2009, both sheltered and unsheltered veteran homelessness has dropped by 49%. To address veteran homelessness, it is critical to have policies that offer support to at-risk and homeless veterans and their families, through advice and counseling, guidance in obtaining care and benefits, financial help, career fairs, and business-development workshops. Doing this helps achieve The American Legion’s goal of “getting them before they get on the street.”

KEY POINTS

- » As of 2019, 21 of every 10,000 veterans were homeless. Overall, 17 out of every 10,000 Americans are homeless.
- » COVID-19-related unemployment rates and evictions were a cause for alarm. Despite government moratoriums, evictions are still occurring throughout the United States, and a surge is expected of veterans seeking assistance from homeless service providers.
- » Female veterans are the fastest-growing demographic among the U.S. homeless population.
- » VA has helped house or prevent more than 800,000 veterans and their families from experiencing homelessness since 2010.

WHAT CAN CONGRESS DO?

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



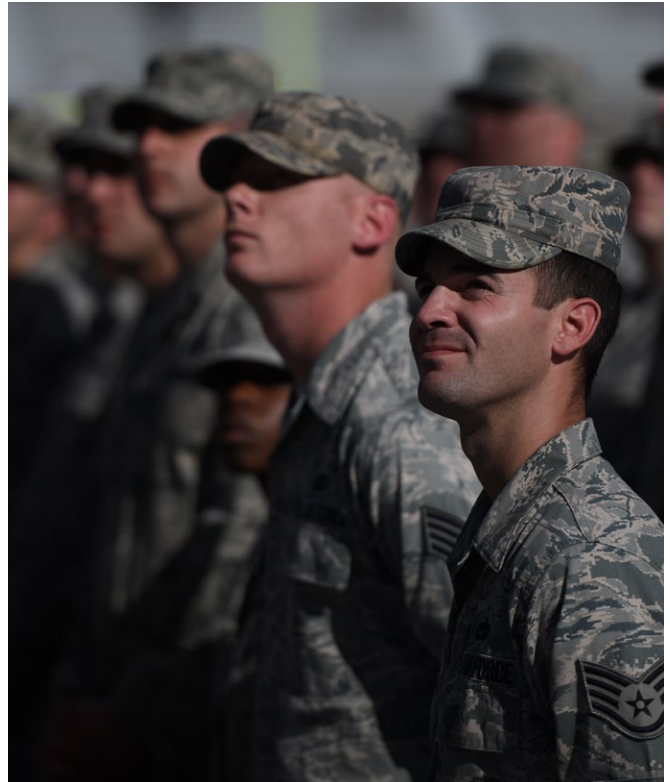
American Legion Photo

GI Bill Parity for National Guard and Reserve Servicemembers

From protecting borders and capitals to delivering pandemic aid and supporting local law enforcement, National Guard and Reserve servicemembers have been increasingly called upon to confront unique challenges. Often, they leave their families and civilian employers for sizable amounts of time, sometimes taking significant pay cuts. Yet despite all we ask of them, too often they are denied a cornerstone benefit of service: the GI Bill.

According to the law as it is currently written, National Guard and Reserve servicemembers only accrue GI Bill entitlements when called to active duty under federal orders. When National Guard and Reserve servicemembers are activated under state orders, they do not accrue eligibility for GI Bill benefits.

This discrepancy was especially apparent during the rush to activations amid the COVID-19 pandemic before a national emergency was declared. The result of these emergency declarations has no bearing on the actual duties the servicemember performs. Those activated for coronavirus relief under the aegis of the national emergency declaration received credit toward GI Bill eligibility. However, those activated under a governor's state of emergency did not. Thousands of National Guard servicemembers assisting with the construction of the wall on the U.S.-Mexico border received credit toward GI Bill eligibility, but the 120,000 activated to respond to civil rights protests throughout 2020 did not. We must discard this arbitrary classification of citizen service. The American Legion believes that every day in uniform counts. National Guard and Reserve servicemembers who get stretched to the limit serving alongside their active-duty counterparts deserve the same GI Bill eligibility, and it is past time for Congress to provide it to them.



American Legion Photo by Lucas Carter

KEY POINTS

- » Over the course of the COVID-19 pandemic, all 50 states and U.S. territories activated servicemembers under 502(f) status to directly support the ongoing national public health crisis.
- » When Army Reserve servicemembers are ordered to professional development academies, they are activated under GI Bill-eligible 12301(d) orders.
- » When National Guard servicemembers are ordered to the same professional development academies, they are activated under GI Bill-ineligible 502(f) orders.

WHAT CAN CONGRESS DO?

- » Pass legislation which would expand access to the Post-9/11 GI Bill by counting every day that a servicemember is activated under Title 32 orders toward benefits eligibility. (H.R. 1836, Guard and Reserve GI Bill Parity Act of 2021)
- » Hold the Department of Defense and National Guard Bureau accountable for providing transparency to National Guard and Reserve servicemembers on their GI Bill eligibility.

Financial Protection Against Predatory Lenders

Servicemembers are often targets for predatory and unscrupulous lending practices. Many who served in uniform have heard the horror stories of auto loan rates of more than 20% and reverse mortgage schemes targeted against aging veterans and military retirees who are desperate to remain in their homes. To better protect consumers, the Consumer Financial Protection Bureau (CFPB) was created in 2011 in the aftermath of the 2008 Great Recession. The CFPB has recovered millions of dollars in relief for servicemembers, veterans and their families from companies that targeted them with scams and illegal practices. Specifically, CFPB's Office of Servicemember Affairs works to help military families overcome unique financial challenges by providing educational resources, monitoring complaints and working with other agencies to solve problems with predatory lenders.

Expanding the authority of the CFPB to conduct supervisory examinations for violations of the Military Lending Act will help to improve financial protection and enforcement for servicemembers and veterans. As such, any legislative efforts to undermine the CFPB's power to protect veterans and the military community must be vehemently opposed.

KEY POINT

- » In 2021, the CFPB issued an interpretive rule reversing its prior determination that it lacked authority to examine institutions for compliance with the Military Lending Act, and will resume examinations of payday lenders.

WHAT CAN CONGRESS DO?

- » Expand the authority of the CFPB to enforce provisions of the Military Lending Act.
- » Pass a bill to protect servicemembers employment rights against mandatory forced arbitration agreements.
- » Oppose any repeal of CFPB's rule on arbitration agreements.
- » Object to any attempt to bar servicemembers and veterans from joining in court cases as plaintiffs against unscrupulous financial institutions.



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Prioritizing Veterans in Federal Contracting

Federal agencies have an obligation to prioritize veteran-owned small businesses in their procurement strategies to promote robust veteran entrepreneurship and ensure resilient public-sector supply chains. Unfortunately, many federal agencies continue to underperform in meeting their procurement goals for Service-Disabled Veteran-Owned Small Businesses (SDVOSBs). An American Legion analysis of the U.S. Small Business Administration's Office of Policy, Planning and Organization found that among the 24 largest federal agencies, only four met both their prime and subcontracting goals (3% of total purchasing) on SDVOSBs in 2020.

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

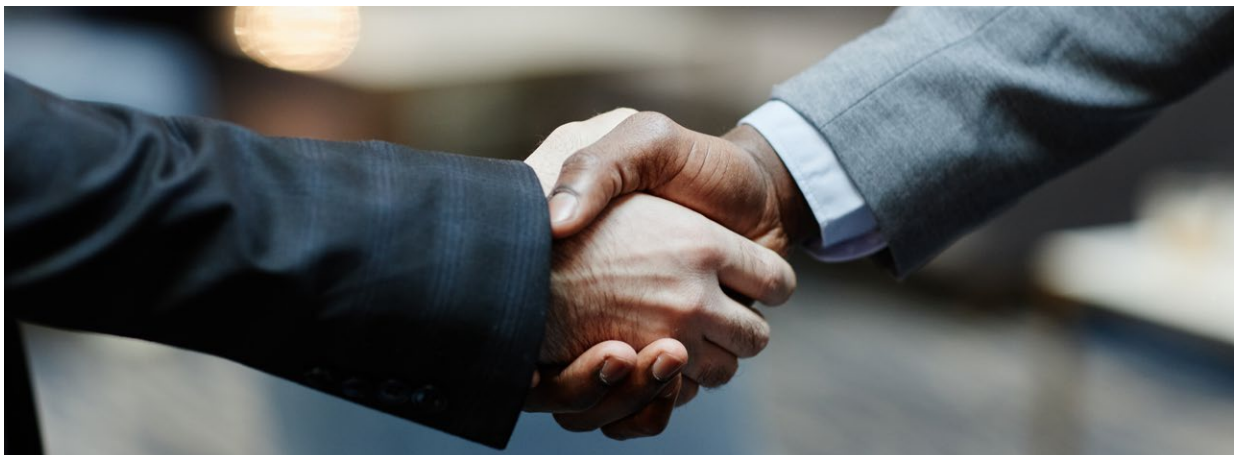
Regrettably, VA is attempting to transition its procurement model from its current Medical Surgical Prime Vendor program to the Defense Logistics Agency's acquisition system. Unfortunately, this jeopardizes the future of the Vets First mandate. SDVOSBs will be negatively impacted by VA's move away from a Vets First-compliant procurement program. Any effort to divest from SDVOSBs must be opposed. Instead, the Vets First procurement framework must be actively promoted for the well-being of the veteran community.

KEY POINTS

- » Most federal agencies struggle to meet their prime and/or subcontracting quotas with SDVOSBs.
- » VA is attempting to transition away from its MSPV 2.0 procurement requirements to the Defense Logistics Agency's acquisition system, a non-Vets First-compliant contracting vehicle.
- » Vets First has increased the proportion of contracting dollars going to SDVOSBs to over 20% of all prime dollars awarded in 2020.

WHAT CAN CONGRESS DO?

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



iStock Photo

Maintain a Strong National Defense



DoD photo by Sgt. Jesse Elbouab

Military Quality of Life

The U.S. military's greatest resources are individual servicemembers and their families. Without highly qualified and committed men and women, even the most sophisticated weaponry will not provide the deterrent force necessary to defend our nation. Factors that contribute to quality of life include proper compensation, equal opportunities for career development, appropriate housing, quality health care, reasonably priced commissaries and access to affordable day care. Service in the military comes with frequent risks and dangers. However, an individual servicemember's or family's welfare should never be compromised by the loss or degradation of services owed to them.

Before the COVID-19 pandemic, not all military families had adequate or timely access to installation child-care providers, due to a shortage of facilities and lengthy waiting lists. Today, the problem persists, and even with more facilities, there are fewer spots available for child care due to COVID-19 risk-mitigation measures. The Department of Defense (DoD) issues orders and directs military members to move globally, so it must seek new ways to mitigate and reduce the problem with access to child care.

Privatized military housing continues to be a problem for families as contracted companies struggle to provide quality housing. Military families complain of substandard housing, exposure to potentially toxic substances such as lead paint and mold, insect and rodent infestations, as well as issues involving poor maintenance practices. Members of the military are fed up, and between 2019 and 2021, several military families and servicemembers acted by filing lawsuits against privatized housing companies at bases in Texas, North Carolina, Virginia and Washington. Regrettably, a recent Government Accountability Office report found that DoD oversight of military privatized housing remains inadequate to ensure that military families have suitable housing.

According to "Feeding America," the nation's largest hunger-relief charity, nearly 160,000 servicemembers, or 14% of the military, have issues with food insecurity and providing for their families. This issue primarily impacts junior enlisted between the ranks E-1 through E-4, especially those with families residing within the high cost-of-living

areas. A systematic review and frequent adjustments to quality-of-life benefits can ensure servicemembers are focused on their duties rather than being concerned for their families' health and welfare.

The American Legion believes that legislative action and oversight and DoD actions should ensure that quality-of-life standards for servicemembers and their families remain a priority. The pandemic has created significant increases in the cost of living, so funding for programs that enhance the military quality of life protects existing benefits and provides proper oversight of DoD, and its contractors must be adjusted accordingly.

KEY POINTS

- » DoD considers child-care services a quality-of-life benefit, and DoD officials have indicated that the primary reason for providing child-care services is to enhance force readiness.
- » According to DoD, 10% of families live on-base, in substandard government-owned military housing that is often dilapidated, too small, and lacking in modern facilities. On-base housing has an average age of 33 years or older.
- » Food insecurity increasingly threatens individual readiness and the ability for military commands to deploy at a moment's notice.

WHAT CAN CONGRESS DO?

- » Pass legislation that would expand financial assistance to servicemembers for child care, increase access through new agreements with private and public child-care facilities, and grant minor military construction authority for the construction of child-development centers (the Military Child Care Expansion Act of 2021).
- » Increase funding for rebuilding and renovation of family housing/barracks.
- » Continue to fully fund and retain the military commissary system, which is essential to the morale and readiness of service members and their families.
- » Increase authorization of appropriations in the National Defense Authorization Act to address matters involving food insecurity resulting from the effects of the pandemic.



DoD photo by Mass Communication Specialist 3rd Class Nathan Burke

Address the Forever Wars & Restore Congressional War Powers

Today, the global security environment the United States faces has changed with the rise of great-power competition and other threats. Too often, the use of military force, as opposed to diplomacy, is considered the primary instrument of national power. There are currently three Authorization for Use of Military Force (AUMF) that presidents can unilaterally use to commit U.S. Armed Forces without congressional approval – AUMF Against Iraq Resolution of 1991, the 2001 AUMF, and AUMF Against Iraq Resolution of 2002.

After decades of protracted military conflicts overseas with little congressional input, Congress needs to reclaim its rightful role in matters of war and peace. Immediate reforms are needed to ensure a balance of national security powers between the president and Congress. These powers must be used for clearly defined purposes and be subject to intense regular review by Congress. Military interventions, and emergency declarations, are areas where the president may act only with authorization or approval from Congress. However, in situations where Congress has no time to act, the president may proceed without congressional approval – for a limited time.

The American Legion urges the renewal of a proper constitutional balance to U.S. foreign policy decision-making by urging Congress to renew its war-making oversight role beginning with repealing outdated AUMFs, reforming the 1973 War Powers Resolution, and properly resourcing civilian tools of diplomacy.

KEY POINTS

- » The 1973 War Powers Resolution, enacted near the end of the Vietnam War, sought to reassert congressional prerogatives with respect to matters of war and peace. While intended to keep Congress informed on decisions related to the use of force, it has too often failed to prevent the president from taking the nation into elective war or continuing hostilities without congressional authorization.
- » Outdated AUMFs are no longer relevant in an era of great-power competition.
- » An overstretched hegemon – as the United States is today – faces limited options in crises, weakened diplomatic influence, and an inability to focus on top priorities.
- » The Cost of War Project at Brown University estimates that 20 years of post-9/11 wars have cost the United States an estimated \$8 trillion and have killed more than 900,000 people.

WHAT CAN CONGRESS DO?

- » Reassert congressional responsibilities concerning matters of military force.
- » Repeal and replace outdated AUMFs (S.J.Res.10, the Repeal the 1991 & 2002 Iraq AUMFs; S.2391, the National Security Powers Act of 2021).



DoD photo by Lance Cpl. Colby Cooper

Citizenship for Military Service

Immigrants have always made up a portion of the U.S. Armed Forces, and service in the military has been a pathway to U.S. citizenship for more than 760,000 immigrant servicemembers. In 2021, more than 8,000 servicemembers with permanent residency became American citizens; however, obtaining citizenship is not automatic and requires a servicemember to begin the process upon initial entry into the military. Eligible veterans who do not complete the process are discharged with their resident alien status and remain non-U.S. citizens.

Over the last few years, various reports from citizenship organizations, national and local news sources, and firsthand accounts from members of Congress have confirmed the deportation of hundreds, possibly thousands, of veterans. Many veterans have stated they believe their service automatically awarded citizenship. Furthermore, many believe the military did not do enough to inform non-citizen servicemembers that they qualified for an expedited citizenship process. The servicemember is typically left to pursue citizenship with little assistance or guidance. Recent Department of Defense (DoD) policy changes make it challenging to get their naturalization paperwork in order.

The American Legion believes all non-citizen immigrant veterans should be afforded every opportunity to complete the process toward citizenship before exiting the military. Post-service opportunities should also be bolstered, both for veterans and their family members.

KEY POINTS

- » Dating back to 1775, countless immigrants have made the ultimate sacrifice in defense of our nation.
- » U.S. Citizenship and Immigration Services teams at military training installations were removed in order to prevent military members being naturalized upon graduating from basic training.
- » Veterans have been deported after serving in the U.S. Armed Forces, for committing non-violent crimes.
- » Deported veterans lack full access to VA benefits.

WHAT CAN CONGRESS DO?

- » Implement measures within the DoD to ensure the process of naturalization through honorable military service is completed before discharge (the Naturalization at Training Sites Act).
- » Pass legislation that would provide protection for non-citizen veterans and their families from deportation (H.R.1182/S.3212, the Veteran Deportation Prevention and Reform Act).
- » Require DoD and the Department of Homeland Security to report to Congress annually the number of non-citizens serving at that time in the U.S. Armed Forces, the number of naturalization applications filed by servicemembers, the results of those applications, and the number of veterans deported.

Ensure the Coast Guard is Paid

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

The Coast Guard employs approximately 48,282 personnel and is organized under the Department of Homeland Security. Previous government shutdowns caused members of the Coast Guard to temporarily lose pay and benefits, resulting in unnecessary stress, financial problems, significant degradation in readiness, and an increased threat to the nation. Despite not being paid, they continue to work because their jobs are a matter of national security. During the 2019 government shutdown, The American Legion stepped up and issued more than \$1 million in expedited Temporary Financial Assistance grants to Coast Guard personnel and their families.

The American Legion believes that the Coast Guard's mission is essential to national security, and its personnel should never go without pay.

The Coast Guard is also in critical need of significant modernization to keep pace with today's emerging threats to the nation.



DoD Photo by Petty Officer 3rd Class Jose Hernandez

KEY POINTS

- » The U.S. Coast Guard is the only branch of the uniformed services of the Armed Forces that does not fall under the DoD. During federal government shutdowns, Coast Guard personnel are more exposed to working without pay.
- » Because the Coast Guard is uniquely responsible for maritime security, search and rescue, port security, law enforcement and military readiness with jurisdiction in domestic and international waters, American presidents have transferred Coast Guard assets to the Department of the Navy during almost every conflict, therefore should be treated and funded accordingly.
- » The Coast Guard is in the midst of the largest recapitalization effort in its history – an effort critical to rebuilding the service branch. However, until recapitalization is fully completed, servicemembers must continue to conduct missions with legacy assets, some of which are over 50 years old.

WHAT CAN CONGRESS DO?

- » Approve and continue to increase the Coast Guard's budget annually to meet national security requirements and funding priorities such as restoring readiness and recapitalizing legacy assets and infrastructure.
- » Pass legislation that would provide pay and allowances for members of the Coast Guard during a funding gap, provide full funding to address the shoreside facility maintenance and recapitalization backlog of the Coast Guard and diversify the Coast Guard (S.1845, the Unwavering Support for our Coast Guard Act).

Build National Pride and Advance Patriotism

Amend & Update the U.S. Flag Code

Appropriate care, display and respect for the U.S. flag has been a mission of The American Legion for nearly its entire history. In June 1923, the Americanism Commission called the first National Flag Conference in Washington D.C. There, representatives from The American Legion, Daughters of the American Revolution, Boy Scouts, Knights of Columbus, the American Library Association, and more than 60 other patriotic, fraternal, civic and military organizations gathered to draw together one standard set of guidelines relating to the flag from the many traditions and variations rampant in the country at that time. President Warren G. Harding even addressed the attendees. A second National Flag Conference was held in June 1924. After both conferences, The American Legion printed and distributed the results nationwide.



American Legion Photo by Chet Strange

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

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

KEY POINTS

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

WHAT CAN CONGRESS DO?

- » The American Legion urges Congress to approve changes to the U.S. Flag Code to codify multiple customs and practices pertaining to the display and use of the flag of the United States of America.
- » Pass legislation which would amend the U.S. Flag Code to codify multiple common patriotic customs and practices (H.R.4212, the Flag Code Modernization Act of 2021).

Legislative Victories in the 1st Session of the 117th Congress

Accomplishments and Progress for the Veteran Community in 2021



American Legion Photo by Lucas Carter

Preventing Veteran Suicide: After many years of discussion about service animals as an alternative therapy for veterans struggling with PTSD and the associated symptoms of anxiety, depression, and suicidal ideation, in August 2021, the Puppies Assisting Wounded Servicemembers (PAWS) for Veterans Therapy Act was signed into law. This bill implemented a five-year VA service-dog therapy pilot program for eligible veterans enrolled in VA's health-care system, who have been recommended for participation by qualified mental health providers or clinical teams.

Mental Health & Rural Veterans: In June 2021, the Sgt. Ketchum Rural Veterans Mental Health Act was signed into law. It requires VA to establish and maintain three new Rural Access for Growth

Enhancement Program (RANGE) centers in rural areas in need of additional mental health resources.

Women Veterans: Congress and VA continue to oversee the implementation of key provisions of the Deborah Sampson Act, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act, and the Commander John Scott Hannon Veterans Mental Health Care Improvement Act which were all signed into law during the 116th Congress to improve care for women veterans. At the end of the first session of the 117th Congress, the Protecting Moms Who Served Act became law to codify and increase funding for VA maternity care coordination.

Close the 90-10 Loophole: The 90-10 rule mandates for-profit schools obtain at least 10% of their revenue from sources other than Title IV education funds. Since its enactment in 2009, the Post-9/11 GI Bill was considered a part of the 10% category, making veterans valuable targets to predatory institutions looking to offset Title IV funding. In 2021, through the American Recovery Act, this loophole was closed by mandating GI Bill benefits to count as public funds.

Toxic Exposures: As a result of the FY2021 National Defense Authorization Act, VA added Parkinsonism, bladder cancer and hypothyroidism to the list of presumptive conditions from Agent Orange exposure to veterans of the Vietnam War. VA took additional proactive measures by establishing asthma, rhinitis and sinusitis as presumptive illnesses for those veterans exposed to burn pits and other airborne hazards during the Gulf War and the Global War on Terror.

Global War on Terrorism Memorial: At the end of 2021, the president signed the Global War on Terrorism Memorial Location Act into law as part of the NDAA. This ensured the memorial would be constructed in a place of prominence on the National Mall in Washington D.C. where monuments honoring veterans of World War II, Korea and Vietnam are located to serve as permanent memorials to the sacrifices veterans and their families have made for freedom.

The American Legion's Congressional Testimony in 2021

March 18: BEYOND DEBORAH SAMPSON, IMPROVING HEALTH CARE FOR AMERICA'S WOMEN VETERANS IN THE 117TH CONGRESS

The issue: Health care for women veterans

The forum: House Committee on Veterans Affairs, Subcommittee on Health

American Legion testimony: Recommended Congress urge VA to extend quality newborn care at VA medical centers, expressed support for the Protecting Moms Who Served Act, and called on VA to recognize differences in gender makeup and how women respond to treatments, in addition to identifying gender-specific plans of action

April 21: PENDING LEGISLATION

The issue: Pending legislation

The forum: House Committee on Veterans Affairs, Subcommittee on Oversight and Investigations

American Legion testimony: Support for H.R. 711, H.R. 1948, H.R. 2082, the VA Quality Health Care Accountability and Transparency Act; the Improving VA Accountability to Prevent Sexual Harassment and Discrimination Act; the VA Beneficiary Debt Collection Improvement Act; and a discussion draft bill to require VA to submit to Congress a plan for expending COVID funding for VA

April 28: PENDING LEGISLATION

The issue: Pending legislation

The forum: Senate Committee on Veterans Affairs'

American Legion testimony: Express support for S.437, S.454, S.565, S.657, S.810, S.927, S.952, and S.1188.

May 5: PENDING LEGISLATION

The issue: Pending legislation

The forum: House Committee on Veterans Affairs

American Legion testimony: Support for H.R. 1355, H.R. 1585, H.R. 1972, H.R. 2127, H.R. 2372, H.R. 2607, and H.R. 2368

May 12: SUPPORTING DISABLED VETERANS, THE STATE OF CLAIMS PROCESSING DURING AND AFTER COVID-19

The issue: VA benefits and claims during the COVID-19 pandemic

The forum: Senate Committee on Veterans Affairs

American Legion testimony: Discussed the rise of ACE examinations, eliminating the backlog with ACE, and the critical role of Disability Benefits Questionnaires

June 23: HONORING VETERANS AND MILITARY FAMILIES, AN EXAMINATION OF IMMIGRATION AND CITIZENSHIP POLICIES FOR U.S. MILITARY SERVICE MEMBERS, VETERANS AND THEIR FAMILIES

The issue: Immigration and citizenship policies for military servicemembers, veterans and their families

The forum: Senate Judiciary Committee, Subcommittee on Immigration, Citizenship, and Border Safety

American Legion testimony: Discussed issues related to veteran deportation, immigration and customs enforcement deportation process problems, and recommended solutions. Recommended solutions included implementing measures within DOD to ensure the process of naturalization through honorable military service is completed prior to discharge and reopening the 19 field offices abroad to support the naturalization process for deployed servicemembers.

September 21: PENDING AND DRAFT LEGISLATION

The issue: Pending and draft legislation

The forum: House Committee on Veterans Affairs, Subcommittee on Economic Opportunity

American Legion testimony: Expressed support, support with amendments, and opposition to several pieces of legislation. Bill topics range from veteran educational benefits, stipends for childcare services, home loan assistance, homeless veteran's reintegration programs, to the shallow subsidy program and more.

October 13: PENDING LEGISLATION

The issue: Pending legislation

The forum: House Committee on Veterans Affairs, Subcommittee on Health

American Legion testimony: Expressed support for H.R. 23819, H.R. 2916, H.R. 4575, H.R. 4794, H.R. 5073, and H.R. 5317. Indicated no position on H.R. 5029 and draft legislation related to seasonal influenza vaccines furnished by VA.

October 20: PENDING LEGISLATION

The issue:

The forum: House Committee on Veterans Affairs, Subcommittee on Disability Assistance and Memorial Veterans' Affairs

American Legion testimony: Articulated support for H.R. 2568, H.R. 2724, H.R. 2827, H.R. 3402, H.R. 3793, and H.R. 4191. Wrote in opposition of H.R. 2800 and no position for H.R. 4772. Additionally, showed support for draft legislation concerning improving the manner in which the Board of Veterans Appeals conduct hearings regarding claims involving MST and to extend increased dependency and indemnity compensation paid to surviving spouses of veterans who die from ALS.

November 17: SUPPORTING SURVIVORS, ASSESSING VA'S MILITARY SEXUAL TRAUMA PROGRAMS

The issue: Discussing VA's MST programs, how they have been doing, and how to improve them moving forward.

The forum: House Committee on Veterans Affairs, Subcommittee on Disability Assistance and Memorial Veterans' Affairs and Subcommittee on Health

American Legion testimony: Recommended ways for VA to improve care provided to MST survivors. This advice included improving the oversight of MST claims and subsequent care, combining VHA and VBA MST processed by creating a stand-alone MST office, and requiring DOD to permanently maintain records of reported MST allegations thereby expanding victims' access to documented evidence which is necessary for future VA claims.

December 7: REMOVING BARRIERS TO VETERAN HOMEOWNERSHIP

The issue:

The forum: House Committee on Veterans Affairs, Subcommittee on Economic Opportunity

American Legion testimony: Discussed the challenges with utilizing the VA Home Loan Program as well as solutions. Solutions included VA and Congress considering adding flexibilities into the VA home loan for extremely competitive markets as well as increasing support for VA-approved appraisers and equipping them with accessible information and education.

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Preamble to The American Legion Constitution

FOR GOD AND COUNTRY, WE ASSOCIATE OURSELVES TOGETHER FOR THE FOLLOWING PURPOSES:

To uphold and defend the Constitution
of the United States of America;

to maintain law and order;

to foster and perpetuate a
100-percent Americanism;

to preserve the memories and incidents
of our associations in all wars;

to inculcate a sense of individual obligation
to the community, state and nation;

to combat the autocracy of both the classes and the masses;

to make right the master of might;

to promote peace and good will on earth;

to safeguard and transmit to posterity the principles of
justice, freedom and democracy;

to consecrate and sanctify our comradeship
by our devotion to mutual helpfulness."



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