

1 JOINT HEARING TO RECEIVE
2 THE LEGISLATIVE PRESENTATIONS FROM
3 PVA, AMVETS, VVA, AXPOW, IAVA, AUSN, WWP, NGAUS, NCOA

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5 WEDNESDAY, MARCH 6, 2018

6 United States Senate,
7 Committee on Veterans' Affairs,
8 House of Representatives,
9 Committee on Veterans' Affairs,
10 Washington, D.C.

11 The Committees met, pursuant to notice, at 2:00 p.m.,
12 in Room SD-G50, Dirksen Senate Office Building, Hon. Johnny
13 Isakson, Chairman of the Committee, presiding.

14 Present: Senators Isakson, Boozman, Heller, Cassidy,
15 Tillis, Sullivan, Tester, Brown, Blumenthal, and Manchin;
16 Representatives Roe, Coffman, Wenstrup, Bost, Poliquin,
17 Dunn, Arrington, Higgins, Bergman, Takano, Brownley, Kuster,
18 O'Rourke, Correa, Sablan, and Esty.

19 OPENING STATEMENT OF CHAIRMAN ISAKSON

20 Chairman Isakson. I want to thank everybody for being
21 here today. This is a very important hearing from a number
22 of VSOs who will testify before our Senate and House Joint
23 Committee.

24 My name is Johnny Isakson. I am Chairman of the Senate
25 Foreign Relations--I mean, Senate Veterans' Affairs

1 Committee. I am also on Foreign Relations but I have got my
2 tongue tied right now. But I want to welcome all of you and
3 thank you for being here. You all are great partners with
4 us.

5 We do not consider our Committee responsibility
6 something where we lecture to you. We consider it to be a
7 platform upon which we create a great partnership between
8 the active duty soldiers of today, the personnel in the
9 United States military, the Joint Chiefs of Staff, our
10 Committees, and the people of the United States of America,
11 and most importantly of all, our returning service men and
12 women.

13 And we are a service organization, believe me, and that
14 is the way Chairman Roe and I look at it. It is a wonderful
15 opportunity for me to serve with a great man like Chairman
16 Roe from the House, and the members we have on both sides of
17 the Committee.

18 I am going to slip out for a little bit because I have
19 some chores I have to attend to, but a great member of our
20 Committee, John Boozman, in the Senate, has agreed to
21 replace me in Chair, and I want to thank John very much for
22 doing so. Arkansas is well represented any time John is
23 there. But I want to thank all of you for being here and
24 tell you all we are here to listen.

25 I also want to thank you for one other thing. We have,

1 in the last year, passed 10 major pieces of legislation,
2 together, House and Senate: accountability, appeals
3 modernization, all those things we talked about for years
4 and never did anything about. We not only did something
5 about them, we passed them. We have got one left, in terms
6 of Choice. That is getting close in the Senate, and I am
7 sure it will be handled well in the House when it gets to
8 Mr. Roe's honorable hands. We are going to get it finished
9 this year.

10 So when this term is over, we will have done everything
11 we talked for years about doing and never did, we will have
12 done it. And it is already paying dividends for us, but
13 more importantly, paying dividends for our soldiers and for
14 our veterans.

15 So God has blessed me to be an American and a member of
16 the United States Senate, and all our men and women in
17 harm's way have honored us over and over again by protecting
18 the freedom and the liberty and the peace of the United
19 States of America. It is an honor to serve you, and thank
20 you for being here today, and on that I will turn it over to
21 Chairman Boozman.

22 Senator Boozman. [Presiding.] Thank you, Chairman
23 Isakson, and thank you for allowing me to chair the hearing
24 today, and we do appreciate your leadership, appreciate your
25 service. Nobody works any harder than veterans, and as you

1 mentioned, the record that the Committees have compiled is
2 outstanding, so we do appreciate you.

3 It is good to be with Dr. Roe. I was in the House for
4 nine years and he and I sat together for probably eight of
5 those nine years. And so it seems like old times. And then
6 also to have my new friend over in the Senate, that, again,
7 is working very, very hard.

8 So our hearing today is for multiple veterans service
9 organizations to present their annual testimony. Before I
10 begin my opening remarks I have a few administrative notes.
11 We will begin with opening comments from the Chairs and
12 Ranking Members. I will then introduce the witnesses and we
13 will hear from each of the witnesses for five minutes in the
14 order that they are introduced.

15 Following the witnesses' testimony, we will proceed to
16 members' questions. Each member, in the interest of time,
17 because we do have so many witnesses and we want to get a
18 lot of questions in, will have three minutes. We will ask
19 questions in order of arrival and we will alternate between
20 Republicans and Democrats for questions.

21 With those administrative remarks out of the way I will
22 turn to my opening statement.

23 OPENING STATEMENT OF SENATOR BOOZMAN

24 Senator Boozman. I want to welcome all of you. We
25 appreciate your leadership in so many different ways in all

1 that you represent. My most important job here today would
2 be to recognize any Arkansas veterans that are here. We
3 have got to take care of the home front. So we do
4 appreciate you being here, and again, appreciate your
5 service.

6 Our VSOs are on the front lines of VA programs and we
7 greatly value your input. I certainly look forward to
8 hearing from you all about your legislative priorities for
9 the coming year, as well as your recommendations for
10 implementing the landmark legislation we passed in 2017.

11 I am honored to be chairing this annual joint hearing
12 and I am honored to be a member of this Committee. I have
13 been privileged to serve on the Veterans' Affairs Committee
14 during my time in the House, now in the Senate. We have
15 already had great success in this Congress, as was mentioned
16 by Chairman Isakson, in a bipartisan, bicameral way, to
17 address series issues with VA and give our veterans access
18 to even better benefits and services.

19 VA has been given a long to-do list, implementing 10
20 new laws, and Chairman Isakson and the other members of this
21 Committee have made it clear that we will have regular
22 progress reports from the VA to make sure that the work is
23 getting done. The most significant of these laws include
24 the Accountability and Whistleblower Protection Act, the
25 Forever GI Bill, the Appeals Modernization Act.

1 The Accountability Act gives the VA the legal authority
2 and the full-time focus of an assistant secretary to ensure
3 disciplinary actions are done. These reforms need to be
4 done correctly so that they cannot be overturned by a
5 bureaucrat.

6 The Forever GI Bill made some badly needed fixes to
7 veterans' education benefits. Since student veterans often
8 rely totally on their GI Bill for themselves and for their
9 families while they are in school, we need to make sure VA
10 delivers these improved benefits on time and in the right
11 amount.

12 The Appeals Modernization Act has the potential to
13 dramatically improve how VA delivers benefits to veterans.
14 Getting the implementation is right. It is critical to
15 making sure the new system is not plagued by problems in the
16 same way as was the old system.

17 These reforms are complex and require sustained focus
18 from VA's senior leadership. This Committee is going to
19 make sure that the focus is kept.

20 We continue to push our Community Care Bill towards the
21 finish line and look forward to having a Community Care Bill
22 passed soon. We must remain focused on that priority, and
23 with the help of our VSO partners get the bill passed.

24 We look forward to hearing from you about how these new
25 laws are being implemented and how VA can continue to

1 improve the benefits and services it provides to our
2 nation's veterans.

3 We will now hear from my, again, good friend and
4 colleague, from the VA House Chairman, Dr. Phil Roe.

5 OPENING STATEMENT OF CHAIRMAN ROE

6 Chairman Roe. Thank you, Senator Boozman, and thank
7 all of our honored guests who are here testifying today. I
8 have worked with all of you and thank you for the work you
9 do for veterans across the country, and also to Senators
10 Isakson and Tester for the work they do on this Committee
11 for veterans. And I very much appreciate--they have been
12 incredible partners in all the legislations, the
13 aforementioned legislation. And I am proud to serve as
14 Chairman of the House Veterans' Affairs Committee and work
15 closely with each of you.

16 Before we get started, I would like do, as Senator
17 Boozman did, welcome anyone who is here from the great state
18 of Tennessee. If you could hold your hand up, or any of the
19 auxiliaries who are in attendance from our great state. If
20 you could, hold your hand up, or as you are able.

21 [Show of hands.]

22 Chairman Roe. Thank you. There you are. Thank you
23 for being here.

24 [Applause.]

25 Chairman Roe. The organizations represented here today

1 provide valuable assistance to returning members of our
2 armed forces in order for them to receive the care and
3 benefits they deserve after serving our country so
4 faithfully. I look forward to hearing from you all today
5 about the legislative priorities that you have presented to
6 improve services provided by the Department of Veterans
7 Affairs.

8 We have worked hard in the 115th Congress to introduce
9 and pass legislation to reform and improve the VA. Perhaps
10 the most notable achievements are the Harry W. Colmery
11 Veterans Educational Assistance Act, known as the Forever GI
12 Bill, the VA Accountability and Whistleblower Protection
13 Act, the Veterans Appeals, Improvement, and Modernization
14 Act. Since 1944, the GI Bill has provided veterans the
15 opportunity to invest in themselves and their future through
16 access to education benefits. The Colmery Act improves and
17 extends these benefits granted to veterans, their surviving
18 spouses, dependents, and for the first time in the history
19 of the GI Bill, eligible veterans will be able to use this
20 36-month benefit throughout their lifetimes.

21 Let me see a show of hands of those of you all in here
22 who have used the GI Bill.

23 [Show of hands.]

24 Chairman Roe. There are two of us up on the dais and a
25 lot of you out there.

1 I appreciate, to this day, the \$300 a month that my
2 country invested in me in 1975 and 1976, and I never fail to
3 say that when I am in front of a group of veterans. I
4 appreciate that, that my country thought that I was worth
5 that investment. I hope I have paid it back.

6 Another success in this past year is the passage of the
7 VA Accountability Act, which finally gave the Secretary the
8 tools he needed to swiftly and effectively discipline
9 employees based on poor performance or misconduct. This
10 important piece of legislation also focused on more robust
11 protection for whistleblowers in order to address the
12 retaliatory culture that has plagued the Department for
13 years.

14 Additionally, with your help, we were able to also get
15 the VA Appeals, Improvement, and Modernization Act enacted.
16 VA recently submitted its comprehensive plan outlining its
17 progress and its timeline for implementing the law.
18 However, we must remain vigilant to ensure that veterans
19 have their claims adjudicated in a timely manner instead of
20 waiting around for years on end. And I know that there are
21 some of you out there who probably have waited for years on
22 end.

23 Despite these achievements, we cannot rest on our
24 laurels in the second session, as we have numerous urgent
25 priorities to improve the Department even further. I would

1 say the most urgent of these is our effort to consolidate
2 and strengthen care in the community. We continue to
3 explore options for improving the Community Care, balancing
4 three key components: preservation of VA's role as a
5 coordinator of care for enrolled veterans, increasing
6 veterans' options for that care, and investment in a
7 stronger VA.

8 We are also striving to improve the VA's Caregiver
9 Program, which I am drafting legislation to achieve. The
10 Senate has already worked on this. We have had a very
11 productive roundtable discussion on the subject just this
12 morning, in which many in this room were able to attend and
13 participate, for that, thank you.

14 Another top priority is to reinvest in the Department's
15 aligning the VA's physical infrastructure to better serve
16 veterans where they live. To achieve this, we must
17 establish an asset infrastructure review process to help the
18 Department modernize and realign its medical facility
19 footprint across the nation.

20 The success of this effort is crucial for the future of
21 the VA health care system. Let me tell you how crucial.
22 Consider this. What was the year that saw the maximum
23 number of hospitalizations in the United States? 1981.
24 That might surprise you a little bit. That year there were
25 over 39 million hospitalizations, 171 admissions per 1,000

1 Americans. Thirty-five years later, the population has
2 increased by 40 percent, but hospitalizations have decreased
3 by more than 10 percent. Now there is an even lower rate of
4 hospitalizations than 1946. As a result, the number of
5 hospitals in this country have declined, 5,534 this year
6 from 6,933 in 1981.

7 So the private sector is consolidating now because the
8 way we treat patients has changed. We have moved into the
9 outpatient setting, much shorter lengths of stays. I use
10 myself as an example. I operated on thousands of people. I
11 have never had a major operation in my life. I was blessed
12 with two in the last 18 months, and for both of them I spent
13 less than 48 hours in the hospital. Thirty-five years ago,
14 I would have spent two weeks in the hospital for the same
15 exact procedure.

16 Those are good things, not bad things. Those are good
17 things and we have got to get VA aligned up with how care is
18 given, and with your help we can do that.

19 And last but certainly not least is the implementation
20 of a modern commercial electronic health record. I
21 appreciate the Secretary's extra effort to review the new
22 EHR interoperability capabilities, and we anticipate he will
23 soon make a decision on awarding a contract. Once that
24 occurs, our oversight efforts will increase to ensure this
25 enormous IT modernization effort succeeds and that veterans

1 have a complete longitudinal health record from DoD to VA to
2 care in the community.

3 We look forward to achieving these goals with your
4 help, and, more importantly, continuing our strong
5 partnerships with each of you to ensure the best possible
6 service is provided to every veteran.

7 Mr. Chairman, with that I yield back my time.

8 Senator Boozman. Thank you, Dr. Roe. Senator Tester.

9 OPENING STATEMENT OF SENATOR TESTER

10 Senator Tester. Thank you, Senator Boozman, and I want
11 to welcome everybody who is here today. I appreciate you
12 all being with us.

13 You are looking at an interesting couple of committees,
14 both the House and the Senate Veterans' Affairs Committee.
15 We actually all get along, especially the leadership.
16 Whether it is Roe and Walz or Isakson and Tester, we
17 communicate well and we get along together, and I just want
18 to thank Chairman Roe for his leadership on the House side.
19 We very, very much appreciate it.

20 A special shout-out to Charles Susino. Charles, I
21 understand you are in to sub for your dad, and just know
22 that our thoughts are with him as he hopefully gets better
23 soon.

24 So thank you all for being here. Look, we are here, in
25 Congress, to take our cues from you. Your organizations

1 represent the full spectrum of servicemembers and veterans
2 who utilize the VA's health care and benefits every day. I
3 share your belief that we must ensure that those benefits
4 keep pace with the past, the present, and the future cohorts
5 of veterans.

6 We are now in our 16th year of war in Afghanistan. We
7 have servicemembers deployed in harm's way in dozens of
8 countries, in the Middle East, Asia, and Africa. That
9 reality underscores why we need a VA that can address the
10 immediate needs of our veterans in a timely and appropriate
11 manner.

12 But we also need a VA that is well equipped to meet the
13 long-term and future needs of those who have sacrificed on
14 all our behalf. We all recognize the cost of war is
15 significant, but few really realize that these costs do not
16 end at the completion of a deployment.

17 In order to properly honor the service of our troops,
18 we must provide everything they need to do their job safely
19 and effectively, but we also must address the consequences
20 for those on the front lines and their families. And as
21 many more servicemembers are being called to serve,
22 including our guardsmen and reservists, we must remember the
23 challenges associated with caring for them grows with the
24 increased number of commitments that we have overseas.

25 Each of your organizations plays a critical role in the

1 policymaking process, and I do hope that continues. The VA
2 plays a critical role, and we need a VA that speaks and acts
3 on behalf of our veterans and does not let their voices be
4 drowned out by special interests.

5 Last year, in an effort to improve delivery of health
6 care and benefits to veterans, we enacted a landmark bill
7 that ensures that the VA can get rid of bad actors that work
8 for them in a timely manner. That same standard should
9 apply to the political ranks of VA. And if there are folks
10 in the VA pushing their own political agendas, and
11 prioritizing the needs of the Koch brothers over the needs
12 of the veterans and their families, I would say utilize that
13 accountability bill and show them the door. And any
14 secretary--any secretary of any agency, and you guys know--
15 you are in the military--they need to have the ability to
16 fire individuals who are actively working to fire them.
17 That is simply crazy.

18 It also undermines the ability of me, this Committee,
19 to fulfill our oversight responsibilities. If we do not
20 know who is calling the shots, who do we demand
21 accountability from?

22 Moving forward, our to-do list is lengthy and it is
23 daunting. But if the past year has proven anything it has
24 proven that we can accomplish a great deal when we work
25 together, without political agendas, with only the veteran

1 in mind.

2 So I look forward to our conversation today and I
3 appreciate what all you and your organizations have done to
4 make this country great.

5 Thank you very much, Mr. Chairman.

6 Senator Boozman. Thank you, Senator Tester.

7 Congressman Takano.

8 OPENING STATEMENT OF MR. TAKANO

9 Mr. Takano. Thank you, Mr. Chairman. Good morning--
10 oh, actually it is good afternoon, is it not? Good
11 afternoon. Are there any Californians here today? All
12 right. Well, make yourself heard.

13 Well, thank you, Californians, and thank you all, from
14 all the 50 states and territories, for having served our
15 country and wanting to help our veterans.

16 Words cannot express my appreciation your service and
17 your continued advocacy on behalf of those who serve. And I
18 want to take a moment to say that we miss Charles Susino,
19 Jr., this morning, and Senator Tester already alluded but I
20 want to just say a few more words about Mr. Susino. His
21 heroism over France during World War II, as a member of the
22 Army Air Force is extremely moving. He bailed out of a
23 burning bomber, making sure another soldier was able to get
24 out first, and suffered shrapnel wounds to both legs. Taken
25 prisoner, he survived 14 months of brutally cold conditions

1 that included forced marches between stalags in Poland.

2 Eventually, in 1945, he escaped.

3 For his heroism he received the French Medal of Honor,
4 a Purple Heart, and an Airman Medal. Continuing to serve as
5 National Commander of the American Ex-Prisoners of War, he
6 has traveled down, every year, from his home in New Jersey
7 to help us understand how we can best serve the needs of
8 this very special group of veteran heroes.

9 So I just want to say thank you to his son for filling
10 in today, and ask him to convey to him our best wishes and
11 sincere hope that he will be back with us here next year.
12 So thank you.

13 Well, this is a critical moment in our work on
14 veterans' issues. Over the past year, in partnership with
15 veteran service organizations, we have been able to rise
16 above a difficult political climate to achieve a series of
17 major bipartisan victories for veterans. As a teacher for
18 more than two decades--a public school teacher for more than
19 two decades, I am particularly proud of the Forever GI Bill,
20 which will expand educational opportunities available to
21 veterans for generations to come.

22 But as I said last week, that spirit of bipartisanship
23 will continue to be tested as we determine the future of the
24 Veterans Health Administration. The complexity of this
25 challenge and its impact on veterans are both incredibly

1 high. So I wanted to take this opportunity to propose three
2 basic principles that I hope will guide our partnership--not
3 partisanship, our partnership going forward.

4 First, I hope we can agree that the VA's central role
5 in providing and coordinating veterans' care is vital to
6 both the quality of care they receive and sustainability of
7 the VA health care system. We must ensure that VA
8 facilities have the capacity and the resources to meet the
9 demand for veteran-centric care.

10 Second, care in the community has always been and will
11 always be vital to meeting the needs of those who serve.
12 Our job is to ensure that the VA's expertise and
13 accountability stays with the veteran, whether they are
14 inside or outside a VA facility.

15 And third, that this debate must be guided by one
16 overarching priority: improving the quality of care and
17 service veterans receive, and your organization or
18 individual commitment to that priority should have a voice
19 in this debate.

20 But those with a different set of priorities should not
21 be part of the conversation, as my good friend, Senator
22 Tester, alluded to, the dark money and the special interests
23 that are inserting themselves into this debate, whose
24 priority is not veterans but maybe profit and profiteering.
25 When political opportunism and profit motives are injected

1 into this debate, the chances of finding an effective
2 solution suffer dramatically.

3 Guided by these principles, and in partnership with the
4 organizations represented here today, I know we can find a
5 solution that keeps the promise we made to our veterans.

6 Again, I want to thank you all for your service, for
7 your continued work on behalf of those who serve, and for
8 your time here today, and I yield back the balance of my
9 time.

10 Senator Boozman. Thank you very much, and again,
11 thanks for all of the comments.

12 Today we have the pleasure of hearing from nine public
13 servants who represent various veteran service
14 organizations, including David Zurfluh, National President
15 of the Paralyzed Veterans of America; Mr. Marion Polk, the
16 National Commander of AMVETS; Mr. John Rowan, National
17 Commander of Vietnam Veterans of America; Mr. Charles
18 Susino, son of National Commander of the American Ex-
19 Prisoners of War--and again, be sure and tell your daddy
20 that, as has been expressed--my dad was a waist gunner on B-
21 17s, and so we have something in common, and that is
22 tremendous--Ms. Melissa Bryant, Chief Policy Officer of Iraq
23 and Afghanistan Veterans of America; Retired Navy Rear
24 Admiral Christopher Cole, National Executive Director of the
25 Association of the United States Navy; Ms. René Bardorf,

1 Senior Vice President of Government and Community Relations
2 at Wounded Warrior Project; Retired Army Brigadier General
3 Roy Robinson, President of the National Guard Association of
4 the United States; and Retired Master Chief Petty Officer of
5 the Coast Guard Vince Patton III, President and National
6 Commander of the Non Commissioned Officers Association.

7 Thank you all, again, very much for being here.

8 Mr. Zurfluh, we will start with you.

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1 STATEMENT OF DAVID ZURFLUH, NATIONAL PRESIDENT,
2 PARALYZED VETERANS OF AMERICA

3 Mr. Zurfluh. Thank you, sir. Chairman Isakson,
4 Chairman Roe, and members of the Committee, I appreciate the
5 opportunity to speak on behalf of thousands of paralyzed
6 veterans around the country.

7 Right now, advocates from our 33 chapters are in
8 Arlington, Virginia, learning about the latest issues
9 affecting paralyzed veterans, and we will be addressing
10 these issues with our congressional representatives this
11 week.

12 This technology is streaming live to them as I speak.

13 With all the legislative priorities we have entered
14 into the record, two stand out to our members who are
15 veterans with spinal cord injury or disease. First, the
16 protection of VA specialized system of care, especially the
17 spinal cord injury hub and spoke system, which is the best
18 care paralyzed veterans can receive anywhere. The fact is
19 community care for someone with a spinal cord injury or
20 disease pales in comparison.

21 I personally experienced these challenges that was
22 magnified to me in three separate emergency room visits in
23 the community during the last eight years, and on a recent
24 trip to check on the welfare of our members in Puerto Rico
25 this past December, that included myself and staff from PVA.

1 Post Hurricane Maria, we found out the spinal cord
2 injury unit, in conjunction with the VA staff in San Juan,
3 national PVA staff, the local chapter representatives were
4 the only entities to reach out to our paralyzed veterans
5 nearly three months after Hurricane Maria. Members looked
6 me in the eye and said that had it not been for the VA and
7 the SCI unit coordinating and providing care to many
8 paralyzed veterans, they would be either dead or forced to
9 leave for VA SCI centers in Florida.

10 Paralyzed veterans told us that the post-hurricane and
11 community care was nonexistent and limited to FEMA care that
12 had no knowledge of how to specifically treat someone with a
13 spinal cord injury or disease.

14 I have talked with these Puerto Rico paralyzed veterans
15 about the community-based care that they received before and
16 after Hurricane Maria, you know, experience with community
17 care, and countless paralyzed veterans across America.
18 There were three important examples of what the VA gets
19 right and community-based care does not when it comes to
20 spinal cord injury and disease.

21 The VA speaks the language of a veteran; community-
22 based care does not. The VA has a deep knowledge base of
23 SCI, MS, and ALS; community-based care is shallow, at best,
24 in their knowledge. The VA has a great understanding of
25 PTSD and TBI; community-based care is minimal, at best.

1 These three examples are the prime reasons why paralyzed
2 veterans seek care at the VA versus the private sector.

3 I implore you and our legislators to protect
4 specialized services for all paralyzed veterans. It is
5 literally a matter of life or death to us.

6 The second priority is expanding the eligibility for VA
7 caregiver support services. The current program supports
8 veterans injured after 9/11, but not veterans from other
9 eras. Right now, the majority of paralyzed veterans are
10 being denied this support based on an arbitrary date and
11 perceived expanded cost. What is not factored in is the
12 long-term savings when paralyzed veterans are not in
13 hospital beds, driving up hours for nursing, and care
14 related to their initial injury or diagnosis.

15 There are many pre-9/11 veterans--paralyzed veterans
16 who, as they age or deal with post-rehab life, find it very
17 difficult to maintain their health without a caregiver.
18 They seek out VA or nursing home care that is expensive and
19 demoralizing versus a caregiver and being able to live at
20 home.

21 Paralyzed veterans understand the importance of
22 caregivers more than any other cohort of veterans. This
23 week, I am confident our advocates will be able to explain
24 just how important caregivers are to our community and how
25 the cost to expand this program will save countless hours in

1 the VA for care and dollars for years to come.

2 Committee members, I feel that a serious focus and
3 efforts to address these two priorities will boost the
4 morale and confidence for the future of our paralyzed
5 veterans for many years to come. We call on you to take all
6 steps necessary to ensure that specialized services that our
7 members rely on are preserved and strengthened as you debate
8 more care in the community.

9 There are also no more excuses available to deny access
10 to the Caregiver Program to veterans of all eras. Our
11 members and thousands of other veterans will hold you
12 accountable if you fail to do what everyone in this room,
13 and people around the country, know is right.

14 On behalf of Paralyzed Veterans of America, I thank you
15 for your time and will answer any questions you have.

16 [The prepared statement of Mr. Zurfluh follows:]

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1 Senator Boozman. Thank you very much. Mr. Polk.
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1 STATEMENT OF MARION POLK, NATIONAL COMMANDER,
2 AMERICAN VETERANS

3 Mr. Polk. Good afternoon, Chairmen Isakson, Roe,
4 Ranking Member Tester and Walz, and members of the
5 Committee.

6 As National Commander of American Veterans, commonly
7 known as AMVETS, it is an honor to be invited to testify
8 today on behalf of our quarter-million members and the 20
9 million U.S. veterans who we interest and champion.

10 I am a Louisiana native. I served over 20 years in the
11 Coast Guard. After retiring--immediately, after retirement
12 I became a probation officer with the State of Louisiana,
13 where I specialized in personnel firearms training. Sitting
14 before you today, representing the interest of our
15 organization is an opportunity that I am grateful for and
16 will not forget.

17 Since 1944, AMVETS has served as the lead and most
18 inclusive voice for veterans in preserving the freedoms
19 secured by America's armed forces. We represent veterans
20 who answered the call after the attack on Pearl Harbor,
21 fought in the Frozen Chosin, survived the jungles of
22 Vietnam, served in the Persian Gulf, as well as those who
23 served during peacetime, the Cold War, and the more than 2.7
24 million post-9/11 troops who have served and are still
25 serving.

1 AMVETS has members from every branch of the service,
2 including those in the National Guard and Reserves. We
3 provide support in procuring earned benefits for veterans
4 and those on active duty.

5 Being the most inclusive veteran service organization
6 carries a burden to tackle the most difficult problems
7 impacting the greatest number of veterans. One such problem
8 is maintaining the capacity to meet demands for veteran-
9 centric, comprehensive, lifetime mental health care,
10 particularly for veterans who have endured experiences that
11 we can only try to imagine.

12 Nearly one in five veterans who served in Iraq and
13 Afghanistan report experiencing a traumatic brain injury
14 during military service, with many reporting multiple head
15 injuries. Having a TBI can lead to higher rates of post-
16 traumatic stress disorder, early onset dementia, depression,
17 and suicidal thoughts. Of post-9/11 veterans evaluated at
18 VA, more than one-third have been diagnosed with mental
19 disorder.

20 By now we are all familiar with the reports of the
21 opioid abuse problem in our country. In 2017, veterans were
22 twice as likely to die from accidental opioid overdose than
23 non-veterans. This is thought to be related to veterans
24 having more diagnosed chronic pain, in addition to VA's past
25 over-prescription of pain and psychiatric medication than

1 lack follow-up with that veteran. To its credit, the
2 current VA has been working to address this crisis and have
3 treated over 68,000 veterans for opioid addiction. Still, a
4 2014 study found a rate of depression in veterans to be five
5 times higher than in civilians, and another study revealed
6 that only half the returning veterans who need mental health
7 treatment will seek out these services.

8 We are encouraging by the efforts that Secretary
9 Shulkin has taken to trend these statistics downward on his
10 watch, which is why we cannot support accelerated
11 privatization efforts that will further fragment critical
12 care for veterans, eliminate the due process they currently
13 receive under VA care, and relieve Congress of its duties to
14 oversee veterans' health care.

15 AMVETS believes in a veteran's right to choose the best
16 provider for him or her, but it should be an informed
17 choice, where all risk and benefits are fully disclosed,
18 whether care is provided by the VA or the community.

19 This is not about politics. It is about people. When
20 I say 20 a day, unfortunately, everyone in this room knows
21 exactly what I mean. This is how prevalent veteran suicide
22 has become, and this has to stop, and AMVETS is ready to
23 confront it in a way that no other veteran service
24 organization has before.

25 Earlier today, my staff and I were joined at a press

1 conference by the VA Secretary where we unveiled the AMVETS
2 HEAL Initiative. HEAL stands for healthcare, evaluation,
3 advocacy, and legislation, and is based on those four
4 objectives representing our efforts to improve care for
5 veterans of all eras, especially with TBI, poly-trauma, and
6 those with mental health care needs. Our HEAL program will
7 place a team of licensed health care experts on the front
8 lines where veterans have direct access to clinicians who
9 can guide them through the maze of the VA health care
10 system. Our team of clinicians understands the VA
11 hierarchy, is equipped to influence health care policy, and
12 knows how to navigate around VA vulnerabilities to ensure
13 timely access.

14 As VA expands its health care community, it is more
15 critical for veterans to have professional advocates with
16 the expertise needed to prevent fragmented care. The HEAL
17 Initiative will be able to provide you, your colleagues in
18 Congress, the President, and the VA Secretary with the data
19 and perspective needed to craft and pass impactful
20 legislation that will go right to the hearts of key issues,
21 and this can potentially save lives.

22 I encourage you to reach out to our staff, learn the
23 details, and extend your support. Mental health is an issue
24 of our time and we must get it right. The fact that I have
25 used my time to discuss our new and critical focus on mental

1 health does not mean that other issues are less important.
2 In fact, all the related want you to appreciate that we are
3 aiming to heal the whole individual, not bits and pieces of
4 statistical subjects.

5 Thank you again for this opportunity to testify here
6 today, and if you have any questions please do not hesitate
7 to ask.

8 [The prepared statement of Mr. Polk follows:]

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1 Senator Boozman. Thank you. Mr. Rowan.
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1 STATEMENT OF JOHN ROWAN, NATIONAL PRESIDENT,
2 VIETNAM VETERANS OF AMERICA

3 Mr. Rowan. Good afternoon. It is good to see Mr.
4 Chairman Isakson here today. I am sorry he had to leave. I
5 hope he gets back soon. It is good to see him up and about.
6 And it is always good to see Chairman Roe. It is good to be
7 here with you. Senator Tester, of course, a pleasure. I do
8 not know what happened to Timmy Walz today but hopefully he
9 will get back in here later.

10 Senator Tester. Weather.

11 Mr. Rowan. Oh, weather. Yeah, I know about that. I
12 am trying to get back to New York tonight.

13 I want to also thank all the other members of the House
14 and Senate Veterans' Affairs Committee for coming here this
15 morning--this afternoon, excuse me.

16 This is VVA's 40th anniversary year. We have been
17 doing this for 40 years, and I have been doing this for 13.
18 This is my 13th testimony. I missed once, when my vice
19 president had to fill in for me because I was sick. But in
20 all of those years we have a long list of issues that we
21 have been dealing with, as you pointed out, Mr. Chairman,
22 earlier, that many of them you are starting to chip away at
23 and make some progress on, and we are glad to see that.

24 We have testimony that we would like to have entered in
25 the record. And it long and much more than--I would be here

1 for hours. But I appreciate the effort. And I would like
2 to just focus on one particular thing, and that is this
3 privatization issue. I do not understand how anybody thinks
4 that that is going to work. The truth is Choice is not.
5 The idea that we can get some things done in the private
6 sector is real. That is no question about that.

7 The reality is, right now a significant portion of the
8 care provided in the VA system is provided by outside
9 doctors. As you may recall, last year I had only had heart
10 surgery three weeks before I gave my testimony. It was done
11 by Dr. Grossi, who is the chief thoracic surgeon for NYU
12 Medical Center. His entire team came from NYU, the entire
13 surgical team, and I was grateful to have them.

14 The truth is I could have used my private insurance to
15 go to them, and go to the NYU Medical Center right up First
16 Avenue from the VA Hospital. I preferred to go to the VA
17 Hospital because my aftercare, after they took me out of the
18 surgical room, the operating room, was taken care of by the
19 VA, and my ICU nurse just happened to be a 28-year Army
20 retired nurse, who gave me terrific care. One of my other
21 aftercare nurses was a retired Navy lady. Terrific.

22 By the way, the fellow, the 28-year Army guy, was a
23 male.

24 My occupational therapist that I talked to, one of the
25 young ladies was a retired Army colonel, and she was

1 terrific. The care I got by everybody in that VA Hospital
2 in Manhattan was terrific. The place is spotless. It is
3 maintained by veterans, they care about veterans, and I
4 guarantee you I got better care in there than I would have
5 up the block at NYU, because, unfortunately, I have had the
6 privilege of having many of my relatives in that facility.

7 We have talked to the American Association of Medical
8 Colleges and they are projecting a 40,000 to 105,000
9 shortfall in doctors by 2030. I do not understand where
10 people think there is this huge medical care system out
11 there just waiting to absorb 8 million veterans. It is not
12 going to happen.

13 And I will give you another personal example of how
14 this works. I am retired from the City of New York, where I
15 was a manager. I have excellent health care, the best that
16 you can buy. I could go anywhere in the city of New York,
17 which, as you know, provides some of the best medical care
18 in the country. But the bottom line is I prefer the VA,
19 and, besides which, the private sector is so strained with
20 all of the consolidations that are going on, this is like
21 the Mafia out there. There are about four major hospital
22 systems now in the metropolitan area that own everything.
23 Every hospital they buy up. It is incredible.

24 When my dermatologist, who I had for 25 years, finally
25 retired on me--I outlived him, or outlasted him, I guess--

1 they could not get a replacement. When I called up Emblem
2 Health, which is my primary private health care provider, I
3 would have had to wait at least three or four months, they
4 were not anywhere convenient to me. When I called the VA
5 up, I immediately got care in the St. Albans outpatient
6 clinic. Within two weeks I had an appointment.

7 We really need to step back from this privatization
8 thing and have to take a look at health care that we provide
9 the VA. We need to get them the staff to do the job right,
10 and that is all there is to it. And we will be happy to
11 talk about anything else later on.

12 Thank you.

13 [The prepared statement of Mr. Rowan follows:]

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1 Senator Boozman. Thank you very much. Mr. Susino.
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1 STATEMENT OF CHARLES A. SUSINO, NATIONAL DIRECTOR,
2 ON BEHALF OF CHARLES SUSINO, JR., NATIONAL
3 COMMANDER, AMERICAN EX-PRISONERS OF WAR

4 Mr. Susino. Good afternoon. Chairman and members of
5 the House and Senate Veterans' Affairs Committee and guests,
6 my name is Charles A. Susino. I am the National Director
7 for the American Ex-Prisoners of War. I am speaking today
8 on behalf of my father, Charles Susino, Jr., who is the
9 National Commander. Thank you all very much for your
10 comments about my father. They are very heartfelt, and I am
11 very proud of my father. Thank you.

12 Many of you know him from his prior testimonies, and I
13 say that because I am going to quote him later on in my
14 remarks. He joins me in thanking you for the opportunity to
15 express our comments today, and we are very grateful for
16 your efforts this past year. And more than efforts, it is
17 really results. You have captured the results you did this
18 past year, and efforts without results are just that. So
19 thank you very much for achieving results.

20 What is important following getting the right
21 legislation, of course, is that enables things to happen.
22 The most important next steps is the effective and efficient
23 implementation of those. So, again, I focus on that a
24 little bit later in my comments as well.

25 Several pieces of new legislation are important to

1 continuing improving all facets of the VA operation as
2 necessary. We need to reach a point where we use the term
3 "operational excellence" and the VA in the same sentence.
4 We need to start in small pockets of the VA, and achieve
5 excellence there and spread it from that point forward.
6 Why? Because our veterans need it and they deserve it.

7 We have talked about my dad not being here today. My
8 father recently had a hospital visit. We needed to take him
9 by ambulance to a very nearby facility to receive immediate
10 treatment. It was his first visit to a private hospital,
11 and the experience was quite different from his previous
12 ones at the VA--dramatically different, as my testimony will
13 be dramatically different than yours, sir.

14 To quote him--and I am going to pause a moment. Many
15 of you know my dad. He is 94. When he reads his comments
16 he is sort of mellow. When he speaks, the Italian comes out
17 and there is a lot of passion--a lot of passion. And I am
18 going to quote him: "This is place is magnificent. It is a
19 paradise." Just visualize my dad saying those words. And
20 that is an unfortunate difference from his experience at the
21 VA. It is actually a disgrace.

22 Please take for action to talk to others, and where
23 there are stories of success, that is great. Where there
24 are stories of not success, we need to focus. We need to
25 focus. And this is an individual--my dad is an individual

1 with access to the director in the state, and yet his care
2 was less than acceptable, his prior care.

3 Our legislative agenda continues to be based on earned
4 benefits of the veteran for serving their country, never
5 using the word "entitlement" and "veteran" in the same
6 sentence.

7 In 1986, over 30 years ago, Congress and the President
8 mandated VA health care for veterans with service-connected
9 disability and assigned special groups. It included war
10 veterans from World War I, 68 years after the war had ended.
11 World War II has now ended over 72 years ago. For years, we
12 have asked for the Congress to revisit the special groups
13 and update to include veterans of World War II, Korea,
14 Vietnam, and the Cold War. Each of the veterans of these
15 conflicts are aged, in more cases more aged than those of
16 World War I when they were assigned special groups. With
17 President Trump's support of our military, this President
18 may see it appropriate and fair treatment for those that
19 have kept our country free. Please act on that.

20 We also draw your attention to several bills which we
21 believe have special merit and request your active support.
22 H.R. 27, Ensuring VA Employee Accountability Act; H.R. 4369,
23 enabling the Secretary of Veterans Affairs to assign a
24 disability rating of total to a veteran for employability;
25 H.R. 2999 and S. 422, clarifying presumptive relating to

1 exposure for veterans who served in the vicinity of the
2 Republic of Vietnam; H.R. 303 and S. 69, to permit
3 additional retired members of the service, collecting both
4 disability compensation and either retired pay or special
5 combat compensation; S. 339, to repeal the requirement for
6 reduction of survivor annuities of the Survivor Benefit Plan
7 for veterans by DIC; H.R. 1472 and S. 591, Military and
8 Veteran Caregiver Services Improvement Act of 2017; and,
9 lastly, S. 1990, DIC Improvement Act of 2017.

10 Thank you for your time and attention, and, most
11 importantly, your unwavering support of ex-POWs and all
12 veterans, deserving heroes, every one. God bless America,
13 God bless our troops, remember them all. Thank you very
14 much.

15 [The prepared statement of Mr. Susino follows:]

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1 Senator Boozman. Thank you. Ms. Bryant.
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1 STATEMENT OF MELISSA BRYANT, CHIEF POLICY OFFICER,
2 IRAQ AND AFGHANISTAN VETERANS OF AMERICA

3 Ms. Bryant. Chairmen Isakson and Roe, Ranking Members
4 Tester and Walz, distinguished members of the Committees, on
5 behalf of Iraq and Afghanistan Veterans of America and our
6 more than 425,000 members, thank you for the opportunity to
7 share our policy priorities for 2018.

8 I am here today not only as IAVA's Chief Policy Officer
9 but also as a former Army captain and combat veteran of
10 Operation Iraqi Freedom. I led men and women in combat. I
11 bore witness to the trauma and anguish my soldiers and
12 friends endured when dealing with the physical and invisible
13 ruins of war.

14 For 14 years, IAVA has been the leading empowerment
15 organization for post-9/11 veterans. IAVA has fought for
16 policies that meet the needs of our generation of veterans.
17 I am honored to be a voice for all of us who served in the
18 "Forever Wars," and what we need now from America is a
19 forever commitment.

20 This year, IAVA will focus on our big six, which are
21 the challenges and opportunities that IAVA members care
22 about most. Two issues are sustainment campaigns, suicide
23 prevention and women's support. Two issues are defensive
24 campaigns, defending our education benefits and defending
25 necessary earned government support. And two issues we are

1 initiating for the first time, toxic exposures and burn pits
2 and medical cannabis. IAVA members are poised to educate
3 the public and to help create solutions.

4 For nearly a decade, IAVA and the veteran community
5 have called for immediate action on the suicide crisis that
6 claims 20 veteran lives a day. The IAVA-led campaign to
7 combat suicide and the Clay Hunt Suicide Prevention For
8 American Veterans Act, passed in 2015, alerted America to
9 this national security, public health, and moral crisis.
10 Our rapid response referral program has served over 8,000
11 veterans of all eras and their families, providing world-
12 class mental health support and total case management.

13 But sobering statistics on suicide continue to be
14 released, and women veterans are especially at high risk for
15 suicide.

16 Last year, IAVA launched our groundbreaking campaign,
17 She Who Borne the Battle, to recognize the service of women
18 veterans, like me, who have fought in our current wars. We
19 championed the Deborah Sampson Act to improve VA services
20 for women veterans, a bill that now boasts 80 total co-
21 sponsors. We brought public awareness to the plight of
22 women veterans, reaching more than 21 million people in
23 traditional media and 60 million more on social media. And
24 we backed the PRIVATE Act, passed to combat the Marines
25 United scandal.

1 2018 is a watershed moment for equality in American
2 history, and we will ensure that She Who Borne the Battle
3 remains a priority.

4 In 2008, IAVA helped create the Post-9/11 GI Bill,
5 which has now sent more than 1 million veterans to school.
6 Many lament the cost of the GI Bill. You know what else is
7 costly? War. And if we can afford to send my brothers and
8 sisters and I off to fight endless wars, we can afford the
9 GI Bill.

10 IAVA will continue to defend the GI Bill against any
11 cuts, waste, or abuse, and we, along with a coalition of
12 VSOs, will push Congress to close the loopholes that reward
13 for-profit schools that defraud veterans.

14 IAVA has led the fight to drive accountability since
15 the 2014 Phoenix scandal. But the fight to defend core VA
16 services we count on is even more pressing in 2018. The
17 last Choice extension granted in December will run out of
18 money, and bipartisan legislation to permanently reform the
19 VA's Community Care Programs, including the Choice program,
20 have stalled. Congress must pass legislation now to reform
21 VA Community Care while equally investing in VA
22 infrastructure.

23 Onto our next new, elevated priorities. IAVA will
24 educate Americans and advocate for research about the
25 potentially devastating effects from burn pits and from

1 airborne toxic exposures. IAVA will sound the alarm for all
2 Americans. Burn pits could be the Agent Orange of our
3 generation of veterans. Just talking about it triggers
4 memories of the acrid smells of smoke and dust and the
5 overall foulness that I inhaled every day in Iraq.

6 Finally, IAVA veterans have sounded off. This is the
7 year that our view will be heard on cannabis. This year,
8 IAVA members and select VSOs seek to change outdated
9 policies with bipartisan, databased, common-sense solutions
10 that make medical cannabis available for every veteran in
11 America who needs it.

12 I will leave you with this. My grandfather was killed
13 in action in World War II. He is buried in Florence, Italy.
14 My father served in Vietnam and later returned after 27
15 years of service--retired after 27 years of service. In
16 1968, somewhere between Pleiku and Hue, my father's platoon
17 passed through a strip of land defoliated by Agent Orange.
18 Fifty years later, my father still suffers from the effects
19 of Agent Orange, just as I still feel the effects from
20 breathing the putrid stench of open-end burn pits in Baghdad
21 a decade ago. Who knows the health challenges that I will
22 face, sitting here 40 years from now.

23 I know the sacrifices of war. Just like those who came
24 before us, we need our government to support us, and I call
25 on all of you, on behalf of IAVA's more than 425,000

1 members, to work with IAVA to bring about real change in the
2 lives of post-9/11 veterans.

3 Thank you for your time.

4 [The prepared statement of Ms. Bryant follows:]

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1 Senator Boozman. Thank you. Admiral Cole.
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1 STATEMENT OF RADM CHRISTOPHER W. COLE, USN (RET),
2 NATIONAL EXECUTIVE DIRECTOR, ASSOCIATION OF THE
3 UNITED STATES NAVY

4 Admiral Cole. Thank you, Mr. Chairman. On behalf of
5 the active-duty veteran and civilian membership, friends and
6 supporters of the Association of the United States Navy, I
7 would like to thank the Committee for its stewardship, for
8 all these many years, and the oversight you have provided to
9 those who have answered the call of duty.

10 I would like to begin by recalling my experience with
11 the Department of Veterans Affairs that started about 20
12 years ago. It was at a Christmas party, hosted by the Navy
13 in Hampton Roads, and among the honored guests was a group
14 of veterans. They were veterans from World War II, Korea,
15 Vietnam, as you would expect, and the group was accompanied
16 by a staff from the local VA Hospital. It was an honor to
17 be able to talk to them, talk about their experiences and
18 how they were doing. I asked if they were going to see
19 their family during the holidays, but sadly most of them
20 were not. Too far away. All gone now. Uncomfortable kind
21 of answers.

22 But it soon became very clear that they were looked
23 after by the VA staff that was with them. It was very clear
24 how much the veterans appreciated their friends at the VA,
25 medical staff. The VA was now their home, was now their

1 family. All in all, I learned a lot about the VA that day.
2 It was a great night and I will never forget those veterans
3 and their VA family, their caregivers, dedicated in taking
4 care of them, back in a time where the work of the VA was
5 not as well-known as it is today.

6 And I do think there are some great things--I know that
7 there are some great things going on today as well. Through
8 a long-time friend I came to know a medical doctor who had
9 retired from private practice and was now working, job-
10 sharing with another doctor at the VA in Florida. He said
11 he loved the work because he felt like, first, he was really
12 practicing medicine. He believed that when a patient needed
13 a test, needed a prescription, he did not have to worry
14 about it. He could write it up. And he also noted that the
15 patients, the veterans, were men and women who really
16 deserved that kind of medical care. It was a wonderful,
17 powerful conversation for me with a member of the Veterans
18 Administration.

19 And just recently, yesterday, we got some results of
20 asking our membership how they thought the VA was doing, and
21 I am happy to report that a majority of those who responded
22 felt that the VA was, indeed, on the right track. I was
23 very proud of that, and you should be as well.

24 All is not perfect. We all know that. And as I hope
25 my written testimony conveys, there is still much work to be

1 done by all of us. To highlight a few, and perhaps repeat,
2 we support the ongoing efforts to bring comfort to our Blue
3 and Brown Water veteran sailors from the Vietnam era, their
4 families who are suffering the ill effects of exposure to
5 toxins used during that era.

6 AUSN underscores the importance for your Committee to
7 fully address the needs of those veterans who have been
8 exposed to AFFF toxins. It is our nation's responsibility
9 to see that they and their families are brought relief from
10 such exposures. Through our work at AUSN, we have met many
11 whose time in Iraq and Afghanistan led to exposures of
12 toxins from the so-called burn pits. As the move into
13 veteran status, it is our responsibility to see to it that
14 every bit of care possible can be given to them and their
15 families.

16 With that said, I look forward to working together and
17 ensuring a still better future. I look forward to your
18 questions. Thank you.

19 [The prepared statement of Admiral Cole follows:]

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1 Senator Boozman. Thank you. Ms. Bardorf.
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1 STATEMENT OF RENE BARDORF, SENIOR VICE PRESIDENT,
2 GOVERNMENT AND COMMUNITY RELATIONS, WOUNDED
3 WARRIOR PROJECT

4 Ms. Bardorf. Chairmen Isakson and Roe, Ranking Members
5 Tester and Walz, Senator Boozman, members of the Committee,
6 I humbly thank you for inviting the Wounded Warrior Project
7 to testify at today's hearing.

8 I am René Bardorf, the Senior Vice President of
9 Government and Community Relations. I proudly represent an
10 organization that over the last 15 years has grown from a
11 small team delivering comfort items and backpacks at
12 bedsides to an organization providing more than a dozen
13 lifesaving programs to injured, ill, and wounded post-9/11
14 generation servicemembers, veterans, and their families.

15 In order to provide these services, today we are a team
16 of nearly 600 employees in more than 25 locations across the
17 world. Over 111,000 veterans and servicemembers are
18 registered with WWP, and the need is great and growing. We
19 are averaging more than 1,200 new registrations per month.
20 But as these needs grow, so has our foundation of support.
21 More than 6 million donors and 3.5 million social media
22 followers are invested in the work we do and help us care
23 and advocate for our wounded warriors.

24 In addition to the collaboration with Congress and the
25 VA, WWP is partnering with others in the community to close

1 gaps that exist in government care and support. In fact, if
2 you look around the room today you will see that Wounded
3 Warrior Project is joined by some of the other post-9/11
4 service organizations that we partner with to provide
5 collaborative, innovative, and diverse approaches to meeting
6 the needs of veterans, servicemembers, families, and
7 survivors. Included here is even a dozen military kids from
8 high schools across the nation.

9 We each focus on complementary initiatives, across
10 missions and generations, and together we are forging
11 partnership, providing cross-referrals and a stronger, more
12 comprehensive network of support. Independently, none of us
13 will meet the needs of every veteran, but we must all work
14 together to serve those who need us most.

15 There is no shortage of issues where your efforts can
16 make a difference, and we have offered a number of
17 priorities in our written testimony. That said, I would
18 like to highlight three primary areas where we believe your
19 actions can make the biggest impact on this community. This
20 is drawn from data and surveys that we have gathered since
21 2010, in building a profile of the warriors that we serve
22 through our annual alumni survey, which, with 34,822
23 respondents each year, is the most comprehensive survey of
24 post-9/11 wounded warriors available.

25 Based on this data and thousands of interactions with

1 warriors across the country, we believe in responsible
2 choice. Eighty-eight percent of our warriors rely on the VA
3 for care or benefits, and 71 percent say that they turn to
4 the VA when they are coping with stress. So we believe,
5 like many of our colleagues, that an integrated system of
6 care that fully funds and enhances VA care, while also
7 addressing the needs of veterans who seek care outside of
8 the VA, is the best course of action, particularly when
9 warriors determine with their doctor that outside care is in
10 their best interest. As you know, we are among the many
11 VSOs that support the SVAC's Caring For Our Veterans Act.

12 Our second priority, with our investments to strengthen
13 mental health care and drive progressive efforts to deliver
14 world-class care and community support. Adequately funding
15 VA for this foundational service must continue. At WWP, our
16 approach to care is through a structured mental health
17 continuum of support, built around six programs, including
18 our signature program which is called the Warrior Care
19 Network, which is a collaborative clinical program with four
20 of the world's most renowned academic medical centers: Mass
21 General in Boston, Rush in Chicago, Emory in Atlanta, and
22 UCLA in Los Angeles.

23 Our six mental health programs are designed to
24 complement one another and foster momentum in the healing
25 process. By using the Connor Davidson Resiliency and the

1 VR-12 Rand quality of life scales we can measure outcomes
2 and provide the most effective programming.

3 Our third priority is related to one of our most
4 important direct services, the Independence Program, a long-
5 term support program available to warriors living with
6 moderate to severe TBI, spinal cord injury, and other
7 neurological conditions that impact independence. As you
8 know, there has been more than 35,000 cases of moderate to
9 severe TBI since 2000, and our generation of veterans and
10 their caregivers are aging, and their cases will only likely
11 get worse. We owe it to them and all caregivers to provide
12 them with specialized care and case management teams, inside
13 and outside government, who can provide individual services.

14 For those with TBI who cannot live at home and face
15 life-long needs, we must create age-appropriate and
16 culturally sensitive assisted living solutions. Many of the
17 post-9/11 warriors and caregivers that we support through
18 the program have taken advantage of caregiver laws that
19 provide benefits beyond what is available to our earlier
20 generations. We share the greater community support for
21 expanding the program to include all generations and would
22 support legislation that is appropriately funded to improve
23 the lives of both pre-9/11 and post-9/11 caregivers, without
24 diminishing the benefits and eligibility for those currently
25 enrolled in the program.

1 In closing, I would like to thank the Committees for
2 your invitation to provide our thoughts and insights, and I
3 am happy to answer any questions you may have.

4 [The prepared statement of Ms. Bardorf follows:]

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1 Senator Boozman. Thank you.

2 Let us take a second. The young people that she
3 mentioned, why do not you all stand up again, and let us
4 give you a big hand.

5 [Applause.]

6 Senator Boozman. So we thank you very much for your
7 efforts and example of helping the wounded warriors.

8 General Robinson.

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1 STATEMENT OF BG ROY ROBINSON (RET.), PRESIDENT,
2 NATIONAL GUARD ASSOCIATION OF THE UNITED STATES

3 General Robinson. Thank you, Mr. Chairman, and good
4 afternoon. On behalf of the almost 45,000 members of the
5 National Guard Association of the U.S., and nearly 450,000
6 soldiers and airmen of the National Guard, we greatly
7 appreciate this opportunity to share with you our thoughts
8 on today's hearing topic, for the record. We also thank you
9 for the tireless oversight you have provided to ensure
10 accountability and improve our nation's services to veterans
11 and their families.

12 In my testimony I will focus on three specific issues
13 impacting guardsmen that fall under the jurisdiction of this
14 committee. These issues are ensuring benefit parity for
15 guardsmen, improving mental health treatment in order to
16 combat the high rate of suicides across the National Guard,
17 and highlighting legislative initiatives that continue to
18 support and protect guardsmen, both in their civilian and
19 military careers, as readiness requirements and operational
20 tempo continue to increase.

21 Last year I addressed this Committee and asked for your
22 assistance in correcting numerous benefits not afforded to
23 the thousands of Guard and Reserve servicemembers deploying
24 at a 12304-bravo status. With the passage of the Forever GI
25 Bill and the NDAA, in recent months, guardsmen and

1 reservists are now eligible for nearly all of the same
2 benefits as their active duty counterparts, including
3 tuition assistance, transitional health care access, and
4 post-9/11 GI Bill benefits.

5 This Committee and its members have been instrumental
6 in closing the benefit gap for our members at a time when
7 the Department of Defense is increasing its utilization of
8 12304(b) with more than 13,000 guardsmen scheduled to deploy
9 around the world over the next two years.

10 To complete this effort, we ask for your support in
11 cosponsoring the National Guard and Reserve Benefit Parity
12 Act, S. 2416, introduced by Senators Roger Wicker and Chris
13 Coons, and H.R. 5038, introduced by Congressman Steven
14 Palazzo and Ranking Member Walz, which addresses early
15 retirement eligibility, high deployment allowance and pay
16 for mobilized federal civilian employees, for all 12304(b)
17 deployments. It is not just a parity issue. It is a
18 question of fairness.

19 I would like to convey our extreme concern with the
20 high rate of suicides across all components of the military,
21 and especially those that continue to plague the Army
22 National Guard. While we greatly appreciate the efforts
23 made by this Committee to try to combat the near-epidemic
24 rate of suicides across the military and among our veteran
25 population, I think we all agree that much more needs to be

1 done.

2 We support Ranking Member Tester's legislation, S.
3 1566, the Care for Reservists Act, that would allow
4 guardsmen and reservists to access vet centers for mental
5 health screening and counseling, employment assessments,
6 education training, and other services to help them. We ask
7 for your assistance in pursuing additional legislation that
8 would provide all drilling Guard and Reserve members access
9 to vet center counseling services, regardless of whether
10 they have been deployed or not.

11 As the National Guard remains an integral part of our
12 nation's defense, both at home and abroad, increased
13 training and readiness requirements combined with frequent
14 deployments have put strains on the traditional citizen
15 soldier construct, as well as stressors on the employers of
16 guardsmen.

17 While I cannot anticipate future operational demands,
18 what is clearly true is that the era of one weekend a month
19 and two weeks a year is over. Our members are serving in
20 uniform more days throughout the year, and often completing
21 military tasks on civilian time, all while undertaking some
22 military administrative and training duties, mostly due to
23 insufficient levels of full-time support personnel. These
24 duties compete with their civilian careers and can lead to
25 significant negative effects.

1 Additionally, as we continue to increase operational
2 demands on our soldiers and airmen, their employers are
3 feeling the effects. Due to this new reality, we ask for
4 your support for continue efforts to assist Reserve
5 component servicemembers and their employers. We continue
6 to support legislative efforts that strengthen USERRA, which
7 protects National Guard members who step away from their
8 civilian jobs to serve their country. USERRA establishes a
9 right to prompt reinstatement after service and ensures
10 certain health care benefits during and after.

11 Unemployment and underemployment also continues to be a
12 major concern for our members. Since the beginning of this
13 session of Congress, we have worked closely with dozens of
14 representatives in Congress, including many of the Committee
15 members here today, to endorse legislation that creates
16 pathways to steady employment for guardsmen. I have
17 included many of these bills in my testimony, for the
18 record.

19 Overall, our association will continue to champion
20 legislative efforts that ease the transition for guardsmen
21 from their military to civilian careers, assist and
22 encourage them to pursue higher education degrees, and
23 provide incentives to their employers.

24 I thank you all again for allowing NGAUS to testify
25 before the Committees today. The work done here is critical

1 to the well-being of our servicemembers and the success of
2 our National Guard. I look forward to continuing our work
3 together and sincerely appreciate the steadfast leadership
4 from the members and their staffers in advocating for the
5 men and women of the National Guard. Thank you.

6 [The prepared statement of General Robinson follows:]

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1 Senator Boozman. Thank you. Master Chief Patton.
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1 STATEMENT OF MCPOCG VINCENT PATTON III (RET.),
2 PRESIDENT AND NATIONAL COMMANDER, NON COMMISSIONED
3 OFFICERS ASSOCIATION

4 Master Chief Patton. Good afternoon. Thank you,
5 Chairman, and Chairman Roe and members of the Committee on
6 Veterans' Affairs. In support for the Non Commissioned
7 Officers Association, I just have a few words that I want to
8 pass, and I want to try to relinquish my time a little bit,
9 more so in support of my colleagues sitting here, because
10 they pretty much have said it all.

11 But I am here today to ask for your continued support,
12 which you do very well. From my standpoint--and this is my
13 opinion but pretty much supported by my organization, is
14 that your Committees are doing the right things in terms of
15 how to run legislation. Your bipartisan support has been
16 unmeasurably great. You are showing this country how to do
17 things right here on the Hill, and I thank you so much for
18 it.

19 Our nation has an obligation to all servicemembers and
20 veterans to provide the best in medical and mental health
21 care research and development and health treatment for as
22 long as they are needed throughout their lives. With that
23 said, is all of the things that have been addressed here
24 today, and in support, and in my written comments they cover
25 some specific areas that were all addressed by my colleagues

1 here, is that we must focus, very much so, on helping to
2 continue to support those who support and defend the
3 Constitution of the United States.

4 The reality of a national deficit of nearly \$20
5 trillion, or something like that, does impact all citizens,
6 including military members, veterans, and their families.
7 There is a real concern across the nation relative to the
8 resolution of our national fiscal deficit.

9 Why do I bring that up? Well, many military members,
10 disabled veterans, and veterans are greatly concerned if
11 they feel that they will become disenfranchised from health
12 care programs, entitlements, and promised benefits as a
13 result of being forced to bear the brunt of cost savings
14 plans.

15 Again, I go back to you, members of these Committees,
16 that have been stalwart in ensuring that you have been taken
17 care of our veterans, and again, thank you so much for it.

18 I want to conclude my comments just by highlight just a
19 couple of things that we, at the Non Commissioned Officers
20 Association, have been paying very close attention to:
21 health care system reform, the VA health care workforce,
22 traumatic injuries and suicide prevention, women veterans,
23 rural veterans, caregivers, homeless veterans, deployment-
24 related illnesses and toxic exposure research, preventive
25 health, VA access and fees, integrated disability evaluation

1 benefit system, claims and appeal backlog, Mental Health
2 Discharge Board of Review process, and also veteran hiring
3 incentives, really to focus on continuing to keep on the
4 forefront the need of supporting veterans in the employment
5 process, just as General Robinson had mentioned.

6 I also think, at this point, that we should also pay
7 very close attention to our homeless veterans. It remains a
8 problem, a problem that we know that it takes more than just
9 this Committee to be able to resolve. But through your
10 efforts of working with your colleagues across both sides of
11 the aisle, in the House and the Senate, that we can work
12 towards this particular problem. And you, as the Committee
13 that supports the veteran causes, can take the forefront to
14 ensure that this is helpful and taken care of.

15 I thank you for the opportunity to present our Non
16 Commissioned Officers Association 2018 legislative
17 initiatives, and on behalf of our 50,000 membership of the
18 Non Commissioned Officers Association of the United States,
19 I thank you for allowing me to be here, and look forward to
20 your questions.

21 [The prepared statement of Master Chief Patton
22 follows:]

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1 Senator Boozman. Thank you, and thank all of you for
2 your testimony. It was very, very helpful.

3 We are going to start with the questions, and as a
4 reminder, we are going to do three minutes, because our
5 House colleagues have a vote. We are going to go ahead and
6 start with Chairman Roe and then we will go to Mr. Takano,
7 and then alternate back and forth, Republicans and
8 Democrats.

9 So, Chairman Roe.

10 Chairman Roe. Thank you, Mr. Chairman, and thank all
11 of you all for your testimony, and John, I can still barely
12 understand anything you say. General Robinson, I can be up
13 in Tennessee and understand you.

14 I want to go over--

15 Senator Boozman. I am from Arkansas.

16 Chairman Roe. --a couple of things quickly, and one,
17 as mentioned, the priority that the Secretary has. The
18 number one priority he said, his health priority was mental
19 health. And I think we can see that across the country. It
20 is not just VA that needs beefing up and so forth, and with
21 our 21st Century Cures Act and other bills that we have
22 passed. And General Robinson, you mentioned mental health.
23 I know you are very familiar with Guard Your Buddy, that we
24 started in Tennessee, a program to help reduce suicide. A
25 big shout-out for what you and the Guard are doing. I think

1 that needs to be replicated across all Guard units in the
2 country, and Reserve units that are not on a base.

3 Two, Choice was mentioned, and John talked about the
4 great care he got, and you are right. Some care at the VA
5 is the absolute best there is and in other places it is not.
6 And so what I want, and what I think this Committee wants is
7 to have the veteran get the best care. And 36 percent of
8 the care that is given by VA now is done in the private
9 sector. That care needs to be coordinated and the Secretary
10 is going to announce this week, I think the end of the week,
11 this new transformation to the new electronic health system.
12 I have been in Fairchild Air Force Base out in Spokane and
13 gone through the beginnings of that, and I want to tell you,
14 that is huge undertaking, so be patient. It is going to be
15 hard but it is critically important, for me as a
16 practitioner, outside, to see a patient use cloud-based
17 technology to be able to access that record and seamlessly
18 pass that information back and forth.

19 Caregiver Program, we heard that today. We had a great
20 hearing today over on the House side. I think you are going
21 to see legislation moving forward I think you are going to
22 be proud of, for folks who are not post-9/11. Let us treat
23 all our veterans the same.

24 Blue Water, it has been an issue. It was just
25 mentioned once, but these are colleagues of mine, naval

1 friends of mine who served in Vietnam honorably. Let us get
2 that off the table this year. I have tried and tried and I
3 want to continue to do that.

4 And one question, David, for you, I know you know the
5 Denver Hospital has had a lot of issues. But one of the
6 things, when I visited recently, in the last couple of
7 months, was the new spinal cord injury and disease center
8 there. It is second to none in the world. And I would just
9 like to hear from you on how you envision this will help our
10 veterans with spinal cord injuries, because I was
11 flabbergasted by it. It is a beautiful facility.

12 Mr. Zurfluh. Thank you, Chairman Roe. I would be glad
13 to answer that.

14 For years, folks that lived in Colorado, Utah, Montana,
15 Wyoming were having to go to either the West Coast for care,
16 Minnesota or Texas, were places that were probably 1,000 to
17 1,500 miles away. Having that Spinal Cord Injury Center in
18 Denver is going to allow all these people within that
19 radius, especially Utah, Colorado, and the Montana region,
20 to not have to travel great distances for care. And so that
21 is, to me, the greatest benefit I see for our membership.

22 Chairman Roe. I yield back my time, but you also get a
23 big shout-out for helping design that, also, and thank you
24 for that.

25 Senator Boozman. Mr. Takano.

1 Mr. Takano. I was going to ask this question, but I
2 heard, in most of your answers, the answer to it, and I will
3 give you your answer in advance. It was no. The question I
4 was going to ask is, you know, to paraphrase one of your
5 fellow VSO commanders, veterans fought for the red, white,
6 and blue, not Blue Cross and Blue Shield. They do not want
7 to see their health care system privatized. And the
8 question was, do you want to see any of the VA health care
9 system or specialty of care stripped away from our veterans.
10 And I would take it most of you would say no.

11 I want to focus my one question that I have, maybe two,
12 to Commander Polk. Commander Polk, you mentioned in your
13 testimony that AMVETS believes that the post-9/11 GI Bill
14 has made student veterans a target for deceptive and
15 aggressive college admissions tactics. Could you expand on
16 your suggestions to better regulate the bad actors that are
17 offering sub-par degree programs and defrauding student
18 veterans?

19 Mr. Polk. I will talk to my legislative department
20 about that and we will get you that answer in writing. I am
21 really not up to the--

22 Mr. Takano. All right. I would appreciate it, because
23 it is something that--it is an issue I care a lot about, and
24 I noticed that AMVETS was prepared to speak about it. I
25 mean, that is part of your written statement that was

1 submitted. But perhaps, Melissa, you might want to expand
2 upon how the IAVA feels about this topic.

3 Ms. Bryant. IAVA does care deeply about the GI Bill.
4 Again, I will go back to the post-9/11 GI Bill and its
5 landmark legislation that we helped create back in 2008, and
6 we were huge supporters of the Forever GI Bill and its
7 expansion last year.

8 It is constantly a threat, as you say. There are bad
9 actors, for-profit schools that prey upon veterans, and the
10 first thing that needs to happen is the closure of the 90/10
11 loophole, in order to prevent those bad actors from
12 defrauding veterans and from using the GI Bill fraudulently
13 and using it for their own personal gain.

14 Mr. Takano. Are you aware that the higher ed bill that
15 was passed out of the Committee, Education Workforce
16 Committee, would eliminate the 90/10 rule? I mean, it has
17 gone the opposite direction.

18 Ms. Bryant. Yeah. No, we were aware and that is
19 problematic. That is what is problematic about it. We also
20 need to ensure that within the VA the education and economic
21 opportunity benefits like the GI Bill, that it is elevated
22 within the VA, that it is elevated to the Under Secretary
23 level, just as mental health needed to be elevated to the
24 Under Secretary level, or at least underneath the VHA.

25 Mr. Takano. Mr. Chairman, I yield back.

1 Senator Boozman. Thank you. Mr. Arrington.

2 Mr. Arrington. Thank you, Mr. Chairman, and thank you
3 all for your leadership and service and the sacrifice you
4 made for our country. It is a great privilege of mine to
5 serve on the VA Committee and I am grateful to Chairman Roe
6 for the opportunity to serve as Chairman of the Economic
7 Opportunity Subcommittee. And I am grateful for your
8 comments, sir, about the bipartisan work that has been done.
9 I agree with you. This is one place where I feel like we
10 are putting America first, and checking our partisanship at
11 the door. So that is refreshing as well.

12 Lots of good work around more choice for our veterans
13 with respect to health care. I think some good work on the
14 Forever GI Bill, so enhancing educational opportunities.
15 And I think at the heart of a lot of the problems I see with
16 the VA serving its customer, our veterans, is big government
17 bureaucracy. And a big part of that is choice and
18 competition. Another is the VA accountability, which allows
19 the leadership at the VA to have a culture that actually
20 respects and serves the customer with the same zeal that you
21 serve this country with.

22 Let me give you one more, and it is the biggest
23 disappointment since I have been on here that we have not
24 been able to effect change on. It is the unions, and their
25 grip on the culture change that needs to happen.

1 So the first report, in my first subcommittee hearing,
2 the GAO reported that there were hundreds of people at the
3 VA, employees, spending 100 percent of their time on union
4 activity--100 percent. Hundreds. Millions of dollars. The
5 law says when you administer official time or union activity
6 it must be administered in a way that is reasonable,
7 necessary, and in the interest of the public.

8 There is not one person I have talked to in my
9 district, when I talk about this union time abuse, that
10 thinks that that is reasonable, necessary, or in the best
11 interest of the public. My question is, do you guys think
12 it is in the best interest of the veteran? Do you think it
13 is in the best interest of the veteran?

14 [Chorus of nos from the audience.]

15 Mr. Arrington. So I am asking for your help to make
16 these changes. This is the last big problem, to me, with
17 respect to the culture of the VA, and I need your help. The
18 Vet Protect Act, H.R. 1461, would say, basically, if you are
19 in direct patient care, you do not get to participate in
20 official time. Everybody else cannot spend more than 25
21 percent of their time on union activity because we expect,
22 as taxpayers, and our veterans deserve, people who are hired
23 to do a job to spend their time doing the job they are hired
24 to do to serve the veterans. Do you agree with me?

25 [Chorus of yeses.]

1 Mr. Arrington. So I would encourage you to talk to
2 your organizations so we can get this out of the House, out
3 of the Senate, and to the President, and make this country
4 great again, so that we can serve our veterans in an
5 exception way and in the way you deserve to be served.

6 I yield back, Mr. Chairman.

7 Senator Boozman. Thank you.

8 [Applause.]

9 Senator Boozman. John.

10 Mr. Rowan. Yes. I would like to respond to the
11 Congressman a little bit.

12 Yes, the VA is probably the biggest bureaucracy that
13 ever existed, other than the DoD. However, I would say to
14 you that the people in that bureaucracy are probably the
15 most caring that we can find to help our veterans. Many of
16 them are underpaid compared to the private sector. They
17 come to work every day because they care about the patients
18 and they think, sometimes not like in the private sector,
19 that the patients they take care of deserve the care they
20 are getting, and I think that is a key point.

21 I also hate to tell you that the bureaucracies on the
22 outside are getting worse. Again, I will tell you that I do
23 not know what is like in your particular area, but in the
24 metropolitan New York City area we are getting down to about
25 four health care systems. They are just becoming

1 megalopolises. Even the Catholic Church has bought up--all
2 of their Catholic hospitals are under one roof now, under
3 one bureaucracy, and that is a problem.

4 And the only thing I continue to focus on with this
5 privatization thing, and I understand the idea--it sounds
6 really good. Choice. Go out and get Choice. Go out and
7 get care. But I would ask you this. The whole problem with
8 the Blue Water Navy is you guys cannot figure out how to pay
9 for it. Everybody wants to do it but nobody wants to figure
10 out how to pay for it.

11 What are you going to do if you privatize everything
12 and the health care costs for veterans triples? And that is
13 what is going to happen. Every study we have seen has done
14 that. You are not going to pay for it. No Congress will
15 pay for it, because they will balk at the cost. And that is
16 what I am really concerned about and I think that is what
17 the rest of us are concerned about.

18 Attrition is going to lower the number of veterans over
19 time. You know, when I first came up as a Vietnam vet, the
20 old guys were the World War II guys and the Korean guys.
21 Well, they were only 25, 30 years older than me. I am 50
22 years older than the kids coming out of the military today,
23 and we are hanging in there but we are fading fast.

24 But what has happened is the number of the kids today
25 who are getting shot at, blown up, whatever, is huge. I

1 mean, we went to war in Vietnam for 12 years, and about 3-
2 plus million of us actually were in a war zone. We have
3 been in a war since 9/11 and about 3-plus million of us or
4 more have been in a war zone. So the overall number of
5 veterans may have dropped but those who are going to need
6 help stays the same.

7 So I really think--and I understand my colleague over
8 here. I happen to know where his father went for health
9 care. East Orange, New Jersey's VA Hospital is not the
10 best. Trust me. I go to my C&P exams there. But that
11 needs to be fixed, not replaced with nothing, and that is
12 the only thing we would say.

13 Senator Boozman. Mr. O'Rourke.

14 Mr. O'Rourke. Thank you, Mr. Chairman. I want to
15 thank each of you for your testimony today and all of your
16 members who are here, especially those from Texas, who
17 joined Jodey Arrington and I for a high-class donut and
18 coffee breakfast this morning. No expense spared for our
19 fellow Texans. Had a great conversation.

20 Jodey and I are going to disagree on some things,
21 including some of what he just said. I see a tremendous
22 value in what unions bring, official time. Those union
23 members, many of whom are veterans themselves, working for
24 better care in a more productive VA. But we can do this
25 amicably, and most of what we work on together we agree with

1 each other and are able to get some things passed. And so I
2 am grateful to all of you who joined us this morning.

3 I have got two minutes left. Ms. Bryant, you brought
4 up some great points about toxic exposure and the need to
5 take this head-on, and I cannot help but think of things
6 that I have been told by Mr. Rowan in the past, about this
7 country taking 40 years to treat Agent Orange exposure as a
8 presumptive condition for cancers and other debilitating
9 diseases and conditions the veterans are suffering from,
10 before we did the right thing.

11 Give us your straightforward guidance, on a personal
12 basis or from IAVA, to ensure that we do not repeat this
13 same mistake, and we are not here talking about this, you
14 know, 30 years from now, saying we have got to get on the
15 ball and people are starting to die from the exposures that
16 they had. Give us some marching orders, going forward.

17 Ms. Bryant. Sure. First things first. There needs to
18 be tracking of those who have been exposed in combat areas,
19 like myself, from before you leave service, going into the
20 VA. So DoD needs to enhance the data tracking, enhance the
21 fact, or capturing the facts of those who have been exposed,
22 in what areas they have been exposed.

23 Right now the registry at the VA is opt-in, and so that
24 is unacceptable. I think with 35 percent of folks who have
25 registered within the VA Burn Pits Registry, that is nowhere

1 near capturing the numbers of those of us who served in FOBs
2 and COBs across Iraq, Afghanistan, and many other hotspots
3 across the world, where we have been exposed to toxic
4 exposures.

5 And it is not limited to just burn pits. I want to
6 also say that it is toxic exposures. It is the dust. It is
7 the metals in the air at Camp Victory and Bagram and other
8 places like that, where we all inhaled those inhalants, if
9 you will, chemicals.

10 The next thing I would say is that there needs to be
11 mandatory screening for toxic exposures for all veterans at
12 the VA, similar to the screenings that are done for military
13 sexual assault.

14 The third thing that I would say to do is to identify
15 all those who have been exposed to burn pits and toxins
16 while in CONUS or deployed, and they also need to ensure
17 that VA clinicians are able to ask the right questions in
18 order to elicit that information from veterans, because a
19 lot of times, you know, when we go into the VA, especially
20 those of us who are newly separated, post-9/11 veterans, we
21 do not always know what to say, and we think that we are 100
22 percent okay when we are not. And so you need clinicians
23 who are there, who are able to spot, based off of where you
24 were, what you possibly have been exposed to.

25 Mr. O'Rourke. Okay. Great.

1 Senator Boozman. Ms. Bardorf.

2 Ms. Bardorf. Thank you. I would add, with our friends
3 from the IAVA, we recently funded a partnership between both
4 VVA and TAPS. As you know, TAPS is the organization--they
5 are here today, in the audience--they are the organization
6 that cares for our fallen heroes. And they have seen a
7 disproportionate number of servicemembers who have died,
8 presumably from toxic exposures.

9 So Wounded Warrior Project has invested, because we
10 believe the best organization in the space, in this area, is
11 VVA, and John and his team. So we put together TAPS and
12 VVA, with funding from Wounded Warrior Project, \$200,000 to
13 start, and a needs assessment to take a look at toxic
14 exposure and see what is happening in research, both in the
15 VA, in DoD, and what is happening in the civilian sector, in
16 order for us to address this very, very important issue.

17 We agree with IAVA that this may be the future Agent
18 Orange for our generation, and we are very concerned about
19 it.

20 Senator Boozman. Mr. Rowan.

21 Mr. Rowan. Yeah. I am going to add to the bad news
22 too. Camp Lejeune was not an isolated incident. It is our
23 contention, frankly, that many of the bases in the United
24 States are polluted and have some serious, serious issues
25 that may have affected the people who live there, either

1 military or military families.

2 I had a member of our organization give me a copy of an
3 IG report that was done in Shemya, Alaska, about the
4 pollutions in the Air Force base there. My staff has
5 informed me that there are 141 superfund sites that equate
6 to airbases in the United States. So we are just starting
7 to scratch the surface that we may have exposed people right
8 here, in the United States. You do not have to go to the
9 war zones to be exposed to toxic exposure on things.

10 I would also contend that it might be something that
11 the private sector might want to look at too. It just
12 amazes me that all of these children today come in with all
13 of these developmental disabilities. I mean, where did that
14 come from? I think it needs a lot more research.

15 Senator Boozman. Mr. Bergman.

16 Mr. Bergman. Thank you, Chairman. Thank you to all of
17 you. You have all worn the cloth of our nation. You have
18 served honorably, with distinction, and through very trying
19 times. We are truly the land of the free because we are the
20 home of the brave. So all of you, you have stepped up. For
21 those of you attending the TAPS event this evening, I look
22 forward to shaking your hand there and getting to know you a
23 little bit better.

24 You know, Mr. Rowan, you brought up a comment that is
25 near and dear to my heart, because our idea, in my district

1 of a metropolitan area, has three traffic lights. It is a
2 big deal. So the point is, the physician shortage across
3 the board, and especially the physician and health care
4 provider shortage in rural America.

5 I am going to ask a question, and that is of all of
6 you, is that--and I asked the panel this last week too--
7 would you support a pilot project that looked at, in rural
8 areas--rural areas here, if you are fortunate enough to have
9 a VA hospital, that may not be a full-service hospital. You
10 have got CBOCs in the area, but especially a VA hospital
11 that is co-located with a county hospital or, you know, some
12 hospital like that, then would you support a pilot project
13 that would look at a combined, full-service care for
14 veterans in rural areas where the answer was not to get in
15 your car--and in this case, my case, northern Michigan, and
16 have to drive five hours in a snow and rain storm.

17 I mean, is that something that your groups would
18 support VA taking a look at?

19 Master Chief Patton. Yes.

20 Mr. Bergman. Is that a yes? We are not--this is not a
21 discussion. This is just a yes or no. Either you do or you
22 do not, because if you do not we can talk later. If you do,
23 we can talk later too. But I do not want to eat up the time
24 here.

25 Mr. Rowan. Not necessarily.

1 Mr. Bergman. Okay. You would not necessarily support
2 that.

3 Mr. Rowan. For lots of different reasons.

4 Mr. Bergman. Lots of different reasons. Okay. So
5 bottom line is the majority, though, would support that kind
6 of thing. Okay.

7 General Robinson, as the Guard and Reserve, would you
8 care to comment on the statement that when a guardsman or
9 reservist demobilizes and loses that, if you will, that
10 comfort of the unit because they go back to their homes,
11 which may be located a long way from their unit, is that a
12 factor in the suicide rate at all, among guardsmen and
13 reservists, that post-demobilization isolation?

14 General Robinson. You know, I wish I could say
15 conclusively that I think that directly impacts it.

16 You know the deal with suicides. Sometimes it is
17 really hard to back-trace it. There is no question in my
18 mind that being separated from the unit, which I, myself,
19 deployed as a guardsman, came home, was separated from my
20 unit, it certainly makes those issues more difficult to deal
21 with. I think in some cases having access to the vet
22 centers seems to help that problem. It seems to give you
23 other veterans to talk to.

24 But I would say--I obviously am not a physician--there
25 is no question in my mind that some of the soldiers, that I

1 am aware of, that we have lost, it certainly played a role
2 in them not being able to get back with the guys and the
3 soldiers and the airmen that they spent time with, in
4 sometimes very austere conditions, who they got very close
5 to.

6 Mr. Bergman. I see my time is up here. We do know it
7 is a challenge, as we took a look at mental health across
8 the country, that--but isolation is a factor and that group
9 cohesion plays a positive role.

10 I yield back, sir.

11 Senator Boozman. Thank you. Mr. Sablan.

12 Mr. Sablan. Thank you very much, and thank you,
13 everyone, for all that you do and all that you have done for
14 our country.

15 I come from a place where the veterans were basically
16 forgotten. In 2009, I got into office and convinced the VA
17 to finalize a contract for a physician to provide service to
18 veterans for a fee. Three hundred veterans so far have
19 signed up. Now they have got another doctor who comes in on
20 a Saturday, but they can only do so much. I do not have a
21 VA center. I do not have a clinic.

22 But lo and behold, we met with Secretary Shulkin on
23 Valentine's Day, and the vet center proposal, utilizing
24 services from Guam, that evening they got the green light,
25 the proposal that sat somewhere for months.

1 Then, the next day, I met with a local clinical
2 psychologist, a counselor, and, yeah, a clinical
3 psychologist, and I asked her if we could have access to
4 their staff. She has got two staff who are willing to do
5 peer-to-peer group. Just all they need is training. They
6 need training. And so we are going to start that also.

7 But I do not have access--all of us here have a reason
8 to complain. I do not have a reason to complain because I
9 have got nothing to complain about, because we just do not
10 have nothing to give. Mr. Bryant, I love you--

11 [Laughter.]

12 Mr. Sablan. --because if we are to spend on our
13 veterans what we spend on our wars, we will not be having
14 these hearings here today, right? No. Very unlikely.

15 [Applause.]

16 Ms. Bryant. My father talks to me many times about his
17 time in Vietnam, and he would have never thought that a war
18 that started right after I graduated from college is still
19 going on, nearly 17 years later. That is absurd.

20 Mr. Sablan. Yeah. I mean, Vietnam is very close to
21 us. Almost everything passed through Guam. We have got
22 veterans, you know, from the Korean War. You know, we have
23 World War II scouts and we have Vietnam vets, and now we
24 have the present war.

25 But I am working hard. I am getting some help from the

1 Committee's leadership. I am getting help from VA, finally.
2 But it is just so hard to provide the services. I mean, I
3 come from a community where last year there were two
4 suicides, from our reserve units. Two. And it is a
5 community where everyone knows everybody, you know. And I
6 argue with my wife and my mother knows. I do not know who
7 tells her.

8 [Laughter.]

9 Mr. Sablan. But, no, we are very closely knitted and a
10 suicide in a community is devastating. Two in the same
11 year. It is just horrible.

12 But thank you for all that you do. You guys are
13 wonderful. I am learning so much from VSOs, and thank you
14 very much, Mr. Chairman.

15 Senator Boozman. Thank you. Mr. Higgins.

16 Mr. Higgins. Thank you, Mr. Chairman, and ladies and
17 gentlemen, my brother and sister veterans, God bless you one
18 and all. Thank you for your continued service to this
19 nation that we love, for your dedication and devotion to
20 improving the VA that we discussed today.

21 I am going to jump into a concern that I have. I think
22 some of you have been very, very actively involved, as has
23 my office, regarding the expansion of the Caregiver Program
24 to pre-9/11 vets, as our Vietnam veterans and remaining
25 Korean veterans, World War II veterans, perhaps a handful of

1 those men and women left. My father was a World War II
2 veteran. And as we consider the expansion of the program,
3 one of the things that occurs to me is a concern about the
4 elderly status of their caregivers and how the caregivers
5 themselves, through so many years now of not having access
6 to the Caregivers Program, the caregivers of the veterans,
7 they are needing care themselves.

8 So I would just like to put it out there. We are
9 seeking a path forward, as a Committee, and I thank the
10 Chairman for his leadership, and my colleagues on both sides
11 of the aisle for their participation, as we do seek a path
12 forward to expand the Caregiver Programs in an efficient
13 manner.

14 But how do you see the inclusion of the caregivers
15 themselves and their sort of built-in deteriorating ability
16 to care for our veterans? I would be interested in your
17 opinions, please. Down the line. Mr. Rowan, you are good
18 at starting things.

19 Mr. Rowan. Yeah. I think that is, frankly, a generic
20 problem in our society. I mean, the veterans, particular
21 the Vietnam veterans, I can tell you, frankly, it was the
22 spouse they have been relying on for all these years, and
23 the spouse never go a nickel from anybody.

24 Mr. Higgins. Right.

25 Mr. Rowan. And what is worse is they did not have a

1 chance to even earn anything. So when the veteran dies and
2 all that income goes out the window they are really in
3 trouble. DIC--you want to help them out? Double DIC
4 tomorrow and see how that helps. I mean, the amount of
5 money people get for DIC is a joke.

6 But, I mean, that is an issue that is even in the
7 private sector also. How do you sustain caregivers,
8 generally? I mean, most of the people that we see--and, you
9 know, it is interesting. We talk about--immigration, I
10 know, is a big issue. I can tell you, where I am, I do not
11 know about anybody else, but most of the caregivers I know
12 that are providing care to the elderly and stuff, they are
13 immigrants. They have been brought in and they are willing
14 to work chip, and that is how they keep them going, because
15 nobody can afford to pay somebody to get real full-time
16 care. I mean, it is very, very, very expensive.

17 And so to get younger caregivers you have got to pay,
18 and nobody wants to do that. Even in the private sector,
19 even in the regular sector, even in the Medicare sector it
20 is a real tough situation. So for the veterans it is just
21 as bad.

22 I would like to see the program that they have got for
23 the younger veterans retro back to those older veterans and
24 some of the Vietnam veterans I know who really could use
25 that help, that care. So that is the only thing I can say.

1 Mr. Higgins. Mr. Chairman, my time has expired but I
2 am interested in the response of the VSOs represented today,
3 and perhaps those in the audience, perhaps could forward to
4 my office. Thank you.

5 Senator Boozman. Thank you. Senator Tester.

6 Senator Tester. Thank you, Senator Boozman. As long
7 as you are warmed up, John, we will let you just keep going.
8 First of all, you look pretty darn good. I remember last
9 year at this meeting you looked pretty good but you look a
10 lot better today. It is good to see you have hit full
11 stride.

12 Look, in places like Montana, access to care in the
13 community is critically important, especially when the VA
14 cannot provide it in a timely manner. Chairman Isakson and
15 I have crafted a bill with critical input from the VSO
16 community that says the decision of where a veteran gets
17 care should be made by the patient and provider for clinical
18 reasons. It also includes several provisions to bolster the
19 ability of the VA to better meet the immediate long-term
20 care needs of our veterans, and it expands caregivers, as
21 has been pointed out, benefits to all eras, a long-time
22 priority, I know, of yours and of mine.

23 So our Caring for Veterans Act has been out there for
24 about three months, I think. It passed out of Committee 14-
25 1. Can you speak of the importance of this piece of

1 legislation and the urgency of it?

2 Mr. Rowan. Clearly the issue of providing care in the
3 most remote areas is always a problem, not just for the VA.
4 I mean, that was one thing this other gentleman over here
5 was talking about. You know, it is nice to talk about what
6 are you doing in the veterans in your community. What are
7 you doing for the people in your community where there is no
8 hospital or clinic, period? I mean, let us face it.

9 Even, as I am saying, even in the private sector today,
10 you can go to a clinic and maybe you can see a
11 dermatologist, maybe, or maybe you can see a podiatrist,
12 maybe. But if you are going to need heart surgery, like I
13 had, they are going to ship you somewhere.

14 Senator Tester. Yeah.

15 Mr. Rowan. They are not putting cardiologists in every
16 county, in every state in the United States. It is not
17 happening, in the private sector or the VA sector.

18 Senator Tester. It is not going to happen.

19 Mr. Rowan. So, I mean, the whole idea is how do we
20 provide the best access. I also think that we need to take
21 a look at some interesting fields. One of the interesting
22 groups that we have had some touch-base with is the Indian
23 Health Service, which provides lots of services in some of
24 these rural communities, and yet I wonder how much their
25 veterans are getting. We found out that they do not

1 necessarily know what is going on.

2 The other thing that would be interesting, too, you
3 mentioned Fairchild Air Force Base earlier. There has been
4 some interesting joint VA military base issues. They are
5 providing care--those doctors were providing care to the
6 people two days later is now in the veterans' facility.

7 Senator Tester. Yep.

8 Mr. Rowan. So what is the matter with them letting the
9 veteran go if that is the closest facility to get--to see a
10 clinic?

11 Senator Tester. Yeah.

12 Mr. Rowan. Let them go to the Navy base, the Air Force
13 base, the military base. I mean, we have got enough of
14 these bases all over the places, especially particularly in
15 the South and the West, where a lot of them were put up, so
16 put them to use.

17 Senator Tester. Thanks. Thank you, Mr. Chairman. I
18 have got some more but I do not think I should.

19 Senator Boozman. Senator Cassidy.

20 Senator Cassidy. Commander Polk, good to see a fellow
21 Louisianan here. Man, good to see you.

22 Mr. Polk. Thank you, sir.

23 Senator Cassidy. A shout-out to anybody else from
24 Louisiana. Thank you all for being here. Thank you.

25 I was looking over what you are offering. The HEAL

1 Program is very intriguing. You may know, but others may
2 not, I am a physician, a doctor, and I know that when you
3 have follow-up you are more likely to get a better outcome
4 than if you do not.

5 Mr. Polk. Yes, sir.

6 Senator Cassidy. And so this idea that folks who have
7 traumatic brain injury or depression or you name it, have
8 somebody that goes out and touches them, that is a real
9 positive thing. Any comments on that program?

10 Mr. Polk. Great. That is part of what our HEAL team
11 is going to do. When a veteran contacts them, has a
12 problem, whether it be TBI, and they get to the bottom of
13 why they are not getting the service that they need, they
14 are going to follow up on this. They are not going to just
15 put them out in left field and just let them play. They are
16 going to follow up with this veteran, make sure that they
17 are getting the help and the assistance that they need.

18 Senator Cassidy. Yeah, one thing I remember, as a doc,
19 I would speak to my physician colleagues in the system, and
20 they would tell me that some VAs had very poor follow-up,
21 that if somebody missed their mental health system because
22 they were traveling from Alexandria to New Orleans, for
23 example, and they missed their appointment, that they would
24 be rescheduled for like six weeks later. Now if somebody
25 has serious mental illness, that is way too long for that

1 follow-up. Now this is the older administration, before the
2 new hospital. I do not know the current situation. But
3 this would alleviate that. And so, again, I compliment you
4 all for your vision in terms of that program.

5 Mr. Polk. Thank you.

6 Senator Cassidy. Let me just mention something else to
7 you all, because I gather there is some controversy about
8 the Choice program, but something I will be advocating. I
9 said I am a doctor. I am a hepatologist, and I usually--it
10 is a liver doctor. People think a hepatologist either does
11 snakes or venereal disease, but no.

12 [Laughter.]

13 Senator Cassidy. And in my practice, I took care of a
14 lot of liver transplant patients, and one thing that is
15 clear, the more transplants you do, the better the outcome.
16 It just makes sense. You do five a year, you are not as
17 good as if you do 150 a year. Right now the VA has one or
18 two or three or four transplant centers around the nation.
19 But when you look at their statistics, some of them do not
20 do that many at all. They just do not. So you are
21 traveling 1,000 miles to go to someplace that does 20 a
22 year, when you might be able to stay within 100 miles and go
23 to a place that does 150 a year.

24 Now I think of the VA as providing primary care,
25 secondary care, tertiary care, even. But if you talk about

1 quaternary care, I need a liver transplant--if we are to do
2 unto others as we would have them do unto us, we would want
3 to go to the place that did 150.

4 Our legislation, which passed by a voice vote in the
5 House, on the House Committee, would allow the veteran to
6 have the choice of staying locally, with a referral from the
7 VA, at a transplant center near her or his home, as opposed
8 to going 1,000 miles away. I am told the VA is going to
9 oppose it, and that disappoints me, because Secretary
10 Shulkin, before he was Secretary, said the VA should be
11 about the veteran, not about the VA. I am told the nature
12 of the opposition is that they want to preserve the program.
13 It is more important to me that the VA go to someplace that
14 does 100 transplants a year than to preserve a program that
15 does only 10 or 15 or 20, because as a doc, the first
16 priority is the patient.

17 Anyway, thank you all for your service. I appreciate
18 you all being here and apologize for my haranguing.

19 I yield back. Thank you.

20 Senator Boozman. No, thank you very much. Mr. Polk,
21 your testimony noted that the AMVETS support for the
22 Veterans Justice Outreach Program, you mentioned it. In
23 Arkansas, they tell me that this program has really made a
24 positive difference, but there is more opportunity to expand
25 its impact for more veterans. Can you tell us more about

1 the impact that the program has made in reducing veterans'
2 homelessness?

3 Mr. Polk. Well, we are, of course--I mean, I am sure
4 all the VSOs are trying to do this. We are trying to reach
5 out to the local community. They know where the veterans
6 are. They know who is on the streets. We do seminars on
7 this, across the nation, through our programs that we have,
8 and that is actually some of the things that our HEAL team
9 can be involved in. If we have a veteran that has a problem
10 of any kind, he can call this HEAL Program and he can work
11 with them. They will help him out. They will get him help
12 in any way that they can, and they are very knowledgeable at
13 what they are going to be doing. It is going to be a bit
14 benefit to all the veterans, not just our members but 20
15 million veterans that we have across the United States.

16 Senator Boozman. Well, in Arkansas you are doing a
17 good job. And one of the things we want to do is recognize
18 programs that work, and we spend a lot of money on lots of
19 different programs, but we want programs that work. So
20 again, congratulations.

21 Ms. Bryant, you mentioned IAVA's work in helping us
22 introduce the Deborah Sampson Act, which I am proud to
23 support and co-sponsored. That bill would address a number
24 of areas impacting women veterans including legal services,
25 peer mentoring, maternity care, and others.

1 Can you offer some specific examples of women veterans
2 who would be impacted by some of the improvements in the
3 bill?

4 Ms. Bryant. Women veterans like myself, when we walk
5 into the VA we are not always welcomed. And it is not for
6 lack of good care. Sometimes it is simply that they ask me
7 where is my spouse? Where is my sponsor? And so, first and
8 foremost, there needs to be top-down culture change within
9 the VA, where they recognize the service of women veterans,
10 and they recognize that I am coming to receive care, not my
11 spouse. And in doing that, I also want to be able to
12 navigate the bureaucracy of the VA and talking to someone
13 who has had an experience that is like mine. That means
14 talking to another woman veteran, and having women veteran
15 program managers, and having women veterans who are peer-to-
16 peer counselors, who are able to understand the nuance of
17 being a woman, being a woman in a post-9/11 generation,
18 especially, and understanding what it is like to come to the
19 VA while there is still the war that I served in going on.

20 And so there is a bit of a difference there between
21 generations, in fact, that women like me are seeking out of
22 the VA, and that is what we hope the Deborah Sampson Act
23 will achieve, and we thank you for sponsoring that and for
24 championing that bill.

25 Senator Boozman. Well, we appreciate you and

1 appreciate your advocacy.

2 Let me just say one thing about the Choice program.

3 Again, I am from Arkansas, which is a very rural state. So
4 many of our veterans come from the Midwest and the South,
5 but it is different in the sense that we have got two great
6 VA hospitals in Arkansas. The delegation, for decades, has
7 worked very hard to ensure that, you know, that they provide
8 good service. But we have only got two, and it is
9 difficult. So we have got to make it such that everybody,
10 regardless of where they live, has access to VA health care.
11 And the good news is, you know, they want it, like I said,
12 because they really do do a very, very good job.

13 Senator Cassidy mentioned, you know, a problem, those
14 kinds of problems. We have just got to work together to
15 sort these things out, recognizing the fact, though, that we
16 are committed to VA health, and, you know, all that it
17 represents.

18 Yes, sir, Mr. Susino.

19 Mr. Susino. Yes, Chairman, thank you. I just want to
20 make one follow-up comment. As part of my testimony, I did
21 share a story about my dad. Mr. Rowan made a comment
22 earlier about the particular facility where my father was
23 at, and I think that would be misleading for that to be left
24 as the single comment about that.

25 Without going into any medical diagnosis and so forth,

1 and treatment of my father, let me just share that there are
2 some generic things, rather than focusing on a specific
3 facility, there are some generic things about the VA care
4 which could be addressed broadly. For example, there are
5 some medications that you can receive in the private sector
6 that are more effective that you cannot receive from the VA.
7 There are examples when there is one medication or another
8 that could be administered, yet if they are administered
9 collectively the synergy is such that they are much more
10 effective. In the VA, in some cases, they cannot administer
11 both, yet you go to the private sector for that.

12 When you are in a hospital, sometimes you have to go
13 down, six floors down, wheeled over to get a test, where in
14 the private sector, maybe the x-ray machine shows up 20
15 minutes later, right in your room, et cetera, et cetera, et
16 cetera.

17 I would not want the Committee to be misled to think it
18 was a specific issue about a particular facility in New
19 Jersey. Rather, I was trying to focus on the generic
20 issues, which you can address more broadly.

21 Thank you so much.

22 Senator Boozman. No, no, I understand and understand
23 the spirit in what you--you know, what you are saying. The
24 formulary is a big problem, and, you know, again, that is
25 something that we are going to have to address. It is not

1 only with the private sector, but we have individuals, you
2 know, that are still under the DoD, that have had all kinds
3 of problems. They get them stabilized, go to the VA, and
4 maybe they have taken a year, you know, to get their
5 medicines, you know, where they are able to function, and
6 then come and they are offered generics or whatever, you
7 know, alternatives. So again, that is a huge issue also.

8 We do thank all of you for being here. We appreciate
9 your testimony and all that you represent. The hearing will
10 remain open for five days, if any members have additional
11 questions or comments to submit. And with that the hearing
12 is adjourned.

13 [Whereupon, at 3:57 p.m., the Committees were
14 adjourned.]

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