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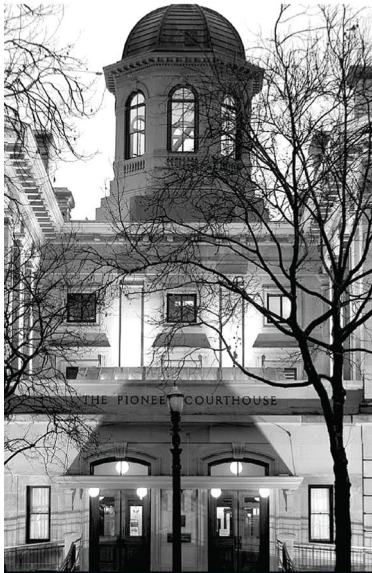
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FINAL

**US SENATE COMMITTEE ON VETERANS' AFFAIRS
THE STATE OF VA SERVICES IN HAWAII FIELD HEARING**

**HELD ON
WEDNESDAY, OCTOBER 5, 2022
9:03 A.M.**

**OAHU VETERANS CENTER
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THE HONORABLE MAZIE HIRONO, UNITED STATES SENATE
THE HONORABLE DENIS R. McDONOUGH, SECRETARY OF VETERANS
AFFAIRS
DIANE HAAR, ESQUIRE, HAWAII DISABILITY LEGAL SERVICES
SMSgt ROXANNE BRUHN, USAF, RET., VETERAN
COL. RONALD P. HAN, JR., USAF, RET., DIRECTOR, STATE OF
HAWAII OFFICE OF VETERANS' SERVICES
DAVID J. MCINTYRE, JR., PRESIDENT AND CEO, TRIWEST
HEALTHCARE ALLIANCE

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(WHEREUPON, the proceedings were called to order after which the following occurred:)

SENATOR HIRONO: Good morning, everybody.

This field hearing of the Senate Veterans' Affairs Committee will now come to order. It would be good if I turn on the mic.

Good morning, everybody. I just gaveled in the hearing. It's lovely to see all of you. And, really, I welcome all of you but what is really particularly special today is that we have the Secretary of the Veterans' Administration; and I would say that I don't remember the last time that we had a secretary come to Hawaii to listen to our concerns and we're all very appreciative that you are here.

So I am going to begin with my remarks.

Again, I want to welcome everybody. I want to thank all of the witnesses starting with, of

1 course, the Secretary. And I also want to thank the
2 Oahu Veterans Center for hosting this hearing. The
3 last time we did this was a number of years ago, so
4 I'm really glad that we are back here to listen to
5 the concerns. And I'll ask all of our veterans who
6 are here, some of whom I got to meet, including some
7 of the veterans who were exercising in one of the
8 rooms back there and it's -- it's one of the things
9 that happens here, Mr. Secretary. And they also do
10 video exercising, especially during the pandemic.
11 So there are a lot of services that are provided.

12 I want to let you know that I have had the
13 opportunity to work with Mr. Secretary even before
14 he became the Secretary when he was working for
15 President Obama, and I can tell you that Sec.
16 McDonough is a hands-on, can-do person. And I knew
17 this when he was the Chief of Staff for President
18 Obama and going forward as Secretary of the VA that
19 I have worked with him on issues that really matter
20 to us here.

21 And, in fact, earlier this year we passed
22 the Honor Our PACT Act. This is historic
23 legislation to expand VA health care access to more
24 than 3.5 million veterans who were exposed to toxic
25 substances while in the service; and there are about

1 100,000 veterans, Mr. Secretary, in Hawaii; 30,000
2 or so of them live off of Oahu and the neighboring
3 islands and you will hear some of the particular
4 issues relating to our neighbor island vets; and
5 about 12,000 of our veterans are women. So the
6 -- I want to mention the PACT Act includes former
7 Congressman Mark Takai's Atomic Veterans Healthcare
8 Parity Act which made veterans who participated in
9 the Enewetak Atoll cleanup and were consequently
10 exposed to Agent Orange eligible for VA healthcare
11 services.

12 I want to acknowledge former Congressman
13 Mark Takei because he was such an advocate for
14 veterans and we lost him way too soon, but his
15 provision is included in the PACT Act.

16 And last year the Johnny Isakson and David
17 P. Roe Veterans Healthcare and Benefits Improvements
18 Act was signed into law. This law contains the most
19 comprehensive update to VA services for women
20 veterans ever. Women veterans are the fastest
21 growing group of veterans.

22 And later today I look forward to taking
23 you, Mr. Secretary, to tour the Windward SEBOC in
24 Kaneohe which opened in December 2021. I'm also
25 proud for the VA's commitment to expand services in

1 Hawaii with the Daniel K. Akaka VA Clinic in
2 Kapolei. This clinic will provide important care
3 for veterans not only on Oahu but across Hawaii and
4 the entire Pacific region. It is totally
5 appropriate that this particular SEBOC is named for
6 Senator Akaka because as we all know he was such a
7 champion for veterans, and this SEBOC was first
8 conceived by Senator Akaka nearly 20 years ago.

9 And I appreciate your partnership, Mr.
10 Secretary, in getting it over the finish line. In
11 fact, I called Mr. Secretary and I said we are
12 having some issues with the SEBOC and what can you
13 do to help us; and he just immediately did it. So
14 when I say he's a can-do, hands-on person that is
15 really very, very true.

16 And then most recently while abortion
17 remains legal in Hawaii nearly half of all women
18 veterans live in states where abortion is not and
19 it's outlawed, and we have about 600,000 female
20 veterans, maybe 300,000 of them according to
21 testimony you provided to the veterans committee a
22 couple of weeks ago in D.C. About 300,000 of them
23 are of childbearing age. And I commend the
24 Secretary very much and the VA for putting forward a
25 proposed rule that would enable the VA to provide

1 abortion services in the instances of rape, incest,
2 and for the health and life of the mother. I
3 personally would like them to go further but I'm
4 just really glad that not only did they respond to a
5 letter that I led some of my senate colleagues in
6 asking the VA to come forward with this proposed
7 rule, that I'm very grateful with the very swift
8 response.

9 Okay. I just skip around because you know
10 what? I want you guys to know that I have had
11 occasion to work with our Secretary so I just want
12 to pretty much end by saying that while we made
13 great progress in terms of our veterans who have
14 been exposed to toxic conditions, while we are
15 paying attention to the growing number of female
16 veterans, while we listen to the -- the veterans who
17 are experiencing homelessness, we just got by the
18 way \$1.5 million in Hawaii to address the -- the
19 issue of veteran suicide, there is a lot that we can
20 all do together.

21 So I know that the Secretary is going to
22 address a number of those concerns and I do want to
23 mention as we talk about the suicides that the
24 evidence shows that AP to AAPI, Asian American
25 Pacific Islander, group of veterans has a higher

1 incidence of suicide. And I brought this up in one
2 of our hearings and asked that the Secretary and the
3 VA Administration to pay attention, to be focused on
4 this particular cohort group of veterans and this
5 \$1.5 million that's coming to the State of Hawaii
6 will help us do that.

7 So for everything that we are all doing
8 together and for the Secretary's leadership, I
9 welcome all of you.

10 With that, I would like to introduce the
11 Secretary. I have a separate introduction just for
12 you.

13 **SECRETARY MCDONOUGH:** Oh, my.

14 **SENATOR HIRONO:** Yes.

15 **SECRETARY MCDONOUGH:** You're very
16 generous.

17 **SENATOR HIRONO:** He has a very long
18 resume, but Mr. Secretary was sworn --

19 **SECRETARY MCDONOUGH:** Could we include
20 that in the record?

21 **SENATOR HIRONO:** Well, we should tell
22 people what a great person you are. So just a
23 little bit.

24 He was sworn in as the 11th Secretary of
25 the VA in February 2021, and because I sit on the VA

1 Committee I was really glad to be among those who
2 voted for him out of our committee and then also on
3 the floor.

4 As I mentioned, he previously served in
5 the Obama administration as the 26th White House
6 Chief of Staff. During his confirmation hearings,
7 Secretary McDonough testified to this committee that
8 he would work, quote, "work tirelessly to build and
9 restore VA's trust as a premier agency for insuring
10 the wellbeing of America's veterans," end quote.
11 Over the past two years that is exactly what he has
12 done. I have appreciated his partnership in our
13 work on behalf of our veterans across Hawaii and
14 throughout our country, and I look forward to our
15 continuing collaboration.

16 Mr. Secretary, please proceed.

17 **SECRETARY MCDONOUGH:** Senator, thank you
18 so much for the invitation to come to this wonderful
19 state and for the opportunity to testify about the
20 critical issues so important to Hawaii in general,
21 but also the great tradition of service that is
22 manifest by Hawaiians.

23 I want to also thank you for your
24 steadfast support of veterans, for their families,
25 caregivers, and survivors all across the country, of

1 course, and especially here in Hawaii.

2 Before I get to the topic of today's
3 hearing and understanding that Hurricanes Fiona and
4 Ian are literally on the other side of the country,
5 I did want to quickly touch on them. Our hearts go
6 out to everyone who is impacted by these terrible
7 storms and we're doing everything we can to help.
8 Before the storms, we worked closely with our
9 federal and local partners to keep veterans safe,
10 including evacuating 152 veteran patients in Bay
11 Pines, Florida, and transporting them to other VA
12 facilities.

13 And since the storms we've taken several
14 additional steps: One, reaching out directly to
15 veteran patients and VA employees to make sure they
16 are safe; Two, we've offered a pause in VA debt
17 payments to every veteran impacted by these storms;
18 Three, in Puerto Rico all healthcare operations are
19 normal with one exception, the Ponce Outpatient
20 Clinic which is partially operational because they
21 are transitioning to a new facility;
22 Fourth, in Florida all medical centers are fully
23 operational;

24 And five, all of our cemeteries in Puerto
25 Rico, Florida, and South Carolina are open for

1 visitation and burial services. Now, of course,
2 there's still a lot of work to be done as we recover
3 from and rebuild after these storms, something
4 obviously Hawaii is familiar with. And I assure you
5 that we at VA will not rest until vets, their
6 families, and VA employees get the support that they
7 need.

8 Now back to today's topic. There are an
9 estimated, as you just heard from Senator Hirono,
10 113,000 veterans in Hawaii. And our shared mission
11 at VA in Congress and as a nation is to serve each
12 of them, every one of them as well as they have
13 served our country. We serve vets like the late
14 Senator Inouye whose heroism and service in World
15 War II earned him the Medal of Honor, and whose
16 service in the Senate resonates loudly to this day.

17 We serve vets like the late Senator Akaka,
18 also a World War II veteran and the first US Senator
19 of native Hawaiian ancestry. And we serve vets like
20 native Rodney Navarro, Hawaiian native Rodney
21 Navarro whose story I'd like to quickly share with
22 you.

23 Rodney's a veteran who had a rough time
24 after leaving the Navy, struggling with
25 homelessness, justice involvement, and mental health

1 issues. Back in 2018, he found himself incarcerated
2 at the Maui Community

3 Correctional Center facing a dire and
4 direct ultimatum:

5 either remain in jail or receive treatment
6 for PTSD and substance abuse. Rodney chose
7 treatment, a decision that gave him a much needed
8 second chance in life.

9 He excelled in the treatment program, got
10 sober, and then began receiving help from VA's
11 Supportive Services for Veteran's Families program
12 or SSVF, a program that gave him the support he
13 needed to climb out of homelessness and a program
14 that Senator Hirono has fought tirelessly to get us
15 additional funding for. As a result, Rodney was
16 able to get back on his feet and rebuild his life
17 and start to contribute to the strength of his
18 community once again in the same way he had
19 contributed to the strength of this great country
20 through his service in the Navy.

21 That right there is an example of how we
22 can together deliver for Hawaii veterans. And
23 that's exactly what you do so very well in Congress,
24 Senator Hirono, with your strong leadership and
25 tireless advocacy. And that's what we at VA strive

1 to do every day for Hawaiian veterans and for all
2 veterans to serve them as well as they have served
3 us.

4 Now, I want to talk quickly about what
5 we're doing to fulfill that mission. That means
6 providing veterans with timely access to world class
7 healthcare, something that you've been very diligent
8 in pushing us to do, deferred benefits in the
9 lasting resting places that is their first health
10 care.

11 When it comes to providing care to
12 veterans and their families, study after study show
13 that veterans in our care at VA do better in terms
14 of health outcomes than veterans that receive care
15 in the private sector. Veterans' trust scores for
16 outpatient care have averaged over 90 percent during
17 the past year. We have permanently housed more than
18 26,000 formerly homeless veterans just this year
19 putting us on track to meet our goal of housing
20 38,000 homeless veterans, permanently housing 38,000
21 homeless veterans before the year ends.

22 And I'm proud to say that since President
23 Biden took office, VA has delivered more care to
24 more veterans than any time in our nation's history.
25 Notably, in 2021 we had a record 33 million

1 completed community care appointments. Now, we're
2 not -- we're not where we need to be on timely
3 scheduling of those referrals but we're making
4 steady progress and reducing wait times.

5 And as you've consistently raised with me,
6 Senator, I know that this is particularly important
7 for our vets here in Hawaii and broadly in the
8 Pacific.

9 During Deputy Secretary Remy's Indo-
10 Pacific site visit back in August, he met
11 extensively with local staff at VA facilities to
12 hear their concerns and assessments about how VA was
13 serving -- is serving vets in Hawaii and across the
14 Pacific. The feedback he received was varied but
15 one them stood out above the rest, and that is that
16 healthcare of all types is in short supply
17 throughout the Pacific Islands in Hawaii.

18 **SENATOR HIRONO:** Yes.

19 **SECRETARY MCDONOUGH:** So let me address
20 that for a second and I know we'll talk about this
21 at greater length. We are looking at ways to extend
22 the use of telemedicine and other virtual tools to
23 reach vets here in Hawaii and throughout the
24 Pacific. We're working with our federal partners
25 including at the Department of Health and Human

1 Services whose Health Resource and Services
2 Administration, HRSA, funds community healthcare
3 centers in rural and remote areas.

4 We made hiring and retention our top, one
5 of our top priorities to make sure that we're both
6 attracting and keeping great medical professionals
7 to serve Hawaiian vets. And we're continuing to
8 increase our capacity here in Hawaii, including as
9 the Senator just said, building the Senator Akaka
10 Outpatient Clinic to serve the more than 87,000
11 veterans on Oahu. So we're going to keep working on
12 this and make sure that we're delivering world class
13 healthcare to all Hawaii vets, and if I don't I know
14 who I'll hear from first.

15 Next, we're laser focused on delivering
16 the benefits that veterans have earned and deserved.
17 Right now we're processing veterans' claims faster
18 than ever before. In fact, VA processed 1.7 million
19 veteran claims this past fiscal year shattering the
20 previous record which was the year before by 12
21 percent. And we're already -- we already have many
22 more claims coming in as a result of the PACT Act
23 that Senator Hirono just talked about, which Senator
24 Hirono got through the Senate and President Biden
25 signed into law in August.

1 Thank you, Senator, for the work you did
2 to pass this historic law because it's going to help
3 VA deliver care and benefits to millions of toxic
4 exposed veterans and their survivors, including so
5 many here in Hawaii.

6 So to anyone listening today, I ask that
7 you share these three messages with veterans and
8 survivors you know:

9 First, we want veterans and survivors to
10 apply for their toxic exposure related care and
11 benefits right now. We do not want you to wait.

12 Second, we will begin processing PACT Act
13 benefits for veterans and survivors at the earliest
14 date possible, which is January 1st.

15 And third, any veteran or survivor can
16 learn more about the PACT Act by visiting
17 va.gov/pact. That's va.gov/pact or calling 1-800-
18 MYVA411, 1-800-MYVA411 because we want every
19 veteran, every single one to get the toxic exposure
20 care they need and the benefits that they have
21 earned.

22 And last but in no way least, we're
23 focused on honoring veterans with the lasting
24 resting places they deserve. Nationwide we're now
25 providing 94 percent of vets with access to burial

1 sites within 75 miles of their homes. We've expanded
2 our Veteran Legacy Memorial program which keeps
3 veterans' stories alive long after they're gone to
4 approximately 4.5 million veterans. And I'm proud
5 to say that here in Hawaii 100 percent of veterans
6 have access to burial benefits because every Hawaii
7 veteran has earned a lasting resting place in this
8 beautiful state befitting their selfless service.

9 So, Senator Hirono, those are just a few
10 of the ways that we're working together to serve
11 Hawaii's 113,000 veterans and all vets together. I
12 look forward to continuing this work with you and
13 your committee to do this important work and to keep
14 serving veterans like Rodney

15 Navarro, as well as they have served us.
16 So thank you for listening and for your ongoing
17 support and for inviting me here. I mentioned to
18 you as I arrived that an invitation from Senator
19 Hirono is -- to put the invitation in air quotes,
20 but it is nevertheless very generous. I'm here for
21 two reasons: One, the great tradition of service in
22 Hawaii and, two, because of this great advocate on
23 behalf of Hawaii and Hawaii veterans, Senator
24 Hirono.

25 So thank you so much for having me.

1 **SENATOR HIRONO:** Thank you very much, Mr.
2 Secretary. I'm really glad that you talked about
3 the PACT Act and how important it is for the
4 veterans who have been exposed to toxic substances
5 in Vietnam, for example, and the Middle East. They
6 come forward and apply for this coverage because one
7 of the issues, Mr. Secretary, in working with
8 veterans is the outreach that needs to happen.

9 **SECRETARY MCDONOUGH:** Yes.

10 **SENATOR HIRONO:** And the information that
11 needs to get out to the veterans because not every
12 veteran comes to access.

13 **SECRETARY MCDONOUGH:** Right.

14 **SENATOR HIRONO:** They do not all access
15 the system and so there are thousands of veterans
16 who should be informed that this coverage is now
17 available; and if you know any veterans or are there
18 are things that you can do through your social
19 media, et cetera, to get the word out that they need
20 to apply to get this coverage that they should do
21 so. It's one of the challenges as I've talked with
22 veterans all across the state just the information
23 that needs to be imparted.

24 So there is a lot that we can do. I
25 remember when ending homelessness among veterans was

1 the number one priority for one of our earlier VA
2 secretaries, and it was very -- it was very
3 challenging and we did not meet that because
4 obviously we're still dealing with veteran
5 homelessness.

6 Do you want to talk a little bit about
7 what is it that you're doing that is decreasing the
8 number of veteran homeless and putting them into
9 permanent housing?

10 What are the kind of ways that are working
11 to reduce the number permanently?

12 **SECRETARY MCDONOUGH:** Yeah. Thank you
13 very much, Senator; and I apologize. I just got a
14 note that I was hard to hear so apologies for not
15 holding the mic closer.

16 It is true that Senator Shinseki, another
17 proud son of Hawaii, did make ending veteran
18 homelessness our goal as an agency. He succeeded in
19 halving the number of homeless veterans, so without
20 setting that big audacious goal he wouldn't have
21 gotten there.

22 So we intend to continue is aggressive
23 posture with your help. The bottom line what we
24 have shown in many communities across the country
25 because this is an issue that obviously Hawaii is

1 grappling with significantly, but so are communities
2 across the country.

3 **SENATOR HIRONO:** Yes.

4 **SECRETARY MCDONOUGH:** And that's just --
5 that's homelessness generally, not just -- not only
6 veteran homelessness.

7 **SENATOR HIRONO:** And especially, Mr.
8 Secretary, in a place like Hawaii where the cost of
9 housing is very, very high and it makes the
10 challenge of housing homeless population, veterans
11 or otherwise, or in fact --

12 **SECRETARY MCDONOUGH:** Exactly.

13 **SENATOR HIRONO:** -- families really,
14 really challenging. So I hope that there are things
15 that we can do particularly from Hawaii that's going
16 to meet the needs of our homeless. But, please, go
17 on.

18 **SECRETARY MCDONOUGH:** Yeah. So -- and we
19 can really -- we can definitely get into the
20 specific programs that I think with your help we've
21 been able to really crank up over the course of the
22 last couple of years.

23 But there's basically two major things
24 that we are doing at VA. We are succeeding in
25 bringing in -- so we set a goal earlier this year to

1 house 38,000, permanently house 38,000 homeless
2 veterans this year. We assess that there are about
3 45,000 homeless veterans in the country. We are on
4 track to meet that goal.

5 What we do particularly well at VA is that
6 we aggressively identify who the homeless veterans
7 are. In communities across the country we have a
8 by-name list of the homeless veterans. We are able
9 to identify what the challenges are facing those
10 veterans. Often times, you are correct, it is as in
11 Hawaii a high cost of housing states or cities where
12 it's a particularly difficult challenge. But it's
13 also that veterans have particular challenges
14 whether that's substance use disorder, untreated
15 mental health challenges and justice involvement, or
16 financial challenges. That's why this year -- so
17 the first thing we're doing is making sure that we
18 know the veterans, we know their particular
19 challenges and getting them wrap-around services,
20 that is to say the full suite of services whether
21 that's health care, substance -- mental health care,
22 substance abuse disorder, or increasingly financial
23 support and legal support to get them out of justice
24 involvement such that they can address the issue
25 that made them homeless in the first place. That's

1 the first and major thing we're doing and we're
2 doing it well, although we're not to zero yet.

3 The second thing we're doing -- and this
4 goes directly to your question about high cost
5 cities and states -- is we are focusing aggressively
6 on prevention of homelessness in the first instance.
7 We're in a position to do this because of programs
8 that we have like housing loan guarantee through our
9 mortgage programs and through our financial services
10 center. I happened to be traveling this week with
11 one of our leaders from our financial services
12 center where we have an ability to have clarity
13 about particular looming financial challenges facing
14 veterans, and when we get evidence of those early we
15 can work with them to address those challenges
16 before those challenges become crisis and then
17 they're on the street.

18 So wraparound services recognizing the
19 unique needs of homeless veterans in the first
20 instance.

21 Second, preventing veterans from becoming
22 homeless. That's why going back to that excellent
23 work that Senator Shinseki -- or sorry, Secretary
24 Shinseki did, General Shinseki did -- we believe
25 that we can show we've either permanently housed or

1 prevented from being homeless a million veterans in
2 the United States.

3 **SENATOR HIRONO:** What I'm hearing you
4 saying in particular, Mr. Secretary, is that the key
5 is to know who the homeless veteran is and it's not
6 one size fits all. It is really to tailor the
7 programs and the support to the particular needs of
8 that veteran. I think, you know, while that takes a
9 lot longer it can be to the kind of permanent
10 results that you are seeking.

11 One of the issues that the veterans always
12 raise, especially the veterans who live on the
13 neighbor islands, is accessibility to healthcare and
14 I brought this up when I think we were having a chat
15 a couple of weeks ago about the reimbursement of
16 travel because often the -- the providers, the
17 healthcare providers, are not available on the
18 neighbor islands. They have to come to Oahu. And
19 so I think there needs to be more clarity as to when
20 the travel expenses can be reimbursed from -- by the
21 VA.

22 Can you tell us a little bit more about
23 how is it that a veteran can find out if a
24 healthcare travel need can be reimbursed or not?

25 **SECRETARY MCDONOUGH:** Yeah. Thank you

1 very much. And in fact, you did raise this with me
2 as you often do raise issues of access for Hawaiian
3 -- Hawaii's veterans.

4 **SENATOR HIRONO:** He can't get away from
5 me.

6 **SECRETARY MCDONOUGH:** Yeah. I think
7 they're picking that up.

8 **SENATOR HIRONO:** Thank you.

9 **SECRETARY MCDONOUGH:** So much so that even
10 when you travel to the other side of the country I
11 still come, so -- so the beneficiary travel. There
12 is a threshold issue which is if you are 30 percent
13 service connected and I know our veterans in the
14 audience and both watching understand what that
15 means, but if you are 30 percent connected -- 30
16 percent service connected, you will qualify for
17 beneficiary travel full stop. If you are having
18 trouble getting reimbursed for the beneficiary
19 travel and you're at 30 percent, make sure that you
20 contact the senator, you contact me directly or you
21 contact the Beneficiary Travel Office at the clinic,
22 or you talk to the veteran -- the patient advocate.
23 I'm not saying that we're perfect. We aren't, but
24 we are getting very good at speedy, speedier
25 reimbursement. So that's the first thing.

1 If you're 30 percent service connected,
2 you qualify. If you qualify, work, and you're still
3 running up against challenges, make sure that you
4 reach out to us either through your senator or
5 through my office directly or through our teammates
6 here who are all sitting right here in the front row
7 here in in-state.

8 The website on reimbursement rates and the
9 reimbursement program can be found at
10 vatravelpayreimbursement@va.gov.
11 Vatravelpayreimbursement. That's the second thing.

12 We should -- all that information should -
13 - it is there for you. If you have feedback on how
14 we can make it more readily available to you, please
15 let us know.

16 Third, and I know this will be the subject
17 of the second panel, and this is a subject you and I
18 have been going back and forth on, is we'd love to
19 have it be such that veterans needn't travel here
20 for as much travel -- for as much care as they do
21 need to now. So that goes to our efforts to
22 increase telemedicine access, our effort to increase
23 availability of localized community care networks
24 and we're working very closely with our third party
25 administrator, TriWest, to insure that there are

1 robust networks across the islands in the state.
2 That's work that's by no means done, but we'll stay
3 on top of it and this is a constant, you know, a
4 constant priority for us because there's no more
5 important thing for us to do than insure timely
6 access to the world class care we have.

7 **SENATOR HIRONO:** Understanding -- thank
8 you, Mr. Secretary. Understanding that there is a
9 provider scarcity on the neighbor islands, so now
10 that it has been clarified and the veterans probably
11 know that that if you're 30 percent rated disabled
12 that you are able to get reimbursement.

13 But does that reimbursement also apply to
14 elective care on Oahu, for example, as long as
15 you're 30 percent disabled or is there another --

16 **SECRETARY MCDONOUGH:** The beneficiary
17 travel applies to travel for care whether that care
18 is provided in the direct care system, you know, so
19 like the Weaver Clinic for example, or whether it's
20 provided through the community here in Oahu. So
21 whether it's elective, you know --

22 So, again, provided it's referral made by
23 your primary care, you know, physician, wherever you
24 get that care that is reimbursable care. You just
25 have to get over that 30 percent service connection

1 and then you're in.

2 And I'm happy to note I see the admiral in
3 the front row here, Admiral Robinson, who's our
4 director here of the Hawaii Healthcare System,
5 nodding in agreement so I say that without fear of
6 rebuttal later.

7 **SENATOR HIRONO:** I would be curious to
8 know what percentage of the veterans of the 112,000
9 or 117,000 veterans in Hawaii meet that initial
10 threshold, so if the Secretary doesn't know for the
11 next panel would you let me know so that when I get
12 these inquiries that we can be very clear as to who
13 would qualify for beneficiary travel reimbursement?

14 **SECRETARY MCDONOUGH:** We'll make sure we
15 get that into the record if not answered today for
16 sure.

17 **SENATOR HIRONO:** One of the ongoing issues
18 -- and you touched upon this, Mr. Secretary -- is
19 the need to recruit and retain our provider network
20 and including, by the way, the people who are in the
21 VA Hospital system and it's been quite the
22 challenge.

23 Are you making inroads in recruiting and
24 retaining the providers of the network of nurses and
25 physicians and specialists within the VA system

1 itself? How are we doing on that score?

2 **SECRETARY MCDONOUGH:** Yeah, so we have a
3 weekly staff meeting to prepare the week ahead and I
4 list our priorities every week, and every week and
5 the top three priorities of the department are
6 hiring, hiring, and hiring. So this is a major
7 challenge for us.

8 Let me give you an example. We believe
9 that we need to hire 45,000 nurses in the next three
10 years. Those are nurses of all specialties and all,
11 you know, ranks:

12 registered nurses, nurse practitioners,
13 LPNs, assistant nurses, 45,000. July was the first
14 month of this calendar year that we hired more
15 nurses than we lost through retirements or through
16 leaving to go to other -- other healthcare systems.

17 **SENATOR HIRONO:** How did that happen? Did
18 you provide more benefits, higher salaries?

19 **SECRETARY MCDONOUGH:** Yeah. So there's
20 two things. One is what we're doing and the second
21 thing is what is happening in the community.

22 What we are doing is we are using the
23 authority that you gave us in what is called the
24 RAISE Act. Senator Hirono, Senator Tester, Senator
25 Moran got together and got through the House and

1 Senate which gives us additional authority to
2 increase pay for nurses specifically. So we're
3 using those authorities. Those relate expressly to
4 pay.

5 The second thing we're doing is we're
6 using the authorities now available to us from the
7 PACT Act which is the new law that covers, as we
8 said, toxic exposure. There's a whole part of that
9 law that gives us additional authorities to retain
10 and to hire medical professionals. Let me give you
11 an example of what it allows us to do.

12 There's something that's particularly
13 helpful for us here in Hawaii called the Three R's:
14 Recruitment, retention, and relocation bonuses. For
15 a long time we used to have to go to the Office of
16 Personnel Management, OPM, which is a separate
17 agency in the government. So you have to first work
18 your way through the morass of bureaucracy at the VA
19 then go, like, several blocks away and work yourself
20 through a different morass of bureaucracy just to
21 get the ability to use this Three R's capability.
22 And as we've just said, relocation costs if you're
23 coming to Hawaii are high. Retention costs are
24 high. So we -- you've given us in the PACT Act the
25 ability, for example now, of our own accord to just

1 go ahead and use those bonuses.

2 The second thing is often times what would
3 happen is a nurse would be recruited by saying, hey,
4 we'll give you a signing bonus. We received in some
5 places where those bonuses were as high, I just
6 heard earlier this week, as \$70,000. My mother was
7 an emergency room nurse. I told you about my family
8 out front, Senator. My mom worked midnights, came
9 home in the morning, sent us all to school, got a
10 little bit of sleep then went back to work the next
11 night. She had 11 kids doing that. I wish my mom
12 had the leverage in the market that nurses have
13 right now. So I don't begrudge the nurses that one
14 bit. I think it is terrific that nurses are being
15 paid what they should be paid. But we were capped
16 in many cases or limited in what we could do,
17 including we could say, yeah, we'll give you a bonus
18 as well, but we've got to wait until the end of the
19 year to pay you your bonus. So you stay the year,
20 we'll pay your bonus; but if you go across the
21 street you'll get your bonus the day you start, so
22 you've given us now the authority to pay that bonus
23 out front.

24 So those are the things that we're doing
25 using these authorities to more quick -- to better

1 remunerate nurses. What's happening in the
2 community and then one thing we have to fix --
3 what's happening in the community right now is many
4 nurses I'm hearing increasing stories of and it'll
5 be interesting to hear if that's the case here in
6 Hawaii, which we'll talk about I'm sure in the
7 hearing today, but also in our visit this afternoon
8 -- is nurses are seeing the beneficial things that
9 happen in the -- including the better nurse-to-
10 patient ratio, better retirement benefits, better
11 work/life balance, and they're now having shifted to
12 the attraction during the pandemic of other settings
13 are now shifting back to us. So we'll see if that
14 continues.

15 The third thing is something we have to do
16 a better job of. We have to get better at
17 onboarding our personnel. We go find someone, we
18 hire her. That person when we hire her is
19 conditionally hired based on what is called
20 "onboarding", which is a series of background
21 checks, paper filling out exercises even in some
22 cases writing an essay about why you want to be a
23 nurse. I wish that were a joke but it's not. That
24 sometimes can take three to four months after you're
25 hired and during which time you are not paid. We

1 can't continue to be competitive if we continue to
2 conduct our business that way.

3 So we do some things well, some things are
4 changing in the community, one thing we have to do
5 better on and this is squarely on me, we have to
6 hire faster, onboard more quickly, so that we get
7 vets providing care -- sorry. Nurses providing care
8 of vets.

9 **SENATOR HIRONO:** Thank you for that
10 explanation. It tells a story of how you have to
11 identify where the roadblocks are and then remove
12 those roadblocks. Often, it's really specific such
13 as requiring an essay.

14 When I got on the VA Committee and one of
15 the things that happened was, of course, the whole
16 crisis of the tremendous wait times and the fact
17 that it was really difficult to hire personnel for
18 the VA because there were so many steps that they
19 had to go through; and so we actually had to amend
20 the law to authorize VA to more quickly hire people,
21 but it goes to show, Mr. Secretary, there is still
22 work to be done.

23 And by the way, there is a nursing
24 shortage throughout the country. We in Hawaii know
25 that Governor Ige recently issued an executive order

1 to enable nurses to come to Hawaii without the need
2 for them to be licensed in Hawaii. So there is a
3 huge nursing shortage.

4 And the other issue that we should note is
5 one thing about the pandemic, we knew that a lot of
6 people on the front lines were immigrants and a lot
7 of the nurses -- a huge percentage of nurses in our
8 country are immigrants. We need to fix our
9 immigration system. We need to enable more
10 professionals and others, especially in some of
11 these needs categories to come to our country. Very
12 much impacted by the way during the Trump
13 administration, they - - the immigration numbers
14 fell dramatically so we need comprehensive
15 immigration reform. We need to understand that
16 there are -- that most of the nurses frankly come
17 from the Philippines. They are trained where there
18 are massive wait times for them to come to our
19 country. So there are things that, you know, that
20 we need to address the huge nursing needs.

21 And there's also huge needs for doctors,
22 by the way, so then the question that I have is that
23 we -- I'm sure that the VA system is already working
24 very closely with the John A. Burns School of
25 Medicine because one of the ways that we can retain

1 medical personnel is to provide them with the
2 opportunity for residency in the state system. I'm
3 told that people who do the residencies in another
4 state they tend to stay in those places, so I hope
5 that we're providing whatever residency
6 opportunities that the VA can provide to the John A.
7 Burns people and I -- you're nodding?

8 **SECRETARY MCDONOUGH:** Yes, can I say
9 something about this?

10 **SENATOR HIRONO:** Yes, please.

11 **SECRETARY MCDONOUGH:** In fact, we do, we
12 do. We have 16 residents from the John A. Burns
13 School. I would like to see us grow our residency
14 program for the -- for doctors, but we also have a
15 big nurse residency program in the country, but it's
16 only right now about 1500 nurses. And the same
17 thing, there's 1500 slots. The same thing is true
18 with nurses as is with doctors, which is nurses who
19 conduct their residencies with us are more inclined
20 to stay with us. They're sticky.

21 **SENATOR HIRONO:** Yes.

22 **SECRETARY MCDONOUGH:** So we want to see an
23 increase of that. We'd like to see an increase of
24 that by about -- and I think we'll see this in the
25 president's budget request for next year by about 5X

1 so we'd like to grow that from 1500 slots a year to
2 7500 slots a year because I think the demand is
3 there.

4 The second thing that we can do and I say
5 this to the aspiring med students and doctors and
6 nurses who are watching is we have very aggressive
7 loan repayment, student loan repayment programs.
8 These have just gotten even more generous thanks to
9 your work in the PACT Act, but we can often see
10 through loan repayment and loan forgiveness through
11 your service at VA that we're able to help our
12 providers, docs and nurses, and their student loan
13 debt in 10 to 15 years as they served with us.

14 **SENATOR HIRONO:** I'm glad you covered the
15 student loan issue. Mr. Secretary is going to be
16 doing a round table with some of the students in the
17 University of Hawaii system. You mentioned earlier
18 there are about 17,000 veterans in our system and so
19 the -- can you speak about how the Biden
20 administration's recent actions on federal student
21 loan forgiveness will support student veterans in
22 Hawaii and elsewhere? Maybe you can just provide a
23 little bit more to that?

24 **SECRETARY MCDONOUGH:** Yeah. So we
25 obviously work very closely with the Department of

1 Education on our student programming, veteran
2 student programming. Much of what I'm going to talk
3 about now speaks expressly to the Department of
4 Education announcement last month where President
5 Biden has insured that working and middle class
6 Americans can get a little bit more breathing room
7 in up to \$20,000 in debt relief in Pell Grant
8 recipients and up to \$10,000 to other borrowers.

9 While I don't have specific Hawaii data on
10 who will benefit, just to put this in perspective,
11 student veterans are a part of Hawaii's estimated
12 111,500 borrowers who are eligible for this relief.
13 And about half of those are Pell Grant eligible --

14 **SENATOR HIRONO:** Yes.

15 **SECRETARY MCDONOUGH:** -- meaning half of
16 those, about 65,700, would be eligible for the up to
17 \$20,000.

18 The Student Debt Relief Plan will help
19 borrowers and families continue to recover from the
20 pandemic and prepare to resume student loan
21 repayments in January of 2023. Nearly 90 percent of
22 relief dollars will go to those earning less than
23 \$75,000 a year and no relief will go to any
24 individual or household in the top five percent of
25 income. So, again, the focus is very intently on

1 working families.

2 And then it's targeted relief for
3 borrowers with the highest economic need. The
4 administration's actions will also help narrow the
5 racial wealth gap. Nearly 71 percent of black
6 undergraduate borrowers are Pell Grant recipients,
7 65 percent of Latino undergrad borrowers are Pell
8 Grant recipients, and I just said half of the
9 borrowers in Hawaii are Pell Grant recipients. So
10 it should be and will be weighted towards those
11 student veteran borrowers who are, you know,
12 obviously as many of us were when we were younger,
13 working to bring down yet not making a lot of money
14 and trying to get by.

15 **SENATOR HIRONO:** I know that the student
16 loan forgiveness program is very targeted. It's not
17 as though we're just handing out money to everybody
18 out there.

19 **SECRETARY MCDONOUGH:** Right.

20 **SENATOR HIRONO:** It's very targeted and
21 when we reduce the student loan burden then that
22 inures to the benefit of the family, the community,
23 and everyone so it's very targeted. And on Pell
24 Grants I have been a champion of Pell Grants and
25 knowing full well that they -- a huge number of

1 veterans go to school on Pell Grants.

2 Now one of the things that happens,
3 though, is every student who gets onto the Pell
4 Grants need to complete what's known as the Free
5 Application for Federal Student Aid called FAFSA,
6 and currently generally we know that student
7 veterans complete FAFSA at lower rates than other
8 students. Why this is the case, I do not know.

9 Is there anything that the VA has done to
10 improve the FAFSA completion rate for student
11 veterans? Is this an issue that has come to your
12 attention?

13 **SECRETARY MCDONOUGH:** I'll be very candid
14 with you, Senator, which is that I am familiar with
15 your history on FAFSA, including having enacted the
16 FAFSA Simplification Act I think which will help,
17 but I will confess to you that before I was
18 preparing for this hearing I was not aware of the
19 challenges facing veterans. So this is one of the
20 things that I will take from my preparation for this
21 hearing from this hearing itself and see if there
22 are things that we can do in the inner agency, i.e.
23 with the Department of Education, with our partners,
24 our VSOs. I see some of our VSOs represented here
25 today, but also factor this into our transition

1 planning for active duty military.

2 I sat down with a group of Air Force
3 personnel yesterday in Dallas and Las Vegas. We
4 talked about the whole question of access to
5 healthcare as they transition into veteran status,
6 but we'll see if there's a way we can include FAFSA
7 and access to student loan and in addition to the GI
8 Bill opportunities we have into our transition
9 planning.

10 **SENATOR HIRONO:** We know that veterans in
11 Hawaii but elsewhere, everyone, they have childcare
12 costs, they have housing costs so I think that this
13 is another area where whatever we're providing for
14 veterans' housing, for example, in a state like
15 Hawaii, is there recognition that housing costs are
16 very high and therefore adjustments are made to
17 providing housing support for veterans in a place
18 like Hawaii?

19 **SECRETARY MCDONOUGH:** Yeah, so we are in a
20 place like -- well, in every state we are
21 statutorily tied to the basic allowance for housing
22 that is established by DOD. You will have seen an
23 announcement from Secretary Austin about two weeks
24 ago in recognition of the fact that many of our
25 lines of investment in our military personnel need

1 updating, that he has increased many of those lines
2 of support so that will directly translate to our
3 ability to provide additional housing support
4 through some of our programming. But as it stands
5 right now we're directly tied to DOD, so this is
6 something that the secretary and I have been talking
7 about which is how are we making sure that in these
8 -- in difficult times, you know, our families have
9 access in these high cost states, high cost cities -
10 - have access to the maximum amount of assistance we
11 can get them.

12 We just heard -- I just heard from Patty
13 on my team. We visited Punchbowl yesterday. She
14 visited Punchbowl yesterday. I too often hear about
15 personnel who work for VA, including at the National
16 Cemetery Administration. These are people working,
17 many of them veterans, overwhelmingly veterans,
18 working full time. They are still on Food Stamps.
19 I find that unacceptable, so we're looking at a
20 variety of special pay rates, special year in
21 bonuses to make sure that they have, A, recognition
22 of their excellent work, B, they don't have to find
23 themselves struggling to make rent, struggling to
24 pay for food.

25 **SENATOR HIRONO:** I think that a lot of

1 these indicators have been set and we need to
2 revisit these kinds of set amounts for housing, et
3 cetera, to reflect the realities, current realities.

4 I mentioned that there is a higher
5 incidence of veteran suicide which is a huge concern
6 across the board, but in particular the higher
7 incidence of suicides among Asian American, Native
8 Hawaiian and Pacific Islander veteran groups. And I
9 had raised this with you and I had asked that the VA
10 specifically address this cohort of veterans.

11 Are there things that you can update us on
12 what the VA is doing to address this particular
13 group of veterans?

14 **SECRETARY MCDONOUGH:** Yes, so let me get
15 to the specific group of veterans in a second. I
16 just want to call everybody's attention to four
17 things:

18 One, suicide prevention continues to be
19 our number one clinical priority;
20 Two, we released two Mondays ago the annual report
21 on suicide prevention, which provides the data for
22 the year, the most recent year that we have
23 comprehensive data. We get data through the CBC.
24 It usually has a two- year leg, so we just published
25 the 2020 data. We saw more than 6000 veterans die

1 by suicide in the year 2020, which is heartbreaking
2 and unacceptable, and in fact until there are zero
3 we won't stop pushing on this. At the same time
4 there were about 220 fewer suicides, deaths by
5 suicide, in 2020 than there had been in 2019, and in
6 2019 there had been fewer than there had been in
7 2018. So we've now seen the biggest reduction in
8 suicide among veterans, death by suicide among
9 veterans since about 2005, which gives me some hope
10 that --

11 And this is the third point, the things
12 that we're doing including investing in
13 comprehensive care, thanks to your support for our
14 Office of Mental Health and Suicide Prevention,
15 dramatically ramping up access to the Veteran Crisis
16 Line by using -- by urging veterans to dial 9-8-8, a
17 simple three-letter -- three-number telephone
18 exchange. Just by dialing 9-8-8 and then pressing 1
19 veterans or family members in crisis can reach care
20 immediately and we can get veterans in crisis into
21 care that day.

22 So we are making progress including by
23 using also as you just said, I think some of the
24 grants that you've -- Hawaii's been awarded under
25 the Sgt. Fox program where we invest in local

1 veteran associations which know veterans best.

2 **SENATOR HIRONO:** Yeah.

3 **SECRETARY MCDONOUGH:** That's the third
4 thing.

5 Expressly then on AAPI vets, native
6 Hawaiian vets, we are working on culturally
7 competent care.

8 **SENATOR HIRONO:** Yes, yeah.

9 **SECRETARY MCDONOUGH:** And we're making
10 sure that that training is available not only to our
11 providers here in Hawaii, but also available to
12 national resources like the Veteran Crisis Line, so
13 you have us focused on this. We are making sure that
14 we are attacking this through every avenue we can,
15 including by making sure that we have access -- or
16 trained professionals are trained in culturally
17 competent care.

18 The last thing I'll say is this: Those
19 veterans watching, those family members watching,
20 please visit us at va.gov/reach, va.gov/reach, where
21 you'll find a full listing of information best, you
22 know, professional laid -- professionally laid out,
23 professionally tested information to insure that
24 even if you're not in crisis today if you find
25 yourself in crisis what you will want to have

1 prepared yourself for to include the use of gun
2 locks, gun safes, getting some distance between
3 veterans and firearms in a time of crisis. So
4 please visit us at va.gov/reach.

5 **SENATOR HIRONO:** Thank you. The fact that
6 6000 veterans as you mentioned passed away through
7 suicide in 2020 is -- it is heartbreaking and I
8 think the kind of very specific identifiers that
9 you're talking about for our veterans to prevent
10 suicide is the kind of thing you're doing for our
11 homeless veterans, so I think that is what's needed.

12 I know that we are getting to the end of
13 the one- hour period. There are other issues
14 relating to support for veteran-owned small
15 businesses and we have the Small Business
16 Administrator present only a few weeks ago, and she
17 is also focused on those needs and anyone here who's
18 interested in veteran-owned small businesses and
19 would like to get some information on that, we have
20 information there. And then the entire area of
21 mental health services for veterans and telehealth,
22 that is all areas that I know you're already
23 pursuing.

24 So, Mr. Secretary, thank you very much for
25 your attention and time and your commitment to all

1 of the veterans. I remember when I talked with him
2 and he called when he had been nominated for this
3 position, and I had not particularly associated Sec.
4 McDonough with veterans' issues, but he told me
5 otherwise and what he really made clear, though, was
6 that he was very, very focused and committed in
7 improving the lives of our veterans and I take him
8 at his word and he has been doing just that.

9 So thank you very much.

10 We are going to take a little bit of a
11 break as we set up for the second panel. Thank you.

12 **SECRETARY MCDONOUGH:** Thank you so much.

13 **SENATOR HIRONO:** As we say in Hawaii,
14 mahalo.

15 **SECRETARY MCDONOUGH:** Thank you very much.

16 Mahalo.

17 **(WHEREUPON, a short recess was had.)**

18 **SENATOR HIRONO:** Everyone, I am going to
19 call this hearing back into session. We're going to
20 go onto panel two and I would like to welcome
21 everyone on the second panel. Before we begin, I
22 want to remind each of you on the second panel I
23 know some of you wrote pretty extensive testimony
24 and I would appreciate it if you could -- I know you
25 have a shorter version but, of course, your full

1 testimony will be included in the record of this
2 hearing.

3 I'd like to first introduce Diane Haar of
4 Hawaii Disability Legal Services. You can wave
5 here, that's okay. There's Diane.

6 Then next we have retired Air Force Senior
7 Master Sergeant Roxanne Bruhn? Roxanne, welcome.

8 We are also happy to welcome Ronald Han,
9 Director of the State of Hawaii's Office of
10 Veterans' Services and a retired Air Force colonel.

11 You've got to wave to them. Okay, there
12 you go. They need to know who you are. I know they
13 already do.

14 And our final witness of this panel is Mr.
15 David McIntyre, Jr., co-founder, president and CEO
16 of TriWest Healthcare Alliance.

17 And thank each of you for being with us
18 today. And for those of you who have served our
19 country, "Mahalo nui loa" for that.

20 And now we will start with Ms. Haar.

21 **MS. HAAR:** Thank you, Senator.

22 **SENATOR HIRONO:** Can you help her with the
23 mic?

24 **MS. HAAR:** Thank you, Senator. And thank
25 you for coming home and being with us today and

1 bringing this important event to us today.

2 My name is Diane Haar. I'm a licensed
3 attorney. I practice in the State of Hawaii, the
4 Pacific territories, and the Philippines. My
5 practice is devoted to representing veterans and
6 others with disabilities. I am a VA disability
7 attorney and I represent veterans for other types of
8 disability programs, as well. I'm happy to report I
9 actually just got someone benefits this morning.

10 **SENATOR HIRONO:** Great.

11 **MS. HAAR:** In the course of my practice,
12 one of the things that I end up doing is talking to
13 an awful lot of medical providers, so we're getting
14 the veterans' medical records and they open up to me
15 a lot about the problems they're having with
16 billing. And I'd like to thank VA for things that
17 are going better; and one of the things that's going
18 better is a few years ago we had a lot of veteran
19 medical providers, a lot of doctors, mental health
20 providers just drop out and refuse to take any more
21 VA patients because they weren't getting paid for
22 nine months or a year. It was taking a really long
23 time and some of these folks didn't know if they'd
24 ever get paid.

25 This has gotten a lot better. Now it

1 takes at most about 60 days. I don't know if that's
2 every medical provider. I'll say over the last
3 couple of weeks I spoke to providers here and on our
4 neighbor islands. While they seek me out because
5 they knew I was coming here, I wanted to see how
6 things were going out there. So I went out and
7 sought them out. And what I actually found out is
8 we're still in danger of losing medical providers.
9 This is supremely important.

10 As you guys know, we have a VA Medical
11 Clinic here in Honolulu. We have community-based
12 outpatient clinics on Oahu, on our neighbor islands
13 and our territories. We don't have a VA medical
14 center. The clinics are relying on others sometimes
15 for specialty care. For our neighboring islands,
16 they're relying on providers that can give veterans
17 care closer to home. And this is really important
18 because honestly some of our veterans are pretty
19 poor. You know, they'll be reimbursed by VA but
20 they can't afford it in the first place and these
21 referrals make a huge difference.

22 The problem we're seeing is those who've
23 been treating veterans for a while now, those who
24 have been treating veterans for two years or more
25 are getting these overpayment notices, and what

1 they're getting is notices from VA saying you owe
2 \$5000, \$8000, some other large amount. And as you
3 know, most of our medical providers here are pretty
4 small, you know, one-doc shops who are doing their
5 own billing.

6 VA is sending them these letters telling
7 them if they don't pay the money back immediately,
8 the VA will take out of what they owe them or what
9 they're supposed to owe them in the future from any
10 future veterans they take. And this is a major
11 disincentive to keep taking veterans.

12 Worse, the providers have let me know it
13 takes an inordinate amount of time to try to sort
14 this out. A lot of the phone calls they make, it's
15 incredibly hard for them to reach someone who can
16 actually discuss the overpayment with them, let
17 alone someone who can ferret out what the problem is
18 and help them sort it out. And they let me know if
19 they stay on top of it, most of these will be
20 resolved in their favor. However, like I said,
21 these are one-doc shops, you know, or just a couple
22 of docs shops and they're doing their own billing.
23 All the time they spend on this is money that
24 they're not paid for. It's money that they can't --
25 it's time they can't spend treating patients. It's

1 money that they don't have, so it really makes them
2 question whether they're going to take more VA
3 patients. And I'll say it goes beyond that. I had
4 doctors really reach out to me and let me know that
5 they really are really seriously considering not
6 taking veterans anymore. They've got one foot out
7 the door already because they don't know how to
8 handle this.

9 And they're telling me it's a double
10 whammy because these are fees that were already cut
11 down when they initially submitted their request and
12 now they're being asked to pay more back and they
13 just can't afford it.

14 And I know it's been brought to me by the
15 providers, by vets, my husband had to leave but he
16 served for 25 years and is now in the VA system, and
17 he is in significant pain. I really admire him.
18 He's in significant pain and pain management and he
19 goes to these providers regularly, and both of these
20 outside providers are telling him the same thing, "I
21 don't know if I can continue to do this. I don't
22 know if I can continue taking the time to fight
23 these overpayments."

24 So I wanted to bring this to you today to
25 let you know, we are a small state. I work with a

1 lot of homeless, I work with a lot of veterans and I
2 know -- I have every confidence in you because I
3 know you know how important these providers are and
4 how important this medical care is. We can't afford
5 to lose these folks and we are all so grateful for
6 you allowing me to give this testimony today and --

7 **SENATOR HIRONO:** Thank you.

8 **MS. HAAR:** -- for everything you do for us
9 and for everything that I know you'll do to help us
10 because it's super important that we keep these
11 providers in the loop. I know telehealth is on the
12 horizon as well but, you know, as I was on big
13 island last week and there are areas that cell
14 phones don't reach.

15 **SENATOR HIRONO:** Oh, yes.

16 **MS. HAAR:** And providers -- those of us
17 out there, even I do it, do home visits. We go see
18 people where they're at. That's how we are on
19 Hawaii. So having these providers able to get
20 reimbursed, able to pay for their own housing, able
21 to stay off Food Stamps, it's huge. So thank you for
22 allowing me to speak.

23 **SENATOR HIRONO:** Thank you.

24 And, Mr. McIntyre, I hope that you will
25 address some of these concerns raised by Ms. Haar in

1 terms of reimbursement and the issues facing the
2 provider community and that's a group that you work
3 with, right? Okay.

4 So the next person will be Ms. Bruhn.

5 **MS. BRUHN:** Aloha, everyone. My name is
6 Roxanne Bruhn. I am a 32-year veteran of the Hawaii
7 National Guard and retired from the United States
8 Air Force. I wanted to testify because this is my
9 experience with the VA, and I'm only speaking for
10 myself but then this may have happened to other
11 female veterans primarily.

12 I was part of the VA journey after my
13 retirement in 2015. One of my first experiences
14 with the VA was that I, you know, I'm a 13-year
15 veteran so I'm used to taking orders; you tell me
16 you want this, this, and this done and I will do it
17 because I am a good airman, I follow instructions.
18 So I took all of my legal documents and submitted it
19 to the reception area because that's what I was told
20 to do, bring all my records and take it to them. I
21 did that.

22 Somehow my records got lost.

23 **SENATOR HIRONO:** Oh.

24 **MS. BRUHN:** To this day they don't know
25 where my records are at, so I got a -- I got a

1 letter stating that I didn't follow and I needed to
2 submit my documents for my PCP to continue to
3 reevaluate me. So I went back to the VA and re-
4 submitted my documents and I waited there and I was
5 insistent, and I said I was not going to leave until
6 these documents are placed in my records because it
7 was lost the first time. I got a lot of resistance
8 and, you know, people were very unhappy with me
9 because I was insistent that I wasn't going to leave
10 until my documents were placed in my records. But,
11 you know, one time you're burned you're not going to
12 allow that to happen again because, you know, this
13 was the start of my journey.

14 The next time I went to see the VA, I'm a
15 good airman again; my appointment was at 8:30 so I
16 arrived at 8:00 because if you're on time you're
17 late.

18 **SENATOR HIRONO:** Yeah.

19 **MS. BRUHN:** So I'm early. I'm sitting in
20 the waiting area in the women's clinic and I check
21 in and I'm waiting. Then these two staff members
22 come in. You know, I'm thinking they're going to
23 start their work. They come out and they tell me,
24 "Excuse me, ma'am, but you have to leave."

25 And I'm like, "Why?" "Oh, because we're

1 going to a staff meeting and you have to vacate the
2 waiting area, you have to wait outside in the
3 hallway."

4 And I couldn't understand why would I have
5 to do that when the doors are all locked? I'm not
6 going to try to break into the area. But I went
7 outside and I waited because they had a staff
8 meeting and then they came at a quarter to 9:00 and
9 my appointment was at 8:30, but it's okay as long as
10 I get seen. But no other clinic in the VA makes
11 their people leave their waiting area if they're
12 going to have a meeting, so why was the women's
13 clinic different? Why would they make the women who
14 were waiting leave the area so that they could lock
15 it up?

16 Already I was starting to have this
17 anxiety because it seemed as though every time I
18 would go to the VA for my appointment nothing went
19 right. I always -- I started to be apprehensive and
20 waiting for that other shoe to drop because
21 something doesn't go right.

22 I was seen by my PCP on several occasions
23 and each time she would review my medical record --
24 my medications and say, "Oh, are you still taking
25 this?" And she would check it off. Somehow my

1 prescriptions would be dropped from the system. I
2 don't know what she was doing or what she had to do
3 but every time I saw her I lost all my
4 prescriptions, so I couldn't go for my refills which
5 made it hard for me when it came time for my refills
6 that I didn't have any, even though I already had
7 like three more -- three more prescriptions left.
8 And this happened not one time, this happened like
9 three or four times and then I would have to -- they
10 don't pick up the phone. I called and I'd leave a
11 message; I don't get a call back. I call, I leave a
12 message, they don't call back. So I ended up
13 emailing in a secure message and then two days later
14 I would get a email responding to me saying, "Oh,
15 we'll let your PCP know."

16 So already this is now going on two weeks
17 without my refill. I'm running low, which is my
18 fault; I should not have waited that long but I
19 don't know if everybody is like really on top of
20 your medications. You figure you have medications
21 that you could just call in and they'd get it mailed
22 to you.

23 So it just compounded a situation, a
24 feeling of not being treated well. The one thing
25 that threw me over the edge was when I went on a --

1 I had an appointment on a Saturday morning and I was
2 there early, and I waited for like an hour-and-a-
3 half and I kept asking, "What's going on?" And no
4 one would tell me that my PCP didn't come to work
5 yet. So my appointment was at 8:30, but she didn't
6 arrive until after 9:00 and I -- and how I knew that
7 is because I saw her running into the clinic and
8 there was no apology. But, you know, if you were
9 late, you have to reschedule because, you know,
10 you're backing up into someone else's appointment.
11 But it's okay for the patient to wait one hour. You
12 know, that was unacceptable.

13 My PCP referred me to a therapist because
14 I was assaulted when I was in the military when I
15 was on active duty and it caused -- it caused
16 problems that I wasn't aware of. I repressed this
17 assault because if you were to tell someone what
18 happened, you are female and you're labeled, and
19 then your career can take a huge hit if -- if this -
20 - if this gets out. And so I had this repressed
21 anger that I didn't realize that was causing me the
22 problems at work where I was -- I was always angry.
23 It went home where I was having difficulties with my
24 marriage because of this repressed anger and,
25 luckily, my PCP, she saw this, she referred me to a

1 therapist and I was so happy to see my therapist,
2 but they would only allow me a few visits. You were
3 only allowed, like, three or four visits and then
4 you -- then you had to see a regular therapist, but
5 there was no female therapist available. So what do
6 I do?

7 She then referred me out to the community
8 of care service for my therapist and that's who I am
9 continuing to see to this day is that therapist.

10 But why wasn't there any female
11 therapists? There was only males and why was there
12 no female that could help a female veteran who
13 suffered an assault while on active duty? You know,
14 I didn't feel comfortable talking to another male
15 about what happened to me and I felt much -- I felt
16 freer to speak to a female than to a male, but it
17 was through that -- those issues that I asked then
18 to be referred out to community of care, which is
19 now who helps me, who I see on a regular basis for
20 my care is the community of care which I was just
21 being told by my doctor that they may stop because
22 they're not getting paid on time and that it's not
23 worth their while and that's going to really hurt me
24 to have to go back and then have the same type of
25 issues follow me, you know, at the VA.

1 I really -- I'm very, very thankful for
2 the community of care ability because that has
3 helped me to overcome the -- the mental issues that
4 I didn't know I have. You know, you don't know what
5 you don't, and I didn't know; but luckily someone
6 saw and pointed me in that direction and I'm
7 thankful for the VA for -- my PCP for seeing that I
8 had this anger thing going on, and I guess it's -- I
9 guess it's because of my anxiety. Every time I had
10 to go to the VA my anxiety level comes up because
11 nothing goes right. That anger issue came up so it
12 -- it - - in the final result, it worked out. But I
13 can't -- but I would be remiss in not seeing that
14 the VA has come a long way and I'm very thankful for
15 Dr. Robinson and what he's done, what he's doing for
16 the VA.

17 My husband and I had excellent care when
18 we -- during the pandemic, we got our COVID shots
19 through the VA when they opened up -- they opened it
20 up to your -- to your caregiver, to your spouse,
21 which was very good because if I get COVID -- if he
22 gets COVID and he gives it to me, what's the sense?
23 So it was very helpful that VA allowed the spouse to
24 get the shot as well as the veteran, and so I'm very
25 grateful for that. But I really feel in my heart

1 that the women's health clinic at the VA needs to
2 have a better -- a better handle. They need to
3 understand that women veterans are not special in
4 the sense where we need special care and we need to
5 be coddled, but we have different -- different
6 things that needs to be addressed.

7 We need -- we need more females. We need
8 them, the mammograms, those types of things, I -- I
9 cannot stress enough that I feel that the women
10 veterans are under-served and that more should be
11 done for our women veterans here in Hawaii.

12 Thank you very much for allowing me this
13 time, Ma'am.

14 **SENATOR HIRONO:** Thank you, Ms. Bruhn.

15 Mr. Han?

16 Yes, there are people out there who
17 acknowledge it and agree with you. Me, too.

18 Go ahead, Mr. Han.

19 **MR. HAN:** Thank you so much, Senator
20 Hirono. I'm very, very thankful to you for all your
21 hard work. You know, our congressional delegation
22 with what you do on the Senate at the Veterans'
23 Affairs Committee and our Senator Schatz in the
24 Krowseman (phonetic) case comes fairly working
25 together and do amazing things for our veterans. So

1 thank you so much for your legislation efforts.

2 And I also want to thank the Secretary for
3 his commitment and his dedication. Your presence
4 here today, Sir, speaks volumes of how you put your
5 veterans first. I hear that all across the entire
6 spectrum from my other state veterans directors out
7 there, so thank you, Sir.

8 I've been here, this is my second time.
9 Back in 2014, Senator Hirono, thank you so much
10 offering me the opportunity to testify. I was here
11 with Mr. Dave McIntyre. We sat almost in the same
12 positions we are in today and, frankly speaking, the
13 VA was as you pointed out -- was under duress. It
14 was a completely different -- that's eight years
15 ago.

16 Things have changed quite a bit. We have
17 seen the differences. You know, it was all about
18 the institution; how did we fit the veteran to the
19 institution? Now it's about the veteran's
20 experience, it's about what do you do for veterans?
21 It's about how the veterans feel about things, so we
22 have seen the changes and so I just wanted to cover
23 very quickly -- I know I put a lot in my written
24 testimony, but just very briefly, State Office of
25 Veterans' Disability Claims. We handle and work

1 very closely with the counties and eight state
2 veteran cemeteries. We have like ADCOM control,
3 operational controls with the counties.

4 I also wanted to point out that incredible
5 time. Roxanne already put out a lot of things about
6 the pandemic, but we went into a telecom mold like
7 many others and so we started processing 25 to 30
8 percent more disability claims than we ever had
9 before. We never shut our doors. The State shut
10 down. We had a high infection rate across the
11 nation, but we never shut down. What was important
12 about that is we were able to put those claims into
13 the VA, and the VA went and they went on overtime.
14 A lot of them worked on Saturdays with their staff.

15 I also agree with Roxanne about the shots
16 in arms. It wasn't just here in Oahu. That's one
17 of the biggest things that our veterans talk about,
18 you know. And Senator Hirono already brought it
19 out. Let's not just talk about Oahu, let's talk
20 about the state as a whole, you know. Everything
21 gets sucked up about Oahu, but the neighbor islands
22 deserve just as much emphasis and focus as any place
23 else. And they went out there and they put shots in
24 arms, vaccines, flu shots, amazing kind of things.

25 And I love Roxanne's commentary about that

1 because it took care of the family members as well.
2 We overlooked that. This was a tough time for
3 everyone the last two years and the VA really
4 stepped it up.

5 I go back to my testimony. I kind of
6 concentrated on three different areas. One was on
7 excess, one was on timeliness, and the other one was
8 on quality. And so I have seen excess for the VA
9 improve in many different directions. Sitting next
10 to Mr. McIntyre with TriWest, understanding how we
11 go to civilian providers in community, and you
12 already touched upon it already. There is a lot of
13 shortfalls with our healthcare providers overall.
14 But once the veteran and, Roxanne, you mentioned it
15 or Roxanne mentioned it already, once the veteran
16 receives an appointment in the healthcare system,
17 they get very good support even with the sponsored
18 members that are out there. The key is to get in --
19 getting into that queue. Never easy to do, but the
20 quality is there.

21 Also, I would also make mention that
22 there's been a lot of hiring. We've seen that with
23 Dr. Robinson's staff, with John Lombardo's staff,
24 also with more services, with Jim Horton's staff.
25 So that's a good thing. Telemedicine, telehealth, it

1 absolutely was a game changer for us during the
2 pandemic. That cannot be over-emphasized and I
3 really believe that, you know, we still have some
4 veterans that we're trying to get up to speed on
5 things, but we are patient and we want to try to
6 help them as best that we can. Some have Wi-Fi
7 capability issues; others are in really rural set of
8 areas. They just can't get connected, but we will
9 never give up and you pointed that out, Secretary.
10 There's not enough we can do for our veterans.

11 Also, I want to make mention of the fact
12 that the startup of the Daniel K. Akaka SEBOC is
13 another important - - thank you so much, Senator,
14 and thank you so much, Secretary. You do not
15 realize how much that's going to help with the
16 programs that we have throughout the state, not only
17 throughout the Pacific as well.

18 And guess what? You're setting up the
19 same kind of programs with Dr. Robinson and Craig
20 Oswald's in the room over on Maui and over on Kawai.
21 It's a unique concept. It's a one-stop shop. And
22 we're proud that the SEBOC is going to be there, the
23 vet center is going to be there along with the State
24 Office of Veterans' Services. A lot of support
25 there. So they don't have to go to three or four

1 different locations, have to navigate their way
2 through things. It will all be provided to them if
3 you want to read them.

4 I also want to make mention of another
5 important first step. Again, thank you so much,
6 Senator, and your hard work, Senator, along with
7 Secretary McDonough. The Daniel K. Akaka State
8 Veterans Home. A 120-bed skilled nursing facility
9 long term care, 60 percent completed over in
10 Kapolei.

11 We had a longstanding shortfall and we're
12 so very proud to see this come to fruition. We're
13 looking at our first intakes, it should be completed
14 May of '24. So the first intakes probably latter
15 part of that year and into calendar year '25. It's
16 a much-needed facility. We're one of three states -
17 - the Yukio Okutsu is our very first state veterans
18 home that has adult daycare built into it, and we're
19 going to do the same thing for here on Oahu.

20 Again, that's opened up to the entire
21 state not just Oahu.

22 I also want to make mention of the fact
23 that the programs that I've seen where access has
24 really been important, Purple Heart and Civil
25 Veterans Equal Access Act of 2018. Sometimes we

1 miss -- miss that, you know, where our veterans now
2 even with a zero disability rating can gain access
3 to the commissaries. It may seem something small to
4 people, that's a huge benefit for our veterans. It's
5 too bad we don't have enough commissaries on the
6 neighbor islands, but we can work on that for the
7 future maybe.

8 Also, VA Caregivers Support Program. We
9 just started up one in October. That's another one
10 that's going to help our family members of survivors
11 being able to take care of their veterans. Again, a
12 lot of excess issues.

13 You already mentioned about the veteran
14 homeless program. We have a very robust program
15 here in Hawaii. Like, you mentioned, Mr. Secretary,
16 we have a number, it's about 228. Most of those are
17 sheltered. There are some unsheltered and they have
18 them in the data system, including Partners of Care
19 interagency consult. They work very, very jointly
20 across the state and I really believe that, yeah,
21 one veteran is too many; and the only reason why the
22 veteran might be on the street is because they don't
23 want to accept the help. We work harder and harder
24 and harder every year to get them to accept that
25 help.

1 You mentioned about wraparound services.
2 The people here are very, very committed and those
3 numbers were a lot different back in 2014. So
4 you're absolutely right; we have come a long way,
5 Senator.

6 Also, some of the other important programs
7 -- you mentioned about suicide prevention. So we
8 have undertaken, Senator Hirono and Secretary
9 McDonough, the Governor's Suicide Challenge. It's
10 about time. You know, we have other escape
11 partnerships; there's about 35 of them. So what
12 that basically does, it runs DOD, state, federal,
13 county, and private partners together to start
14 working on preventive measures programs, Senator,
15 that need to be done and that just started in May of
16 2022.

17 So we're taking best practices across the
18 states and incorporating them here in Hawaii. So
19 you're going to see a lot more information of
20 programs about that. And we can't -- we just have
21 to keep focusing, you know, because that's
22 everybody's responsibility. That's just not just
23 the service providers or the folks that work in
24 mental health. That's everybody's responsibility.

25 I also wanted to make mention of the fact

1 that, you know, we also have participation in
2 women's programs. There is a state subcommittee on
3 that full time who work very closely with your
4 coordinators in the VA. They're embedded in there.
5 They're doing a real good job and the minority of
6 LGBTQ and war veterans are also available services
7 that we also participate with. But also the VEO
8 Office, the Veterans' Experience Office.

9 Asian-American and native Hawaiian and
10 Pacific Islander, Pacific Region project now.
11 Senator Hirono mentioned about that, but there is
12 now a deep dive that is going to that for this
13 specific group. So there is a review and asking of
14 the community partners out there, what do we really
15 need for this special demographic? So we can go
16 ahead and challenge ourselves to put those kind of
17 programs into the VA. So we see that happening out
18 there, Vivian Hudson (Ph.) and the team that are
19 there, they're doing some amazing work. That has
20 never happened before since I've been here and
21 that's very, very -- that's a welcoming sight to see
22 that happen.

23 Also, the benefits home loan guarantee. I
24 know nobody wants to make mention of that, but you
25 know, interest rates were very good in the pandemic

1 and most of our veterans took advantage of it. It
2 created a lot of extra work for a lot of things.
3 You know, mainly in the home loan guarantee business
4 that issued the claims, but that is absolutely a
5 good thing for folks refinancing their home. Now,
6 the rates are well over seven percent, triple
7 almost; but I would tell you that the team really
8 worked hard to be able to take care of veterans for
9 that.

10 And in Hawaii, you know, the median cost
11 of a home, Senator Hirono touched on it, right?
12 It's over a million dollars. You know, it's over a
13 million dollars. So we really have to really kind of
14 bear down on what the veterans have to do to survive
15 out here, you know, and which is going to bring up a
16 couple of other things.

17 I also want to make mention of the fact
18 that Blue Water Navy, the Camp Lejeune, and the
19 Historic PACT Act -- and thank you, Senator Hirono,
20 and the Secretary for your support of that.
21 Modernization of claims appeals, there's just some
22 amazing things happening with access. You know,
23 we're not declaring victory for all those things,
24 but the thing about it is we started. We did some
25 things that have completely revolutionized what we

1 did, what we should've done back in 2014 and we see
2 it happening.

3 I'll also tell you what time it is now.

4 Senator Hirono, you beat me to the punch.
5 So we do have some issues with VA travel and it's
6 involving reimbursements. So when it comes to per
7 diem, when it comes to out-of-pocket expenses, and a
8 simple example. The big island, you've got a
9 veteran out there that needs to go to Kona to Hilo
10 to the service providers there. It's a two-and-a-
11 half, sometimes three-hour drive. They've got to
12 find a hotel. That hotel is already above the
13 median, you know, the -- the threshold for
14 reimbursement and then next thing you know it,
15 they're taking money out of their pocket. And in
16 some cases some veterans are making the decision
17 before they leave for treatment and saying, you
18 know, I can't afford it; I'm going to forego
19 treatment. So somehow, some way we've got to find a
20 way to localize, you know, that part of it.

21 I don't know if we need to have, you know,
22 special specialists that are familiar with the
23 region. I understand the special nuances of the
24 veterans' experience that are going out there and
25 then, of course --

1 **SENATOR HIRONO:** Mr. Han, I know you're
2 wrapping up, aren't you?

3 **MR. HAN:** I'm going to wrap up. And so,
4 you know, lastly the Burial Equity Act. I'll just
5 leave it with this. Thank you so much, Senator, for
6 the opportunity. So Burial Equity Act is -- and I
7 know you've had a special session with Governor Ige
8 back in July at the Governors' Western Conference,
9 so it opens up for reserves and our guardsmen, but
10 it doesn't come with resources. And the burden now
11 is on the state and it's very difficult to see
12 individuals not get the adequate eligibility because
13 there's not a money funding resource pot put
14 together. But that's all I have.

15 I just want to say thank you, Senator.
16 Sorry for going overtime and thank you for pulling
17 the hook on me and --

18 **SENATOR HIRONO:** Thank you.

19 **MR. HAN:** -- and thank you, Secretary
20 McDonough.

21 **SENATOR HIRONO:** I know you have a lot to
22 say.

23 Our last speaker is Mr. McIntyre, please.

24 **MR. MCINTYRE:** Thank you, Senator Hirono.
25 Thank you for your effective leadership on the

1 issues that are important to Hawaii's veterans and
2 for the invitation to join you and Secretary
3 McDonough and my fellow panelists for the hearing
4 today.

5 My name is Dave McIntyre, President and
6 CEO of TriWest Healthcare Alliance.

7 In the '80s I was the lead health staffer
8 for the Senate Indian Affairs Committee, so I know a
9 bit about Hawaii, Alaska, the Pacific Territories;
10 and I was actually the author of the Indian Health
11 Care Improvement Act that stood for 25 years until
12 it was reauthorized.

13 I'm joined today by Karl Kiyokawa who
14 leads our team here local in the islands that's
15 focused on providing support needed by VA veterans
16 and providers to make the programs that we support a
17 success. All of us associated with TriWest,
18 including Hawaii's own HMSA, have been privileged to
19 support VA and now DOD for more than 25 years as
20 they work to meet the healthcare needs of those
21 sacrificed so much for our freedoms our nation's
22 military personnel, their families, and veterans.

23 In 2013, we were honored to be selected to
24 serve in support of VA in 28 states including in
25 Hawaii and the Pacific Territories as they sought to

1 efficiently and consistently find a way to provide
2 access to care in the community through a
3 consolidated network of credentialed specialty care
4 providers. We stood that up in 90 days.

5 We then subsequently were called on to do
6 the same in primary care and urgent care. Today our
7 network of some 5600 providers across the state of
8 Hawaii are engaged in the work to support VA. Not
9 perfect, but a start. They've delivered more than
10 55,000 care encounters for veterans, women's health,
11 mental health, cancer care, dental visits, heart
12 transplant, primary care, urgent care and PT, and
13 everything in between. They nor we have sought to
14 replace VA. We simply are there to augment VA and
15 to support them as they need the elasticity to
16 provide services in the spaces where they're unable
17 to do that directly.

18 Among our most important responsibilities
19 is the process and paying of claims. As the son of
20 an Army doc and the son of a nurse, Secretary
21 McDonough, my mom was a nurse, too, I have the goal
22 of being the fastest and most accurate payer to
23 healthcare providers for their services as a thank
24 you for the service that they provide to veterans.
25 Because of this, we changed out our claims process

1 in the last year and are re-engineering this
2 function. I'm proud to say that in Hawaii for the
3 entire 2020 period, we've been paying 99 percent of
4 clean claims - - not claims, but clean claims within
5 five days. The requirement is 30. And that's about
6 the place that we'd like to be because we understand
7 at the end of the day that the rates that we get to
8 pay with are constrained against demand, and so
9 we've gotten to this industry leading performance
10 and that's not been easy, but we know that there's
11 some old claims that need to be cleaned up to make
12 sure that everyone is in the right place.

13 And we regret the difficulty that this has
14 posed for those whose claims are in the last mile of
15 cleanup. Listening to Ms. Harr's testimony and I'm
16 looking forward to the list as I'm sure our VA
17 colleagues are of those that are in the provider
18 subset that received these demands for overpayment.
19 It's unclear to me without that detail as to whether
20 those are ours or they're the VA's or whether
21 they're ours together. But I'm confident that we
22 and VA will get to work in cleaning those up.

23 To speed up our progress, we recently took
24 some steps to automate parts of the work and we've
25 increased the size of the staff working these

1 challenged claims for the State of Hawaii and the
2 broader Pacific, and we will not declare victory
3 until those are done.

4 We expect that based on conversations over
5 the weekend and last night to be concluded by the
6 end of this month, not next month, not next year,
7 the end of this month. Our work in the critical
8 areas brought us to light the fact that we got some
9 efforts that need additional focus.

10 First, the staffs that do billing for the
11 providers in some cases need some rudimentary
12 training to make sure that those claims that are
13 submitted are done properly, and we're going to
14 commit to doing that training together with the VA
15 involved. We plan to be in the Pacific in Guam in
16 the next three weeks to address the same issues with
17 the providers down there.

18 Number two, we found that a number of
19 providers in the islands are not submitting their
20 claims electronically, so we want to make sure that
21 they understand how that's done and they're enrolled
22 to do that and most importantly that they're
23 enrolled to get paid electronically, because when
24 you have that work the payment can be in less than
25 five days because it works on an automated basis.

1 And lastly in the dental area as we work
2 to replace VA's direct contracts with those in the
3 network, we are in the process along with VA of
4 making sure that the claims issues that those
5 providers had historically are cleaned up.

6 Lastly, and I think this is a place where
7 you and the Secretary can potentially help all of
8 us, is that we are required today under a law to
9 tell providers that they only have six months to
10 file a claim. That is unique to the VA. In
11 Medicare, Medicaid, TriCare in the private sector
12 they have up to a year. I believe that this is an
13 artifact of budget of predictability and budget
14 execution, and I think we're at a point where we're
15 stable enough now on both sides to make the change
16 to allow provider billing operations to have a
17 consistent time frame against which they work.

18 In our network across the 21, 28 states,
19 we have every academic facility that's a partner of
20 the VA, and it was really important to us that they
21 be part of the network. We're owned by two
22 academics that are in that cohort. They cannot file
23 a claim within six months to save their life, and so
24 when they end up showing up eight months later, we
25 have to deny it and then that starts a whole process

1 on all sides -- their side, the VA, and our side --
2 of trying to clean that up. And there's a lot of
3 inefficiency and ineffectiveness in this space, so I
4 look forward to the possibility of working with you
5 and Secretary McDonough to try and address whether
6 that ought to be changed.

7 Mahalo for the invitation to appear today.
8 I'm honored to serve the VA, my colleagues are
9 honored to serve the VA and veterans, and I look
10 forward to any questions you may have.

11 **SENATOR HIRONO:** Thank you very much.

12 Mr. McIntyre, you mentioned that with
13 regard to these letters that are being sent to
14 providers demanding repayment of overpayments, you
15 were not sure whether they're going to your
16 providers or whether they're going -- where they're
17 going.

18 So is this something that, Mr. Han, are
19 you aware that this is happening and that there are
20 providers who are supposed to send thousands of
21 dollars back to, I take it, VA?

22 **MR. HAN:** Yeah, so we really don't get
23 involved in the health care portion, Senator. So we
24 would just defer to the Veterans Health Care
25 activity and Secretary McDonough mentioned about

1 patients' advocates. It could be in regard to the
2 service providers and their -- and their payment
3 back, but we wouldn't get involved in that with the
4 State.

5 **SENATOR HIRONO:** Okay. I'm just
6 mystified, Mr. Secretary, as to why this is
7 happening and there's no explanation and resulting
8 in already a lack of private providers, I guess, or
9 people who participate privately in the system
10 leaving the system. So I hope we can find out
11 what's going on and resolve it in some way.

12 Mr. McIntyre, you mentioned that part of
13 your concern is that the providers are not
14 submitting their request for reimbursement
15 electronically.

16 Is this because they're solo providers and
17 a lot of them are not set up to do that? That they
18 need help? They -- they -- they are not doing things
19 electronically? They're still writing things out.

20 Is that an issue for your provider
21 community?

22 **MR. MCINTYRE:** In some cases, yes, and
23 those providers should be able to submit the claims
24 on paper; but for those that can do it
25 electronically, it's the most effective way to make

1 this work. And so we're going to reach out to the
2 providers that are not signed up electronically over
3 the next couple of weeks in the islands and take
4 them through the process of how they do that in
5 order to try and help them with efficiency and
6 accuracy. The one thing that happens when you file
7 electronically is it allows you from the system's
8 perspective to make sure that all the information is
9 entered correctly where you can't go to the next
10 step and you can't ultimately push "Send". That,
11 ma'am, is the reason really at the end of the day
12 why that electronic submission is important.

13 **SENATOR HIRONO:** You mentioned that you
14 have 5600 providers. How many of these providers
15 are solo practitioners? Do you know?

16 **MR. MCINTYRE:** I'd say probably in the
17 islands it's about 30 to 40 percent.

18 **SENATOR HIRONO:** So, Ms. Haar, those are
19 the people that you're hearing from? You mentioned
20 that a lot of our provider community are solo, so
21 they probably need help with submitting
22 electronically. I mean, there's probably a number
23 of these aspects and there's something else that
24 they need help with.

25 **MS. HAAR:** Most of the people that I spoke

1 to were solos, but I would say Roxanne referenced
2 Stroud (phonetic) as well. I didn't talk to the big
3 facilities.

4 **SENATOR HIRONO:** Let's talk about the need
5 for I would say the need of women veterans to have
6 gender appropriate services, including some -- as
7 Roxanne Bruhn mentioned. So for you, Mr. Han, would
8 you acknowledge that we need to do better in terms
9 of providing appropriate, gender appropriate
10 services --

11 **MR. HAN:** Absolutely.

12 **SENATOR HIRONO:** -- for our female
13 veterans? And for her to have been treated that
14 way, you know, no veteran should feel as though she
15 was not treated well.

16 **MR. HAN:** Absolutely.

17 **SENATOR HIRONO:** So what are you doing?
18 What is your advocacy with regard to providing care
19 and the -- what we need to do for female veterans?

20 **MR. HAN:** So, once again, Senator, we
21 don't have a health care portion of it, but we do
22 have a state subcommittee that focuses on women
23 veterans, so they've had several summits, in person
24 summits, over the last five years. They had a
25 virtual summit just recently, and most of it was to

1 talk about those kind of issues. It did involve the
2 VA here locally. It did involve other service
3 providers, so there's a lot of information that is
4 again passed up.

5 So the big issue is how do we feed that
6 into the local piece of it and then up into the
7 national piece?

8 I know Secretary McDonough has special
9 minority groups and committees. Part of it has
10 women's committees set up. I belong to the National
11 Association of State Directors for Veterans'
12 Affairs; they have a very robust women's committee
13 that's -- and we have one right out of Arizona that
14 partakes in that, so as information is provided we
15 send that information to our national counterparts,
16 and they in turn look at legislation, it may be
17 entered into congressional or we work directly with
18 the VA on those subcommittees.

19 So that's the process that we do.

20 **SENATOR HIRONO:** The concern regarding the
21 appropriate treatment of women veterans has come up
22 quite frequently in the Veterans Committee and so we
23 need to be very intentional about the kind of
24 attitudes that can be exhibited when a woman veteran
25 shows up, that, you know, talk about being

1 traumatized. They're there for a service and if the
2 veteran is treated in a way that is really
3 disrespectful or dismissive, that is something that
4 the attitudinal kind of changes that are hard to
5 deal with, but we have to be intentional.

6 Of the 5600 providers how many of them,
7 Mr. McIntyre, are women?

8 **MR. MCINTYRE:** I don't know that answer
9 specifically. I will get that for you, but we have
10 a couple of hundred OB/GYNs, we have people there in
11 the other specialties that women would rely on, and
12 I believe that to be consistent with the ratio of
13 the providers that are in the islands that are
14 females serving females because 5600 is a bit
15 network for these islands. So we'll get you that
16 data on specifically the gender of the providers
17 themselves.

18 **SENATOR HIRONO:** I just would be
19 interested to know if it makes sense to recruit as
20 part of the network of providers to go out and
21 specifically recruit female providers.

22 I don't know if that makes sense, Mr.
23 Secretary. Is that something that you've been --

24 **SECRETARY MCDONOUGH:** Yes, for two years
25 in a row we've asked for the highest level of

1 investment in what we call gender specific care.
2 Gender specific care allows us to invest in
3 specialists and invest in technology specifically
4 for the kinds of things that we heard discussed in
5 the testimony earlier. So we were just talking here
6 that we're obviously going to get to the bottom of
7 this specific situation that you confronted.

8 But I think Admiral Robinson and I were
9 just talking that, you know, I think you'll see that
10 the technology and the providers are different than
11 what we heard about earlier. That's not to say it
12 was right before and it's not say it's perfect now.
13 It's to say that we're improving and that's a direct
14 result of the investments that we've asked of from
15 Congress and that Congress has given us over the
16 course of the last two years.

17 **SENATOR HIRONO:** As I mentioned, the
18 intentionality regarding the gender appropriate
19 services to female veterans, I think that's really
20 important especially so you're now proceeding with
21 providing abortion services, which is something that
22 albeit in the instance of rape, incest, or for the
23 health and safety of the mother, but these are
24 services that you have not heretofore provided, and
25 so there's going to be a whole range of those kinds

1 of providers, Mr. McIntyre, that will need to be
2 brought into the system, I'd say.

3 Do you have a comment?

4 **MR. MCINTYRE:** I think those providers for
5 the most part are in the network now and available
6 to the VA staff that does the same and they have the
7 ability when setting the appointment to talk with
8 the provider about gender specific desires on the
9 part of the veteran, and as a company our policy is
10 to follow the Secretary's policy. And so you should
11 expect zero gaps in that space.

12 **SENATOR HIRONO:** And especially as you are
13 also in states which do not allow abortions, so
14 especially in those states. That would not be
15 Hawaii but we still get a lot of inquiries because
16 of the chaos and the fear generated by the
17 overturning of Roe is across the country.

18 Ms. Bruhn, I am curious to know but
19 apparently according to Mr. Han I think there is
20 some sort of a task group or a group here in Hawaii
21 that focuses on care for female veterans.

22 Are you involved with that?

23 **MS. BRUHN:** Yes, I am.

24 **SENATOR HIRONO:** Good.

25 **MS. BRUHN:** Yes, I am, Senator, yes.

1 **SENATOR HIRONO:** And I hope you're seeing
2 some changes in how women are treated here as a
3 result of the recommendations.

4 **MS. BRUHN:** I go to community of care now,
5 Ma'am, so I have not been there physically to see
6 any changes. I'd like to think that there have been.
7 I'm hoping that there is because if I lose my
8 community of care I'm going to have to go back to
9 the VA. So I'm hoping that there's been changes.

10 **SENATOR HIRONO:** I'm sorry. Can you
11 describe for me, I believe you said you go to the
12 community of care? You --

13 **MS. BRUHN:** Yes.

14 **SENATOR HIRONO:** -- go outside of the VA
15 services?

16 **MS. BRUHN:** Yes, yes, yes. I am now being
17 seen by my PCP at Straub Clinic. I'm treated by my
18 cardiologist and my internist all at Straub because
19 my PCP referred me through the system. It was a
20 very painful -- very painful; I'm not saying it was
21 easy by any sort but, but I finally got all that I
22 needed and it's in place so I'm hoping that I'm able
23 to keep it.

24 **SENATOR HIRONO:** I take it that you're
25 getting better treatment through the community of

1 care process than what you described as your
2 experience with VA?

3 **MS. BRUHN:** Yes, you're correct, and --

4 **SENATOR HIRONO:** And when -- when was it
5 that you had this kind of treatment in the VA
6 system?

7 **MS. BRUHN:** I left the VA system in 2020.

8 **SENATOR HIRONO:** So that wasn't very long
9 ago. Let us hope that there are improvements in how
10 female veterans are treated.

11 So this goes to as I said attitudinal
12 changes, which takes some time, but we have to be
13 intentional.

14 I think that I am at the end of this
15 panel's time. Is that right?

16 **MS. BRUHN:** I do have one thing I would
17 like to say, Senator.

18 **SENATOR HIRONO:** Yes?

19 **MS. BRUHN:** Is that I'd like the VA to try
20 to look at the thought process because when you talk
21 to any veteran, even for myself, whenever I think
22 "VA", I always think, "They're going to tell me no."
23 They're going --

24 **SENATOR HIRONO:** Wow.

25 **MS. BRUHN:** They're going to put as much

1 roadblocks in front of me that I have to overcome in
2 order for me to get treatment, in order for me to be
3 seen. I really hope that there is a method or that
4 there is a way that the process change of the
5 environment of the culture will change. When
6 veterans said or when you're told a veteran to go to
7 file a claim or to go to medical, that -- the
8 veteran will not automatically say, no, I don't want
9 to do that, because they're going to give me a hard
10 time because that seems to be the prevalent thought
11 when you talk to any veteran who -- who has to
12 journey through the VA system is that they're going
13 to give me a hard time and the answer is going to be
14 no and I have to fight, and so I'm hoping that that
15 will change.

16 **SENATOR HIRONO:** Thank you. Obviously,
17 there are a lot of veterans out there who agree with
18 you and with that observation; and so -- but we need
19 to be a lot more intentional about how people are
20 going to treat veterans, the female veterans, and
21 across the board.

22 You know, it's like how do we get to yes,
23 right? That should be the framework. I have to say
24 that to my staff, too. How do we get to yes without
25 breaking any laws or anything like that? That's not

1 what I'm talking about.

2 I do want to thank the second panel and I
3 know that there are a number of our organizations
4 who are with us today and I want you to know that my
5 staff is here to be of assistance if any of you who
6 represent organizations or individuals, if you need
7 services my staff is here to help you and we're in
8 the back there. I think there's a -- yes, they're
9 waiting. So we'll do that.

10 Mahalo nui loa for your attention and your
11 commitment because we are all in this together, and
12 the focus on providing the services that the
13 veterans deserve and need. Aloha.

14 This hearing is adjourned.

15 **(WHEREUPON, the hearing was adjourned at**
16 **11:10 a.m.)**

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