

VETERANS ORGANIZATIONS' PRIORITIES  
FOR THE 111TH CONGRESS:

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WEDNESDAY, JANUARY 28, 2009

United States Senate,  
Committee on Veterans' Affairs,  
Washington, D.C.

The Committee met, pursuant to notice, at 9:33 a.m., in Room 418, Russell Senate Office Building, Hon. Daniel K. Akaka, Chairman of the Committee, presiding.

Present: Senators Akaka, Tester, Begich, Burris, Sanders, Burr, and Johanns.

OPENING STATEMENT OF SENATOR AKAKA

Chairman Akaka. Good morning. This hearing will be in order, will come to order.

Before we begin today's hearing, I extend my warmest--my warmest--welcome and aloha to the three new members of the Committee: Mark Begich of Alaska, Senator Mark Begich, Senator Roland Burris and Senator Mike Johanns of Nebraska. And I want to welcome you to this Committee and to tell you that we have a great year ahead of us and we have much to do and we will do it together.

The addition of these new members has caused a temporary shift on the dais, as you can see. Until we can work out some space issues, I regret any inconvenience this

causes to all members, but you will see the adjustments as we move here to squeeze in all the members that we have now.

Another housekeeping item, given additional membership, we are revising both the Committee rules and the Committee budget. The Committee's Ranking Member, Senator Burr, and I also intend to seek additional space and funds to bolster the ongoing oversight work which is so critical. Members will receive these documents shortly, and afterwards I will be polling regarding your support.

For the information of all, the Committee will promptly hold nomination hearings on advice and consent position, so Secretary Shinseki can have his team in place as quickly as possible. It is my hope that the nomination for Deputy Secretary will be made very soon, and, immediately following that, I will schedule a hearing in consultation with Senator Burr. Other nominations will be bundled to make maximum use of the Committee's time.

Now to the immediate business at hand, today's hearing offers a valuable opportunity for us to collect the priorities of the veterans groups and craft our legislative and oversight agenda for this session, and this is why we are having you as early as we can here. In the coming months, all of the veterans service organizations will have more formal legislative presentations, but I believe we should hear key priorities now. I am also looking for

interplay between the organizations to focus on what can and should be done in the short term and what can wait for later in the session.

We must, in this time of war, equip VA with the resources to carry its missions now and into the future. I have said this time and time again: Veterans' benefits and services are a cost of war and must be understood and funded as such.

Many of our views are in agreement, and I believe that together we have established a good track record relating to VA. VA health care is, in many respects, the best in the Nation. I am proud that our collective work has contributed to the improvements in quality and access.

Now, we must keep the momentum going. We must work to achieve President Obama's goal of integrating more Priority 8 veterans back into the VA health care system while ensuring that enough resources are available to maintain the quality of care.

As someone who knows firsthand the impact on education funded through the GI Bill can have, we must make certain that the recent improvements to this vitally important benefit are being effectively implemented.

Timely and accurate adjudication of disability claims remains an issue.

I expect that benefits reform, including a hard look at

the current appellate process, the role of IT and reaching consensus on elements of compensation, will claim much of this Committee's attention this Congress.

There are some major legislative initiatives remaining from the previous session that I hope will be enacted this session. The Committee's bipartisan health and personnel improvements bill, which I just reintroduced as S. 252, is important to this Nation's veterans and to the thousands who work in VA hospitals and clinics throughout this Country. Some of you worked to include vital provisions in that bill such as enhancements to women's health care and, for that, I am very grateful.

In the near future, I will also introduce a modified version of S. 1315, an omnibus benefits bill, which passed the Senate last Congress. S. 1315 included benefits for both young and old veterans, including numerous modifications to VA's insurance programs and benefits for Filipinos who served under U.S. command during World War II.

I look forward to the statements of the witnesses and to working with each of the organizations in the 111th Congress.

And I am glad again to be serving with my Ranking Member, and I now call on him for his statement.

Senator Burr.

OPENING STATEMENT OF SENATOR BURR

Senator Burr. Thank you, Mr. Chairman. Aloha.  
Chairman Akaka. Aloha.

Senator Burr. Let me thank you for calling this hearing and assembling these witnesses who I look forward to hearing from.

Let me congratulate the new faces, two on your side, one on our side.

One thing that I think you will find very quickly is that this Committee is unlike others in the United States Senate. Care for our veterans and their loved ones is not a partisan issue. If I could borrow a sentiment from our former colleague who is now our Commander-in-Chief, he said the men and women who wear the uniform, the Nation's uniform, do not come from a collection of red and blue States but from the United States.

And I think that is 100 percent accurate. They expect us to leave politics aside when we act on their behalf, and I am committed to work with the Chairman and all the Committee members towards that end.

Again, I welcome those new members.

This morning, we will listen to the views of some of the leading veterans service organizations on what their top priorities are for the 111th Congress. I often hear from VSOs from North Carolina who provide me with a local perspective of some of the challenges confronting our

Nation's veterans. The organizations with us this morning provide a voice to millions of veterans nationwide. Collectively, they are a valuable resource upon which we may draw as we develop any legislative and oversight agenda.

I am anxious to hear your testimony, to work with you and other important organizations like AMVETS and Gold Star Wives on behalf of veterans and their survivors.

Looking through the testimony this morning, I found there are some common themes from all of you:

First, funding of the VA health care system is a top priority on everyone's list. Let me say from the onset that I am in full agreement with the goals of providing VA a timely, predictable, and sufficient budget. I look forward to exploring ways we can accomplish these goals with our witnesses here today. In my view, funding for the VA health care system should never be a political issue.

Second, fixing the disability system and the disability claims system is another common theme. Mr. Atizado of the DAV calls the system "complex and burdensome". Mr. Blake with PVA states that the process is done in "an expensive and antiquated manner." Complex, burdensome, expensive, antiquated--these are not flattering adjectives to describe a system that is designed to help veterans with injuries resulting from service. This is nothing new, and I hope all of us here today can get behind innovative approaches to

fixing the system.

Finally, Mr. Chairman, another theme is ensuring adequate mental health treatment for veterans who need help with PTSD and TBI. Clearly, building capacity is part of the effort, and the VA is in the midst of hiring additional mental health professionals. But we need to make sure we focus on getting veterans into VA for effective treatment early.

Secretary Shinseki stated he believes PTSD is treatable and that early treatment is key. I agree, and I think every person here understands that. It is time we develop a strategy to implement the Dole-Shalala recommendations of ensuring that veterans with mental health problems receive that necessary treatment soon after that veteran is diagnosed.

Mr. Chairman, I stand ready with you and this Committee to address these priorities on behalf of Nation's veterans and their loved ones. Our approaches to solving some of these problems may differ, but our goal is in fact the same.

I thank the Chair.

Chairman Akaka. Thank you very much for your statement, Senator Burr, our Ranking Member.

Now let me call on Senator Sanders for his statement.

OPENING STATEMENT OF SENATOR SANDERS

Senator Sanders. Thank you very much, Mr. Chairman. I

will be brief.

I believe that over the years we have made some substantial progress in the VA in general, VA health care in particular.

I believe that in the last two years, under Chairman Akaka's leadership, we have made some very, very significant changes. We just passed last year, as you know, the most significant changes in GI education that we have had since World War II, which will impact hundreds of thousands of soldiers who have served in Iraq and Afghanistan and their families. We have provided record-breaking VA health care budgets. We have increased mileage reimbursement rates. We have begun the progress, begun the effort to bring back the Priority 8s who were thrown out of the health care system some years ago.

So we are making some progress, Mr. Chairman. I think we should be proud of what we have accomplished.

And one of the reasons--one of the reasons--I believe that we have made progress is that there is now a very positive relationship between the VSOs, the veterans services organizations, who are on the ground, who bring to us the concerns that they are hearing from veterans, and us. And I think we have worked very closely with the veterans organizations, and it is absolutely imperative that we continue to do so.



Just a few weeks ago, I had a meeting with about 25 of the Veterans Advisory Committee in Vermont, and the goal of that is to hear from the ground what people are experiencing when they go into the clinics, when they go into the hospitals, what about the claims.

So we are making progress, but obviously we have a long way to go, and I think there is a general consensus. You mentioned it. Senator Burr mentioned it. There is a general consensus on some of the problems that remain and where we have to go.

Advanced appropriations, it is hard to run one of the largest health care systems in the Country, where you have tens of thousands of employees, if you do not have a sense of what you are anticipating next year, very difficult to do.

We need to continue, in my view, to bring back Priority 8s in a gradual basis into the system.

We need to clearly, as you have heard, reform the claims system. In this day and age, with all of the computer technology that we have, it is not clear to me why it would take so long for veterans to get their claims processed.

I think we have to move forward to an automatic enrollment in VA for members of the Guard and Reserve.

Here is an issue that we raised in Vermont, Mr.

Chairman. I hope we can discuss it here, and I hope some of our friends will comment on it. In my State, there is not a whole lot of flexibility in terms of the hours in which veterans can get into clinics and get into the hospital. You know many people work 9:00 to 5:00. Should there be evening hours? Should we be more flexible in making sure that our clinics and CBOCs are available to veterans?

I think we want to move forward in making our VA facilities a leader in green buildings and energy efficiency.

We want to make sure we can have the best services available in the world in the VA, but unless veterans know about those services they are not going to be able to access them. So we have to do a better job in outreaching that.

We do not want to forget. While we focus on PTSD and TBI from Iraq, we do not want to forget about Gulf War Syndrome from the war in 1991. We have still have tens of thousands of soldiers who are suffering from that.

So, bottom line is we are making progress. We have a long way to go. We will not be successful unless we work with the veterans organizations and unless they are giving us the best information possible about what is happening on the ground.

We get stuck here in Washington a little bit. Your job is to tell us what you are hearing from people who are

experiencing the VA in all of its dimensions.

Mr. Chairman, thank you very much.

Chairman Akaka. Thank you very much, Senator Sanders, for your statement.

And now I call on Senator Johanns for his opening statement.

Senator Johanns.

OPENING STATEMENT OF SENATOR JOHANNNS

Senator Johanns. Chairman Akaka and Ranking Member Burr, thank you very much for the opportunity to say a few words. My opening statement will be very brief because this is my first meeting, and it is the first opportunity I have had to be in a hearing setting with this Committee assignment.

I want to say first of all, though, that it is an honor to be on this Committee. It is an honor to serve with this group and think about the needs of our veterans and how we meet those needs.

I also want to say thank you for calling this hearing together. As I looked through the list of witnesses and the statements, it gives me an opportunity as a new member to learn from you as to what the needs are out there and what I need to be paying attention to in order to be a valuable Committee member.

It reminds me a bit of something I did when I was

Governor of Nebraska. I would bring veterans groups into the Governor's Office on a regular basis, and we would just go around the table, and I would listen to them as to what their veterans needed, what they were facing out there. It just helped me in terms of developing an agenda as Governor.

I see this hearing as that same sort of opportunity, an opportunity for me to listen, to try to think the priorities as you identify them and then to work with you, Mr. Chairman and Ranking Member, to meet those needs.

Thank you very much.

Chairman Akaka. Thank you very much for your statement, Senator Johanns.

Let me call on Senator Tester for his opening statement.

OPENING STATEMENT OF SENATOR TESTER

Senator Tester. Thank you, Mr. Chairman, and I too want to thank you and the Ranking Member for calling this hearing, and I look forward to working with both of you as we move forward on veterans' issues in this Committee.

I also want to welcome the new members to the Committee. This is a good Committee. It should be very interesting. It has been a very rewarding one for me in the last Congress, and hopefully it will be equally rewarding in this 111th.

I also want to thank the members that are here to

testify. Your opinions are very much appreciated. We appreciate your commitment to the veterans through your individual organizations and appreciate your guidance and your sacrifice in doing that. So, thank you very, very, much.

We have over 100,000 vets in the State of Montana. That is a quite high percentage for a State of 950,000. The only State that probably has more is my fellow Senator here to my left, Senator Begich from Alaska. But veterans make up a high percentage of our population. Quite honestly, when I started this job, we went around and had hearings around the State of Montana, and I found out things that were absolutely unbelievable, and we were able to address many of them.

As Senator Sanders said earlier, we have much more work to do.

We just confirmed General Shinseki to the head of the VA. I supported that confirmation. I think he is a good man, and I think he is somebody that we all can work with.

But we have a lot of promises that we have made that we have to continue to work on to make sure that we live up to. State of the art medical facilities throughout this Country are critically important for our veterans. Making sure that we address the PTSD and the TBI issues that are out there and that are real and that are not going to go away, we have

to be proactive in that.

This is the first time in a decade that the VA appropriations was in place before the beginning of the fiscal year. I think that is a step in the right direction. We need to continue to work on that and make sure that the veterans of this Country do not have to come back every year, hat in hand, begging for money. We need to make that budget firm and continuous.

We need to continue innovation. The Ranking Member talked about innovation in the VA. It is critically important, particularly in rural America and in Indian country. We need to upgrade the VA's IT infrastructure, so that there is better, easier access for our veterans in this Country.

And we need to deal with the backlogs in disability claims. It is a big issue, and hopefully we can do something about that this year, Mr. Chairman, in this Committee.

It is not going to be easy. There are many challenges still out there for our veterans. I have talked to many of you about them. But I know one thing: If we work together, both sides of the aisle come together and you folks are at the table, we will do some good work.

Thank you very much for being here.

Chairman Akaka. Thank you very much, Senator Tester.

Again, I welcome our new member, Senator Begich from Alaska, for his opening statement.

OPENING STATEMENT OF SENATOR BEGICH

Senator Begich. Thank you very much. Mr. Chairman and to the Ranking Member, thank you for the opportunity to be on the Committee.

I am going to actually be very brief because I am very interested in each one of your presentations today. I have read some of the testimony that you will be presenting. I am excited to hear some of the ideas that you will have on how to improve our system.

Again, I am going to be as brief as this and say thank you very much, Mr. Chairman.

And again, I am looking forward to you guys' conversations, and I agree with many of the conversations that have already occurred in regards to the needs that we have within the system. It is one reason why I wanted to be on this Committee. As Senator Tester said, we have 11 percent of our population are veterans in our State. So it is a significant amount of our population.

I look forward to your ideas, and I will tell you my father-in-law is a retired colonel. He has already sent me many articles out of the DAV Magazine to inform me on all the priorities that you have and that I need to follow. So, already, you have an ally within the family.

Thank you very much, Mr. Chairman.

Chairman Akaka. Thank you very much, Senator Begich.

Now let me call on the Senator from the State of Illinois, Senator Burr, for his opening statement.

OPENING STATEMENT OF SENATOR BURR

Senator Burr. Thank you very much, Mr. Chairman and Mr. Ranking Member. I hope we will not get our names mixed up with the IS and the no IS, Senator Burr.

Like my colleagues, I am very pleased to be able to be on this Committee. I am not a veteran, but I know so many in my community of Chicago, and I am deeply concerned about how we have so many homeless veterans in our urban areas and what is happening with their health care. We must look at that and determine how we can assist these individuals.

I hear horror stories about what is happening to the hospitals there in Chicago, the closed-up one, and how difficult it is for veterans to get services and how far they have to travel to get to and from those veterans hospitals.

These men and women have paid in blood and injury for our safety and our security in this great Country, and we cannot neglect them. We cannot not assist them as they try to carry out their lives and carry out their family lives. So you have an ally here too.

Unfortunately, Mr. Chairman, I am going to have to duck



out because I have another committee. I have their testimony. I will certainly read it and look forward to working with you and this great Committee. Thank you.

Chairman Akaka. Thank you very much, Senator Burris.

And now I welcome our panel of witnesses representing veterans organizations. I appreciate your being here today and look forward to your testimony.

First, I welcome Dean Stoline, Assistant Director of the National Legislative Commission for the American Legion.

I also welcome Adrian Atizado, Assistant National Legislative Director for Disabled American Veterans.

Additionally, I welcome Todd Bowers, Director of Government Affairs for Iraq and Afghanistan Veterans of America.

I welcome also Carl Blake, National Legislative Director for Paralyzed Veterans of America.

I welcome Dennis Cullinan, Director of the National Legislative Service for Veterans of Foreign Wars.

And finally, I welcome John Rowan, President of the Vietnam Veterans of America.

Thank you all for joining us today. Your full statements will be included in the record and will appear in the record of the Committee.

Mr. Stoline, will you please begin with your statement?

STATEMENT OF DEAN STOLINE, ASSISTANT DIRECTOR,  
NATIONAL LEGISLATIVE COMMISSION, THE AMERICAN  
LEGION

Mr. Stoline. Thank you and aloha, Mr. Chairman,  
Senator Burr and members of the Committee.

Chairman Akaka. Aloha.

Mr. Stoline. On behalf of the American Legion, I thank  
you for inviting us today to this hearing.

To the new members of the Committee, I welcome you.  
The American Legion stands ready to assist you and your  
staff with any questions you may have, and I am here to be  
the spearhead for the Legion to help you.

The American Legion's current legislative portfolio is  
over 20 legislative items. We stand ready at any time to  
present oral and written testimony before you Committee on  
these issues. I would like to highlight from our written  
testimony today several issues today.

The first is the new GI Bill. We would like the  
Committee to ensure oversight over the implementation of  
this for the August 1st deadline. We are concerned both  
that the VA probably has not hired enough employees to  
implement it by that date, and we also have concerns about  
the development of the information technology that will  
support that in the out years.

One item we would like to add to your consideration on

GI Bill benefits is to add vocational and educational benefits equal to the GI Bill benefits for those who go to college. We think service members who wish a career in other areas such as apprenticeships to plumbing and electricity and become law enforcement officers should have the same stipends and benefits that accrue to those who are going to a four-year institution.

With regard to funding of the health care portion of the budget, the American Legion still remains desirous of mandatory funding. However, in partnership with other VSOs, we are now advancing the idea of advanced appropriations. This would be a policy in which the budget would be provided to the VA one year in advance of the current fiscal year.

We see this as positive because the VA would be able to plan for that for a year and the Congress would be able to oversee the expenditures because they would have, the VA would have knowledge of the amount of money they have for equipment and personnel a year ahead of time.

With regard to disability compensation claims and adjudication, that is the one great challenge I think the Congress has this year. The backlog is ever growing and is outrageous in our belief, and we do not see relief in sight at this time.

We have testified in the past on the inadequate staffing levels of the VA, the inadequate training of the VA

for its adjudicators and the management pressure on the employees to make decisions that are based on quantity rather than the quality of the review of the merits of the claim.

We think that is a disservice to the veterans, and we would like you to take a look to improving both the staffing levels and the training for those employees and to have management be more concerned about a quality review at the first level of the claim rather than pass it on to the appeals level and put the veterans in the hamster wheel of appeals and remands and four or five years before they finally get resolution of their claim.

As for the current budget, we think it needs to be increased. We appreciate the last two years of an increase to the budget, but part of that budget was at the expense of over a million and a half Priority 8 veterans who could not enroll in the system, and we think that is an egregious error.

We appreciate the fact that you did give funding this last year to start re-enrollment, but the job is not done. We would like to see the job for re-enrollment of all Priority 8s completed in this fiscal year.

With regard to traumatic brain injury, the GAO has acknowledged that there are clinical challenges to the VA. We support additional TBI research and funding so that they

can have the diagnostic tests to properly screen these veterans.

We are concerned about access to care for our rural veterans. As the Nation becomes more urbanized, the military forces are actually having more of their members come from the rural areas of the Nation. Right now, the nationwide figures are one in five veterans who receive VA health care come from the rural areas, and this ratio is going to grow particularly because the Reserve components come mainly from the rural areas.

Consequently, the American Legion would like to see an increase in the Community-Based Outpatient Clinics, or the CBOCs, particularly for veterans living in States like Nebraska, Nevada, Utah, South Dakota, Wyoming and Montana because the veterans living in those areas face extremely long drives, a shortage of health care providers and bad weather.

VA has an Office of Seamless Transition for veterans coming off the Iraq and Afghanistan wars. But we are concerned particularly with Reserve components that those service members, as they come back from their duty, are not getting the proper training and information from VA on their rights and benefits. Consequently, we would like to see more emphasis in the VA to ensure a successful transition from military duty to civilian life.

We would like an increase in medical research and prosthetics research because the VA has a unique understanding on the wounds that occur to veterans, but they should be paying particular attention to the issues that are already at hand for veterans in the past. That includes prostate cancer, addictive disorders, wound healing, post-traumatic stress disorder and other medical problems. We also believe they should cooperate more with other agencies like DOD in their research.

With regard to the different environmental exposures that veterans have from different wars, the American Legion would like the Congress to be forcing the DOD to release more and more information about Agent Orange that was used outside of Vietnam. It is almost impossible to settle some of these Agent Orange claims and the diseases that arise from that without that information.

With regard to the Gulf War illness veterans, we would like the VA to continue research with the recommendation of the Research Advisory Committee on Gulf War Veterans. We would like them to focus not only on the treatment but also help alleviate the suffering of those veterans.

With regard to the atomic veterans, the American Legion would like the dosage program because that program is not working. A lot of the results come back that say the veterans were exposed to low doses of radiation, and again

it is very hard to complete a claim and adjudicate properly for the veteran.

With regard to information technology policy, we would like, while we support additional funding, we want to make sure the privacy rights of the veterans are maintained and that the information is secure.

With regards to the Filipino veterans, the American Legion has supported the Filipino Veterans Act for about 60 years. However, our issue with that is how they are paid. In our written testimony, we have given the Congress several ideas on how to properly fund the Filipino veterans without taking funds away from other veterans.

With regard to the National Cemetery Administration, we support keeping the current 75-mile service area and 170,000 veteran population, but we ask the Congress to be advised of the increased driving times in urban areas that makes it harder for some families to get to the cemeteries. That should be taken into consideration as you site future cemeteries.

The American Legion regards the number of veterans being hired in the Federal Government as too low. We think Congressional oversight over the hiring of veterans should be increased, particularly with VA with DOD and at all levels of the government. In the VA's October magazine, the latest three veterans law judges that were appointed, none

of them were veterans, and we think that is egregious since they are the ones who make the final determination with VA on our claims.

Chairman Akaka. Will you please wrap up your statement, please?

Mr. Stoline. Yes, sir.

The last thing I would like to say is we are concerned about homeless veterans, and we would like the grants increased. We would also like some provisions made for homeless female veterans and their families.

Thank you for allowing us here today.

[The prepared statement of Mr. Stoline follows:]

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Chairman Akaka. Thank you very much, Mr. Stoline.  
Now we will hear from Mr. Atizado.

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STATEMENT OF ADRIAN M. ATIZADO, ASSISTANT NATIONAL  
LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS

Mr. Atizado. Mr. Chairman, Ranking Burr and other members of the Committee, thank you for inviting the DAV to testify at this important hearing and to listen to our priorities for the 111th Congress. We do appreciate your consideration as you prepare your legislative agenda.

Our priorities include VA health care funding reform, disability compensation improvements, family caregiver support services, women veterans' health care, traumatic brain injury and mental health care and substance use disorders. For the sake of brevity, I will highlight only our recommendations and refer you to my written testimony for further details.

On VA health care funding reform, the DAV thanks Chairman Akaka and the eight co-sponsors for introducing in the 110th Congress the Veterans' Health Care Budget Reform Act which received bipartisan support to achieve sufficient, timely and predictable veterans' health care funding. This bill would allow Congress to fund VA health care one year in advance and address transparency in VA's internal budget process. Advanced appropriation retains full Congressional discretion to set funding levels and Congress' ability to provide strong oversight over VA programs, services and policies.

We look forward to its reintroduction and passage in the 111th Congress.

To improve VA's disability claims process, the cumbersome and lengthy administrative claims and appeals process can be streamlined by eliminating redundancies and creating an integrated electronic claims process. Training, quality assurance and accountability changes must be approaches in that order while resisting hasty broad-brush approaches. Sir, our broad view is that VA should empower personnel with expertise to manage and reduce the claims backlog without eroding decades of progress.

In the same vein, disabled service members should have a seamless transition primarily by restructuring the substandard military disability evaluation system.

For family caregivers and support services, just as severely disabled veterans face daunting and lifelong challenges, so do their family caregivers who help maintain a veteran's quality of life and independence as they live in the community. While this role can exact a high cost on family caregivers, they seldom receive sufficient support services or financial assistance. In addition to psychosocial support services, VA should conduct individual needs assessment on family caregivers of severely disabled veterans as well as conduct a periodic national survey for planning and policy purposes.

Women veterans' health care: To address existing health disparities, legislation is needed to ensure women veterans' health programs are properly assessed and enhanced so that access, quality, safety and satisfaction with care is equal for women and men. VA should improve its ability to assess and treat women who have experienced combat or military sexual trauma and increase the use of gender-specific evidence-based treatments. Also, we believe VA should receive the resources to have at least one provider with women's health expertise in each VA medical center.

Traumatic brain injury or TBI is a common injury to Iraq and Afghanistan war veterans, which can cause devastating and often debilitating and permanent damage. An increase in DOD and VA specialists with TBI expertise is needed, just as more research is needed to sustain the emerging evidence base for TBI. And while mild to moderate TBI can be much harder to diagnose, which often leads to lasting physical and psychological problems, proper screening and personalized recovery plans are essential to detect and treat TBI.

Mental health care and substance abuse disorder: Although VA has improved its programs in recent years, the scope of care provided and its distribution across VA does not meet the needs of veterans. Studies looking at the trends of mental health and substance use disorders in Iraq

and Afghanistan war veterans drive the need to ensure access to and make available robust services. Programs that integrate the best research evidence, clinical expertise and patient needs are critical to avoid long-term health consequences.

The DAV thanks this Committee for its efforts last Congress in passing the Veterans Mental Health and Other Care Improvements Act of 2008, now Public Law 110-387.

In conclusion, Mr. Chairman, we would like to thank you as well as Senators Durbin and Murray for introducing S. 252, the Veterans' Health Care Authorization Act of 2009. This bill, drawn in large part from a staff conference package based on 2969, the Senate bill in the 110th, contains many provisions that address our concerns I outlined herein.

Mr. Chairman, this concludes my testimony. I would be happy to answer any questions you or this Committee may have.

[The prepared statement of Mr. Atizado follows:]

Chairman Akaka. Thank you very much, Mr. Atizado. And now we will hear from Mr. Bowers.

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STATEMENT OF TODD BOWERS, DIRECTOR OF GOVERNMENT  
AFFAIRS, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

Mr. Bowers. I would just like to point out he got that at five minutes exactly. Well done.

Mr. Chairman, Ranking Member and members of the Committee, thank you for inviting the Iraq and Afghanistan Veterans of America to testify here today and for giving us the opportunity to present our 2009 legislative agenda.

On behalf of IAVA and our more than 125,000 members and supporters, I would also like to thank you for your unwavering commitment to our Nation's veterans.

And I would also like to thank you all for braving the ice this morning to make it to this hearing. Maybe next year, we can do it in Hawaii, but that is not a formal recommendation.

After seven years of war, it has never been more critical to care for our Nation's veterans. I know because I am one of them. I still serve as a staff sergeant in the United States Marine Corps, and I should point out that my testimony today does not reflect the views or opinions of the Marine Corps.

At IAVA, we are committed to making sure that no service member and no veteran is ever left behind. The mission of IAVA is to improve the lives of more than 1.7 million Iraq and Afghanistan veterans and their families.

IAVA is proud to have worked with our fellow VSOs in local communities, with the media and in Washington to draw attention to the issues facing our troops and veterans and to get those problems solved. Over the past four years, IAVA has grown into a driving force behind many legislative victories for veterans.

In 2008, we saw unprecedented success. First and foremost was the passage of the new GI Bill which will ensure affordable college education for all veterans of Iraq and Afghanistan. IAVA also worked to increase health care funding by \$4.5 billion, to improve benefits for disabled veterans, to expand suicide prevention and to improve treatment for traumatic brain injury. We have effectively partnered with many other veteran and military service organizations and also the Department of Defense, the Department of Veterans Affairs and members of Congress to make these successes a reality.

In 2008, IAVA launched a historic public service advertising campaign in partnership with the Ad Council. The groundbreaking multiyear effort seeks to ease the readjustment for service members coming home from Iraq and Afghanistan. Extensive research was conducted to develop the Veteran Support Campaign, including focus groups around the country, extensive consultation with Iraq and Afghanistan veterans and the involvement of a panel of top



mental health experts.

All PSAs direct viewers to the first and only online community exclusive to Iraq and Afghanistan veterans. This innovative website will help veterans connect with one another and link them with comprehensive services, benefits assistance and mental health resources.

A companion PSA campaign will be launched in 2009 that will engage and support the families and loved ones of Iraq and Afghanistan veterans. This is the most extensive veterans' public outreach by a non-profit in history, and we hope it will provide not only much-needed services but innovations and lessons learned to be shared and replicated by the VA and DOD.

While we have accomplished landmark successes in 2008, thanks in large part to the work of this Committee, there is still more to do. We are hopeful the new administration and the new Congress will continue to focus on veterans' issues.

Our 2009 legislative agenda, based on extensive processes of polling and seeking feedback from our 125,000-strong membership, makes recommendations in four areas crucial to today's veterans: mental health, homecoming, health care and government accountability.

Attached you will find the complete legislative agenda and the IAVA legislative priorities. We have also provided hard copies for your convenience.

At this time, I would like to highlight just a few of the most urgent issues facing Iraq and Afghanistan veterans.

Ensuring thorough, professional and confidential screening for invisible injuries: IAVA supports mandatory, face-to-face and confidential mental health and TBI screenings by a licensed medical professional for all service members before and after their combat tour. The goal of this is to remove the stigma and sealing the crack that many veterans and service members tend to fall through.

Senator Burr, I could not agree with your comments more, that getting veterans in fast is the key to solving these problems.

Of our membership that we were able to poll, those who sought treatment, 70 percent said it was useful. So the key is getting them in the door.

Advance fund veterans' health care. Advance fund veterans' health care, emphasis. The best way to ensure timely funding of veterans' health care is to fully fund the Department of Veterans Affairs health care budget one year in advance. In addition, IAVA endorses the annual Independent Budget produced by leading veterans service organizations, including IAVA, as a blueprint for VA funding levels.

I also agree with many of my members at the table today that this is key to ensuring that service members get the

appropriate care they need.

Ending the passive VA System: The VA has traditionally been a passive, inward-looking system. Veterans must overcome tremendous bureaucratic obstacles to get the funding and services that the VA provides. Many veterans do not even know the benefits they are eligible for. The VA must develop a national strategy to promote the use of its services including advertising VA benefits, expanding VA outreach and modernizing the VA's online presence.

Of our poll, we found that 72 percent of our members had visited the VA web site, and their responses are, well, I just will not say any here today.

We also had in our prioritize veterans in the economic stimulus package. We have already seen great successes already, and I thank the Committee for your work on this issue.

Finally, to correctly implement the new GI bill: The historic post-9/11 GI Bill, passed last year, included a provision to allow service members to transfer their GI Bill education funding to a spouse or dependent. But the Congress and the Administration can and must keep the bureaucracy moving to keep this benefit a reality. Our office regularly receives phone calls where service members are wondering when are they going to have this benefit and how will they understand it, and we do not have those

answers yet.

That concludes my testimony at this time. I thank the Committee. I will be happy to answer any questions.

[The prepared statement of Mr. Bowers follows:]

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Chairman Akaka. Thank you very much, Mr. Bowers.  
Mr. Blake, your testimony.

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STATEMENT OF CARL BLAKE, NATIONAL LEGISLATIVE  
DIRECTOR, PARALYZED VETERANS OF AMERICA

Mr. Blake. Chairman Akaka, Ranking Member Burr, members of the Committee, on behalf of Paralyzed Veterans of America, I would like to thank you for the opportunity to testify today.

As you know, PVA continues to work on issues that are important to our members, specifically those veterans with spinal cord injury or dysfunction but also for all veterans.

With this mind, I would like to outline our priorities for the 111th Congress. They include, first and foremost, advanced appropriations for the VA health care system, elimination of health care copayments for catastrophically disabled Priority Group 4 veterans, proceeding with the construction of a freestanding tertiary care hospital in Denver, Colorado that includes a spinal cord injury center in accordance with the recommendations of the CARES commission, improving recruitment and retention bonuses and incentives for nurses and allied health professionals, an increase in the adaptive automobile grant and an annual index to increase the value of the grant with the cost of inflation.

And, Senator Sanders, I would like to thank you for your leadership in trying to improve this benefit during the 110th Congress, and we look forward to working on this again

this year.

Finally, but certainly not the least important, improvements to the claims process including through updated information systems technology and, of course, as mentioned by my colleague from IAVA, smooth implementation of the GI Bill.

I would like to focus my attention on only a couple of the issues that I mentioned.

Chairman Akaka, we were pleased that during the 110th Congress you introduced legislation, the Veterans' Health Care Budget Reform Act, S. 3527, that would reform the VA budget process by providing advanced appropriations for VA health care. The legislation was developed in consultation with the Partnership for Veterans' Health Care Budget Reform, a group that includes nine major veterans service organizations including Paralyzed Veterans of America.

The Veterans' Health Care Budget Reform Act would ensure that the goals of the partnership--sufficient, timely and predictable funding--are met. Historically, advance appropriations have been used to make a program more efficient and effective, better aligned with funding cycles of the program recipients or provide insulation from annual political partisan maneuvering. By moving to advance appropriations, veterans' health care programs would accrue all three of these benefits.

Once again, we appreciate your support for this proposal during the 110th Congress, and we look forward to the introduction of similar legislation for the 111th, and we hope to build a broader base of bipartisan support for the legislation.

In 1985, Congress approved legislation which opened the VA health system to all veterans. In 1996, Congress again revised that legislation with a system of rankings establishing priority ratings for enrollment. Within that context, PVA worked hard to ensure that those veterans with catastrophic disabilities would be placed in a higher enrollment category.

To protect their enrollment status, veterans with catastrophic disabilities were allowed to enroll in Priority Group 4 even though their disabilities were non-service connected and regardless of their incomes. However, unlike other Priority Group 4 veterans, if they would otherwise have been in Priority Group 7 or 8 due to their incomes, they would still be required to pay all fees and co-payments, just as others in those categories do now for every service they receive from VA.

PVA believes this is unjust. VA recognizes their unique specialized status on the one hand by providing specialized service for them in accordance with its mission. The system then makes them pay for those very same services.



Unfortunately, these veterans are not casual users of the VA health care system. Because of the nature of their disabilities they require a lot of care and a lifetime of services.

We were pleased that the House Committee on Veterans' Affairs approved and the House of Representatives eventually passed legislation, H.R. 6445, that would eliminate this financial burden placed on catastrophically disabled veterans during the 110th Congress. In fact, the House bill had a rare triumvirate of bipartisan support of the House Democrats and Republicans and the VA. Unfortunately, the Senate never took action on the measure and the legislation was never enacted.

We hope that with your leadership, and Senator Burr's efforts as well, we will finally be able to resolve this issue during the 111th Congress.

Finally, Mr. Chairman, I would like to thank you and Senator Burr for your efforts during the 110th. Veterans have certainly realized a lot of successes legislatively, and we look forward to working with you again.

Just as sort of a housekeeping note, I would like to inform the Committee that the Independent Budget, which has already been mentioned, for fiscal year 2010 will be available for download on the internet on next Monday, February the 2nd. The web site for that document will be

www.independentbudget.org. We hope to be able to deliver hard copies to the Committee staff and to the individual Committee offices shortly thereafter. Many of the issues discussed here by my colleagues today and that I also discussed will be discussed in further detail in that document.

This concludes my testimony, Mr. Chairman. I would be happy to answer any questions.

[The prepared statement of Mr. Blake follows:]

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Chairman Akaka. Thank you very much for your testimony.

Now we will hear from Mr. Cullinan.

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STATEMENT OF DENNIS CULLINAN, DIRECTOR, NATIONAL  
LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS

Mr. Cullinan. Thank you very much. Chairman Akaka, Ranking Member Burr, distinguished members of this Committee, on behalf of the men and women of the Veterans of Foreign Wars, I want to thank you for asking us to participate in today's hearing.

I also want to salute you for conducting it so early in the legislative season. I think it is something that will allow us to move forward together in a more cohesive and effective manner, and we really appreciate your having done that.

I will just briefly touch upon some of our legislative priorities, all of which have already been addressed by my colleagues here at the time.

Sufficient budget for VA, that is the first thing I will talk about. The necessity for that is something we all agree upon.

With respect to advance funding, that is something that we now strongly support. With respect to that, this year's budget is a highly sufficient budget and it arrived on time. That is remarkable, not only in its sufficiency but in its rarity.

We do not think that VA funding is targeted for delay. It simply gets caught up in the annual budgetary wrangling

that takes place, and that is why we continue to support advance funding for VA. It takes the VA funding out of that annual struggle and will allow the system to run more effectively and efficiently, and everyone benefits from that.

Another issue with us is women veterans. We are very pleased to learn that legislation introduced last year providing women veterans' health care is included in this year's S. 2552. We salute you for having done that.

Women veterans are still grossly under-represented in the system, and I am sure there are a variety of reasons for that. But this kind of legislation will provide not only better care, but we think increased utilization by women.

We would also mention to you another. Minority veterans need to be better cared for.

Rural veterans is something Senator Burr touched upon. With urban veterans, they too seem to suffer their own form of isolation at times. So that is a group that needs to be better provided for.

VA benefits and compensation: We salute the Congress for the additional resources and personnel that have put into the system. At this juncture, probably what is best needed is ongoing and stringent oversight by this Committee and the Congress with respect to the utilization of these resources.

Another issue, of course, is retention. We and others have talked about this before. Someone who is bright enough to be an adjudicator and persistent enough, especially in a city such as Washington as a great example, if they are able to do that type of job, well, typically they can do something else for a lot more money and a lot less stress in their lives. So something that has to be looked at is how we do we keep adjudicators on board, given the rigors of their profession and the obvious fiscal temptation to go elsewhere.

Seamless transition, we strongly support that. It is an issue of medical records transferability between DOD and VA. It also touches on such things as training, job procurement and, of course, the implementation of the GI Bill. I think we all stand as one on that particular issue.

Military quality of life is a key issue with us. We very much appreciate the fact that there is money, additional money. I think it was \$3.75 billion in the stimulus package for VA facilities, an additional, in the billions amount for military housing, facilities, that kind of thing. We salute the Congress for having done that. It is very much needed.

And we would certainly maintain that it is shovel-ready in a sense, that both institutions, both agencies, departments are in a state to spend the money right away.

So it serves veterans, serves active duty military and serves the purpose of stimulating the economy.

Veterans employment: Again, things such as USERRA need to be more stringently enforced. The provisions of USERRA need to be more stringently enforced. There are still stories that we hear of people not getting their jobs back. Veterans' preference is another incident in hiring which needs to be monitored more closely.

The last thing I would mention here today is the 3 percent government-wide procurement goal. Again, the Department of Veterans Affairs meets this goal amply. However, I do not know where else in the Federal bureaucracy, perhaps DOD, where that actually takes place.

And with that, Chairman Akaka, thank you very much. I appreciate your giving us this opportunity.

[The prepared statement of Mr. Cullinan follows:]

Chairman Akaka. Thank you very much for your testimony, Mr. Cullinan.

Now we will hear from John Rowan and your testimony.

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STATEMENT OF JOHN ROWAN, PRESIDENT, VIETNAM  
VETERANS OF AMERICA

Mr. Rowan. Aloha, Senator Akaka and Senator Burr and the other distinguished members of this Committee.

Chairman Akaka. Aloha.

Mr. Rowan. And, especially to new members, we welcome you to the veterans community which is really what we all are.

On behalf of the members of Vietnam Veterans of America and our families, I am pleased to present to you our legislative agenda for the 111th Congress and thank you for the work that was done in the 110th Congress because we have made significant strides, but still there is a lot of work left to be done.

Obviously, we continue to support, along with our colleagues, the advance appropriations for the VA budget. As has been mentioned, a lot of us have the same agenda. We kind of get together on these things even though we have different backgrounds.

We also obviously support the restoration of eligibility by 2012 for all Priority 8 veterans who choose to use the VA system.

We are concerned also about transforming the VHA, the Veterans Health Administration, to an open evidence-based system that would include taking a complete military history

for each veteran enrollee and using it in diagnosis and in treatment modalities.

We are also concerned, and it is a little off the veterans field, but there is a big movement now to create an electronic medical health record for everybody in the United States, and it is part of President Obama's new initiative and part of the stimulus package. When they role that out, we want to ensure that the 80 percent of the veterans in the United States who use the private medical sector find about issues as well and that private, that particular new electronic medical record system include in the patient history section significant questions about military history.

And so, when they ask the question, which they have never done before in my life in my 30 years in my HMO, are you a veteran and they get my answer, and they ask are you a Vietnam veteran and they get the answer, they should ask further questions to make sure I get my prostate checked and make sure I get my--I am a diabetic already. So I do not have to get that checked anymore. But I mean they do not ask that question, and it is very important.

If we role this important new phenomenon into the rest of the United States like we have in the VA, we need to make sure that the veterans who are out there and are not in the VA system get understood about what their health needs are.

So, for the Vietnam veterans with Agent Orange, the Persian Gulf veterans with Gulf War Syndrome and the new veterans with God knows what is going to pop out.

We also are concerned about finally getting the VA to do the National Vietnam Veterans Longitudinal Study. We think that there were so many questions about what has happened to Vietnam veterans and why we are dying at such a fast rate, and, frankly, we think higher than our peers who did not serve in Vietnam. That study would have told us why, and we might find some things out without waiting for the scientists to answer all the questions.

And, obviously, we are concerned about the pension system as well. I mean it is just ludicrous. I retired eight years ago from the city of New York, and I was a manager. I walked out of there, working on a massive computer system, and I could read 1,500-page contracts online. Along with 10 other people reading the same contract at the same time. I do not understand why the VA cannot scan documents and set up a decent system.

We have a new proposal that we want to put on the table. We believe that the VA should create a Veterans Economic Independence Administration to be headed by an under secretary. Such an entity would take responsibility for the Center for Veterans Enterprise, vocational rehabilitation services, veterans preference which is not

done very well in the government and would be given functional control over the Veterans Employment and Training Service which currently resides in the Department of Labor.

Frankly, as Dennis I think mentioned, about the 3 percent rule as well, nobody in this government lives up to the 3 percent rule which says that service-disabled veterans and veteran-owned businesses are supposed to get preference in contracting. It does not happen, and we need to rectify that situation.

We think that if we created this entity inside the VA, the focus on the economic independence of the individual veteran, whatever he or she wants to do, whether go to work, start a business or a combination of both, whatever the case may be, to create inside the VA the focus on that aspect of the reintegration of people into society. And so, we really urge you to take a look at that and to consider that possibility.

We really do not even think it would cost very much. It might even save some money. We are just talking about moving people around and putting them under somebody. So you get a new Under Secretary of VA Economic Independence. That might cost a little bit, but we think it would be a worthwhile effort and certainly goes along with a lot of what our other colleagues have been talking about, particularly with the newer veterans coming back and getting

into a new life in many cases.

But I must tell you, even some of my old Vietnam veterans, when they retire, often go into business because, frankly, nobody can afford to live on what they retire on anymore and especially in this economy. And so, that is a big component of what we see happening in the future.

And so, we urge you to take a look at this proposal, and we thank you for having this hearing again so early. I agree with Dennis. We like the idea of getting a running head start on this.

We look forward to working with everybody on the Committee, and we look forward to answering any questions you may have. Thank you.

[The prepared statement of Mr. Rowan follows:]

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Chairman Akaka. Thank you very much for your statements and your testimony.

Before we begin on questions, I want to inform our members and our witnesses that we expect an 11:00 vote, and our goal is to try to get to that vote at 11:00. So let's begin with the questions.

My question is for the panel, and it has to do with health care financing. You have all listed VA health care finance reform and advance appropriations as a top legislative priority. Given that the budget for the current fiscal year was enacted on time and with a record-setting amount, what would you say to those who say that advance appropriations is therefore not needed?

Mr. Cullinan. Mr. Chairman, if I may, I will begin.

As I mentioned earlier, we very much appreciate what the Congress accomplished with this particular budget package, but it is absolutely no guarantee it is going to happen in the near future. Undoubtedly, I think in our collective view, there will be entanglements in the future with respect to funding. So the need for advance appropriations is still there.

Mr. Blake. Mr. Chairman, I shared a document that I put together with some other Appropriations Committee staff who had asked us the very same question.

If you were to just go use the THOMAS and go back and

look and look at the appropriations bills that go back as far as THOMAS goes, which is 20 years, you would find that in those 20 years only 3 of those years was the appropriations actually passed prior to October the 1st. In fact, in many cases, you will find that it was passed in December, January and, in a couple of cases, February.

So, while we certainly appreciate everything that has been done in the last two years and the fact that the appropriations bill was enacted prior to October 1st last year, I would say that that suggests an anomaly, not the norm.

Chairman Akaka. Thank you.

Mr. Atizado. Mr. Chairman, if I may?

Chairman Akaka. Mr. Atizado.

Mr. Atizado. There is another issue I think has not been addressed by my distinguished colleagues, and that is the other provisions in the bill, in the bill which you introduced, which includes a transparency of the budget process. I mean we just received a GAO report a couple weeks ago talking about VA's long-term care budget projections, which they found to have some questionable data used to drive their budget proposal.

And we believe that having that provision in the bill for which you introduced is another key feature that would help not only foster a meaningful debate between Congress

and the Department as well as the veterans services organization but to be able to do so on equal footing, talking about the same kind of data, apples to apples sort of things. I think that would go a long way. That does not, I believe, currently exist now with the current budget process.

Chairman Akaka. Thank you.

Any other comments?

Yes, Mr. Stoline.

Mr. Stoline. Yes, sir. Thank you.

We are concerned. It is the delivery of the health care we are concerned about. From our field service representatives, they are getting information from the various facilities that they do not have the money soon enough to plan properly for the hiring of personnel and for the provision of equipment, and so that is our main concern.

While we appreciate the timeliness up here in the Congress, the passage, it has to be followed through to the veteran who needs the service. That is why we think with a year advance the Congress can hold the VA accountable for not providing those in a timely and efficient manner.

Mr. Bowers. Mr. Chairman, if I could just build off of that also, we are finding that a lot of our membership, as they return and get out of the military, they are going to work for the VA, and they act as a very effective conduit to



let us know what some of the issues are. Some of the problems that we have found is that they have difficulties in regards to increased hiring and also advancements of programs that provide direct outreach to service members. Every year, they basically are put on pause for a few months until they find out what their budgets are going to be.

So it is the continuity of care that we are pursuing. By having the advance appropriations, it will really help that tremendously.

Chairman Akaka. Thank you.

Mr. Rowan. We concur.

Chairman Akaka. Thank you. Thank you very much, Mr. Rowan.

This is just a quick comment, Mr. Stoline. I appreciate the American Legion's support of providing benefits to the Filipino World War II veterans. It appears, though, that we have a difference of opinion on the appropriateness of the offset that would pay for these benefits. The validity of the Harkness court decision will be revisited during a legislative hearing later this session, and we look forward to working with the Legion on the specifics of that decision.

So I just wanted to make that comment. You did mention that in your testimony.

Mr. Stoline. Thank you, sir. And we also provided in

our written testimony, some alternative views on how that could be paid for.

Chairman Akaka. Thank you. Thank you very much.

Let me then call on Senator Burr for his questions.

Senator Burr. Thank you, Mr. Chairman.

I think it is evident that high on the list of everybody's priorities is the budget issue. Let me share with you.

We contacted the Congressional Research Service. They were very specific. To go to an advance budget process does not require legislation. The Congress has it in its power to adjust the internal process to produce a budget that would pre-fund. So the fact that we are all calling for legislation, it is not required.

Congress can, tomorrow, determine that we are going to do an advance budget for VA, and we have the power to do that. You just have to convince the Chairman of the Budget Committee and the Chairman of the Appropriations Committee. So it does not require a legislative remedy.

I agree with all of you that timely, predictable, sufficient budgets are absolutely essential, and I think most of us at some time or another have complained about the fact that VA budgets are held, VA appropriations are held hostage to the overall appropriations process.

Let me share one concern that I have. I have yet to

find a piece of the Federal Government that can adequately predict what an appropriate amount is for next year of any agency.

I would assume that if I asked all of you what the gauge we should use to determine that budget in advance, you would probably suggest the VA health care projection, the enrollee of health care projection mode.

Well, GAO, for the VA's 2005-2006 budget shortfalls, said that that resulted from unreliable data. We all agree that the data VA uses to process all their information is usually two to three years out of date. So, in essence, to do advance appropriations we would rely solely on what we know is outdated data. That is what I am hearing you ask for.

Let me pose a question to all of you and get you to respond. If, in fact, we took a different approach and we said this, that if the VA appropriations are not completed by October 1, we would automatically put into place for that year the President's, regardless of who they are, the President's budget number for the VA, would that suffice?

Mr. Stoline. The American Legion has talked about that issue, and we have concerns about it, that it would not suffice. We do not see that the Congress would give up its duties to appropriate funds to a presidential budget that might be politically drive and might actually lower the

amount of funds available, thus forcing us to accept that remedy.

I know you think it might be a form of mandatory appropriations, but we do not see it that way.

Mr. Cullinan. Senator Burr, I would just add. Actually, what you just described, that kind of concurrence, that would have to occur annually, I assume, where the Congress would just go ahead and say, all right, we will fund the VA in advance, lacking legislation.

So, at least to my mind, that would amount to almost the same thing as what we have. The Congress would have to say, every year, okay, we will go forward with this funding on time.

With respect to the President's budget, I cannot think of an exception where we have not found the President's budget submission, regardless of who it is, Democrat or Republican, having been lacking. So we have had to go to the Congress, and the Senate especially has been terrific in answering the call, the veterans' call for sufficient funding.

So you have two things. That kind of process that you just described would be an annual process which is similar at least to what we have already got. And, secondly, in the past, the President's budget just has not been up to snuff with our funding recommendation.

Mr. Blake. Senator, might I ask you a question?

Senator Burr. Sure.

Mr. Blake. In your proposal, would that be sort of the short-term fix each year until the appropriations bill would then be completed? Is that what you are suggesting?

Senator Burr. Clearly, we can pursue any avenue. What I have tried to address is timely, predictable, sufficient.

I do not believe there is a President that is going to propose, regardless of what party they come from, something they perceive to be less than needed. It may not be everything everybody wants but not less than needed.

The Congress has the ability, as we have shown every year since I have been in the United States Senate and I think the United States House, that if there was a shortfall they stepped in with some type of supplemental funds.

What I am trying to do is find some common ground where we do not lock ourselves in to a budget that is computed based upon bad data which might have a bad outcome, meaning a shortfall, where continually we are relied upon to go back and have to do supplemental appropriations throughout the year which, under the new budget rules I believe, Mr. Chairman, PAYGO, we are going to have to find some way to pay for it. And I would imagine every time we find some way to pay for it, there is going to be an objection, possibly by somebody in the room if not somebody in the Country,

because we are going to take their money.

In fact, here is a way to get on October 1 the surety that funding is in place, that planning can go on within the VA and, if in fact for some reason, the presidential budget was insufficient the Congress has the ability to step in and do a supplemental at that time.

If not, we have locked ourselves into a budget a year in advance, potentially, only to get to the October before and have everybody tell us that the amounts are insufficient.

So, either way, the likelihood is somebody or all of us collectively will say they are insufficient. The remedy is the same. We can choose collectively now to go with a pre-funded budget by year or we could say let's punt and, if in fact congress cannot do their business, if it is caught up in a process where the VA is held hostage, then the President's budget numbers trump and they take effect on October 1.

I just ask you all to think about it. My time is expired.

Thank you, Mr. Chairman.

Chairman Akaka. Thank you very much, Senator Burr.

Senator Sanders.

Senator Sanders. Thank you very much, Mr. Chairman.

I very much appreciated your testimony. What I find

exciting is I think we are pretty much on the same page. I think we have made some progress in the last two years. I think under President Obama we are going to make more progress, and it is imperative that we continue to work together on many of the issues that you have raised and members of the Committee have raised.

Let me just off with Carl Blake.

Mr. Blake, can you tell the Committee why you think the Automobile Grant Program needs to be updated and why is it an important benefit and would you support legislation to increase the existing benefit from \$11,000 to \$22,500 and include an index for annual adjustment of the benefit so that it always covers 80 percent of the cost of a new car?

Why is this an important benefit and who utilizes it?

Mr. Blake. Well, Senator, in answer to the second part of your question, we would absolutely support legislation as we have done in the past. It is also outlined in great detail in the Independent Budget as it has been in years past.

Interestingly, this benefit is tied to some degree to the Specially Adapted Housing Grant. Both of these benefits are meant to increase independence and help individuals who incur a catastrophic disability to recognize things that they might not otherwise be able to achieve. Those are owning a home and independence through having their own

automobile.

Last year, the Congress did improve the Specially Adapted Housing Grant and I think achieved a level that it is not likely you will hear us talking about that much further because there was an index that was added to that.

We were disappointed that the Adapted Automobile Assistance Grant did not include the same kind of an increase. Much like the Adapted Housing Grant had done over the years, the value of this particular grant has eroded significantly.

Senator Sanders. Very briefly, explain to everybody what the Adaptive Automobile Grant is.

Mr. Blake. Well, it is basically a grant that allows an individual, once they purchase a car, to then pay for everything that is necessary to accommodate their disability, any type of adaptive equipment, whether it be for hand controls. In cases where an individual has a temperature control issue, it could pay for air conditioning or a different type of heating system, lifts.

Senator Sanders. In other words, what we have is veterans coming home who do not have the capability to drive a normal car, and what this does will upgrade, make the improvements in their car so that they can get the transportation that they need. We look forward to working with you on that.



Let me throw out to all of the members a very simple issue, and you tell me if I am missing something here. I have found in Vermont that we have a CBOCs, and I am a great fan of CBOCs. I want to see CBOCs expanded. But, unfortunately, not everybody gets sick or needs to go to a doctor who has the time to go to a doctor Monday through Friday, 8:30 to whatever it may be, 5:00.

I have never understood why the clinics are not kept open at least some evenings a week and maybe on Saturdays to accommodate people who have time concerns, i.e., maybe they work or something. Is that sensible?

Who wants to comment on that?

Mr. Rowan. Yes, I will jump in.

I think that we have agreed and then talked about that idea in previous testimonies years ago, about the idea of expanding the hours of all the clinics in the VA system, period, not just the CBOCs but even the clinics associated with the hospital systems

Senator Sanders. Right.

Mr. Rowan. We are still seeing some problems with timeliness and the problems with the ability, even within the hours that we are constrained to, of getting appointments.

Senator Sanders. Right.

Mr. Rowan. And I can give you an example. I had to

cancel an appointment I had yesterday because I had to come to D.C. for a meeting, and my next appointment because the first available appointment from my primary care doctor, and this was just a visit to check on my test scores, will be in March, well over a month.

Senator Sanders. Right.

Mr. Rowan. And so, yes, I fully concur with the idea of getting more people into the system, more people and more hours especially for those who are still working.

Senator Sanders. What about Saturday hours, maybe even Sunday and evening hours? Does that make sense to people?

Mr. Rowan. Use the facilities.

Mr. Atizado. Senator Sanders?

Senator Sanders. Mr. Atizado.

Mr. Atizado. Thank you, sir.

I believe VA had, I am not sure if it was in testimony or as a press release, had mentioned extending clinic hours. The question at this point is how many and to what extent because any increase in operation hours will not necessitate an increase in their manpower. But it is obviously a great idea.

I mean, as my colleague here had mentioned, there is a capacity issue in VA. I think it is a reasonable tool to have.

Senator Sanders. Other thoughts?

Mr. Stoline. The American Legion would support more access for health care for veterans, and that would be one way to provide it.

Senator Sanders. Do we know? I am just raising this question to anybody. Is there any reason now why a CBOC or a medical facility in any State in the Country could not have extended hours other than budgetary issues?

I suspect there is not any. They could do it or they could not? Yes, they could. Okay. So it is basically a budgetary issue.

Okay. My time is expired. Thank you very much, Mr. Chairman.

Chairman Akaka. Senator Johanns.

Senator Johanns. Mr. Chairman, thank you.

And thanks for your testimony. I appreciate it.

I have one question. I am not exactly certain who wants to respond to it, but let me put it out there.

We have a rehabilitation hospital in Lincoln Madonna. It is first class. I know people who have been serviced there or served there, and it just really is. It is outstanding.

As I understand it, there is a relationship with Madonna in the Western Iowa and Nebraska Regional VA System. They contracted for services out of this facility.

I would like to hear your thoughts about this approach,

kind of a public-private sort of approach, especially in areas like my State where you have a lot of rural area, somewhat limited services, in fact, limited services. Do you see more of this happening?

Is it a good idea? Is it something we should be pursuing?

Mr. Cullinan. Senator, speaking for the VFW, we support providing care on a contract basis when it is necessary in situations where the care in rural areas, remote areas, where a VA provider simply isn't available. In situations where certain types of specialty care isn't available, that happens quite a bit.

One concern of ours, and I believe of the rest of the group here, is that contract care not somehow supplant VA. That is something that goes back as long as I have been around, which is quite a while, that VA is a national treasure, that it be protected, that the resources that it offers veterans continue to be provided. In order to do that, the system has to stand as a piece, as a whole.

But there are certainly instances where it is appropriate, and we recommend that.

Mr. Rowan. Senator, I would concur with that. I mean one of the things that is very clear, all the VA hospitals are associated with major medical facilities, and that is where they get most of their staffing from, frankly.

So if there is a situation, even where there is not a distance issue, if there is just, if you got the better brain surgeon in the hospital next door, send that person to that doctor. I mean that happens on occasion. You see that, and we fully support that kind of program.

We really think it is an issue with the mental health facilities where there is just not enough folks in the VA system to go around. I go back to the days in the Vietnam era when we had fee basis provider stuff, particularly where some veterans really needed one-on-one counseling and not group therapy which is the basis of the Vet Center program. And so, we fully concur with that idea.

But, again, with my colleague, we have a VA system for a reason, and we want to continue to support that VA system. We have watched it change and become more accessible. We fully concur with that idea.

Mr. Bowers. One of the recommendations that we made was that the Secretary of the VA should design and implement national guidelines to instruct VA facilities when it is appropriate to contract with local community health care providers. Reason being that in working with a lot of our membership, we found that rural veterans, which the Iraq and Afghanistan conflicts have relied heavily on, fell into these gaps, fell into these problems.

We have not been able to identify sort of a nationwide

ruling that really gives clarity to this process. By establishing that process, whether it be through a report or study, really could answer a lot of these questions right off the bat.

Senator Johanns. That is all I have, Mr. Chairman, other than to say I really appreciate your approach to this because I agree with you.

The VA is a treasure. We want to protect that, enhance it and do everything we can to improve it. But there are circumstances where that facility is there, and it provides the kind of service you need, and we should look at that. So I appreciate your thoughts on it.

Thank you, Mr. Chairman.

Chairman Akaka. Thank you, Senator Johanns.

Senator Tester.

Senator Tester. Thank you, Mr. Chairman.

I want to start by saying I appreciate what each one of your folks' organizations do in helping fill in the gaps and addressing families and issues. I do not take that lightly. I really appreciate each and every one of you folks and what your organizations do for veterans in this Country.

The Chairman and Ranking Member both talked about advance funding with their first questions, and I think almost every one of you guys put it in the top three when you were talking.

Just a clarification, Dennis, I am going to pick on you for a second. When you were all talking about advance funding, I interpreted that as mandatory funding. Can you tell me the difference?

Mr. Cullinan. Carl could actually do a better job. Let me take a stab at it.

Senator Tester. Well, he can as well.

Mr. Cullinan. Mandatory funding is basically funding VA in accordance with a formula. You establish a base line. Say the current fiscal year. You adjust it by, say, 20 to 30 percent, and every year you adjust it on a percentile basis, basically.

Advance funding is a situation where you say, okay, once it is set in motion, the funding, not for the immediately upcoming fiscal year but the one after that, gets adjudicated by the Congress. It is decided upon and, okay, it is ready to go.

Senator Tester. Okay.

Mr. Cullinan. So that is the difference in a very simple way.

Senator Tester. That is all I needed. Thank you.

I want to jump to a different area that probably was not addressed in any of your testimony, but it something that I have been hearing more and more about due mainly because of PTSD and TBI and other mental health conditions

leading to lasting physical and psychological problems. We have veterans that suffer these injuries and go undiagnosed and, unfortunately, untreated. We end up with disruptive acts, depression, substance abuse. The list goes on and on and on.

Several States have recognized this by setting up specialized courts and sentencing procedures to assist veterans of nonviolent crimes. Is there a need for veterans' courts nationally?

Go ahead.

Mr. Rowan. Yes, to be simple about it.

Actually, in Buffalo, New York, one of my national board of directors members is the County Commissioner for Veterans Affairs up there, and he was very heavily involved in establishing the veterans' court in Buffalo. It has proved to be very useful in the short period of time that they have utilized it.

And what they have been able to do is nip in the bud the problems of exactly what you talked about, that those of us that go back to the Vietnam era remember, which is the usual deterioration that starts off with usually drug abuse or simple assault nonsense and which then, of course, escalates into something much more horrible which puts people in incarceration for the next 40 years.

So we fully support the idea of this. We have asked.



We have watched a number of people. According to I have just talked to some, and Wisconsin apparently is going to try to do it statewide. We have heard other States that are trying to look at it, and it has been particularly helpful when you find that the chief judge or the DA is a Vietnam vet.

Senator Tester. That is good.

Do all the rest of you support that idea of a veterans' court? And, if any of you have any negatives towards it, could you tell me?

Mr. Stoline. Well, the American Legion has a resolution-based organization, and I do not believe we have one on that particular issue. But on the standpoint of diverting a veteran from the criminal justice system and take care of his problem, we would be supportive of that issue.

Senator Tester. What role do you think the veterans organizations would play in a veterans' court?

Mr. Rowan. I can actually talk about that. In Buffalo, again, my local VVA chapter there, we actually utilized their members as mentors for the folks who come into the court system, so that they not only have to go through the mandatory counseling and other programs, but they get assigned somebody to be able to sit and take them through the rest of the whole nonsense that everybody has to

deal with coming back.

Senator Tester. Okay. What role would the VA Administration itself play in veterans' courts, if any?

Mr. Rowan. Well, again, we are really going to the VA as the primary care provider for both physical issues and mental health issues.

Senator Tester. All right. I just want to tell you that there is a wealth of information you folks have put in your testimony, both written and verbal, and I think there is some good stuff that we can take away from this hearing.

Thank you very much for being here.

Chairman Akaka. Thank you very much, Senator Tester.

Senator Begich.

Senator Begich. Probably one or two minutes, I will be very quick.

I actually would be interested, and I am going to say it to you but actually to Senator Tester. We have wellness courts in Alaska, mental health courts that have been very, very successful in dealing. And, actually, veterans end up. We try to guide them over to there, especially returning veterans when there is an early situation. So the idea works very successfully.

It is more expensive, but the end result is it is holistic, and the end result is that it is not just about the veterans. It is about their family and other situations

that occur. So I think it is a very good idea.

I want to just ask a general question, well, two questions. First, do you all, and this is as a new member to the Senate, as a new member here on this Committee. Do you have a regular process that you, as organizations working with members, work with the VA in a process, not as individual organizations but where you sit down as a working group and try to streamline or talk about their systematic problems?

Because that is a lot of what I hear about the VA. I think there is a great service they provide, but they have major systematic problems, that delivery of service is pretty limited.

Do you have a formal process or is it just whoever can get to them that week gets to them?

Mr. Atizado. Senator, I do not believe there is an actual formal process. If I am hearing you correctly, something like a working group?

Senator Begich. Yes.

Mr. Atizado. To deal with the hot topic of the week or the month or whatever.

Senator Begich. Because as we come and go, it is the systematic issues that we want to make sure happens, the long-term care.

Mr. Chairman, I always forget how the bells work. So

you have to guide me. You know. I am sure staff will grab me any second here.

Would that be of interest if there was a formal process that you as organizations collective work?

Mr. Cullinan. Senator, I would just add, though. On the part of the VFW, we have our National Veterans Service, and they interact with VA on a regular basis. They attend meetings. They participate in these meetings. So there is a regular interaction.

Additionally, we have our Independent Budget for VA which represents a group of veterans organizations getting together, working together in a systematic way to address not only funding issues but policy issues as well. So all the organizations interact with VA, participate in these meetings, and additionally we have our Independent Budget. We have the partnership we refer to in support of funding.

Mr. Rowan. Senator, I was just checking with my staff. My understanding is that the Secretary of the VA meets on almost like a monthly basis with a lot of the leaders of all major organizations on a regular basis to either bring up new issues or talk about problems. Like with the GI Bill, when they were moving forward with that and wanted to propose to contract it out, and we nipped that in the budget. So I mean those.

We do have a continual interaction with them, I

believe. It is not as formal perhaps as you may be discussing.

Senator Begich. Right. Okay. Mr. Chairman, just because of time I will just stop at that point.

Again, your testimony has a lot of good detail into it. I will probably have some questions. Through my staff, I will probably get back to you guys based on some conversations that have occurred here.

Chairman Akaka. Thank you very much, Senator Begich.

I want to thank the panel very much for your testimony. You have given us a better understanding of your organization's legislative priorities, and this is what the hearing was for today.

I have additional questions, and I am sure that other members of the Committee also have questions. I will submit, and they will submit their questions for the record. Perhaps we will do that as quickly as we can.

We do have that 11:00 vote, as I said, and you have heard it on the clocks.

So, again, I want to thank you very much for your testimony, and we look forward to working with you this year. As you can tell, we have much to do and we have to take the time to do it as quickly as we can. Again, thank you very much.

This hearing is adjourned.

[Whereupon, at 11:03 a.m., the Committee was adjourned.]

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