

1 THE LEGISLATIVE PRESENTATIONS OF
 2 THE JEWISH WAR VETERANS, AIR FORCE SERGEANTS
 3 ASSOCIATION, THE RETIRED ENLISTED ASSOCIATION,
 4 FLEET RESERVE ASSOCIATION, NATIONAL
 5 ASSOCIATION OF STATE DIRECTORS OF
 6 VETERANS AFFAIRS, NATIONAL GUARD ASSOCIATION
 7 OF THE UNITED STATES, AMERICAN
 8 EX-PRISONERS OF WAR, GOLD STAR WIVES,
 9 AND WOUNDED WARRIOR PROJECT

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11 WEDNESDAY, MARCH 18, 2015

12 United States Senate,
 13 Committee on Veterans Affairs,
 14 Joint with the
 15 House of Representatives,
 16 Committee on Veterans Affairs,
 17 Washington, D.C.

18 The committees met, pursuant to notice, at 10:03 a.m.,
 19 in Room G-50, Dirksen Senate Office Building, Hon. Johnny
 20 Isakson, chairman of the Senate Committee on Veterans
 21 Affairs, presiding.

22 Present: Senators Isakson, Moran, Boozman, Cassidy,
 23 Blumenthal, Murray, and Manchin. Representatives Miller,
 24 Coffman, Abraham, Zeldin, Costello, Brown, Brownley, and
 25 Walz.

1 OPENING STATEMENT OF CHAIRMAN ISAKSON

2 Chairman Isakson. I call this joint meeting of the
3 Veterans Committees from the Senate and the House to order.

4 We want to welcome our guests that are here today. It
5 is an honor to have all of you. We are grateful for your
6 service and we look forward to your testimony.

7 We have today Colonel Maxwell Colon, the National
8 Commander of the Jewish War Veterans; Mr. Rob Frank, the
9 Chief Executive Officer of the Air Force Sergeants
10 Association--having been an Air Force Sergeant, I am glad to
11 have them here, by the way, I want to throw that out, and a
12 Guardsman, as well; Mr. Larry Hyland, the National President
13 of the Retired Enlisted Association; Thomas Snee, the
14 National Executive Director of the Fleet Reserve
15 Association; Lonnie Wangen, President of the National
16 Association of State Directors of Veterans Affairs; Colonel
17 Peter J. Duffy, United States Military, Retired, Legislative
18 Director of the National Guard Association; Charles Susino,
19 Jr., Past National Commander and Chair of the Legislative
20 Committee of the American Ex-Prisoners of War; Jeanette B.
21 Early, National President Emeritus, the Gold Star Wives; and
22 Ryan Kules, National Alumni Director of the Wounded Warrior
23 Project.

24 We are delighted to have all of you here today to
25 testify. In the interest of hearing from you and not

1 hearing from us, we are going to make very brief opening
2 statements, and mine is very simple.

3 We thank you very much for your service to the country.
4 We are at a critical time in terms of our country's history
5 and the future with our military. We have a lot of issues
6 to address and I look forward to hearing your comments on
7 all of them.

8 To the extent possible, the 40-mile rule is something
9 we are spending a lot of time looking at in terms of
10 Veterans Choice, and I hope each one of you, to the extent
11 the time is available, will make a comment on it and its
12 application and its utility to your membership and your
13 members.

14 But, thank you very much for your service to America.
15 Thank you very much for being here today.

16 And, with that, I will turn it over to the Chairman of
17 the House committee. Mr. Chairman.

18 OPENING STATEMENT OF CHAIRMAN MILLER

19 Chairman Miller. Thank you very much, Mr. Chairman.

20 Thank you, everybody, for being here today. We
21 appreciate what you do. It is with your help and our
22 committees working together that we can better serve the
23 veterans of this country, certainly to get the very benefits
24 that they have earned in a timely fashion.

25 I would say that we have a conflicting hearing that is

1 going on right now, so some of the members of the House
2 committee are not here because we have the Secretary of
3 Defense and Chairman Dempsey over speaking to the Armed
4 Services Committee on the budget, so they may or may not be
5 able to make it today. But, rest assured that all of your
6 comments will be delivered to each and every one of them.
7 We, again, appreciate you being here to give us your
8 testimony, and I would ask that my statement be entered into
9 the record.

10 [The prepared statement of Chairman Miller follows:]

11 / COMMITTEE INSERT

1 Chairman Isakson. Without objection.

2 Ranking Member Blumenthal.

3 OPENING STATEMENT OF SENATOR BLUMENTHAL

4 Senator Blumenthal. Thanks, Mr. Chairman, and I join
5 in thanking each of you for being here today and all who
6 have joined us in the audience.

7 This committee's mandate and mission is as important or
8 more important than any in the Senate, and your being here,
9 the picture that you present to us, is worth a thousand of
10 our words. When it comes to our veterans, this nation needs
11 to do more to keep faith, to leave no veteran behind. When
12 it comes to skill training and job opportunities and, of
13 course, health care, dealing most especially with post-
14 traumatic stress and traumatic brain injury and the other
15 unseen and invisible wounds of war, which cause 22 veterans
16 every day to commit suicide in the greatest, strongest
17 nation in the history of the world.

18 The Clay Hunt Veteran Suicide Prevention Act, which
19 passed with bipartisan support--I was privileged to lead it
20 with the help of Chairman Isakson and Chairman Miller and
21 Ranking Member Brown and my cosponsor, Senator McCain, will
22 help deal with that problem and address it. But, so many
23 other needs remain, and even that measure is just a
24 downpayment, just a first step on what we need to do to
25 address this very pressing mental health and public health

1 problem in our nation.

2 So, I look forward to hearing your testimony on the 40-
3 mile rule, on the other needs that our veterans face in this
4 nation. You are their voice and face. We welcome you and
5 thank you.

6 Thank you, Mr. Chairman.

7 Chairman Isakson. Thank you.

8 Ranking Member Corinne Brown.

9 OPENING STATEMENT OF REPRESENTATIVE BROWN

10 Ms. Brown. Thank you. Good morning. I want to, first
11 of all, thank you for your service to the country and also
12 your continued service to the men and women that have served
13 our country.

14 Before I go on, are there any members from Florida?
15 Would you please stand, anyone from Florida. Let us give
16 them a hand. I have got to go back home.

17 [Laughter and applause.]

18 Ms. Brown. I am very much looking forward to the
19 testimony today, and thank you, and I yield back the balance
20 of my time.

21 Chairman Isakson. Thank you, Corinne.

22 We will start and begin with Colonel Colon and go in
23 order down the dias. Welcome, sir, and each of you, hold
24 your remarks, if you can, to about five minutes.

1 STATEMENT OF COLONEL MAXWELL S. COLON, USA (RET.),
2 NATIONAL COMMANDER, JEWISH WAR VETERANS OF THE
3 UNITED STATES OF AMERICA

4 Colonel Colon. Chairman Isakson, Chairman Miller,
5 members of the Senate, members of the House Committee on
6 Veterans Affairs, my fellow veterans and friends, I am
7 Colonel Maxwell Colon, the National Commander of the Jewish
8 War Veterans of the United States of America.

9 On February 11 and 12, our members were here in
10 Washington to meet with their Senators, Representatives, as
11 part of JWV's Capitol Hill Action Days. Our members
12 prepared diligently for these important meetings and
13 successfully presented many of JWV's legislative priorities
14 to your colleagues, their members of Congress, and
15 Congressional staff.

16 Mr. Chairman, on Sunday, March 15, we at JWV celebrated
17 our 119th birthday. For all of these 119 years, JWV has
18 advocated for a strong national defense and a just and fair
19 recognition and compensation for veterans. The Jewish War
20 Veterans of the United States of America represents a proud
21 tradition of patriotism and service to all veterans. The
22 Jewish War Veterans of the United States of America is proud
23 to present our patriotism to this country.

24 As the National Commander of JWV, I thank you for this
25 opportunity to present our views of our member supporters on

1 issues under the jurisdiction of your committees.

2 We must improve access to veterans quality health care,
3 increase timeliness, and benefit claims process, and enhance
4 access to national cemeteries for veterans.

5 JWV continues to be a proud member and active
6 participant of the Military Coalition. JWV requests that
7 the Senate and House Committees on Veterans Affairs do
8 everything possible to fulfill the legislative priorities of
9 the Military Coalition which are applicable to your
10 committees. These positions are well thought out and are
11 clearly in the best interest of our military personnel, our
12 veterans, and our great nation.

13 JWV continues to maintain that Congress has an
14 unbreakable obligation to its veterans. Adequate VA funding
15 must be guaranteed by Congress. No freeze on domestic
16 spending. No across-the-board cuts. No budget slight of
17 hand should result in inadequate funding for the VA. JWV
18 calls upon Congress to fully fund the Department of Veterans
19 Affairs with advance funding for all aspects of that vital
20 Department.

21 JWV applauds the VA for implementing an integrated
22 nationwide system of care for veterans and active duty
23 service members recovering from TBI and polytrauma. Due to
24 the range in severity and complexity of injuries, veterans
25 and active duty service members with TBI and polytrauma

1 require a special model of care coordination and integration
2 of clinical and support services. JWV strongly requests
3 Congress fully fund the VA's TBI research and costly care
4 for these patients. They deserve our nation's fullest
5 support.

6 JWV has long called for fair and complete
7 investigations of allegations of sexual harassment and
8 criminal sexual assault by members of the military.
9 Military sexual trauma can be absolutely destructive to the
10 victims' mental and physical well-being for the rest of his
11 or her life. America's military strength and future depends
12 upon young men and women stepping forward to enlist without
13 fear of being the victim of military sexual trauma.

14 There are tens of thousands of homeless veterans on any
15 given night scattered throughout the nation. The Veterans
16 Affairs acknowledges that twice that number will experience
17 homelessness during the year. The Jewish War Veterans of
18 the USA calls upon the President and Congress to adequately
19 fund and to end the homelessness amongst the veterans'
20 population.

21 JWV continues to strongly support the need for this
22 country to account for all its missing POW and MIA
23 individuals. There are still 1,636 personnel listed by the
24 Department of Defense as missing, as unaccountable, from the
25 Vietnam War. JWV remains committed to support the National

1 League of POW-MIA and, in general, our dear friend, Ann
2 Mills Griffiths, Chairwoman of the National League of POW-
3 MIA Families, in particular, to gain full accounting of
4 those still missing.

5 In conclusion, Chairman Isakson, Chairman Miller, our
6 great nation must care for its veterans. Our country must,
7 therefore, pay the costs involved. JWV believes veterans
8 benefits are earned through service and sacrifice in defense
9 of this nation and are not an entitlement or a social
10 welfare program. JWV opposes deficit-driven political
11 decisions that would lump earned veterans benefits with
12 unrelated civilian entitlement programs.

13 We thank you for this opportunity to present our
14 legislative priorities to you today. Thank you, sirs.

15 [The prepared statement of Colonel Colon follows:]

- 1 Chairman Isakson. Thank you, Colonel, very much.
- 2 Mr. Frank.

1 STATEMENT OF ROBERT L. FRANK, CHIEF EXECUTIVE
2 OFFICER, AIR FORCE SERGEANTS ASSOCIATION

3 Mr. Frank. Good morning, Chairman Isakson, Chairman
4 Miller, Ranking Member Blumenthal, Ranking Member Brown,
5 members of the committee. I appreciate the opportunity to
6 share the views of our 110,000-member Air Force Sergeants
7 Association. I am proud to be before you as a fellow
8 veteran representing veterans, many that you will see in
9 this room, whether they are wearing their uniform or have
10 taken their uniform off for the last time, and it is
11 definitely an honor to be before you.

12 I submitted my written statement from our Association.
13 I hope you had a moment to review that. But, I would just
14 like to spend a moment to speak with you candidly.

15 So, I heard a comment the other day. It was a joke.
16 It was, Congress cannot pass a kidney stone. I beg to
17 differ. You are off to a pretty good start. Passing the
18 Clay Hunt SAV Act was a great piece of legislation, and long
19 overdue, might I add. But, there is a lot of work to be
20 done. So, we look forward to working with you as we move
21 forward through this legislative session.

22 To do this, though, we believe that you need a National
23 Veteran Strategy, a strategy that figures out what we want
24 our veterans to do for this country and how we are going to
25 get there. What is the road map? In the end, we have a lot

1 of veterans that want to continue to serve. We sit here
2 today saying, put me in, coach, but we need a strategy from
3 Congress on how to get there. What is the road map, where
4 do we want to go, and how we are going to get there and care
5 for them along the way, because we have been playing whack-
6 a-mole, right. So, we have got issues with backlogs,
7 unemployment, egregious issues with health care, and a
8 variety of things, and we focus on one at a time.

9 But, if we can have a road map that figures out not
10 only how to address those kinds of issues comprehensively,
11 but where we are going to put them in the end, that National
12 Veteran Strategy would be critical in how we move forward
13 with our veterans and make America even stronger than it is
14 today.

15 So, while you ponder that for a moment, I want to
16 highlight five specific issues.

17 First and foremost, the Post-9/11 G.I. Bill, a
18 phenomenal piece of legislation, great program. I urge you
19 to resist the opportunity to cut funds to balance the
20 budget. This is a great program that these men and women
21 have earned, whether it is for themselves or to pass to
22 their family members, and we do not need to balance the
23 budget on the back of this, because that program is good for
24 America, to train and educate our folks to be better members
25 of society.

1 The Veterans Choice Program Card--you mentioned it
2 earlier. We definitely need to look at the 40-mile rule.
3 You will see in our written testimony some specific examples
4 and issues that are there and recommendations that we have.
5 But, you know what? We need to educate the staff on how
6 this works.

7 So, we had a member who called up and talked to one of
8 the folks to make an appointment for a service-connected
9 back issue and she says, "I am sorry, but I cannot get you
10 in for four-and-a-half months." So, he goes, "Hey, I have
11 got this Choice Card. It has got my name on it. I would
12 like to use that." And, she goes, "Uh, hold on a second.
13 Ethyl, have you heard of a Choice Card?" That happened
14 right here in the NCR just a few weeks ago. And, if that
15 has happened in the NCR, I am sure it has happened in a lot
16 of places. The Veterans Choice Program is a great program
17 to take care of those veterans here now that need their
18 help.

19 Our women veterans are the largest growing group of
20 veterans in this community. We urge you to fund the
21 training, care, and research to take care of these veterans.

22 Supporting veteran caregivers is another important
23 issue, but it needs to go beyond those of recent conflicts.
24 A veteran in need, I hope you agree, is a veteran in need.
25 And, I will quote one of our members who said--because we

1 all worry about how this scores, about how much this costs,
2 right? But, they said, "Paying caretakers is not only the
3 more humane way to treat disabled veterans and their
4 families, it also supports America's bottom line, because
5 in-home caregivers reduce the cost of institutionalization."

6 And, finally, integrated DOD and VA health care. I
7 would love to be sitting here talking about how we are going
8 to do collaborative efforts on health care and making that a
9 seamless transition from being in uniform to being out of
10 uniform, but we have got to start somewhere. How long has
11 Congress been telling the DOD and the VA to get one single
12 health care record? Now, if it were up to me, I would lock
13 these two cats in a room and say, you are not coming out
14 until you figure out what system you are going to use as
15 impractical as that is. We need Congress to tell them to
16 get it done. And, when they defy what Congress--if they
17 defy, and I trust that our leaders will do what Congress
18 tells them to specifically do--but, if they defy that, they
19 need to be held accountable.

20 In closing, we must all keep faith with our veterans.
21 You are the key to the future. With a road map of a
22 National Veteran Strategy, you can lead the way there.
23 Thank you.

24 [The prepared statement of Mr. Frank follows:]

- 1 Chairman Isakson. Thank you very much, Mr. Frank.
- 2 Mr. Hyland.

1 STATEMENT OF LARRY HYLAND, NATIONAL PRESIDENT, THE
2 RETIRED ENLISTED ASSOCIATION

3 Mr. Hyland. Chairmen Isakson and Miller, Ranking
4 Members Blumenthal and Brown, and distinguished members of
5 the committee, good morning. I am Larry Hyland, President
6 of the Retired Enlisted Association, a VSO founded 52 years
7 ago to make sure that the voice of America's enlisted men
8 and women are heard here in the halls of Congress and in
9 D.C.

10 TREA is one of the nation's largest associations
11 exclusively for enlisted personnel from all the Armed
12 Services. I respectfully request that a copy of TREA's
13 written testimony be made part of this record.

14 Chairman Isakson. Without objection.

15 Mr. Hyland. Last year was terrible for the VA because
16 many of their long-term critical problems were finally
17 revealed to the American people, but it resulted in the
18 first steps to correct many of those problems. We are
19 grateful to your two committees and to all of Congress for
20 the legislation that was passed to begin to remedy the
21 problems, especially in this climate of sequestration.

22 While there is clearly more that needs to be done
23 legislatively, and I have set forth several proposals in my
24 written statement, the most critical thing Congress can do
25 this year is continue the oversight that is so crucial in

1 making sure the problems that we have seen do not continue
2 and do not arise again.

3 There is a well known phrase, when you have seen one
4 VISN, you have seen one VISN. We believe this may be the
5 crux of many of the problems facing the VA. It appears to
6 us that each VISN has grown into its own little kingdom,
7 with its own rules, methods, and expectations. Most of them
8 are surprisingly independent from the VA's National
9 Headquarters. That is why the active oversight you have
10 been applying to the VA's problems have been absolutely
11 crucial. It is clear that your continued oversight is
12 necessary if the following problems are to be successfully
13 addressed.

14 Veterans must receive prompt and first rate health care
15 through the VA. This may be done at a VA facility or in the
16 private sector under the new Choice Program, but it must be
17 guaranteed, and falsification of wait times and other data
18 must never be allowed to happen again. The new Choice
19 Program needs to be correctly stood up and publicized, and
20 legislative improvements should be signed into law this
21 year.

22 The progress that has been made to shorten the backlog
23 for adjudication of initial disability claims must continue.
24 This requires ongoing improvement in the hiring and training
25 of VA adjudicators and improvements in the computer systems

1 being put into place.

2 It is also imperative that a single Electronic Medical
3 Record system be adopted by the Departments of Defense and
4 Veterans Affairs, and we urge that it be done as soon as
5 possible.

6 The backlog for VA's appellate cases must be
7 controlled, as well. Demanding that decisions be fully
8 developed so cases will not need to be remanded for further
9 factual development alone would dramatically cut this
10 backlog.

11 Finally, we believe that delays in the overruns for VA
12 construction projects throughout the country is
13 unconscionable and incompetent, and steps must be taken to
14 end them.

15 These improvements must be nationwide, not just in the
16 scattering of the VISNs, and that is why your national
17 oversight is so important. All of this together indicates
18 to us that the VA must become--must become--a single unified
19 system.

20 Since my wife and I first left active duty and enrolled
21 in VA, we have moved several times to different parts of
22 America, and every time we moved, we needed to re-register,
23 as if the VA had never heard of us before, because a local
24 hospital or the clinic had no records for us. Again and
25 again, we had to learn how this organization worked and what

1 services we could receive. This absolutely makes no sense.
2 A veteran who is already enrolled in the VA Health Care
3 System should be able to go to a VA hospital anywhere in
4 this country and have his or her health concerns addressed
5 and taken care of.

6 Additionally, I fear that until there is a standard
7 nationwide procedure for all VISNs throughout the United
8 States, that is unacceptable surprises, such as those that
9 occurred in Baltimore and Phoenix, will keep popping up, and
10 it is possible the next scandal will appear in a location we
11 are not focused on now. That is why your continued vigorous
12 oversight this year and into the future is critical in
13 creating the transparency and progress that is so badly
14 needed in the VA.

15 As I said, there are many legislative goals that we
16 have included in our written testimony that we hope you will
17 consider. I would be happy to try to answer any questions
18 you may have. Thank you for your time and consideration.

19 [The prepared statement of Mr. Hyland follows:]

- 1 Chairman Isakson. Thank you, Mr. Hyland.
- 2 Mr. Snee.

1 STATEMENT OF THOMAS J. SNEE, NATIONAL EXECUTIVE
2 DIRECTOR, FLEET RESERVE ASSOCIATION

3 Mr. Snee. Chairman Miller, Chairman Isakson, members
4 of the committee, good morning. My name is Tom Snee. I am
5 the National Executive Director for the Fleet Reserve. Our
6 National President, John Ippert, could not be here with us
7 today and asked me to testify in his behalf.

8 First off, I would like to thank you both and the
9 committee members for this opportunity to express the views
10 of the Fleet Reserve Association. I also thank you both for
11 your dedication and tireless efforts to ensure the passage
12 of the Veterans Choice measure signed into law by the
13 President in 2014. This law provides a \$10 billion fund to
14 pay for non-VA care for veterans who live outside of the 40-
15 mile radius from a VA treatment facility and who have had
16 waiting experience for care in excess of more than 30 days.

17 This program is an ambitious program that gives more
18 options for our veterans. Fleet Reserve Association
19 believes that the Choice Program has merit, but will require
20 significant oversight by this committee to ensure its
21 measured effectiveness. FRA sees this as a permanent
22 program at VA that is a viable and productive responsibility
23 to our veterans.

24 FRA is the oldest enlisted sea service association for
25 over 90 years. We have been the watchdog advocate and

1 strong promoter of getting it done right the first time
2 during these years.

3 We are very concerned about the lack of progress on the
4 Agent Orange Blue Water Navy issue. From 1964 to 1975, more
5 than 500 service members, including myself, were deployed
6 off the coast of Vietnam in the Tonkin Gulf. Some of these
7 veterans had been exposed to Agent Orange, a herbicide used
8 in that conflict. The VA policies from 1991 to 2001 allowed
9 service members to file claims only if they were awarded the
10 Vietnam Service or Campaign Medals. In 2001, the VA
11 implemented a "boots on the ground" policy that limited some
12 veterans in seeking Agent Orange exposure presumptive
13 eligibility.

14 A case in point is our current National Vice President
15 from Tampa, Florida, who had to wait over 14 years to have
16 his claim approved for his diabetes as a presumptive case
17 traced back to Agent Orange. He, like myself, served on one
18 of those ships that deployed from Norfolk, Virginia, to
19 WestPac and back to Norfolk, Virginia.

20 Many of our citizens would like to forget about the
21 Vietnam Conflict. However, we owe these veterans and their
22 families and caregivers the best in continuing benefits and
23 services. They, too, served honorably and answered the call
24 in a conflict that was not highly recognized or respected.

25 FRA supports and highly endorses the Blue Water Navy

1 Vietnam Veterans Act, H.R. 969 and S. 961. This Act will
2 clarify the presumptive filing period of claims submitted to
3 VA for associated illnesses with exposures to Agent Orange.
4 This legislation will address and reverse current policies
5 to enable the Blue Water veterans who served on ships in the
6 Tonkin Gulf and have documented health issues from this
7 known herbicide exposure, which will allow them to receive
8 service-connected VA medical and disability benefits. Many
9 of these veterans are sea service personnel, as myself, are
10 now senior citizens. Mr. Chairman, the time to act is now
11 and before they are forgotten.

12 The Association recognizes the backlog of disability
13 claims as a menace to our solemn commitment for proper care
14 to disabled veterans. The costs of defending the nation
15 should include timely and adequate treatment of our wounded
16 warriors. The VA has an ambitious goal, to prevent further
17 delays in processing of disability claims not to exceed 125
18 days, or to achieve a 98 percent accuracy claim processing.
19 FRA encourages the VA to accelerate the implementation of
20 the electronic claim process. With noted success, however,
21 improvements to the disability claim filing accuracy has
22 increased from 83 percent in 2011 to 91 percent this year.
23 Though more is needed, success should be recognized.

24 If the VA numbers are credible, there has been progress
25 in the reduction of claims pending for those waiting longer

1 than 125 days. FRA salutes the proposed budgetary
2 authorization of adding 770 claim processors.

3 Fleet Reserve Association strongly supports the
4 administration's efforts to create an integrated Electronic
5 Health Record, commonly called iEHR, for every service
6 member. This would be a major step forward towards the
7 FRA's longstanding goal for active duty transitioning from
8 military service to veteran service. This long overdue
9 effort would permit DOD, the VA, and private health care
10 providers immediate access to health care data to provide
11 the best care needed by our service members. The importance
12 of this fully implemented and accessible crossover between
13 departmental barriers that are currently known will create a
14 uniform access of medical records that cannot be overstated.

15 The Association was grateful that the fiscal year 2014
16 NDAA had a provision that required DOD and VA to implement a
17 seamless electronic share of health care data by October 1,
18 2016. This provision was in response to the VA and DOD
19 shelving proposals to jointly develop the desired iEHR
20 system, due to cost and scheduling challenges.
21 Jurisdictional challenges must remain vigilant in their
22 oversight responsibilities to ensure a seamless transition
23 for our nation's warriors.

24 Caregivers of veterans with catastrophic injuries
25 assume formidable challenges. VA is encouraged to continue

1 within the law policies and practices that will provide the
2 personal assistance needed for the caregiver. FRA supports
3 extending the current Family Caregivers Program to all
4 veterans with serious service-connected injuries.

5 Currently, the program only applies to veterans that have
6 had serious service-connected injuries after 9/11.

7 Mr. Chairman and members of this committee, the Fleet
8 Reserve Association understands the challenges before all of
9 us. However, we must make it our duty to press on to ensure
10 these obligations are cost effective and still provide the
11 assistance for our veterans and their families. We
12 sincerely appreciate your understanding of our concerns and
13 we look forward to working with the committees, and I move
14 that our testimony be admitted for the record, and I thank
15 you for the opportunity to come to you today.

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

- 1 Chairman Isakson. Without objection. Thank you, Mr.
- 2 Snee.
- 3 Mr. Wangen.

1 STATEMENT OF LONNIE L. WANGEN, PRESIDENT, NATIONAL
2 ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

3 Mr. Wangen. Chairman Isakson and Chairman Miller,
4 distinguished members of the committee, my name is Lonnie
5 Wangen. I am the Commissioner of Veterans Affairs for the
6 State of North Dakota and the President of the National
7 Association of State Directors of Veterans Affairs, also
8 known as NASDVA. NASDVA is comprised of the State Directors
9 of all 50 States, the District of Columbia, and five
10 Territories. I am honored to present the collaborative
11 views of our Association. Here with me today is our
12 Executive Director from Kentucky, Les Beavers, and State
13 Directors Randy Reeves of Mississippi and Jeff Barnes of
14 Michigan.

15 As governmental agencies, we are second only to the
16 U.S. Department of Veterans Affairs in caring for our
17 veterans and their families. We collectively contribute
18 more than \$6 billion each year to help with access to care
19 and the delivery of services, particularly long-term care,
20 processing millions of claims, and combating homelessness.

21 The MOU between the U.S. Department of Veterans Affairs
22 and the State Directors recognizes and enhances the common
23 mission of our two organizations. We both seek a stronger
24 relationship that will deliver improved care and services.
25 Through the MOU, a Pillars of Excellence Award was

1 established to recognize States that have developed
2 effective programs to address VA's priority issues and other
3 State innovative programs. This year, VA Secretary McDonald
4 recognized the States of Alaska, Florida, Idaho, Ohio, South
5 Dakota, Texas, and Washington. We strongly support VA's
6 overall budget submission and we support the ongoing
7 regional reorganization of VA to ensure better access to
8 coordinated care our veterans have earned.

9 To help facilitate veterans' priority in the job market
10 and align our veterans with educational rehabilitation,
11 strong consideration should be given to transferring the
12 Jobs for Veterans State Grants Program from the Department
13 of Labor to the U.S. Department of Veterans Affairs. Under
14 the current Texas model, veterans report entry and
15 employment at a much higher rate than the national average.

16 We applaud VA's efforts to address women veterans'
17 health care issues. The increased number of returning women
18 veterans warrants continued emphasis on their specific
19 needs. One area of legislative or policy change that is
20 needed is to allow the design of prosthetics specifically
21 for women rather than modifying prosthetics for men.

22 The Veterans Choice Card short implementation timeline
23 without well defined program criteria created eligibility
24 confusion, false expectations, and frustration. A concern
25 is that, in many parts of the country, there is less

1 capacity for care in local communities than within VA
2 itself. For this reason, VA needs funding flexibility
3 within the Choice Program to put resources where they are
4 most needed. The directors are willing to help in assisting
5 getting the outreach and information to our veterans.

6 State Veterans Homes provide over half of all the VA
7 authorized long-term care, with over 32,000 beds for elderly
8 and disabled veterans with skilled nursing, domiciliary, and
9 adult day health care services. There are 150 Veterans
10 Homes operated in 50 States and Puerto Rico. This critical
11 partnership with VA is essential to meet the national demand
12 for veterans nursing care. Congress should appropriate
13 sufficient funding to keep the existing backlog of projects
14 in the construction grant program at a manageable level.
15 Funding should be increased to at least \$200 million.

16 VA, with assistance of the States and the Veterans
17 Service Organizations, has made significant progress in
18 eliminating the claims backlog. However, adequate resources
19 and focused leadership still needs to be applied. Texas and
20 California, using their own resources, are examples of how
21 States have assisted the Federal VA with their backlog.
22 Texas cut their backlog in half by fully developing over
23 35,000 cases. We believe Federal funding should be made
24 available to States to assist in continuing the backlog
25 reduction.

1 We appreciate the National Cemetery Administration's
2 partnership through the Veterans Cemetery Grant Program
3 providing 32,000 burials last year. We recommend funding
4 for that program increase to \$55 million, including \$5
5 million to address emergent needs.

6 NASDVA commends U.S. Department of Veterans Affairs
7 goal of ending homelessness among veterans. We appreciate
8 continued funding for our homeless programs and continued
9 partnership with the HUD program.

10 Mr. Chairman and distinguished members of the Veterans
11 Affairs Committee, thank you for the important work that you
12 are doing to keep the promise to our nation's veterans and
13 their families. Thank you.

14 [The prepared statement of Mr. Wangen follows:]

- 1 Chairman Isakson. Thank you, Mr. Wangen.
- 2 Colonel Duffy.

1 STATEMENT OF COLONEL PETER J. DUFFY, USA (RET.),
2 LEGISLATIVE DIRECTOR, NATIONAL GUARD ASSOCIATION
3 OF THE UNITED STATES

4 Colonel Duffy. Yes, sir. Thank you. Chairman
5 Isakson, Chairman Miller, thank you for this opportunity. I
6 am with the National Guard Association.

7 The National Guard, as many of you know, has put out
8 about 700,000 of our soldiers and airmen deploying since
9 9/11, probably increased the ranks of our veterans close to
10 half-a-million. What is odd about the National Guard is
11 that when our members return from deployment, they are both
12 veterans and still drilling members of the military, and
13 that is unusual. It is an anomaly, but it needs to be
14 addressed, not so much by the veterans community, but by
15 OSD. We think a lot of our issues arise from their failure
16 to address our National Guard members when they return home.

17 I will try to focus on the 40-mile rule as much as
18 possible. I would ask that our written statement be made a
19 part of the record, sir.

20 Chairman Isakson. Without objection.

21 Colonel Duffy. I am certain you have heard from other
22 organizations about recognizing as veterans members of the
23 Guard and Reserve who serve until retirement. They only
24 want recognition, no benefits. I will not go into that. It
25 is in my writing. It has been testified to by others.

1 We ask that OSD be required to transfer to the Veterans
2 Administration our medical records of Guard members
3 returning from deployment when they are released from active
4 duty. They are not doing that. As you can imagine, that
5 creates all sorts of problems when disability claims are
6 filed for injuries that arose during that deployment and the
7 VA does not have a record of those. Simply fixed, but it
8 needs to be fixed.

9 The denial rate for disability benefit compensation
10 claims for Guard members and Reserve members that are
11 appealed are being denied at four times the rate as those
12 claims of active duty veterans. Why is that happening? We
13 just ask that an investigation take place.

14 Getting on to the 40-mile rule, NGAUS for the last
15 eight years has been lobbying and testifying for community-
16 based mental health care. Nothing but resistance, in the
17 early years from the VA with Dr. Katz, who said we have that
18 authority, they just do not exercise it. His solution was
19 to bring psychiatrists and psychologists into the fortress
20 VA, leaving our communities not treating our veterans.
21 National Guard members are scattered throughout the country,
22 over 3,000 armories.

23 The State of Connecticut has a model that will work for
24 all States. Chairman Miller, to your credit, you had Dr.
25 Schwartz testify last year, or two years ago, and she

1 outlined a wonderful program that could be mirrored across
2 the country. What Connecticut has done, using SAMHSA as its
3 coordinator and some OSD funds and VA talent, has trained
4 over 400 mental health care providers throughout their
5 State. They use the State Mental Health Authority and the
6 National Guard Joint Force Headquarters to help implement
7 this program and a 24/7 hotline. They get members and
8 families and veterans into these community touchpoints at no
9 cost and it is confidential care.

10 Confidentiality is critical. Why does the VA only have
11 a small percentage of our veterans enrolled? That is an
12 issue which really needs to be examined and investigated.
13 We believe that members' families will be more willing to
14 visit a user-friendly confidential facility rather than a
15 facility that keeps a record. I think it is human nature.
16 And, for our members who are still drilling in the military,
17 it is critical. A lot of our members forego VA services.
18 They treat with pro bono services in the community.

19 What we are asking, really, it is a VA, OSD, and HHS
20 responsibility. We are asking for joint funding to train
21 community-based providers throughout the country in
22 understanding military culture, military type of injuries,
23 and then set up referral touchpoints that are paid for to
24 have confidential counseling. To the extent they cannot
25 handle those issues, they can refer up to the VA. That

1 dovetails very well with the 40-mile rule. You are
2 establishing community-based care.

3 Connecticut continued this program after it was stood
4 up with OSD money being processed by SAMHSA with a half-a-
5 million dollars a year. Why so cheap? They do not hire
6 these presenters full-time, 24/7. They just pay as they go.
7 That is a great word here in Congress, the pay-go. It is
8 cheap. It can be effective. And, we encourage a good,
9 hard, strong look at that.

10 Finally, vet centers. Thank you very much for the
11 legislation last summer which authorizes, for the first
12 time, drilling Guard and Reserve members to seek sexual
13 assault counseling services at the VA. Love it. Long
14 overdue. Our members need to have access to the vet center
15 services and counseling. The Army National Guard has the
16 highest rate of suicide in the military. Sad part, about 65
17 percent of those suicides are from members who have never
18 been deployed. They cannot access VA mental health care.

19 But, if we opened up the vet centers to them, vet
20 centers are terrific. I encourage all of you to go visit
21 them when you are back home. Confidential counseling to
22 family members and veterans, people love it. We could sure
23 use that in the National Guard. It is a great touch point,
24 starting point, that may lead to later referrals.

25 I am not going to get into more of my testimony.

1 Please take a look at that, and these all are serious
2 issues. But, the 40-mile rule needs to be 40 miles not as
3 the crow flies, but as the car drives. You should not be
4 chilling utilization of that. You should be enhancing and
5 encouraging it, and we do not think that is happening right
6 now.

7 Thank you, sir.

8 [The prepared statement of Colonel Duffy follows:]

- 1 Chairman Isakson. Thank you, Colonel Duffy.
- 2 Mr. Susino.

1 STATEMENT OF CHARLES SUSINO, JR., PAST NATIONAL
2 COMMANDER AND CHAIR OF THE LEGISLATIVE COMMITTEE,
3 AMERICAN EX-PRISONERS OF WAR

4 Mr. Susino. Good morning. Good morning, Chairman and
5 members of the House and Senate Veterans Affairs Committees
6 and guests. My name is Charles Susino, Jr., Past National
7 Commander of the American Ex-Prisoners of War. Thank you
8 for the opportunity to express our comments today. We are
9 grateful for your efforts over the past Congress. However,
10 there is more work to be done and new legislation and
11 improvement, implementation.

12 We support the Secretary's effort to change the VA
13 culture and reorganize, allowing better access and
14 understanding for the veteran, but not to remove resources
15 from the health care providers who care and treat our
16 veterans.

17 We ask for your support on bill H.R. 4741, Surviving
18 Spouses Benefit Improvement Act, which increases DIC for
19 surviving spouses. DIC has not been increased in decades.
20 A basic DI benefit of \$1,254 monthly is grossly insufficient
21 to live on.

22 Thank you for the passage of the Clay Hunt Suicide
23 Prevention Act. Each year, thousands of veterans who have
24 survived the enemy sadly take their own lives, a tragic
25 loss.

1 The VA Director targeted eliminating veterans'
2 homelessness by the end of 2015. The Secretary should
3 report the progress and explain the corrective actions taken
4 to reach its goals. It is a disgrace that any veteran has
5 no place to call home.

6 We are proud of the military monuments throughout the
7 country. However, few memorials convey the pain, the
8 suffering of the veteran and their family, especially those
9 missing in action and imprisoned as a result of a battle.
10 We, Rolling Thunder, other veterans organizations ask for
11 your support on H.R. 5391 and S. 2053, authorizing the
12 installation of a POW commemorative chair on the Capitol
13 grounds. The empty chair represents those that did not
14 return home. The pain, suffering is shared by the family
15 with no closure. This is our memorial to them. Let us
16 think about it.

17 We are proud--thank you for the opportunity to appear--
18 thank the Congress and the President--yes, throw it away--
19 mandate the VA health care for veterans with service-
20 connected disabilities as well as a special group of
21 veterans, including veterans up to World War I. We ask
22 Congress to revisit special groups and to update including
23 World War II, Korea, Vietnam, Cold War, and other recent
24 conflicts in the Middle East.

25 We also ask for the support of bill H.R. 454, Military

1 Retiree Survivor Comfort Act.

2 H.R. 526, Furthering Asbestos Claims Transparency Act,
3 is a bad bill for veterans, their family, America. Please
4 stand strong against it.

5 Thank you for the opportunity to appear before you, and
6 on behalf of the American Ex-Prisoners of War, God bless our
7 troops. God bless America. Remember. Thank you. I am
8 sorry about the pages.

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

1 Chairman Isakson. It happens to us all the time, Mr.
2 Susino. Do not worry about it at all. Thank you for your
3 testimony.

4 Ms. Early.

1 STATEMENT OF JEANETTE B. EARLY, NATIONAL PRESIDENT
2 EMERITUS, GOLD STAR WIVES

3 Ms. Early. Good morning. Chairman Isakson, Chairman
4 Miller, Ranking Members, and members of both the Senate and
5 House Committees on Veterans Affairs, I am pleased to be
6 here today to testify on behalf of Gold Star Wives of
7 America. My name is Jeanette Early. I am National
8 President Emeritus of Gold Star Wives.

9 I became a widow when my husband, Sergeant First Class
10 Howard Lee Early, was killed in action in Vietnam in 1969,
11 and subsequently became a member of Gold Star Wives. Gold
12 Star Wives is a Congressionally chartered Veterans Service
13 Organization founded in 1945 and has been serving the
14 surviving spouses of military service members and veterans
15 since World War II and through all subsequent wars and
16 conflicts, up to the present conflicts in Iraq and
17 Afghanistan.

18 Today, I will be speaking about the needs of surviving
19 spouses of military service members who died on active duty
20 and the surviving spouses of service retired members who
21 died of a service-connected disability.

22 First, I will address the need of an increase in DIC,
23 that is Dependency Indemnity Compensation administered by
24 the Department of Veterans Affairs. DIC for surviving
25 spouses needs to be increased. Since the flat rate of DIC

1 was established in 1993, there has not been an increase
2 earmarked or applied to DIC. The only increase to DIC has
3 been from COLA, the cost of living adjustment.

4 Surviving spouses whose military spouse died on or
5 after January 1993 currently receive \$1,254 per month. DIC
6 is the primary income for many surviving spouses, and for
7 some, it is the only income, especially for older women
8 whose jobs in past years paid very low wages.

9 We are asking Congress to take immediate and favorable
10 action to the serious need to increase DIC, Dependency
11 Indemnity Compensation. We are looking for a Senator to
12 introduce the Senate companion bill to join Congressman Joe
13 Kennedy's House DIC bill. Thank you.

14 Another deep concern, an outcry of injustice is focused
15 on the DIC offset to the Survivor Benefit Plan. Gold Star
16 Wives are asking for repeal of the DIC offset to Survivor
17 Benefit Plan annuities. There are about 62,000 surviving
18 spouses who suffer the DIC SBP offset.

19 The SBP is administered by the Department of Defense.
20 It is an insurance-type program that eligible service
21 members and military retirees may elect to have premiums
22 deducted from their pay in order to provide their spouses
23 with additional benefits as beneficiaries. In contrast, DIC
24 is a separate benefit, automatically--I should say, it is
25 administered by the Department of Veterans Affairs to

1 surviving spouses of veterans who died while on active duty
2 or died from a service-connected disability.

3 A surviving spouse who is eligible for DIC and SBP
4 should receive full entitlement from both DIC and SBP. The
5 DIC offset to SBP needs to be repealed, and Gold Star Wives
6 have been requesting the repeal of this offset since 2003.
7 I repeat, Gold Star Wives have been requesting the repeal of
8 this offset since 2003.

9 In August 2009, the U.S. Court of Appeals in the matter
10 of Sharp and others versus the United States ruled that DIC
11 payments may not be deducted from SBP annuities if a
12 surviving spouse entitled to both benefits remarries at the
13 age, or after the age 57. It is decidedly strange that a
14 person in precisely the same position but for the fact that
15 she has not remarried after age 57 continues to suffer the
16 same offset.

17 In 2008, Congress created SSIA, which is a Special
18 Survivor Indemnity Allowance, for surviving spouses who
19 suffer the DIC offset to SBP. As an acknowledgment to that
20 DIC offset, it needs to be removed. Surviving spouses
21 subject to the DIC offset to SBP started in fiscal year
22 2008. However, this indemnity allowance is scheduled to
23 terminate in 2015.

24 If the DIC offset to SBP cannot be repealed before the
25 end of fiscal year 2017, the law governing SSIA needs to be

1 amended and the SSIA, this indemnity allowance payment,
2 extended into future years until the offset is removed.

3 In conclusion, I must say that those who suffer from
4 these deficiencies in benefits are the widows of men who
5 were led to believe that their wives and children would be
6 adequately cared for if they died in their service to this
7 great nation.

8 God bless you and God bless America.

9 [The prepared statement of Ms. Early follows:]

- 1 Chairman Isakson. Thank you very much, Ms. Early.
- 2 Mr. Kules.

1 STATEMENT OF RYAN KULES, NATIONAL DIRECTOR,
2 ALUMNI, WOUNDED WARRIOR PROJECT

3 Mr. Kules. Chairmen Isakson and Miller, Ranking
4 Members Blumenthal and Brown, members of the committees,
5 thank you for inviting Wounded Warrior Project to present
6 our 2015 policy priorities at this joint hearing. I am Ryan
7 Kules, National Alumni Director at Wounded Warrior Project.
8 I am testifying this morning not only as a staff member, but
9 also as a retired Army soldier who lost an arm and a leg in
10 combat.

11 I want to take a moment to congratulate the new
12 Chairman and Ranking Members on your leadership positions.
13 Chairman Miller, it is great to have you back as Chairman.
14 We look forward to working with all of you and the
15 committees to improve the lives of disabled veterans and
16 their families.

17 I would be remiss if I failed to take a moment to thank
18 both of the committees for their bipartisan efforts to pass
19 critical legislation, including the Choice Act and the Clay
20 Hunt SAV Act. These landmark bills address serious problems
21 facing veterans, and their passage demonstrates how this
22 committee listens and helps solve critical issues facing
23 veterans.

24 I am especially proud to be here testifying before you
25 on Brain Injury Awareness Day. Traumatic Brain Injury is a

1 vital issue facing this generation of injured veterans, and
2 I appreciate the opportunity to give a voice to this policy
3 priority.

4 While we recognize the great work that the committees
5 have done to improve the lives of veterans, we must also
6 acknowledge, despite all we have accomplished, the job
7 remains incomplete. Many of our warriors still struggle,
8 and too many are at risk of greater problems in the years
9 ahead. As a nation, we must anticipate these needs--today's
10 needs, tomorrow's needs, and those of a decade and more into
11 the future. We must plan today to meet these challenges.

12 We are proud to recognize many wounded warriors are
13 doing well. Wounded warriors have returned to school, or
14 like me, are thriving in their careers and have bright
15 futures. Regrettably, a significant number of wounded
16 warriors are not so fortunate. While we see many who are
17 resilient and strong, I urge you to consider this.
18 Regardless of our nation's warriors are thriving or
19 struggling at this point in their lives, each and every one
20 will need access to convenient and relevant programs and
21 services for decades to come.

22 Wounded Warrior Project's 2015 policy priorities were
23 developed with our 2014 Alumni Survey in mind. Over 21,000
24 of this generation's wounded, injured, and ill responded,
25 documenting the challenges that they face. Using the

1 results of our survey as a baseline, we began to develop our
2 policy priorities with this question in mind. What are the
3 greatest problems wounded, injured, and ill veterans are
4 likely to face a decade from now?

5 I go more in depth on our priorities in my written
6 statement, but I want to highlight our policy priorities
7 right now. We ask the committees to focus on access to
8 mental health care, economic empowerment, long-term TBI
9 care, caregivers, and providing TRICARE for wounded service
10 members.

11 Wounded Warrior Project envisions a future in which the
12 most successful and well-adjusted generation of wounded
13 service members in our nation's history not only survives,
14 but thrives. This vision requires continued public support,
15 relevant programs and services for veterans and their
16 caregivers. Helping wounded warriors requires a lifetime of
17 commitment.

18 Wounded Warrior Project commits to serving this
19 population for their lifetimes and working with Congress to
20 realize this vision.

21 Thank you for the opportunity to address the committees
22 today. I look forward to answering your questions.

23 [The prepared statement of Mr. Kules follows:]

1 Chairman Isakson. Thank you, Mr. Kules.

2 I have a sneaking suspicion that young lady and her
3 daughter behind you is your wife and daughter, is that
4 correct?

5 Mr. Kules. Yes, sir, you are correct.

6 Chairman Isakson. Would you all stand up, please.

7 [Applause.]

8 Chairman Isakson. As Mrs. Early exemplified by her
9 testimony, serving in the military is a team effort, husband
10 and wife and children, and we appreciate your commitment to
11 your husband very much. Thank you for being here.

12 And, I have to say, the Chairman and I were just
13 sharing a comment here, the testimony has been fantastic.
14 It has been brief, it has been succinct, and it has been to
15 the point. And, you are the most quotable group I have ever
16 seen. I wrote down three of your quotes, which I think, to
17 me, mean a lot about what we are trying to do here in the
18 Senate and the House.

19 One, Mr. Hyland, you said the construction overruns in
20 Denver are unconscionable. That is exactly what we told the
21 VA last night when the Chairman and I were on the phone with
22 them when the announcement came out about the overruns, and
23 we are going to do everything we can to get it working
24 right. That was my business in the private sector, and an
25 \$800 million overrun on costs is just ridiculous and there

1 is no excuse for it. The VA needs to run better.

2 Mr. Duffy, you are right. It is how far the car
3 drives, not how far the crow flies, and that is exactly what
4 we intend to do with the 40-mile rule. We have a hearing
5 next week in the Senate where we will begin taking ideas
6 from veterans organizations, VSOs, and from veterans
7 themselves. We are going to get that working right if it is
8 the last thing I get done in the Senate.

9 Colonel Duffy. Thank you, sir.

10 Chairman Isakson. And, Mr. Frank, you reminded me of a
11 very important message to tell all of you when you told the
12 story about the veteran who called in and asked for an
13 appointment and could not get an appointment through the
14 regular VA, and then asked to get an appointment through
15 Veterans Choice and they were told they would have to wait
16 four-and-a-half months, and they really did not know what
17 kind of choice they had.

18 We hear that far too often. When I was in business, we
19 used people called mystery shoppers, where we would actually
20 mystery shop our own employees to make sure they were
21 providing good quality service to our customers. I think
22 the VA--you all need to be the mystery shoppers for the VA
23 and we need to get more and more reports--timely reports--on
24 exactly what happens when they deflect or defer away from
25 Veterans Choice.

1 There appears to be, in my way of thinking, a conscious
2 effort on the part of some, not all, in the VA to hope that
3 the Veterans Choice does not work. If Veterans Choice does
4 not work, health care for our returning veterans is not
5 going to be timely, is not going to be accessible, and it is
6 not going to be reachable, and we intend, Chairman Miller
7 and myself, and I think the Ranking Members, as well, to see
8 to it that Veterans Choice works and it happens.

9 So, you are going to be our mystery shoppers. We are
10 going to employ you to do that and you tell us those stories
11 and we will create a way for you to see it materialize
12 starting next week when we hold our hearings.

13 Thank you all for your service.

14 Those that did not talk about the 40-mile rule, does
15 anybody have a comment that they want to make about it? We
16 had some good testimony from Mr. Frank and some of the
17 others, but some of you did not mention it. Mr. Snee, do
18 you have any--no?

19 Mr. Snee. It is just to add on, Mr. Chairman, the fact
20 that was addressed about how the crow flies is how actually
21 it goes, and that is a very direct thing that we have, even
22 in some of the members now, and that we have down in Florida
23 and throughout the country, as it is exactly just that, and
24 we need to make sure that is taken into account, and I
25 appreciate it. Thank you.

1 Chairman Isakson. Any other comment on the 40-mile
2 rule? Yes, sir.

3 Mr. Hyland. Chairman Isakson, yes, I would like to
4 make one comment, as well, and the comment is the same as my
5 colleagues here have already expressed, and that is that 40-
6 mile rule as the crow flies.

7 And, I would also like to double back on that same
8 thing. The system itself for issuing the cards is broken.
9 My wife sits behind me two rows back. She is a veteran in
10 her own right, sir, 14 years active duty, 13 years in the
11 Reserve. I got my Choice Card. She has yet to get hers. I
12 got a new VA card back around on my birth month. She has
13 yet to get hers.

14 And when you call in, you get stuck in a queue. You
15 are hung in there for, like, 30 or 40 minutes, and you do
16 not get the proper answer. They need to get the service,
17 the customer service, down to the lowest level. A person
18 should be able to go in and be heard, understood, and
19 understand from their viewpoint as what needs to be
20 addressed. Thank you.

21 Colonel Duffy. Sir, I would like to amplify on that.

22 Chairman Isakson. Yes.

23 Colonel Duffy. This should be more like a voucher
24 system, which is what we have testified to over the years,
25 not a ticket for a haircut at a barbershop, but a voucher to

1 get the service.

2 Chairman Isakson. Anybody else? Yes, sir.

3 Mr. Snee. Yes, sir, Mr. Chairman. Another point of
4 perhaps contention is the fact that the ones who receive the
5 cards, it says, "Choice Card Temporary," and that has been a
6 big issue, is, okay, how do you define temporary when this
7 is an already established program in the VA, and that needs
8 to be stricken. Thank you.

9 Chairman Isakson. I think I speak for the leadership
10 of both the House and Senate committees. It is not a
11 temporary program. We passed that to solve a problem, not
12 to create a problem. And, I know the VA is listening to the
13 testimony today. I just have a sneaking suspicion they
14 would be. I hope they are making footnotes about these
15 stories, because this is one thing we need to correct. I
16 want you to be our mystery shoppers. I want you to tell us
17 these stories on a timely basis. We want the VA to do what
18 the VA wants to do, and that is serve our veterans and serve
19 them in a timely, accessible way. Thank you very much for
20 your testimony.

21 Chairman Miller.

22 Chairman Miller. Thank you very much, Mr. Chairman.

23 Colonel Duffy, I was disturbed when I was reading your
24 written statement where you stated that returning National
25 Guardsmen were four times more likely to have their claims

1 for disability compensation denied than active duty service
2 members. Why do you think this is happening and how can we
3 address this gross inequity?

4 Colonel Duffy. Sir, I can speculate, which is why we
5 asked for an investigation. But, the recordkeeping in
6 theater for the early years, maybe extended years of the
7 war, was shoddy, and a lot of the medical documents that
8 need to be part of a successful file are just not there.
9 And, it continues with OSD not transferring our medical
10 records when we get back from deployment to the VA.

11 When you talk--the wait times for claims to be filed,
12 it is a problem, it is a global problem across the board.
13 But, for the National Guard and Reserve members, when they
14 cannot produce the records for a complete file, makes it
15 almost an impossible undertaking. We think that is
16 responsible. We do not hold the VA responsible for that.
17 We think that is more of a DOD problem and getting those
18 records properly kept and transferred to the VA and it
19 continues today.

20 Chairman Miller. You have my complete commitment as a
21 member of not only this VA Committee, but the Armed Services
22 Committee, to ask for that investigation and to delve into
23 it, because that is just totally unacceptable by any stretch
24 of the imagination.

25 Mr. Kules, you had a personal experience with a Social

1 Security Disability requirement that resulted in losing
2 TRICARE benefits. Could you elaborate on that a little bit.

3 Mr. Kules. Certainly, sir. In my recovery, I
4 initially collected Social Security benefits. As part of
5 those benefits, I was given Medicare health insurance. When
6 I got to a point in my recovery that I no longer needed
7 those Social Security benefits, I received a letter that
8 said I was able to opt out of Medicare Part B. With an
9 understanding that I had TRICARE insurance that we were
10 paying for as a family, I opted out of Medicare Part B, not
11 wanting to pay concurrently and double.

12 What I did not know at the time was opting out of
13 Medicare Part B made me ineligible for TRICARE.
14 Fortunately--me and my family for TRICARE. Fortunately, we
15 were able to get our family back into TRICARE, but still, to
16 this day, I pay an additional stipend for Medicare Part B, a
17 monthly fee, over and above the family rate that we are
18 paying for TRICARE because of the law that is written that
19 has it set up that way.

20 Unfortunately, I am not the only one that has
21 experienced that, and we have many warriors that have
22 received this letter, did not have the information
23 beforehand of what opting out of Medicare Part B would do,
24 and are in the very similar situation of not being able to
25 access TRICARE.

1 Chairman Miller. What is your daughter's name?

2 Mr. Kules. Jillian, sir.

3 Chairman Miller. Jillian?

4 Mr. Kules. Yes, sir.

5 Chairman Miller. I have got an empty seat up here,
6 Jillian. Would you like to come up here and sit beside me?

7 [Laughter.]

8 Chairman Miller. You can come up here. Come on up
9 here.

10 [Laughter and applause.]

11 Chairman Miller. Shameless. Shameless. I yield back.

12 Chairman Isakson. Ranking Member Blumenthal.

13 Senator Blumenthal. Thank you, Mr. Chairman.

14 I want to say that the intelligence and good looks of
15 this panel has just been improved by 100 percent.

16 [Laughter.]

17 Senator Blumenthal. Thank you for joining us.

18 [Applause.]

19 Senator Blumenthal. And, I am tempted to yield my time
20 to Jillian, but--

21 [Laughter.]

22 Senator Blumenthal. Let me say thank you again to all
23 of you for your strong support for all of these programs.

24 Focusing for the moment on the 40-mile rule, there
25 seems to be unanimity, very strong unanimity on this panel

1 that the rule needs to be interpreted in a common sense way
2 to provide for drive distance, not fly distance. And, the
3 only question really is whether there is a statutory change
4 needed to do it or whether the VA can do it under existing
5 law. And, so, we would welcome your additional comments
6 through yourselves or any consultants or legal advice you
7 would be able to provide us, because the legal issue, I
8 think, is one that is the obstacle. It is not the will to
9 change it. It may be the will at the VA, but not on this
10 panel.

11 I want to thank Colonel Duffy. Thank you for
12 mentioning the relationship between the VA clinics and the
13 private sector mental health providers in Connecticut, but I
14 want to focus, as did Chairman Miller, on the
15 disproportionate denial issue concerning National Guard and
16 Reservists. We know after 13 years of war that the National
17 Guard and Reservists have been fighting side by side with
18 our active duty Armed Forces and they are every bit as
19 entitled to treatment, equal treatment, fair treatment under
20 our disability claims law. So, I want to join Congressman
21 Miller in committing to seeking an investigation, and I am
22 hopeful that we can join together in asking either the GA or
23 the Inspector General of the VA, or some other outside body,
24 to investigate this discrepancy.

25 Colonel Duffy. Thank you, sir.

1 Senator Blumenthal. And, just to ask you whether you
2 can provide us with any additional data, anecdotal
3 experiences, or individuals who might be willing to come
4 forward to advise us as to where we ought to be looking for
5 answers.

6 Colonel Duffy. So, I can provide some excellent
7 witnesses to provide information to this body that will help
8 you moving forward. The statistics get updated every year.
9 We will have more statistics coming out on this relatively
10 soon. But, again, we trace the problem primarily to the
11 poor recordkeeping that existed in theater. Now, if that is
12 the result of the investigation, what do we do about it?
13 That is a more difficult question. Could that possibly
14 create presumptions that certain of the more common injuries
15 that arise in theater might exist with a Guard member or
16 Reserve member who presents with this injury back in
17 deployment? That is going to get expensive, but maybe that
18 is the only remedy for this. But, I think that is the more
19 difficult question if the investigation bears this out.

20 Senator Blumenthal. I agree that presumptions may be
21 the answer if there are an absence or a dearth of records,
22 and presumptions are used commonly in the law where records
23 are absent or evidence is difficult to come by, so a very
24 appropriate possible solution to this problem.

25 My time is limited, but I wanted to follow up with Mr.

1 Snee on your remarks concerning Agent Orange. My belief is
2 that there are still absences in the treatment and
3 compensation for victims of potential Agent Orange effects,
4 even after the VA has expanded its coverage. Were you
5 directing your remarks in that direction?

6 Mr. Snee. Sir, we are directing it in that regard, as
7 well, because that is an ongoing, because of the presumptive
8 tracing of illnesses that are associated with Agent Orange.
9 What we are further going for is the members who served on
10 ships that were also affected. Keep in mind, we used to
11 have this thing called the Brown Navy, a situation that was
12 in-country, if you will. But, as we have found out from
13 different testimonies, even the final report from the
14 Australian government in those areas, that a lot of that has
15 come into the Tonkin Gulf area with the ships of the sailors
16 and the Marines that were stationed on those ships, and that
17 was where we were going with that, which is why I brought up
18 that anecdote of our National Vice President. Yes, sir.

19 Senator Blumenthal. I appreciate that remark. I just
20 want to mention for the record that I have encountered a
21 number of those warriors during the Vietnam conflict. One
22 of them has personally come to me in Connecticut, and I
23 would appreciate any additional information you have,
24 because I think we can convene them and perhaps provide some
25 additional relief to them. So, I thank you very much for

1 your attention and your interest in this matter.

2 Thank you, Mr. Chairman.

3 Mr. Snee. Yes, sir. If I could add one more thing,
4 too, last year, I served on the Committee for Higher
5 Education, and it turned out that my President of Excelsior
6 College is also a Vietnam veteran and he has the exposure
7 from Agent Orange, and what I will do is in the next week or
8 so contact him on those difficulties and see where he was,
9 whether it was Brown Water Navy or in the Blue Water Navy,
10 and another group is the Air Force, because they did have to
11 fly over those waters in the Tonkin Gulf. But, thank you.
12 I will get back to you. Thank you very much.

13 Senator Blumenthal. Thank you, sir.

14 Chairman Isakson. Ranking Member Brown.

15 Ms. Brown. Thank you, Mr. Chairman.

16 Before I begin my questioning, I have to mention that I
17 am very proud of the fact that the first million dollars for
18 the Wounded Warrior Program started in Jacksonville with
19 CSX, and that is an example of public-private partnership
20 that is working. We want to encourage other companies to
21 participate. And, in fact, the railroad industry, 33 to 40
22 percent of their workforce are former military, veterans.
23 So, I am very proud of that.

24 Ms. Early, I want to ask you to expand a little bit
25 more on your participation. I am very familiar with the

1 fixed income that the wives are facing with the \$1,200
2 because my mother is one of them and you certainly cannot
3 live on it unless you have some family member or someone to
4 make the difference, because you can get a light bill for
5 over half of that amount. So, would you expand on what do
6 you think we need to be doing in Congress to assist these
7 wives? And, I am really confused about you cannot marry
8 again and you will lose your benefits.

9 Ms. Early. You are not the only one who is confused.
10 That is most disgusting.

11 As far as the increase that we are requesting and have
12 been for a number of years, widows who, in past years, as I
13 mentioned, were working in menial jobs or jobs paying very
14 low wages, and many of these jobs, as I am very familiar
15 with a person, a family person who had worked for many years
16 and the employer did not take out Social Security. So, that
17 is an issue and very dire concern with many of our older
18 members.

19 Ms. Brown. Well, many of them probably were home
20 taking care of their children.

21 Ms. Early. Absolutely. That is included.

22 Ms. Brown. So, that is work, too--

23 Ms. Early. Taking care of the children and not able,
24 really, to work outside of the home.

25 Ms. Brown. Yes.

1 Ms. Early. But, we are asking--you mentioned how can
2 you help.

3 Ms. Brown. Yes, ma'am.

4 Ms. Early. We are requesting an increase. You know,
5 it is, like, anything will help, but we want something
6 substantial compared to what is being received now, \$1,200 a
7 month. Just wrap your mind around \$1,200 a month, trying to
8 decide whether I am going to pay my rent, or should I get my
9 prescription drugs, or should I pay utilities, or trying to
10 decide which--where to put these expenses, daily necessities
11 that we are needing. So, we are asking for an increase
12 because we have not had an increase since we have been
13 requesting and since the flat rate was established in 1993.

14 Ms. Brown. Thank you.

15 Ms. Early. Thank you.

16 Ms. Brown. Mr. Frank, I want to ask you concerning,
17 you know, women are the fastest growing group of veterans
18 and the accommodations, the VA facilities, what do you think
19 we need to do to bring them up to standard?

20 Mr. Frank. Certainly. It is looking at what are the
21 needs, first, and addressing those, instead of trying to
22 mold what care is already there to a unique situation that
23 may be unique to a female veteran. I mean, it goes all the
24 way back to what is the strategy that goes with this and how
25 do you want to care--what do you want to get to in the end.

1 And, so, for instance, in this is we want to care for
2 female veterans, and these are the issues that need to be
3 addressed, and then you work your way backward. What is the
4 care needed? What is the research that is done? I mean,
5 the VA talks a lot about things that they do for America out
6 of their research that is for veterans, but it affects all
7 Americans. So, let us start there. What is it that we can
8 do? How can we do it better and expand it?

9 And, I am certainly not an expert on female veterans'
10 care, but I do know this, is we--time and time again, there
11 are different stories and issues that come up, because the
12 particular issue is not addressed or addressable within the
13 VA health care system. I mean, the Care Card [sic] might
14 work in some of those instances, but not everybody gets to
15 use it, right. So, how do we get there from here? It might
16 be a mix of how do we utilize that Care Card in the interim
17 to get there, you know.

18 Ms. Brown. Yes, sir. The last time we had a hearing
19 and I discussed this with some of the women veterans, and I
20 am hoping--we have a meeting scheduled--and they indicated
21 to me straight up, they wanted their service at the VA. So,
22 I mean, so the VA has got to change to address the needs of
23 this fastest growing group.

24 Mr. Frank. I would agree.

25 Ms. Brown. And, let me just say one thing, because my

1 time is up. I have been on this committee for 22 years and
2 we have been trying to get the VA and the Department of
3 Defense to work together, and you say get them in a room,
4 let me just tell you, it is not as easy as what you are
5 saying.

6 I yield back the balance of my time.

7 Chairman Isakson. Representative Coffman.

8 Mr. Coffman. Thank you, Mr. Chairman.

9 Well, having Jillian up here, and Mr. Kules, what
10 branch of service were you?

11 Mr. Kules. I was Army, sir.

12 Mr. Coffman. Army. It reminds me of being a boy
13 growing up in Fitzsimmons Army Medical Center, where my
14 father, an Army Master Sergeant in his last tour of duty,
15 when I was 14 in 1969, and I think it gets back to you, Ms.
16 Early, and your husband, that the wounded were coming back
17 from Vietnam, and I am sorry about the loss of your husband,
18 Sergeant First Class Early--

19 Ms. Early. Thank you.

20 Mr. Coffman. --and most of them were amputees--it was
21 the signature wound of that war--and they would be treated
22 at Fitzsimmons Army Medical Center and stabilized there and
23 then go on to the VA system. On those same grounds today,
24 the Fitzsimmons Army Medical Center has since closed and we
25 are building a Regional Veterans Hospital there that is, I

1 think, as our Chairman has stated and as the Senate Chairman
2 has stated to the Veterans Committee, that it is
3 dramatically over budget, dramatically behind schedule, and
4 we have an obligation to get this hospital done to meet our
5 nation's commitment to the men and women who served this
6 country, but at the same time, we have got a commitment to
7 the taxpayers, and that I hope that the situation in
8 Colorado drives reform across the system. But, we do have
9 to get it built.

10 I just want to thank all of you for your testimony
11 today. Having served in the Army, the Army Reserve, the
12 Marine Corps, the Marine Corps Reserve, with five overseas
13 deployments, the last one in Iraq, I think that your input
14 is also valuable in terms of how we look at restructuring
15 our forces in terms of meeting the current challenges in
16 front of it, not simply how to take care of our veterans.

17 And, I think, Colonel Duffy, I am a big fan of the
18 National Guard. I am a big fan of the Reserve and the
19 National Guard, and I think that as a matter of cost savings
20 that we ought to look at whatever capability is in that
21 active duty component that could be done by the Guard and
22 Reserve. I think we ought to look at that. I am very
23 impressed with what you all do. I would like to get your
24 comment on that.

25 Colonel Duffy. Well, we endorse that 150 percent, sir.

1 The Reserve Forces Policy Board came out with a study two
2 years ago in January that shows that the fully burdened life
3 cycle cost per capita for the Reserve component are less
4 than one-third those of the active forces. It is a
5 startling statistic and it continues. And, we think we
6 should be very much a part of the total force. It should
7 not be an us versus them. It is a complete force.

8 Since 1917, the National Guard has been the combat
9 reserve of the Army. We just need to stay that way. We can
10 provide full capability that can go into theater at the
11 appropriate time. And, to the extent the active forces
12 cannot go into theater immediately, that really renders them
13 a reserve force at three times the cost of the National
14 Guard and Reserve.

15 In looking at the threat environment, the ever-changing
16 threat environment, what are the real needs for a standing
17 Army today? We need the standing Army, but what should the
18 balance be, and we will defer very much to what the
19 commission that is being stood up as we speak that will
20 examine the force structure and proper mix for the Army and
21 the Army National Guard. They will report out, I believe,
22 in early 2017. And, we just ask that any disruption in the
23 force structure for the Guard or end strength be suspended
24 until this commission reports out. What is the point of
25 having a commission to do this study if we are not going to

1 be able to follow its recommendation? So, we certainly
2 support that, sir, and you will be hearing from the National
3 Guard in August as this commission unfolds with testimony
4 and working closely with the staff.

5 Thank you very much for that question, sir.

6 Mr. Coffman. Well, thank you. I have five overseas
7 deployments, three of them from active duty as Reservist,
8 and the two as Reservist were both in combat.

9 Mr. Chairman, I yield back.

10 Chairman Miller. [Presiding.] Thank you very much.

11 Senator Manchin.

12 Senator Manchin. I just want to thank all of you for
13 your service and your testimony and our new member. I am
14 sure she is going to have some questions for you later, too.

15 [Laughter.]

16 Senator Manchin. As one of the original sponsors of
17 the Clay Hunt Veteran Suicide Prevention Act, I was pleased
18 to see that much-needed bill passed and signed into law, and
19 I know you were, too. It is increasingly demanding on us to
20 make sure that we get the services that our brave veterans
21 and soldiers returning are receiving. They said our nation
22 has a long way to go to decrease the rate of suicide among
23 our veterans, and we have got to do better and we know that.

24 My question is this. What impact do you think we will
25 see from the Clay Hunt Act and what more should Congress be

1 considering to do to help that? So, if you had a chance to
2 look at it or evaluate it, the far-reaching assistance that
3 we are going to be giving with that bill, but do any of you
4 have any comment on the Clay Hunt bill?

5 Colonel Duffy. It is a wonderful step in the right
6 direction, sir--

7 Senator Manchin. Yes.

8 Colonel Duffy. --increasing the capability of mental
9 health counseling in the VA. And, any effort that we can do
10 nationally to increase the body of mental health care
11 providers just across the board is going to help, and we
12 think this is a solid step in that direction. We have to
13 get our veterans enrolled in the VA to take advantage of
14 these services, and getting back to the 40-mile rule, when
15 they are not available, how can we spread these services in
16 our communities so they can get the mental health care when
17 they need it in their community, maybe from some of the
18 people that will be stood up by this Act.

19 Colonel Duffy. Okay. My next is basically the drug
20 abuse that we have going on. And, basically, in 2014, the
21 Veterans Administration implemented a promising approach to
22 reduce opiates among veterans after determining that more
23 than half-a-million VA patients have abused opiates or have
24 been prescribed wrongly for the amount of opiates they are
25 taking. In fact, a VA patient overdose on prescription pain

1 medication is double the national average, and that is
2 unacceptable. I have seen this tragedy firsthand in my
3 great State of West Virginia, with the highest mortality
4 rate in the country and a 605 percent increase in deaths
5 from prescription overdose.

6 So, what I would ask, do you believe the VA is doing
7 enough to offer alternative methods that do not depend on
8 opiates to treat veterans for pain? Are you seeing that, or
9 talking to your comrades, and what type of--on the opiates?

10 Colonel Duffy. Sir, I attended a roundtable yesterday
11 at the VA Mental Health Services and they have some
12 innovative programs they are exploring which would integrate
13 more support services to a challenged veteran, so that
14 instead of automatically prescribing, they would look more
15 to the cause of what depression, PTSD may be, and try and
16 address that cause culturally and socially and situationally
17 rather than prescribe. So, I think they are addressing
18 that, but I cannot give you any numbers as they do not have
19 any numbers yet as to how that might be working, but I think
20 they are exploring some other alternatives--

21 Senator Manchin. I do not know if--excuse me, sir. I
22 do not know if you are all hearing back or getting feedback,
23 but most of the men and women I speak to throughout my
24 State, it seems like that they are getting not fair
25 evaluation. I had just one recently that had suicidal

1 tendencies and his wife approached me and she said, "Can you
2 help me?" And, she says, "He keeps going back to the same
3 and he is not getting the proper evaluation." We finally
4 got her to another expert, you know, a specialist. They
5 changed the concoction of pills that he was receiving and it
6 changed his life.

7 And, we are afraid that we are not getting the proper
8 evaluation in a lot of the areas that do not have the
9 expertise. We need to know that and how we can get them the
10 proper. And, then we go back to the 40-mile and we do this
11 and that to where maybe we do not have that expertise in
12 certain parts of the country, but I can attest that it will
13 save lives. So, if you are hearing that and how you think
14 that we can intervene, please let all of us know here.

15 Mr. Frank. And, certainly, with access to care is
16 important. So, you know, an ounce of prevention--

17 Senator Manchin. Yes.

18 Mr. Frank. --is worth a pound of cure. When somebody
19 has to wait months to get to be seen and maybe the stopgap
20 is something like this, or by the time they get there, they
21 are much worse and require the heavier use, or at least that
22 is the evaluation, getting people in sooner is better.

23 Senator Manchin. My main concern is this. If we see
24 somebody that we know has been--has great prescriptions, let
25 us put it that way, that they have been over-prescribed,

1 there is where we need to intervene, because there is no way
2 you can continue to add to it and add to it, and every time
3 they go, they get a new prescription. That is the problem
4 that we are seeing, and we see it more and more in our
5 veterans ranks than anywhere else in the country. So, we
6 are asking for your diligence on that and maybe you can help
7 us do a better job, and I want to thank you again.

8 Mr. Snee, if you do not mind.

9 Mr. Snee. Yes, sir, just to add on to your previous
10 question. In the case of veterans coming back to a mental
11 health, it is getting them to be able to accept the fact
12 that maybe they do need help, with the idea that they do not
13 want to be stigmatized as needing mental health because of
14 their commitment to the country. And, sometimes that
15 carries a little bit, and thank goodness for our caregivers
16 and our dependents and our wives and our husbands who take
17 care of those veterans, that they can identify it early on
18 to ensure that they do get the help, and it is not a
19 stigmatism but it is a health issue that they need to get
20 taken care of. Thank you.

21 Senator Manchin. My time is up. Thank you all very
22 much for being here.

23 Chairman Miller. Dr. Abraham.

24 Mr. Abraham. Again, thank you so much for your
25 service. You have gone above and beyond. Ms. Early, thanks

1 for carrying the baton for the Gold Star Wives. I know that
2 is a difficult chore, so much appreciated.

3 Several things we will hit on real quick. Certainly,
4 the 40-mile rule, as a Louisiana Delegation, we have signed
5 a letter to the VA saying how insane it is as far as the way
6 it is worded, and I think you have heard from most of the
7 members up here that we do want to change that. We just
8 need the structure to do that. So, certainly, that is on
9 the front of the burner.

10 On the Choice Card issue, we understand, also, that a
11 lot of the veterans do want to certainly maintain the VA as
12 their primary care facility, but certainly I and members I
13 have talked to on this committee, we do not want it to be
14 the VA's choice. We want it to be the veteran's choice.
15 And, I think that is what the card was meant to be.
16 Unfortunately, the restrictions they have put on you guys
17 and ladies, it is not what it is now. So, hopefully, we can
18 work toward that goal, to make it more of a veterans choice
19 and not a VA choice as where you want to go to the doctor
20 at.

21 On the Agent Orange issue, I am a practicing physician,
22 or heretofore before I assumed this position, and was
23 honored to treat many Vietnam veterans. Anecdotally, in our
24 clinic, we did notice an increased caseload of certain
25 cancers of our Vietnam veterans. So, like Mr. Blumenthal

1 was, I think, alluding to, there, I think, needs to be
2 further research, maybe expand as far as what Agent Orange
3 did do. The dioxins in the Agent Orange, as a physician, I
4 can tell you, are very, very lethal chemicals and have the
5 ability to change organ systems either quickly or
6 chronically, very acutely or over several years. So, it is
7 an issue I think we need to explore.

8 We have had, certainly, many of these hearings, and we
9 will have more, thankfully, but the common theme that I hear
10 is that we certainly need more resources for mental health,
11 and I think, Mr. Snee, it was you that said that we need to
12 probably get these ladies and men earlier, that they may not
13 be willing to pony up and admit, because as warriors, they
14 are taught to hide their emotions and fight the fight, and
15 it is difficult to break that barrier down.

16 So, it sounds like we certainly need more people on the
17 front end, on the ground level--yes, sir, Mr. Snee. Go
18 ahead. You have a comment.

19 Mr. Snee. Yes, sir, and to go along with that is that
20 they should be able to understand that somebody does care
21 for them--

22 Mr. Abraham. I agree.

23 Mr. Snee. --and it is just not another number or a
24 slot, you know, especially when it comes to mental health
25 care, and not to make it a judgmental factor, that, yes, you

1 do need help and we can help you, and to have that support
2 of friends and family members, especially caretakers, as
3 well. Thank you.

4 Mr. Abraham. You are welcome.

5 And, the only other comment I will make is I think, Mr.
6 Chairman, the VA just asked for another \$930 million on the
7 Colorado hospital, which puts it a billion dollars over--I
8 know you are incensed on that, as is probably everybody on
9 this committee. So, we, hopefully, will start--yes, sir,
10 Mr. Wangen.

11 Mr. Wangen. Yes, and on the Agent Orange, I think it
12 is very important for Congress to look at and to encourage
13 the VA to continue to do some research on the progeny, the
14 effects on the progeny. Some studies have shown that the
15 effects of Agent Orange can be found in seven generations,
16 is what they are expecting, and--

17 Mr. Abraham. Certain studies do show that it has the
18 ability, or the potential ability, to change DNA, and we do
19 not understand that completely, but you are right. We
20 certainly need more research in that area.

21 Mr. Wangen. Thank you.

22 Mr. Abraham. And, I yield back, Mr. Chairman.

23 Chairman Miller. Ms. Brownley.

24 Ms. Brownley. Thank you, Mr. Chairman and Jillian for
25 the opportunity, and I want to thank all of the witnesses

1 here today for being here today, for your service to our
2 country and, really, for your continued service to our
3 country.

4 I wanted to put in my two cents on the 40-mile rule
5 representing my veterans in Ventura County in California.
6 We have a very small CBOC to service our veterans and a
7 growing number of veterans in our county. So, this might be
8 a slight exaggeration, but if our veterans have more than a
9 cold, they have to go to the West LA facility in Los Angeles
10 and travel on one of the most busy freeways and go through
11 one of the most busiest intersections in our country to get
12 there. So, you know, we have got to evaluate also this
13 issue about being close to a medical clinic and looking at
14 the services that those clinics provide. So, I just wanted
15 to put my two cents in on that.

16 Mr. Wangen, I wanted to follow up with you. You noted
17 in your testimony that the VA needs to change its
18 prosthetics policy to allow the design of prosthetics
19 specifically for women and not building up or modifying
20 existing male prosthesis to fit women. So, could you
21 explain, really, some of the problems that the State
22 Directors are seeing around this issue.

23 Mr. Wangen. Well, ma'am, that is basically--you just
24 spelled it out, is what they are doing now is they are just
25 taking what they have already designed, and let us face it,

1 we have got great designs for the males for the legs and the
2 arms. But, what they are doing is they are just modifying
3 that for the females, and the female body is different than
4 the male's in quite different ways. And, so, they should
5 start so it is easier for the women. It would be more
6 anatomically correct and easier for them to use those
7 prosthetics. So, taking a look at starting all over with
8 the women and designing it specifically for them, I think it
9 would be a great step forward, rather than a modification.

10 Ms. Brownley. And, so, when we look at what is
11 happening outside of the VA with prosthetics, I would
12 imagine that outside the VA are following the lead of the
13 VA, since the VA is doing more work in this area than they
14 are outside of the VA. Is there a different practice that
15 you are aware of outside of the VA as it relates to women
16 and their prosthetics?

17 Mr. Wangen. Ms. Brownley, I do not believe so. I
18 cannot answer that. But, you are correct that outside the
19 VA, they do follow what the VA has done if--they have
20 championed the prosthetics quite well. We would just like
21 to do that for the women, also.

22 Ms. Brownley. Thank you very much.

23 Mr. Wangen. Thank you.

24 Ms. Brownley. Commander Colon, you mentioned also the
25 rising number of homeless women veterans--

1 Colonel Colon. Excellent. I am ready for you.

2 Ms. Brownley. --and women veterans with children. So,
3 I want to hear from you how we can be doing better. I would
4 also like to hear, if you know, is there anyplace in the
5 country that we are meeting the demand for homeless women,
6 and particularly homeless women with children, and are there
7 best practices out there that you are aware of that you can
8 share with us.

9 Colonel Colon. May I start, also, before I answer
10 yours, by asking this committee a question that falls into
11 my field of endeavor? I would like to know what we can do
12 to assist our veterans when they are jailed for drug abuse
13 and for homelessness? Can we bring a Veterans Court into
14 our communities? The reason why I ask that, since I am a
15 penologist and an expert in the jail system, which I have
16 worked in New York City for 21 years, I find that these
17 causes that bring these individuals in should not be put
18 into our jail system, but it is a problem due to service-
19 related situations.

20 But now, let me get to your question so you could think
21 onto mine. As for the women and the children, it is the
22 largest growing group of individuals in this nation, the
23 homeless of women--well, I should not say women--of adults
24 and their children, because there are men, also, that take
25 care of their children. I think more has to be done. I

1 think it is very difficult for them. For a homeless
2 individual, that individual is on their own. But, an
3 individual with a child is more than double the problem, and
4 that has to be corrected.

5 As you know, as the Congresswoman, I think, Brown, is
6 that the name?

7 Ms. Brownley. Yes.

8 Colonel Colon. She said that women do have a job when
9 they take care of their children. That is correct. Women
10 do have a full-time job when they take care of their
11 children. I know that from my household, my wife raising
12 four children. She had to do it while I did double shifts
13 in New York City and then got called to active duty. So,
14 yes, we have to look out for them.

15 What can we do? Well, I think more emphasis has to be
16 placed onto the female, really. Everyone thinks--well, I
17 should not say everyone, but everyone generalizes that a
18 veteran is all the males. But, as you know, a vast majority
19 now of veterans are females, a great percentage. So, we
20 have to look at them a little differently and put a little
21 more effort into them.

22 I hope I was able to answer some--

23 Ms. Brownley. Yes. Thank you, sir. My time is up,
24 but I just wanted to add that the Veterans Courts are--I
25 have one in my district. We should have one in every

1 community across the country. They do extraordinary work.

2 Chairman Miller. I think we all agree with Ms.
3 Brownley and support the Veterans Courts. I have an
4 outstanding one in several communities in my district and I
5 think they do serve a very valuable purpose.

6 Senator Boozman.

7 Senator Boozman. Thank you, Mr. Chairman.

8 Mr. Kules, as you pointed out in your testimony, today
9 is Brain Injury Awareness Day. A significant part of the
10 treatment plan for many veterans who suffer from brain
11 injury and brain illness is a polypharmacy plan that often
12 takes a long time to fine tune and develop and get it right
13 for the veteran.

14 However, the polypharmacy plan often becomes
15 problematic when the individual transitions from DOD to VA.
16 With different formularies, the veteran is told by the VA
17 that they can no longer have the same drugs that they had
18 been taking when under DOD care, drugs that are oftentimes
19 critical to the veteran's care. Some veterans are even told
20 that they will have to be admitted for inpatient care due to
21 inability of the VA to prescribe the veteran with the proper
22 medication and actually going through withdrawal.

23 Can you talk a little bit about that problem, and do
24 you have any insights to share with us from people that you
25 are hearing from?

1 Mr. Kules. I think with that transition, there have
2 been some other folks that have spoken about the lack of
3 communication at times with DOD and VA, and increasing and,
4 I think it was mentioned, getting those folks in a room
5 together, albeit with the impossibility that that is, but
6 ensuring that that communication is seamless and as quick
7 and easy as possible to encapsulate all those details, be it
8 the medication that is required and everything that is able
9 to better service that veteran and their family needs to
10 take place, because if that is not happening and folks are
11 having to start over again once they get to VA, I am sure
12 that folks take the wrong medication and that can have some
13 serious, serious consequences. So, ensuring that transition
14 is there and making sure that those folks are talking is
15 essential.

16 Senator Boozman. The problem is, though, it is not
17 just communication. I mean, the VA simply does not have
18 those drugs in their formulary, and if they are not there,
19 then they simply will not provide them.

20 Have any of the rest of you all experienced this? Does
21 anybody else want to chime in on--Mr. Frank or Mr. Hyland?

22 Mr. Hyland. Senator, the only thing I can say to that
23 is that I think there is a disconnect between the
24 formularies, not only between the Department of Defense and
25 the VA, but within the Department itself, and I will give

1 you a "for instance" on that.

2 I was a civilian employee here in D.C. at the Pentagon.
3 I could go downstairs in the Pentagon and get about any
4 medication that my boss or anybody on the staff would need
5 that I was able to sign for. However, if I went down to the
6 Navy at Quantico, totally different formularies. If I went
7 over to Fort Belvoir, there would also be different
8 formularies.

9 So, I think there has to be a deep dive made there and
10 both departments need to get together to figure out what we
11 can singularly deliver to that veteran. That veteran does
12 not need when he or she walks in and say, "We do not have
13 it. You need to go elsewhere." That needs to get down to
14 the lowest level, that they should be able to get the
15 service they require when they go in the door. Thank you,
16 sir.

17 Senator Boozman. Mr. Frank.

18 Mr. Frank. You know, it goes back to that
19 collaboration between the DOD and the VA. I mean, we cannot
20 even get this health record thing we have been telling them
21 to do for a while. I mean, that certainly would be a piece
22 of the puzzle to have that right, to seamless transition.

23 But, you know, as I understand it, there is a process
24 to get that, but it is so hard in the VA to get something to
25 occur, but if it is the right thing to do, they should be

1 able to locally procure it, and if somebody has to tell them
2 to do that, that seems silly to do that. But, certainly,
3 the collaboration that goes, and if you are getting it in
4 one place, you should be able to get it in the other. It
5 should be much more seamless than it is now, and that is
6 unfortunate that it is not.

7 And, to this point, I mean, you go from different
8 formularies. Within the DOD, you have some issues with
9 that. So, I think it is a little bit bigger than just that
10 transition piece.

11 Senator Boozman. Good. No, it is a huge issue. Go
12 ahead, Mr. Snee.

13 Mr. Snee. Yes, sir. Regarding the seamlessness of the
14 transition, on the medical records, I can tell you from
15 experience with my son, who was a former commanding officer
16 of a ship in Hawaii, that it used to be that you could take
17 your medical record and get a copy of it and then, of
18 course, take it over to VA. But now, it seems like,
19 depending on who you are talking to, they have to have that
20 request and it has to be, of course, certified to be a true
21 copy and then forwarded to the next place that that person
22 has as a home of record. And, the situation is, as I have
23 heard from my son, is that takes more time away from his
24 position as a commander of a ship, and I am sure to our
25 larger bases, that if we had this seamless thing, now,

1 whether it is forms or whatever, with the technological
2 advances that we have in this country, I would think that we
3 could do this. But, it is, again, it is that admin
4 processing type thing.

5 And, then, when you add on the medical aspects, you
6 know, I do not want to underrate a doctor, certainly, but if
7 you take a Bayer aspirin in one place, why do you have to go
8 to St. Joseph's? Well, we do not have Bayer here today, so
9 you have got to go to someplace else. Medication is
10 medication. The illness does not change, it is just the
11 process. So, thank you.

12 Senator Boozman. No, and I agree totally. The problem
13 is, you know, it is not--I mean, these are medicines that
14 literally, you know, there are withdrawal symptoms, the
15 whole bit.

16 I want to thank you all for being here, and do not ever
17 underestimate what a great job you do and how important you
18 are, and I have enjoyed working with all of you through the
19 years. I tell the story, Mr. Frank, about my dad was a
20 retired Master Sergeant in the Air Force. I do not think I
21 ever went over to his house that the Air Force Sergeants
22 magazine was not sitting on his coffee table, dog-eared from
23 him keeping up and reading cover to cover. So, we do
24 appreciate all you do and, again, have been a tremendous
25 help in trying to move some of these many, many problems

1 that we face forward.

2 Thank you, Mr. Chairman.

3 Chairman Miller. Mr. Walz.

4 Mr. Walz. Thank you, Mr. Chairman, and again, I will
5 echo my colleagues, and as Mr. Boozman so eloquently stated,
6 the thanks and the importance. I know it can be incredibly
7 frustrating, and I see past commanders out there in rows and
8 others, and many of you have been coming here and coming
9 here and coming here. It takes that eternal vigilance, and
10 it is about moving it forward constantly. I know it is
11 frustrating, because many of these things should have been
12 fixed years ago. They should be fixed today. But, our
13 process demands that you be here and push it.

14 And, I think, everything from the G.I. Bill that many
15 of you sat here and asked us to update, and then, as my
16 colleague was stating, the issue on Agent Orange. I took
17 the VA Secretary out to the Mayo Clinic in my district where
18 we had a study showing a cluster of Parkinson's patients
19 that could not be explained for any other reason, and lo and
20 behold, that Secretary said, enough of the nonsense and
21 granted them all, which shocked many of us, but it was the
22 right thing to do. But, that is because you were pushing
23 it. You were making the case and it was there.

24 So, I think, again, the gentleman made a great point.
25 Toxic wounds, and we will be ready to unveil that to go

1 forward, that it is about moving it forward.

2 Mr. Boozman brought up an excellent question, and you
3 all reiterated it, about this formulary issue. That attempt
4 to fix was in the original Clay Hunt bill that Chairman
5 Miller authored. It was taken out by the DOD folks. It was
6 there to address this, because it has come up time and time
7 again, and it is a precursor on some of these suicides.
8 That is why it was in there on this breakdown and this
9 continuous--I have talked to it since I am blue in the face
10 since I was a private about why in the heck does my record
11 not transfer over. We have to fight the fight. We have to
12 keep moving it, and you know that it is there.

13 I will make the case on this that Colonel Duffy is wise
14 on this National Guard piece. He is wise because money
15 saved is money that can go to national defense and care of
16 our veterans. So, Pete, I thank you for that.

17 I do also want to comment, again, that Senator Boozman
18 and I just this week reintroduced our veteran status
19 legislation, and I am telling you, for some of you who are
20 not familiar with this, if you serve in the National Guard
21 and Reserve, you do your duties and you fight fires and you
22 clean up after tornadoes and you train for war, and if you
23 happen to have served during a period where you were not
24 called up for Title X for more than 179 days--the gray
25 beards in here know that you used to get less than 180 days.

1 That is why your orders were always 179 days, so that you
2 did not count and they could keep you out of the system.

3 Well, we fixed a lot of that. You are in the system.
4 The one thing they did not fix is you can serve for 20-plus
5 years honorably, training our warriors, serving your
6 community, doing everything right, and you cannot officially
7 be called a veteran. The bill costs nothing. It is about
8 dignity. It is about the respect. Yet, the VA thinks we
9 are trying to sneak something over on them, so again, they
10 resist us. So, the Senator's reintroduction of this is, it
11 is a clarification. We are not adding any benefits. We are
12 not opening a floodgate of claims. What we are saying is,
13 for God's sakes, let them put on a veterans' license plate
14 and let us not confuse the public.

15 So, these issues you fight are broad. They are about--
16 Colonel Duffy. Thank you, sir.

17 [Applause.]

18 Mr. Walz. They are broader than that. They are about
19 culture and they are about moving it forward, and there is
20 no one going to defend this issue.

21 And, again, as I said, I represent the Mayo Clinic.
22 The Mayo Clinic will tell you that the Minneapolis
23 Polytrauma Center has some of the best cardiac surgeons in
24 the world. They will tell you that their orthopedic
25 surgeons are the best hospital in the world. They will tell

1 you that their use of telemedicine is cutting edge at the
2 VA, as good or better than the Mayo Clinic. I have never
3 heard anyone tell me they are great architects or engineers
4 or building. They cannot--that is not what they should do.

5 So, here we are stuck with an indefensible, reckless
6 use because they are doing something they should not be
7 doing. And, so, again, for us, and I think the conversation
8 that has happened, and I applaud my colleagues on this, is
9 this is about rooting out what is bad and strengthening what
10 is good, and that is what the Choice Act is about. So, I do
11 not hear this idea that it is about getting rid of the VA
12 system. No one is saying that. But, they are saying, we
13 did pass it and it was Congress's intent that it be the
14 veteran's choice to be able to use it where it was
15 necessary.

16 And, I would encourage all of you to continue in that
17 their tone, and your testimony is given to us on this day,
18 but there are people in this room, many of you, you are on a
19 first name basis with everybody up here. That is the way it
20 is supposed to be. We have been stymied. DIC offset drives
21 me absolutely nuts. I cannot defend it. I cannot say
22 anything about it. And, everybody says they are for it, but
23 lo and behold, when it comes into a budget, everybody turns
24 away and says, "I have got another hearing," and that is the
25 end of it. And then you are back next year saying it again.

1 What I would say, eventually, that arc is going to bend
2 towards fixing these things. It is going to bend towards
3 justice. It is going to bend towards getting it right.
4 But, the only way it will happen is if you grab it, come in
5 front of us, and bend it that way.

6 So, thank you all, and progress is slow but steady
7 because of you, so let us keep at it. Thanks.

8 Chairman Miller. Thank you, Mr. Walz.

9 Again, thank you to the members for their attendance.

10 Jillian, thank you for being up here. Your parents
11 should be very proud of you. You have raised an outstanding
12 young daughter.

13 [Applause.]

14 Chairman Miller. And, to those that testified today,
15 thank you very much for your timely testimony and your
16 impassioned requests and the evidence that you supported
17 with your testimony.

18 I would ask that all members would have five
19 legislative days with which to revise and extend their
20 remarks, without objection.

21 And, with that, this hearing is adjourned.

22 [Whereupon, at 11:50 a.m., the committees were
23 adjourned.]