

1 HEARING ON PENDING HEALTH CARE AND BENEFITS LEGISLATION

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3 WEDNESDAY, OCTOBER 30, 2013

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

7 The committee met, pursuant to notice, at 2:04 P.m., in
8 Room 418, Russell Senate Office Building, Hon. Bernard
9 Sanders, chairman of the committee, presiding.

10 Present: Senators Sanders, Tester, Begich, Blumenthal,
11 Hirono, Burr, Isakson, Johanns, and Heller.

12 OPENING STATEMENT OF CHAIRMAN SANDERS

13 Chairman Sanders. Okay. We have a lot of work in
14 front of us. Let us get going. What we will do is I will
15 make an opening statement. Senator Burr will make an
16 opening statement and then we are going to go to the
17 Senators who have been so kind to join us today to talk
18 about legislation that they are proposing.

19 Today's agenda, once again, reflects important work by
20 Senators on both sides of the aisle and demonstrates the
21 Committee's desire to be responsive to the concerns
22 expressed by veterans and their families.

23 Before I discuss a few of the bills I have on today's
24 agenda, I want to briefly touch on the issue of
25 Administration's use. Let me be kind of to the point on

1 this one.

2 I understand that, as a result of the government
3 shutdown and a lot of pressure on the VA, they have not
4 gotten all of their comments and views in. We also
5 understand that in the past they really have not been prompt
6 in their responses to the legislation that we have proposed.

7 So, let me just say this to them. The job of this
8 Committee and what we were elected to do is to represent the
9 people of this country and, in particular, the veterans of
10 this country. If the VA is not responsive and getting their
11 comments in, that is fine. It is not going to impact us at
12 all. We are going to go forward.

13 But clearly, the VA is going to have to implement the
14 policies developed by this Committee and this Congress and
15 we want to work with them. But our job is to legislate and
16 we are going to go forward with or without the cooperation
17 of the VA and the Administration.

18 Let me touch on some of the pieces of legislation that
19 I will be talking about today and will be introducing. At
20 the top of my list is the issue of expanding access to VA
21 health care.

22 In my view, and I think VA does not get the credit for
23 this, VA is running a very high quality, cost-effective
24 health care system in this country. The media does not pick
25 up on it and I think many Americans just do not understand

1 why the VA does. But the fact is that veterans do
2 understand that.

3 I can tell you that in Vermont, and I suspect in other
4 facilities that I have seen, I have been very impressed by
5 the kind of out-of-the-box work done by the VA, providing
6 excellent quality care in a cost-effective way.

7 Is there be a perfect? When you run 152 hospitals and
8 900 CBOCs, believe me they have problems every single day
9 but so does every other medical institution in America.

10 I think one of the goals that we want to shoot for is
11 to expand VA health care, understanding that the major
12 function of the VA and their highest priority is to take
13 care of those who are service-connected. That goes without
14 saying. There is no debate about that. Men and women who
15 have served this country, have been wounded, they are
16 getting their care at the VA. That is the highest priority.
17 Also, we want to take care of indigent veterans as well.

18 But I think we can expand what we are doing and bring
19 more veterans into the system. I think overall, by the way,
20 while it may cost the VA more money, it will save money in
21 terms of what we spend on health care in general because VA
22 health care is pretty cost-effective. That is issue number
23 one.

24 Issue number two where I think we need to make some
25 changes is regarding dental care. Senator Burr and I both

1 sit on the Health, Education, Labor Committee. We talk a
2 lot about health care. One of the issues that is not talked
3 about a lot in this country is the crisis in dental care.

4 It is a huge crisis. Millions of people have no
5 insurance. Millions of adults are seeing their teeth
6 rotting in their mouths which leads to, by the way, other
7 types of health care problems.

8 We are introducing legislation which, for the first
9 time, would allow veterans to get dental care other than
10 service-connected. Right now if you are service-connected,
11 you get good quality dental care. If you are not, you do
12 not.

13 I was recently in Tuscaloosa, Alabama talking to the
14 dental people there, and the guy who is running their dental
15 department was telling me that it breaks his heart that you
16 have Purple Hearts walking in and they cannot get dental
17 care.

18 So, I think we have a crisis, and we are going to start
19 with some pilot projects which I think will begin to address
20 a very, very serious problem.

21 Another issues that we are going to address is sexual
22 assault and domestic abuse. We know sexual assault occurs
23 all too often in the military. Everybody here is aware of
24 that. That is not acceptable.

25 According to DOD, an estimated 26,000 service members

1 experienced unwanted sexual contact in 2012; and we all
2 understand, by the way, that it is not just women. Men are
3 being sexually assaulted as well. This is an issue we are
4 going to address.

5 We are also going to strengthen the SCRA. When men and
6 women volunteer to serve in the Armed Forces, they should do
7 so knowing Congress will do all it can to support their
8 efforts.

9 Congress enacted the Servicemembers Civil Relief Act
10 for just that reason, to enable servicemembers to devote
11 their focus to the defense needs of this country. As I
12 think members of the Committee know, we took a close look at
13 these protections at a hearing earlier this year and we
14 learned that there was room for improvement, and that is why
15 we are going to introduce the SCRA Enhancement and
16 Improvement Act.

17 Also, we have introduced legislation that addresses
18 concerns of the Independent Budget of VSOs related to VA
19 compensation for hearing loss and related injuries, life
20 insurance for service disabled veterans, and automobile
21 grants for some of our most disabled veterans.

22 So, let me just conclude by saying that we are trying
23 very hard to run this Committee in a bipartisan way because
24 I do not have any doubt that my Republican colleagues feel
25 absolutely as strongly as I do and the Democratic colleagues

1 on the issue of veterans, and I hope we have done that, and
2 I want to continue to do that. And if I am not doing that,
3 I want to hear from my Republican friends.

4 But I think we are making progress. We have got a long
5 way to go. We look forward to that progress.

6 Now, Senator Burr, the mic is yours.

7 OPENING STATEMENT OF SENATOR BURR

8 Senator Burr. Good afternoon, Mr. Chairman. We have
9 spent most of the day together. It is appropriate that we
10 would end the day together and I welcome our gang of
11 colleagues that are here to promote, I am sure, legislation
12 that they are passionate about.

13 To start with, I want to offer a few observations about
14 today's agenda. First of all, for many of the programs that
15 these bills would change, the Committee has not yet had
16 oversight hearings to examine what the gaps in
17 inefficiencies that might be that exist.

18 Also, there are dozens of bills on the agenda even
19 though I do not think we can thoroughly cover but a handful
20 of them at a legislative hearing like this; and we again
21 consider many bills that have significant cost but do not
22 include suggestions how to pay for them. I am not saying
23 anything new to the Chair and hopefully I get an "A" on
24 consistency.

25 So, it is my hope that, as we consider what bills

1 should be advanced, the Committee will take steps to ensure
2 that we have a clear understanding of how well existing
3 programs are working, one, and what changes are truly needed
4 and how much any changes would, in fact, cost. We should
5 always find ways to pay for any needed legislation so that
6 we do not continue to saddle future generations with a
7 crushing debt.

8 Before I turn it back to you, Mr. Chairman, I want to
9 briefly mention two of bills that I have introduced that
10 would provide straightforward solutions for ongoing issues.

11 First is the Veterans Dialysis Pilot Program Review
12 Act. In 2009, the VA created a dialysis pilot program at
13 four VA medical centers to provide dialysis treatment in
14 local communities using VA clinics versus private
15 contractors. Now, VA intends to roll out the program
16 nationally while at the same time contracting for
17 independent analysis of how well it is working.

18 In my view, the pilot program should be properly
19 evaluated before starting a national program. So, this bill
20 would direct the VA to halt any new dialysis clinics until
21 the pilot sites have been open for at least two years which
22 was the only general language of the pilot program, an
23 independent analysis of all four pilot sites is conducted,
24 and a report that analyzes that is submitted to Congress.

25 The only intent of this bill is to ensure that before

1 VA creates a national program, we first figure out if that
2 would be in the best interest of our veterans and of our
3 taxpayers.

4 I have also introduced a bill in response to several
5 recent quality management issues at VA medical facilities
6 that have unfortunately resulted in patient harm and death.
7 These issues range from the miss use of insulin pens to the
8 outbreak of Legionella, to delays in patient care.

9 This bill would address overarching themes that were
10 identified as contributing to the poor quality of care of
11 all of these incidents by taking steps as requiring VA to
12 have an up-to-date policy about reporting certain infectious
13 diseases and to develop performance measures to assess how
14 well these policies are being followed.

15 Mr. Chairman, I want to thank you for this legislative
16 hearing and I look forward to hearing from our colleagues
17 and I look forward to future action on these bills.

18 Chairman Sanders. Senator Burr, thank you very much.

19 We welcome our colleagues who are not on the Committee.
20 Thank you very much for your interest in Veterans Affairs
21 and thank you for being here today.

22 Let us start with Senator Reed.

1 STATEMENT OF THE HONORABLE JACK REED, A U.S.
2 SENATOR FROM THE STATE OF RHODE ISLAND

3 Senator Reed. Well, thank you very much, Mr. Chairman,
4 Ranking Member Burr, and distinguished members of the
5 Committee. Thank you again for the opportunity to speak
6 today regarding legislation that I have introduced to help
7 servicemembers and their families.

8 S. 1593, the Service Member Housing Protection Act.
9 Our country has had a strong tradition of ensuring that the
10 laws that protect our servicemembers keep pace with the
11 challenges they face. Having had the privilege of serving
12 in the Army at, among other places, Fort Bragg, North
13 Carolina and Fort Benning, Georgia, I personally know the
14 importance and value of these laws, and I commend you for
15 what you are doing in this Committee.

16 My proposed legislation would continue this tradition
17 of protecting our servicemen and women, and it seeks to
18 address a continuing challenge, helping them with their
19 housing needs so that they can maintain their focus on the
20 difficult task of protecting our country.

21 S. 1593, the Service Member Housing Protection Act
22 takes several critical steps to enhance provisions provided
23 under the Servicemen Civil Relief Act, SCRA, to our Armed
24 Forces.

25 First, the bill would make it easier for servicemembers

1 to claim deployment-related financial and credit protections
2 by expanding what could be submitted to constitute, quote,
3 military orders.

4 Currently, creditors require a copy of military orders
5 in order to trigger SCRA protections. However, these orders
6 are often not cut until just before deployment or once the
7 servicemember is already deployed which has placed a
8 stressful burden on some families as they try to work with
9 banks to secure SCRA protections.

10 Broadening the scope of what could be submitted to
11 trigger protections before orders have been received, to
12 include a letter or other form of certification from a
13 servicemember's commanding officer would further ensure that
14 these members have the protections of the SCRA.

15 Second, this bill would extend foreclosure protections
16 to surviving spouses. Currently, servicemembers have a one-
17 year window of foreclosure protection following service to
18 provide time to reacclimate to civilian life and get their
19 personal affairs back in order.

20 Our bill extends this one-year window of foreclosure
21 protection to a surviving spouse who is the successor in
22 interest to the home. After suffering an unspeakable loss
23 of a servicemember, a military spouse should not have the
24 additional burden of dealing with the immediate foreclosure.

25 Lastly, the bill would help facilitate the transition

1 from off-base to on base housing. Due to the shortage on
2 base military housing, many servicemembers find off-base
3 housing until on base housing becomes available.

4 When servicemembers are on a waiting list which can be
5 at least two years are finally given a chance to move into
6 on base housing, they sometimes are not able to terminate
7 their off-base housing lease. Including an order of
8 opportunity to move from off-base to on base housing as
9 additional grounds for these termination would allow
10 servicemembers and their families a chance to move into
11 military housing.

12 In several states, and I must commend them, Florida,
13 Georgia, and Virginia, already have similar laws. We should
14 extend this opportunity to servicemembers serving anywhere
15 in the United States or around the globe.

16 I am proud to have been produced this bill with
17 Senators Begich, Whitehouse, Durbin, and Tester. It is
18 supported by the Military Officers Association of America
19 and also by the Veterans of Foreign Wars.

20 Mr. Chairman and members of the Committee, thank you
21 for your important work. Thank you for protecting our
22 veterans, and I will look forward to working with you on
23 this legislation.

24 Chairman Sanders. Senator Reed, thank you very much.

25 Senator Nelson.

1 STATEMENT OF THE HONORABLE BILL NELSON, A U.S.
2 SENATOR FROM THE STATE OF FLORIDA

3 Senator Nelson. Thank you, Mr. Chairman. If I may
4 submit my written commentary for the record.

5 Chairman Sanders. Without objection.

6 Senator Nelson. Mr. Chairman, I am just going to tell
7 you what the three pieces of legislation are. The first one
8 is a no-brainer. It is naming the Bay Pines Hospital in the
9 Pinellas County, Florida after the longest-serving
10 Republican member of the House of Representatives who we
11 just lost last week, Bill Young.

12 His record as Appropriations Chairman, as Defense
13 Appropriations Chairman, the way he lived his life where he
14 and his wife literally adopted a Marine who was back from
15 the war and have raised him as their son and the way that he
16 has reached out to veterans so much so that the Florida
17 congressional delegation and I conferred last week before
18 his funeral while we were still in recess, the House was in
19 session, and the House took it up and has already passed it,
20 naming the Bay Pines VA hospital after Bill Young.

21 That is the first piece; and if you could go all on, if
22 you all see fit to move that legislation, it would be a
23 timely thing for the family.

24 Veterans Conservation Corps. This is for post-9/11
25 veterans coming home who are unemployed. They would be

1 employed not unlike the old CCC for up to one year with a
2 possible one-year extension.

3 It obviously has a price tag of about a couple of
4 billion dollars. The question is what is the value to
5 society of employing veterans for worthwhile things in our
6 national parks and schools, and I can go into as much detail
7 as you want but that is the idea.

8 The third piece of legislation is what this Committee
9 has already pushed. Electronic health records coming out of
10 the Department of Defense, active duty, as they then go into
11 the VA health care system. Of course, you know the
12 difficulty there and this tries to set a time line that is
13 achievable and it tells VA and the DOD set your goals, set
14 in the milestones, achieve them, and then have the full
15 implementation of the electronic health records that will
16 allow a seamless transfer which is what we all want.

17 Those are my three pieces of legislation. Thank you,
18 Mr. Chairman.

19 [The prepared statement of Senator Nelson follows:]

20 / COMMITTEE INSERT

- 1 Chairman Sanders. Thank you are much, Senator Nelson.
- 2 Senator Franken.

1 STATEMENT OF THE HONORABLE AL FRANKEN, A U.S.
2 SENATOR FROM THE STATE OF MINNESOTA

3 Senator Franken. Thank you, Mr. Chairman and Mr.
4 Ranking Member. I spend the morning with you too.

5 [Laughter.]

6 Senator Franken. I want to thank you for the
7 opportunity to speak very briefly about my bill, the Rural
8 Veterans Health Care Improvement Act; but before Senator
9 Nelson goes, I want to associate myself with all three of
10 his.

11 I mean, I think a Conservation Corps for veterans is a
12 great thing and I think those health records, obviously
13 those electronic health records need to be done as
14 expeditiously as possible.

15 But I am here to talk about the Rural Veterans Health
16 Care Improvement Act. I am very pleased to be once again
17 working with my colleague Senator Boozman on this bill. He
18 is not able to be here. He is a contrary on the Farm Bill.
19 But as I said, the last time I testified Senator Boozman's
20 unflappable demeanor and his commitment to veterans are
21 equally renowned.

22 Our bill, the Rural Veterans Health Care Improvement
23 Act, is on a subject that I know the Chairman cares deeply
24 about, improving the access to quality health care for our
25 Nation's veterans who live in rural areas and I know

1 actually all the members of this Committee care about that.

2 My State of Minnesota has a disproportionate number of
3 veterans who live in rural areas and that presents a
4 challenge for getting quality care through the VA. VA has
5 been working on this, setting of the Office of Rural Health
6 but there is room for improvement. That is what our bill
7 would push VA to do.

8 It would simply tell VA that when it next produces a
9 strategic plan or updates its strategic plan for rural
10 veterans health, there are certain key features that
11 strategic planning has to include, must include.

12 VA needs to plan strategically about recruiting and
13 retaining practitioners for rural areas, for instance. It
14 has to make full and effective use of mobile outpatient
15 clinics. It has to make sure it is planning for the
16 provision and coordination of care for women veterans in
17 rural areas.

18 To talk at a little greater length about another aspect
19 of our bill, the VA Inspector General has reported numerous
20 times on challenges to veterans in rural areas that they
21 face in getting emergency care. This is understandable.
22 Many rural clinics are not equipped to handle many types of
23 emergencies including mental health emergencies.

24 We know emergencies will happen and we know they go
25 beyond the capacity of relatively small clinics. We need to

1 be prepared and that means that VA has to make sure that
2 rural health care providers are identifying their clinical
3 capacity and have a contingency plan for how to handle
4 emergencies that exceed that capacity.

5 I know that VA wants to make this work, wants to do
6 this work and provide the best care possible for rural
7 veterans. I believe the legislation Senator Boozman and I
8 have put forward will help the VA do that. Rural veterans
9 deserve excellent health care no less than their brothers
10 and sisters in urban settings.

11 So, thank you very much.

12 Chairman Sanders. Senator Franken, thank you very
13 much.

14 Senator Coats.

1 STATEMENT OF THE HONORABLE DANIEL COATS, A U.S.
2 SENATOR FROM THE STATE OF INDIANA

3 Senator Coats. Mr. Chairman, I am not sure what you
4 and my colleagues did this morning. I am sorry I did not
5 get an invitation.

6 [Laughter.]

7 Senator Coats. It sounds like it was a pretty good
8 gig.

9 Senator Franken. It was fun.

10 [Laughter.]

11 Senator Coats. Mr. Chairman, I regret that I have to
12 be here to ask you to do something today. Through a mistake
13 made by the VA and their inability to timely address this
14 issue, we have a situation here that I think needs to be
15 addressed and I am asking the Committee if you would be
16 willing to support the bill that I introduced, S. 1471, the
17 Alicia Dawn Koehl Respect for National Cemeteries Act.

18 Let me give you just a bit of background. In May of
19 2012, a veteran, Michael LaShawn Anderson, went on a
20 shooting spree at an Indianapolis apartment complex,
21 injuring three people and taking the life of Alicia Dawn
22 Koehl.

23 Her parents-in-law are sitting behind me from Fort
24 Wayne, Indiana. The families have had to go through an
25 excruciatingly lengthy and unproductive process in trying to

1 right a wrong. A mistake was made. Federal law does not
2 allow for burial of a veteran if, and I quote here, they
3 have committed a federal or state capital crime but were
4 unavailable for trial due to death, they are permitted from
5 being given the honor of the burial in a National Cemetery.

6 To the family distress, the perpetrator of the crime,
7 Michael Anderson, was buried in a National Cemetery, Fort
8 Custer National Cemetery in Michigan. The family has been
9 asking, since that did violate the law and that is not
10 something I think we want to continue to promote, that the
11 remains be disinterred and buried wherever the family of the
12 person who committed the crime wants to bury it outside of a
13 National Cemetery.

14 That mistake, and we are going to call it a mistake, by
15 VA needs to be corrected. The family is simply asking for
16 closure and peace of mind that those remains be disinterred.
17 The VA legal department has basically said they do not have
18 the legal authority to do that. And so S. 1471 simply gives
19 them the ability to do that, not only in this case but for
20 potential future cases.

21 This process has gone on too long. It has been
22 difficult to get to this point but together we have worked
23 with the VA. We spent months and months and months on this.
24 But together we have worked with the VA to fashion this
25 legislation. I simply am asking for the Committee's support

1 for this and hopefully expediting it so that we do not have
2 to go through another year. If it could be done in this
3 session, I think justice will be served and the family can
4 find some closure from this tragic situation.

5 So, we appreciate your consideration of this and
6 anything you can do, colleagues, would be deeply appreciated
7 not just by me but certainly by the family and all of those
8 loved ones of this remarkable woman.

9 I could tell you some amazing things about her. She
10 lost her life in an unnecessary random shooting that just
11 simply took the lives of people for no reason whatsoever.
12 So, whatever help you can give us here we certainly would
13 appreciate.

14 Chairman Sanders. Senator Coats, we will certainly
15 take a very hard look at that. We thank you for bringing
16 this to our attention and we thank very much the family for
17 being here as well. We appreciate that.

18 Senator Heinrich.

1 STATEMENT OF THE HONORABLE MARTIN HEINRICH, A U.S.
2 SENATOR FROM THE STATE OF NEW MEXICO

3 Senator Heinrich. Chairman Sanders, Ranking Member
4 Burr, and members of the Committee, I want to thank you all
5 for the opportunity today to speak about S. 1148, the Faster
6 Filing Act. I was glad to introduce this bipartisan bill
7 and despite the fact that we are both on the same side of
8 the dias here with Senator Dean Heller to my left, a member
9 of this Committee, in order to help reduce the disability
10 claims backlog.

11 By now, I think every veteran and most Americans have
12 heard of the unacceptable backlog facing our Nation's
13 veterans but not every veteran is aware of a faster filing
14 option to reach a decision quicker and to help avoid the
15 backlog altogether.

16 As this Committee is aware, the VA's fully developed
17 claims FTC program has allowed servicemembers, veterans, and
18 survivors to reach faster decisions from the VA on
19 compensation, pension, and survivor benefit claims.

20 Together in partnership with our Nation's dedicated
21 veterans service organizations, regional offices like the
22 one in Albuquerque, New Mexico are working hard to promote
23 fully developed claims and break the backlog.

24 On average, it takes 113 days for veterans to receive a
25 final disability rating if they file a fully developed claim

1 online. Compare that with 373 days if they file a non-fully
2 developed claim on paper.

3 Specifically, this bill seeks to ensure that veterans
4 are aware of the fastest options that are available to them.
5 It simply does so by requiring the VA to provide notice
6 about the differing processing times of disability claims
7 based on the manner in which the veteran files from an
8 electronic fully developed claim to a non-fully developed
9 claim on paper. This notice would occur prominently on the
10 VA website and in each regional office and claims intake
11 facility at the VA.

12 I am pleased to know that VA has already taken a number
13 of steps since this bill's introduction that are consistent
14 with the intent of the legislation but more can be done to
15 encourage veterans to submit their claims in the most
16 efficient way possible and this bill is one way to do that.

17 I also understand there are some suggestions for
18 improving this bill and I certainly look forward to working
19 with the Committee, the VA, and the VSOs to see this bill
20 enacted into law.

21 Once again, I would like to thank my colleague, Senator
22 Heller, for his help with this legislation.

23 Chairman Sanders. Senator Heinrich, thank you very
24 much.

25 I think we have heard from all of the Senators who are

1 not on the Committee so let us get some opening remarks from
2 members of the Committee. I think we begin with Senator
3 Tester.

4 OPENING STATEMENT OF SENATOR TESTER

5 Senator Tester. Mr. Chairman and Ranking Member Burr.
6 I very much appreciate your having this hearing today. The
7 VA witnesses, MOAA, VVA, and DAV for participating in this
8 hearing and supporting my legislation. I want to speak
9 briefly about a few bills that I have.

10 We all know Montana is a rural state. The distance
11 between communities are long. Quality mental health care be
12 hard to find. The lack of qualified mental health
13 clinicians is a big problem for rural veterans and Montana
14 is no exception especially those returning from Iraq and
15 Afghanistan with unseen wounds like PTSD and TBI. Too many
16 living in rural communities go untreated and we pay the
17 price for it. They pay the price for it.

18 Improving mental health care in rural American means
19 expanding the use of telemedicine. It means making sure
20 that veterans getting the care they need during
21 demobilization. It means improving the VA's use of
22 information technology.

23 I have introduced the Rural Veterans Mental Health Care
24 Improvement Act this year to tackle these issues. This bill
25 addresses one more critical problem, the lack of qualified

1 mental health professionals working for the VA in rural
2 parts of this country.

3 I introduced his bill after holding a hearing to
4 highlight the problem and look for solutions. The hearing
5 revealed that not only are there not enough mental health
6 professionals dedicated to working with rural veterans but
7 all too often government agencies are not on the same page
8 when it comes to providing needed care.

9 The bill also requires the VA to include licensed
10 professional mental health counselors and marriage and
11 family therapists in the department's flagship recruitment
12 program, the Health Professionals Trainee Program.

13 These counselors and therapists make up to 40 percent
14 of the overall independent practice out there in the
15 behavioral health workforce nationwide and they often
16 practice in rural areas. But in the VA employs fewer than
17 200 of them in its behavioral health workforce that numbers
18 more than 23,000. That should change.

19 By bringing more counselors and therapists into the
20 VA's leading health professional training program and
21 providing them with a stipend, more of these professionals
22 will join the VA and make a difference in the lives of
23 America's veterans. With your support, this will become law
24 and more rural veterans whether in Montana, Alaska, or
25 anywhere in-between will get the care that they need.

1 The second bill, S. 1165, would expand performance
2 measures to the entire list of VA and CDC recommended adult
3 vaccinations. This would promote timely and appropriate
4 vaccinations while placing a greater emphasis on preventable
5 care for our veterans.

6 Each year approximately 70,000 adults die from vaccine
7 preventable diseases. Influenza alone is responsible for 1
8 million ambulatory care visits, 200,000 hospitalizations,
9 and 30,000 deaths. Vaccinations are one of the safest ways
10 and most cost-effective ways to prevent disease and death.

11 To ensure that they are administered in the timeless
12 and most effective manner, the CDC has recommended an adult
13 immunization schedule that is periodically reviewed and
14 revised. This bill would ensure veterans receive each
15 immunization on the recommended adult immunization schedule
16 established by the CDC.

17 Finally, the last bill would simply allow the VA to
18 provide dependency and indemnity compensation, DIC, and
19 death pension benefits to the widows of fallen
20 servicemembers and veterans for up to six months.

21 By law, a surviving spouse has to file a claim with the
22 VA before receiving DIC or death pension benefits. Though
23 the majority of DIC and death 19 claims will be granted
24 automatically once a claim is filed, the widow loses the
25 veterans benefits immediately upon the veteran's death.

1 For the most part, these are poverty-level widows. So,
2 in the midst of an incredibly difficult time, we have heard
3 this before, these widows are faced with financial hardship
4 until they file a claim and it is processed. The families
5 of our fallen heroes must be given time to mourn without
6 worrying about how to make ends meet.

7 Finally, Mr. Chairman, and this is entirely up to you,
8 I heard Senator Nelson's bills. He had three of them. One
9 had to do with the Bill Young naming of a clinic. I think
10 it is entirely possible to get that bill out today, to get
11 it to the floor, get it hot-lined, and move along with that
12 in the short term.

13 Thank you, Mr. Chairman. I very much appreciate the
14 opportunity to speak. Thanks.

15 Chairman Sanders. Thank you, Senator Tester.

16 Senator Johanns.

17 OPENING STATEMENT OF SENATOR JOHANNS

18 Senator Johanns. Thank you, Mr. Chairman. Thanks for
19 holding this hearing. I do appreciate the opportunity to
20 share a few words on a bill that I have introduced with one
21 of our colleagues from Colorado, Senator Bennet.

22 I have joined with Senator Bennett in introducing S.
23 1216. We call it in the Improving Job Opportunities for
24 Veterans Act of 2013. This legislation seeks to expand
25 opportunities for veterans using GI Bill benefits to

1 participate in on-the-job training programs and
2 apprenticeship-type training programs.

3 It would encourage private employers to hire veterans
4 by increasing the VA's contribution to the veteran's salary
5 during the training. It would also help ensure federal
6 agencies are utilizing the on-the-job training and
7 apprenticeship training benefit to hire veterans.

8 I believe, and I believe Senator Bennet believes, that
9 increasing job opportunities for veterans by ensuring that
10 veterans have the ability to participate in on-the-job
11 training and apprenticeship training programs upon leaving
12 active duty is critically important and this could be a
13 difference maker.

14 The men and women who have served our great Nation have
15 given a lot. This is one way of helping them out when they
16 return home. As they seek to transition to civilian
17 careers, I believe that this bill will help them make that
18 transition.

19 I might mention that this legislation overwhelmingly
20 passed the House in May actually by a vote of 416 to 0. So,
21 I would appreciate your consideration of this legislation.
22 I ask my colleagues to join me in supporting it. It is my
23 hope that we can get the bill done.

24 Thank you, Mr. Chairman.

25 Chairman Sanders. Thank you, Senator Johanns.

1 Senator Hirono.

2 OPENING STATEMENT OF SENATOR HIRONO

3 Senator Hirono. Thank you, Mr. Chairman, for holding
4 this hearing today to receive testimony on more than two
5 dozen bills to help our veterans. These bills do a lot of
6 good, from improving dental health services and making
7 mental health services available to veterans and their
8 families, to strengthening job training programs for men and
9 women in uniform.

10 In particular, I wanted to highlight Chairman Sander's
11 bill, S. 1581, to authorize VA to provide counseling and
12 treatment for military sexual trauma for active-duty service
13 members. This bill will help survivors of sexual assault
14 get the care they need.

15 I also want to express my support for Senator Durbin's
16 bill, S. 1559. This legislation will ensure that US
17 residents who are Filipino World War II veterans receive the
18 full benefits that they have earned through their service.

19 We owe all servicemembers and veterans no matter when
20 and where they served the care they need and the benefits
21 they have earned, and these measures would help fulfill that
22 commitment.

23 Finally, I would like to speak for a few moments on S.
24 1588, a bill that I introduced along with Senators Moran,
25 Isakson, and Begich. This bill provides an emergency safety

1 net to 144,000 veterans waiting for VA care. This bill
2 fixes a Catch-22 in current law that puts veterans who have
3 recently returned from overseas at financial risk if they
4 experience a medical emergency.

5 Under current law, a veteran enrolled in the VA system
6 who receives emergency care at a non-VA facility can be
7 reimbursed for those costs only if the veteran has also
8 received care at a VA facility in the preceding 24 months.

9 As I understand it, the intent of this requirement is
10 to encourage veterans to seek preventative care at least
11 every 24 months to decrease the need for more expensive
12 emergency care.

13 This 24-month requirement creates a problem for some
14 newly returned veterans. They cannot comply with this
15 requirement through no fault of their own. Newly returned
16 veterans cannot comply because they have not received their
17 first VA appointment because of VA waiting times. But if
18 they need to go to a non-VA hospital for a medical
19 emergency, the VA cannot reimburse them because they have
20 not received their first VA appointments. A Catch-22.

21 My bill fixes this problem for newly returned veterans.
22 This bill gives VA the flexibility to reimburse the veterans
23 who have not yet received their new patient examination if
24 they have to go to a non-VA hospital for a medical
25 emergency.

1 For Hawaii veterans in rural Oahu or on the neighbor
2 islands who live far from VA facilities, emergency care
3 outside the VA may be their only option. Just last week I
4 met a veteran from Waianae, on Oahu, who had a medical
5 emergency while waiting four months for his first
6 appointment at VA.

7 Veterans like him who are denied VA reimbursement would
8 get much-needed relief under this legislation. We owe it to
9 our brave men and women in uniform who put their lives on
10 the line for our country that the VA has the tools it needs
11 to better serve our new veterans accessing the care they
12 have earned.

13 I look forward to hearing from our witnesses and their
14 thoughts on this and the other bills.

15 Thank you, Mr. Chairman.

16 Chairman Sanders. Thank you very much, Senator Hirono.
17 Senator Isakson.

18 OPENING STATEMENT OF SENATOR ISAKSON

19 Senator Isakson. Well, thank you, Mr. Chairman, and I
20 associate myself with all of the remarks by Senator Hirono
21 with regard to her bill on emergency medical services. I
22 think it is a great bill. I am an original cosponsor and
23 completely support it.

24 I also would urge the Chair to also consider, if it is
25 not inappropriate for me to do so, to consider Senator

1 Tester's request with regard to a UC on the bill naming the
2 veterans facility after Bill Young. Bill was an outstanding
3 member of the Appropriations Committee for 40 years in the
4 House of Representatives, passed away last week. I think it
5 is an appropriate and fitting tribute.

6 Also with regard to Senator Tester's legislation, he
7 has one bill on widows' benefits that says that they get
8 paid immediately upon filing but before they have been
9 approved which is fine with me but there are cases where
10 sometimes benefits, death benefits of veterans are contested
11 where you have more than one spouse in the past.

12 Having dealt with that in the past, the bill needs to
13 have a reimbursement provision where if it ultimately was
14 denied, the VA is reimbursed for that. That is the only
15 thing I would make on that suggestion.

16 Lastly, Senator Coats from Indiana's presentation with
17 regard to the burial in the cemetery in Michigan, I think
18 that merits also expedited attention.

19 Thank you, Mr. Chairman.

20 Chairman Sanders. Thank you very much, Senator
21 Isakson.

22 Senator Blumenthal.

23 OPENING STATEMENT OF SENATOR BLUMENTHAL

24 Senator Blumenthal. Thank you, Mr. Chairman, and thank
25 you for having this hearing.

1 I want to begin by speaking about a United States
2 Marine from Connecticut who unfortunately and tragically
3 took his own life yesterday. I spoke about his tragic loss
4 on the floor of the Senate earlier today.

5 Justin Eldridge served on active duty in the Marine
6 Corps for eight years and came back to begin another battle
7 with posttraumatic stress and traumatic brain injury. He
8 fought hard. He fought bravely. He fought with the full
9 support of his family, particularly his wife Joanna and his
10 four children; and unfortunately he lost that battle.

11 I first came to know him when he formed a chapter of
12 the Marine Corps League in southeastern Connecticut and
13 recruited me to join, and I knew him as a dedicated Marine
14 committed to helping his brothers and sisters in the Marine
15 Corps and as a loving husband and father.

16 We will miss him in Connecticut and I think in the
17 country. But his story shows the importance of the work
18 that we are doing on this Committee today because, as he
19 would be the first to say, there are thousands and thousands
20 like him who are engaged in the same battle, in the same
21 struggle whom we are seeking to help today right here. So,
22 it provides a context and a special meaning for me today.

23 Turning to the legislation before us, I want to thank
24 all of the witnesses who are going to be with us today for
25 their testimony. It is very, very important that you give

1 us the insight and the benefit of your perspective and thank
2 you for your service to our Nation as well as your being
3 here today and your contribution to many, many veterans
4 across the country.

5 One of our Committees, and indeed the Senate's top
6 priority, should be eliminating the backlog of veterans
7 claims. I appreciate the VA's commitment to eliminating
8 that backlog and welcome some of the recent positive news
9 that the backlog is declining but unfortunately we are
10 nowhere near where we should be yet and we have to remain
11 vigorous and vigilant in ensuring that the backlog continues
12 to decrease to zero even before the projected date by
13 General Shinseki.

14 No veteran should have to wait months and months or
15 even years to receive a decision from the VA. Again taking
16 Connecticut as an example, I recently learned of veterans
17 whose disability claims were approved literally at the
18 beginning of October at a two-year wait and then had to wait
19 again because of the shutdown to have the full satisfaction
20 and security of knowing that they would receive the
21 disability claims to which they were entitled.

22 I am proud to cosponsor and support the Servicemembers
23 Electronic Health Records Act. I introduced this bill as an
24 amendment during the Committees markup in July and I will
25 continue to work to enacted into law.

1 This bill would require the VA and the Department of
2 Defense medical records to be interoperable in order to
3 create a seamless transition when a servicemember leaves
4 active duty and becomes a veteran and also to allow easy
5 access to VA officials who need a veteran's medical records
6 to decide a veterans claim.

7 Two other bills that I have introduced and I will
8 briefly state them without going into detail. The first is
9 S. 1281, the Veteran Servicemembers Employment Rights and
10 Housing Act which I developed with AMVETS and I am proud to
11 have the support of the VFW as well for this bill. It would
12 include veterans as a protected group in the Equal
13 Employment Opportunity Law and the Fair Housing Act.

14 Another bill that I introduced actually yesterday, the
15 Toxic Exposure Research and Military Family Support Act, I
16 was pleased to do with the support and tremendous
17 contributions of the Vietnam Veterans of America, and this
18 is a comprehensive effort to provide for veterans who were
19 exposed to dangers toxic substances during their military
20 service and particular for their loved ones.

21 We have seen alarming trends in children of veterans
22 exposed to Agent Orange. Many have childhood cancer, heart
23 attacks or other serious conditions. This bill is really an
24 attempt to have the VA look at each incident of toxic
25 exposure in the military on its own merits and its own facts

1 to determine the effect on veterans and their decedent.

2 I am working with a variety of VSOs on this legislation
3 and other legislation which I will support, including S.
4 1211 which would ensure that the phrase GI Bill cannot be
5 used under false pretenses, and the World War II Merchant
6 Mariner Service Act which affects many of our constituents
7 who served in our country honorably during World War II in
8 the Merchant Marine and deserve treatment under this bill.

9 I also would like to be added as a cosponsor and
10 supporter of S. 1262, Senator Nelson's Conservation Corps
11 Bill; S. 1155, Senator Tester's Rural Mental Health Act.

12 I thank you, Mr. Chairman.

13 Chairman Sanders. Thank you very much, Senator
14 Blumenthal.

15 Senator Heller.

16 OPENING STATEMENT OF SENATOR HELLER

17 Senator Heller. Thank you, Mr. Chairman. Thank you
18 and the Ranking Member for holding this hearing. Before I
19 begin, I want to thank you for your opening comments about
20 bipartisanship. You know, in these halls it is hard to find
21 sometime and I think the work that you and Senator Burr do
22 together moves this Committee forward.

23 For someone watching what is going on on the floor,
24 what is going on on both sides, both chambers, it is a
25 breath of fresh air. So, thank you very much for your

1 leadership on that.

2 I want to also thank Senator Isakson and support him in
3 his request to move Senator Nelson's and Senator Coats'
4 request. I think that would be appropriate and I cannot
5 imagine there would be any opposition.

6 I would like to focus my remarks on the VA's disability
7 claims backlog. When I joined this Committee, I made it one
8 of my top priorities to bring the backlog of claims down and
9 joined Senator Casey to establish the VA Backlog Working
10 Group.

11 All parties have acknowledged the gravity of this
12 problem. I continue to work with veterans service
13 organizations and other members of Congress and the VA to
14 address this particular problem.

15 Hundreds of Nevada veterans and their family members in
16 Las Vegas and Reno have come to my office to express their
17 frustration with wait times and to seek assistance
18 navigating through this very difficult process.

19 During roundtables in Nevada's communities, veteran
20 advocates told me that the VA backlog has directly impacted
21 on the welfare of these individuals. While the VA has made
22 progress towards reducing the backlog, the Reno VA regional
23 office still has more than 4000 veterans that have waited
24 over 125 days for decisions on their claims.

25 This is a problem that I know we all want to fix.

1 Democrats, Republicans, the President, Secretary Shinseki
2 are all concerned about this issue and want to see it
3 solved.

4 It is clear that we need to do more to fix this problem
5 and to fix it permanently. That is why I have joined with
6 Senator Heinrich to introduce the bipartisan legislation
7 that gives veterans information about the timeliness of the
8 fully developed claims program.

9 The Veterans' Benefits Claims Faster Filing Act ensures
10 that veterans are fully informed of the filing options
11 available to that. The VA will be required to provide
12 information online and in each VA regional office about
13 which options will result in a quicker decision.

14 When veterans submit a fully developed claim with all
15 evidence ready for the claims process, the claim is
16 completed in less than 125 days on average, meeting the VA's
17 deadline before a claim becomes backlogged. However, claims
18 that are not fully developed often take more than a year to
19 process. Providing accurate information to veterans before
20 they submit a claim will save time for both the veteran and
21 the VA themselves.

22 The VA would also be required to inform veterans that
23 filing a fully developed claim makes them eligible to
24 receive an additional year of benefits as authorized under
25 current law. It is important that veterans are encouraged

1 to file a fully developed claim so that fewer individuals
2 experience the frustration of waiting for benefits they have
3 earned in service to our country.

4 While there is no single bill that will magically
5 reduce the backlog, I believe that targeted legislation like
6 Senate Bill 1148 takes us another step forward to helping
7 our Nation's veterans and the VA reach this goal. I do
8 appreciate Senator Heinrich's remarks on our legislation and
9 look forward to working with him to move this bill forward.

10 Mr. Chairman, I would also like to express my support
11 for Senator Tester's bill, the Military Family Relief Act,
12 which I am proud to be a cosponsor of. This legislation
13 authorizes the Veterans Benefits Administration to
14 automatically and immediately provide death and indemnity
15 compensation and death pension benefits to widows and
16 widowers of fallen servicemembers and veterans.

17 Currently, widows and widowers are not eligible to
18 receive these needed benefits until they file a claim and it
19 is approved. The process can take months. At a time when a
20 family is grieving over the loss of a loved one, these
21 individuals should not also feel the burden, feel burdened
22 by the financial strain of having to wait several months for
23 these benefits. I am glad to support Senator Tester in this
24 effort and hope to see it move forward.

25 As this Committee further discusses proposals to help

1 American veterans receive the benefits they have earned, it
2 is my hope that we will remember our commitment to caring
3 for these brave heros who have sacrificed greatly to serve
4 this country.

5 Thank you very much, Mr. Chairman.

6 Chairman Sanders. Thank you, Senator Heller. I think
7 we now heard from all of the sitting members of the
8 Committee and we are ready for our first panel. So if the
9 panel would come.

10 We thank our panelists very much for being with us this
11 afternoon. From the Department of Veterans' Affairs, we
12 have Dr. Robert L. Jesse, the principal Deputy
13 Undersecretary for Health. Dr. Jesse, thanks for being
14 here.

15 Also joining us today from VA is David McLenachen, the
16 Director of the Pension and Fiduciary Services for the
17 Veterans Benefits Administration, and we thank you very much
18 for being here.

19 Rounding out this panel are Assistant General Counsel
20 Richard Hipolit and Deputy Assistant General Counsel Jane
21 Clare Joyner.

22 The department's full statement will be entered into
23 the record.

24 Dr. Jesse, please begin.

1 STATEMENT OF ROBERT L. JESSE, MD, PHD, PRINCIPAL
2 DEPUTY UNDER SECRETARY FOR HEALTH, DEPARTMENT OF
3 VETERANS' AFFAIRS

4 Dr. Jesse. Thank you, sir. Good afternoon, Chairman
5 Sanders, Ranking Member Burr, and members of the Committee
6 and thank you for the opportunity to be here today.

7 Sir, I very much appreciate your positive comments
8 about both the quality and value of VA health care and your
9 admonishment to the timeliness of our formal views. Noted,
10 and we will make sure that word is carried back.

11 We appreciate very much the efforts of the Committee to
12 improve veterans' health care. As you have already stated,
13 with the number of bills on the agenda, we are really only
14 today able to have some very broad comments before fielding
15 your questions.

16 But there are a number of more significant bills I
17 think we received really too late to include in the
18 testimony but I want to assure you that we will be following
19 up with a substantive discussion.

20 As you know, one of Secretary Shinseki's top priorities
21 is, in fact, access for veterans. That includes access into
22 the system in a timely fashion which is much of the issue
23 with getting into the benefits system but also access to
24 timely and quality health care within our side of the
25 system.

1 We have been very aggressive about getting access to
2 care close to where veterans live through aggressive
3 outreach as well as through the use of telehealth, connected
4 health strategies.

5 There are significant bills on the agenda that aim at
6 expanding access to health care services as well as dental
7 care. The agenda also includes bills on the important
8 topics of our care for victims of military sexual assault
9 and domestic violence as well as expanding mental health
10 support and the promising alternatives to institutional care
11 across the health care spectrum.

12 We do appreciate the dialogue that we have had with
13 your staff especially regarding the draft a bill on
14 eligibility and access. There are some operational
15 complexities that we note in our written testimony. We also
16 believe that there are some provisions in their that are
17 intertwined with the Affordable Care Act and will take a
18 little more time to work out through coordinating with
19 partners in Health And Human Services and Treasury.

20 Again, I want to be very plain that the VA, the
21 Secretary, no one wants more than to ensure access and
22 quality of care to the VA, but we do need to be mindful of
23 both current capacity within the system, the effect that any
24 eligibility, significant eligibility changes might have on
25 the services we have already committed to veterans under our

1 care.

2 A number of these bills, many of these bills we, in
3 fact, whole heartedly agree with in terms of concept and
4 direction and intent, some of which, however, we think we
5 are already doing under current authorities and it may be
6 well served by improved communication.

7 This includes 1165 regarding immunizations; 1411,
8 defining the components of the strategic claim for rural
9 health. We have a comprehensive approach of addressing both
10 of these topics already.

11 Regarding 1547, VA plans to fully briefed the Committee
12 on the results of the dialysis pilot program before we
13 expand into any additional freestanding dialysis clinics,
14 and I do wish to assure the Committee that we are actively
15 evaluating the data from the pilots as they are being
16 generated, and we intend to render an expansion decision
17 only after that has been fully understood.

18 Our concern is that this bill would, as it states,
19 prevent us from activating any further freestanding dialysis
20 centers until after July of 2015 because the last center did
21 not get operational--that is the one in Cleveland, Ohio--
22 until after in July of 2013.

23 That is the main reason we are not supporting the bill,
24 but we would like to continue to work with the Committee to
25 ensure that we are taking all steps possible to maintain and

1 ensure future access to effective dialysis care for
2 veterans.

3 That concludes my oral statement. I will turn to my
4 colleague Dave McLenachen, who will comment briefly on the
5 other bills on the agenda.

6 [The joint prepared statement of Dr. Jesse and Mr.
7 McLenachen follows:]

1 STATEMENT OF DAVID R. MCLENACHEN, DIRECTOR,
2 PENSION AND FIDUCIARY SERVICE, VETERANS BENEFITS
3 ADMINISTRATION, DEPARTMENT OF VETERANS' AFFAIRS;
4 ACCOMPANIED BY RICHARD HIPOLIT, ASSISTANT GENERAL
5 COUNSEL AND JANE CLARE JOYNER, DEPUTY ASSISTANT
6 GENERAL COUNSEL

7 Mr. McLenachen. Thank you, Dr. Jesse.

8 Good afternoon, Mr. Chairman, members of the Committee.
9 I am also pleased to have the opportunity to comment on the
10 bills before the Committee today and like Dr. Jesse, in the
11 interest of time, I will keep my comments brief.

12 As he also noted, bills not covered in our written
13 testimony will be addressed in our follow-up views. That
14 applies to the Veterans Benefits Administration bills that
15 did not make our testimony. We will provide those to the
16 Committee as soon as possible.

17 Mr. Chairman, we appreciate the Committee's partnership
18 as we work to meet the Secretary's goals to reduce our
19 disability claims backlog while maintaining a high standard
20 of quality. We also appreciate the introduction of two
21 bills, S. 1148 and S. 1295 regarding the information that VA
22 provides to claimants and the public.

23 The availability of VSO assistance and performance
24 metrics. We agree with the concepts presented in these
25 bills but feel that VA has been successful in furthering the

1 aims of the bills under current law.

2 While we support veterans having access to good
3 information and establishing a method for stakeholders and
4 the VA to measure our progress, these bills may have
5 unintended consequences. We welcome the opportunity to work
6 with the Committee to address our concerns.

7 We appreciate the introduction of draft legislation
8 that would modernize the actuarial basis for our service-
9 disabled veterans insurance program. This change is overdue
10 and would provide greater financial security for our
11 disabled veterans and their families to lower insurance
12 premiums, provided that there are a corresponding offsets to
13 fund the proposed amendment.

14 We also support and appreciate bills on the agenda that
15 would enhance our on-the-job training authorities and help
16 protect veterans on those who misrepresent that they are
17 acting as the VA's endorsement when they promote services
18 associated with post-9/11 GI Bill.

19 We were also pleased to see S. 1262 on the agenda which
20 is a measure to provide job opportunities for veterans in
21 conservation, first responder, and a law enforcement fields
22 and is similar to the Administration's Veterans' Job Corps
23 proposal.

24 VA also supports S. 1471 which would give the Secretary
25 authority to address those rare cases that you heard about

1 today in which a National Cemetery buries a veteran without
2 notice that the veteran may have committed a capital
3 offense.

4 Finally, VA appreciates this Committee's continued
5 efforts on our outreach. We agree with the importance of
6 partnerships with other federal agencies, state and local
7 officials, and nonprofits to inform veterans and their
8 families about the benefits that they have earned. Our
9 testimony includes examples of how we are meeting the goals
10 expressed in S. 1558.

11 Mr. Chairman, this concludes my oral statement. My
12 colleagues and I are happy to answer any questions that in
13 the Committee may have.

14 Chairman Sanders. Thank you very much for your
15 testimony. Let me begin with a few questions with Dr.
16 Jesse. In your judgment, does the VA provide good quality,
17 cost-effective health care? I know you are not objective
18 about this.

19 Dr. Jesse. Well, I would say that if I did not feel
20 that it did I would not be in the position I am in now. We
21 know that things happen in VA. You mentioned that earlier.
22 If you look across health care systems and compare in the
23 objective ways that we can, VA provides excellent care in
24 many of the areas by which we measure the effectiveness and
25 the quality of health care in the US. So, on that basis,

1 that objective basis, I would say yes, we do.

2 Chairman Sanders. And consumer satisfaction is fairly
3 high, is it not?

4 Dr. Jesse. Consumer satisfaction is fairly high. It
5 is not as high as we would like it to be; but when you
6 compare the satisfaction to the care in the VA system to
7 other large health care systems, in many respects they are
8 comparable.

9 I think a lot of our efforts are really being driven
10 now towards improving that consumer satisfaction. Much of
11 the strategic issues that we are moving forward in VA health
12 care, starting a year or so ago but moving rapidly forward
13 now, are really addressed at building a health care system
14 that is driven by the patient and their individual needs,
15 not by the statistics of large numbers or meeting the needs
16 of the health care system.

17 Chairman Sanders. Let me ask you this.

18 Dr. Jesse. Sure.

19 Chairman Sanders. My impression is that there are many
20 veterans who would like to get into the system but for a
21 variety of reasons do not. Some of them gets to the issue
22 that we discussed the moment ago about outreach and some of
23 them do not even know what their benefits are.

24 I think you guys are beginning to do a good job. We
25 will probably have a hearing on that issue but I think we

1 are making some progress in at least informing veterans of
2 the benefits to which they are entitled.

3 But my impression is that there is a lot of confusion
4 about eligibility levels. In Vermont, if Senator Begich
5 were to live in one county and I live literally a mile away
6 from him in another county, he might be eligible; I might
7 not be eligible. I think that makes it difficult for folks
8 to do outreach work.

9 But the bottom line here is my impression is in
10 Vermont, and I suspect around the country, that there are a
11 lot more veterans who would like to access VA health care
12 than are able to do it today.

13 Do you agree or not?

14 Dr. Jesse. I will agree at least anecdotally because I
15 hear much of the same things that I think that you are
16 hearing. I cannot quantitate it but I do know and
17 particularly of interest is people who would be in what we
18 call the category eights who are not eligible based on a
19 means test, who are perplexed because they say I would love
20 to get my care in the VA.

21 Chairman Sanders. Exactly.

22 Dr. Jesse. And they would actually bill my insurance
23 company so we would not be costing more money. But the way
24 we are stratified, it does not allow us to do that.

25 Chairman Sanders. So, one of the areas that we are

1 going to work on is to expand and simplify VA health care.
2 One of my folks who works for me in Vermont gave me a
3 telephone book. It was literally a telephone book. What do
4 we do now? Every zip code or something. Is that the
5 eligibility level?

6 Dr. Jesse. I am not sure exactly how that works. I
7 might want to do further to the benefit side.

8 Chairman Sanders. So, if I live in one zip code and
9 Senator Begich in another, our eligibility levels are
10 different? I believe that is the case, is it not?

11 Mr. McLenachen. Mr. Chairman, are you asking about
12 health care eligibility?

13 Chairman Sanders. Yes.

14 Mr. McLenachen. I would have to defer to--

15 Chairman Sanders. Ms. Joyner. All right. We are
16 going to find it. Mr. Hipolit, you are next.

17 Ms. Joyner. Actually, I am not sure exactly what the
18 criteria is. We could take that for the record and get it
19 back.

20 Chairman Sanders. Well, there is a telephone book, and
21 it is pretty crazy and pretty complicated.

22 Ms. Joyner. It is very complicated, yes.

23 Chairman Sanders. If our goal, you know, we can argue
24 how much we can afford and all of that stuff. But if the
25 goal is to simplify it and to bring people into the system,

1 a telephone book which has his income level different than
2 mine and we live two miles away makes no sense at all to my
3 mind. So, we are going to work on that.

4 I want to switch gears for a moment. I am going beyond
5 my time here, and ask, Dr. Jesse, if you consider lack of
6 access to dental care a serious problem in our country and
7 for veterans.

8 Dr. Jesse. So, it is a serious issue in our country;
9 and by that very nature, it is an issue for veterans. I am
10 a cardiologist. It has been known for 20 years of that
11 periodontal disease has a linkage to heart attacks, for
12 instance. It creates a systemic inflammatory state which
13 drives a number of different issues.

14 So, dental health is part of a holistic approach to
15 health as in all other forms. So, yes.

16 Chairman Sanders. Right. Would I be wrong in assuming
17 that if we said, and I understand this is an expensive
18 proposition, and I understand that we cannot do it all
19 tomorrow. But what would your guess be if we said to
20 veterans around this country that we understand health care
21 to include dental care, that we know that many of those
22 folks have serious dental problems and they cannot afford
23 treatment elsewhere and that we were going to open up VA
24 facilities to non-service-connected as well for dental care.

25 Do you suspect there will be a lot of people who would

1 be interested in taking advantage of that opportunity?

2 Dr. Jesse. That I would not even suspect. I can tell
3 you that there would be. I have patients, I still see
4 patients, that are in exactly that bind that you are in. We
5 can provide complex heart attack care for them but we cannot
6 provide relatively simple dental care.

7 Chairman Sanders. Okay. So, I would look forward to
8 the cooperation of members on the Committee. This is an
9 issue, I think, that is long overdue and it needs to be
10 addressed. My time has expired.

11 Senator Johanns.

12 Senator Johanns. Thank you, and Mr. Chairman, and to
13 the panel, thank you for being here today.

14 Let me start out and say I have no quarrel with the
15 Chair's assertion and your assertion, Dr. Jesse, that there
16 is quality care at the Veterans' Administration. All of us
17 have seen some of the most remarkable things.

18 I would go as far as to say that not only is it quality
19 today, it continues to improve and in some areas it is
20 trendsetting. Everybody looks to the VA to see how you are
21 doing things to try to put that in practice at their health
22 care center.

23 But I do have a question about facilities because in my
24 State, we are all on some kind of list relative to a
25 veterans hospital that services Nebraska and western Iowa.

1 I think we are 18th out of 20 on this list. I do not even
2 know if anybody can predict when you get to the 18th but
3 rest assured I will be a much older man before that facility
4 gets started.

5 Here is the point I want to make, and I would like
6 whoever's reaction to this. As I have traveled the State of
7 Nebraska as a governor and now as a Senator, one of the
8 first things that communities want to show me is their
9 health care facility. I have been in some of the smallest
10 communities in Nebraska, and they will take me to their
11 hospital.

12 It is remarkable what they are doing with this small
13 critical access hospital. It is a beautiful facility. It
14 was just built within the last, you know, five, 10, 15
15 years. Unbelievable. And I will go down the road 50, 75
16 miles and I will see it again.

17 By comparison, I go to the VA hospitals, and I will
18 just tell you I do not think they are up to standard. Their
19 1940s, 1950s style hospitals. You go in the operating room,
20 and God bless the doctors and nurses and the health care
21 providers, but they are working in conditions that I just
22 think are not up to today's standards. These facilities are
23 way out of date.

24 The VA is in this very difficult situation of patch,
25 patch, patch; and it just seems like wasted money. Here you

1 have this building that really, really should not be
2 standing anymore and we are putting millions and millions of
3 dollars into it.

4 I am offering this in a global sort of way because I do
5 not want this to sound completely about my State because I
6 think I could find this in most any state in the country.

7 How do we go about solving that problem because, like I
8 said, if we stay at 18th, you know, it is almost like you
9 give up hope that you will ever move up in the list. Give
10 us some advice on how we can match our health care
11 facilities with the capability of the health care providers
12 that are working with our veterans in those facilities.

13 Dr. Jesse. So, I want to, if I may, take two
14 approaches to that. One is that you are absolutely correct
15 in that many of these facilities, not just appear old, but
16 they are old and become difficult to maintain.

17 I would like to say, though, that what is at the
18 cosmetic end of this is not necessarily what is behind the
19 wall. So, how our ORs conform to modern standards for air
20 flow, infection control, et cetera. Part of the issue is it
21 is very expensive to maintain them in those ways. It is
22 very expensive in these old hospitals to run the kind of
23 channels that you need for modern electronics communications
24 systems, et cetera, in these things.

25 The simple answer which is not intended to sound

1 facetious but is it takes money. In some respects, it may
2 well take a reconfiguring of the approach we have to health
3 care in the small communities.

4 I am a huge fan of the critical access hospital system.
5 I am hugely concerned that there are at times in this
6 country the concern that the surrogate for quality is volume
7 and that nothing good happens in small places, and I do not
8 think that is the case at all.

9 I think amongst other things in VA, what we have shown
10 is if you can manage quality, by managing quality you can do
11 great things in small places. In terms of the building out,
12 though, and how we distribute our footprint in ways that is
13 most acceptable, again there is going to be some rethinking
14 about what those facilities look like.

15 There is going to be a greater use of health care
16 delivery systems without having to come to a hospital. So,
17 we can use those face-to-face resources, those hand-on
18 resources in the most optimum ways and say frankly in your
19 State and any state that is considered rural, people do not
20 have to travel the kinds of distances they need to.

21 But in terms of how we prioritize new construction, new
22 facilities, we have a process, a fairly formal process for
23 doing that. It is fundamentally driven around safety,
24 patient safety.

25 One of the things we have learned is that you can

1 always put somebody at the bottom of a list if that is the
2 only thing that you drive on; and we are actually now
3 working through processes to better bring up, you know,
4 these other needs rather than just driving everything solely
5 on patient safety and physical safety and on facility
6 safety.

7 Senator Johanns. Mr. Chairman I am out of time on this
8 but I bet you I strike the chord with everybody. Just as a
9 respectful suggestion it may justify a hearing to try to
10 figure out how best to proceed because, like I said, this is
11 not unique to Omaha, Nebraska.

12 Chairman Sanders. I think you are right. It is not
13 unique. What we have to deal with is money. It is an
14 expensive proposition but long term it may be cost-effective
15 rather than patching up older buildings is what you are
16 saying.

17 Senator Johanns. Yes.

18 Chairman Sanders. Thank you very much, Senator
19 Johanns.

20 If Senator Hirono is okay, would you mind a Senator
21 Begich skipped the line because I did not ask him to make
22 opening remarks. So, thank you very much.

23 Senator Hirono. Sure.

24 Senator Begich. Thank you are much, Mr. Chairman.

25 Thank you, Senator, for allowing me. I have to run off. I

1 want to follow up on Senator Johanns' comments for his
2 second.

3 But to the panel here, thank you. I know there are
4 some issues you have with a couple of bills I have. One is
5 a whole effort to create outreach for veterans especially in
6 rural areas which is a big demand and I know there are some
7 pieces to the equation. I would love to get your input
8 additionally as we work through this because it is critical
9 especially in rural Alaska.

10 We find veterans on a regular basis that do not have
11 access or are totally unaware of what benefits they are owed
12 based on their service. In rural Alaska, it continues to be
13 a problem and I know it happens in other states. So, I
14 would like to further work with you on Senate Bill 1558.

15 The other one is 1580 which is pretty simple. This one
16 is when we work with facilities that have, we are using a
17 per diem payment regarding homeless veterans. I know as
18 mayor I had to call the far department more than once for
19 inspections on facilities that are in theory contracted with
20 the VA to provide shelter for homeless that are below
21 standards.

22 Now, I know you all kind of do this process now but
23 this bill will codify that to make sure that is the law,
24 that you cannot pay a per diem to a facility that is not
25 meeting safety standards of the local community they are

1 stationed in. I know you do that in formally now but we
2 want to make sure that is codified.

3 But also requires that when you then stop making
4 payments, this Committee and the House Committee is notified
5 so people understand it the cause obviously you will not get
6 calls immediately. I can just tell you as a former mayor
7 that is something that I noticed more than once. But again,
8 I want to note those bills and I thank you.

9 But a third bill which we were going to have on today
10 but we pulled it off because we have to work on some
11 language but it goes to this facilities issue in the longer
12 term.

13 First, I want to commend the VA because the work you
14 have done with our State and now expanding that to the
15 Indian reservations. We will never see, I would love to see
16 a veterans' hospital in my State. But if you are number 18,
17 we are probably number I do not know where.

18 But so we have tried to do something a little different
19 and the VA has worked with us in kind of like a, if I can
20 say this word, I am not sure it is the right word, but a
21 demonstration of seeing if this would work.

22 We have him in health care service facilities,
23 beautiful facilities. As a matter of fact, I just visited
24 one in Fairbanks that had 22 dental health stations, I mean
25 top-quality dental health stations.

1 So, what we have been able to do is with 26 of our
2 tribes, with the work with the VA, now if you live, for
3 example, in Nome, Alaska, again a beautiful, brand-new
4 hospital built by the Indian health services serving
5 multiple tribes, non-accessible by road from any major urban
6 area but in that region several thousand people living. 800
7 veterans.

8 Now that veteran has a choice. They can walk into that
9 facility, get service, VA will reimburse them, or fly to
10 Anchorage or Seattle where the clinic and the hospital is
11 located but they still get in the choice.

12 The best news is, it is not only Indian health services
13 for native veterans. It is also for non-native veterans,
14 this new experiment which so far from what I am hearing has
15 been working. You have a line item in your budget now to
16 allocate resources to this. It is also now being considered
17 to be expanded to Indian reservations which is a very
18 complex situation.

19 Here you have an Indian health service facility right
20 there but in order to go to the VA facility you have to pile
21 into a van, go drive out to it, wait for everyone to get
22 their services, then get back in the van and drive back out.

23 I think there are some innovative approaches here in
24 one of the bills that we drafted--we are tweaking some
25 language on it--will create this opportunity. For example,

1 we have another beautiful hospital, finished by Indian
2 health services in partnership with our tribal consortium,
3 the top floor is empty.

4 But the VA clinic down the street is packed beyond
5 capacity. But the thought is let us put them together
6 because as long as the quality--and that is the key here,
7 quality care--is there I think we can leverage our assets
8 much differently.

9 I want to thank the VA for being willing to take this
10 experiment because I know there is a little concern not just
11 by you but by the national organizations because they were
12 concerned about the privatization of VA but also they were
13 concerned about the quality of care because there is
14 inconsistent care within the Indian health services like the
15 VA even though we are trying to get to a high standard,
16 there is inconsistent care.

17 The program we have in Alaska for Indian health care
18 service in such a model. Internationally, they look at it.
19 They fly from around the world to come to see our Indian
20 health care service delivery system. I know you guys have
21 gone to it to borrow some of our telemedicine.

22 Dr. Jesse. South Central.

23 Senator Begich. Yes, South Central clinic.

24 So, I just wanted to put that because I think this
25 point, and it is actually an interesting idea because it

1 does beg the question of how we maximize when capital list
2 is so long and so limited resources. But we have these
3 other resources happening that kind of work in their own
4 silo.

5 Chairman Sanders. Let me just jump in. I am sorry.

6 Senator Hirono, we are going to get to you in a second.
7 I appreciate your patience.

8 Senator Begich. But I know she cares about this issue
9 too.

10 Chairman Sanders. Right. She is in a very rural State
11 as well.

12 Two questions, Senator Begich, number one, if a veteran
13 walks into an Indian health service dental facility, will
14 the VA pay for that dental care?

15 Senator Begich. That is a great question. I do not
16 know. It depends I think on the care and the need and what
17 they are qualified for.

18 But the greatest thing is, I mean I have to tell you,
19 Mr. Chairman, the one in Fairbanks that just opened, the
20 Tanana Chiefs facility, I mean, I wish when I was growing up
21 as a kid in Alaska I had that kind of dental service. I
22 mean, it is unbelievable care. But they provide you which
23 is unique and why the VA, we have to equalize these systems.

24 Chairman Sanders. The other point that I would make is
25 one of the things that we are looking at, Senator Johanns,

1 you would be interested in this as well, is we have many,
2 many hundreds, in addition to Indian health service clinics,
3 we have federally qualified community health centers.

4 Senator Begich. Yes.

5 Chairman Sanders. And the same principle exists. I am
6 a veteran and there is an FQHC across the street but there
7 is a CBOC 50 miles away should I be able to go into the
8 FQHC?

9 Senator Begich. Right.

10 Chairman Sanders. And I think in talking to these
11 service organizations, I think there is a lot of support for
12 that concept. Some of the details have to be worked out.
13 But I did want to let you know we are working on that.

14 Senator Begich. Let me just end on this and just say
15 first on that what is unique about that system at least the
16 Newcomb model is what we call it in the Indian health
17 services in Alaska and the new emerging community health
18 care systems it is it is the newer model of delivery
19 systems.

20 So, when you walk in, how is your hearing, how is your
21 eyesight, how is your teeth--

22 Chairman Sanders. Holistic.

23 Senator Begich. Very holistic. And why is that
24 important? Because it cuts the cost of emergency care. I
25 will give you one last note. The native hospital in Alaska

1 has cut their emergency care recipients going in by 68
2 percent.

3 Chairman Sanders. That is an enormously important
4 point. We spend billions of dollars because people do not
5 have access to primary health care and they end up in the
6 emergency room at 10 times the cost.

7 Senator Hirono, because you have been so patient you
8 are going to get next time.

9 Senator Hirono. Well, thank you very much I do not
10 think I will need 10 minutes but be that as it may.

11 Dr. Jesse, in your testimony I do not think that you
12 gave us your position or the VA's position on my bill
13 relating to that 24-month Catch-22 situation that new
14 veterans face. So, I hope that you will be supportive of
15 this kind of a change because they are in a situation over
16 which we have no control.

17 Dr. Jesse. I am glad you spoke to it the way you did
18 because I do not think going in I fully understood that
19 Catch-22 piece that was in there. You know, I clearly was
20 looking at the issue of access to emergency care in general
21 but that is a real important point you bring up and we will
22 bring that back.

23 Senator Hirono. The other thing is that Mr. Atizado of
24 the Disabled American Veterans, he will be in the second
25 panel, but he noted that while my bill addresses the new

1 veteran, there is still this 24-month requirement for all
2 other veterans.

3 So, within a 24-month period, a veteran has to go and
4 get some kind of treatment at a veteran's facility.
5 Otherwise, they will not get reimbursed for emergency care.

6 So, my question is that, what steps does the VA take to
7 make sure that veterans are aware of this 24-month
8 requirement, and secondly, are you aware of anything that
9 prevents a veteran who is already in the system, not a new
10 veteran, from being able to visit a VA facility within that
11 24 month period so that he or she will be covered?

12 Dr. Jesse. So, there are a couple of things here that
13 address this. One is I do not think there is anything in
14 the way of anybody coming to a VA facility and getting
15 literally enrolled on the spot if that is the case and hence
16 get coverage.

17 It has been really since the post-9/11 ramping up, the
18 very clear direction from the Secretary that if somebody
19 comes into a VA facility and says that they are a veteran,
20 they should get care and we will figure out eligibility
21 status later. I think that is an important statement.

22 Then, the other piece of that is it is in part outreach
23 but this was a component of the Secretary's transformation,
24 T-21 transformation issue. But there is literally a
25 handbook that can be, it is being personalized to each

1 veteran that we mail out or they can actually get
2 electronically. I think you can pull it down now off of,
3 the general version, not the personalized version, off of
4 Amazon or one of the booksellers.

5 But the notion as this was being developed is that when
6 we know the veterans, who they are, we can reach out to them
7 and say you are eligible for this care based on your
8 service. This is your nearest VA or your nearest clinic.
9 This is who to call to ask questions.

10 Senator Hirono. Well, apparently there is this 24-
11 month requirement; and if they mess that timeframe, they
12 cannot be reimbursed. So, my question is. Are they
13 reminded you need to have gone to a veterans' facility
14 otherwise you are going to lose this reimbursement benefit?

15 Dr. Jesse. That I do not know.

16 Senator Hirono. So, I think it has come up a number of
17 times, the lack of information and the need to provide
18 information, not just once because I am sure veterans get
19 tons of stuff that they are supposed to remember but, you
20 know, who can.

21 So, if they are going to be disallow certain benefits
22 because of a timeframe, then we should figure out how they
23 can be timely reminded.

24 Dr. Jesse. We are actually terribly concerned about
25 this in particularly with the Guard and the Reserve who are

1 not connected through the DOD directly. We do now have as a
2 process of being, getting out of the military and going back
3 into their community, a discharge process that literally
4 takes a couple of days and all of these issues are gone
5 through with them, and then we reach back out to veterans
6 usually within six months to a year of there being
7 separated, again about their qualifications for VA.

8 So, it sounds like we might need to do a little bit of
9 a job there.

10 Senator Hirono. Yes, I think you get our concerns. It
11 cannot just be at the time of their discharge because these
12 things, they need to get timely reminders. It is like
13 getting your teeth cleaned every six months or so and you
14 get your notice.

15 I wanted to go to the Chairman's bill, S. 1581 which
16 would authorize treatment at VA facilities, not at regular
17 non-VA facilities, for military sexual assault victims; and
18 these are people who still are on active duty. My
19 understanding is that the VA system maybe has a process or
20 they have counselors and others who may not be in the
21 regular systems.

22 So, would you support this kind of a change or this
23 kind of that opportunity?

24 Dr. Jesse. So, in principle, the answer to that is
25 absolutely yes because we do it through the vet centers.

1 So, the vet centers, there are 300 vet centers, 70 mobile;
2 and they are authorized for active duty people to use.

3 Authorization for active duty to use VA facilities for
4 certain things, I do not know if that creates a different
5 set of problems. But we are very attentive to the issue of
6 military sexual trauma. It is part of the screening process
7 for every clinic visit.

8 We screen for alcoholism. We screen for suicide. We
9 screen for military sexual trauma. So, it is an issue that
10 is important to us, that we are very much attuned to, and I
11 just do not know with enough certainty to say that if a
12 military person walked in, what the implication of that for
13 one limited condition would be. But in the vet centers we
14 do.

15 Senator Hirono. Okay. I think the Chairman's bill is
16 a good bill and that these victims may not, may, in fact,
17 preferred to go to a VA where maybe they feel that there is
18 more privacy, et cetera. So, I think we should figure out a
19 way that we can have this happen and then whatever the
20 coordination of their records, et cetera, that needs to
21 occur I think should be something that we should pursue.

22 Dr. Jesse. As I said, we did realize this as being an
23 important issue and the authority within the vet center
24 system again which has a very broad footprint across the
25 country is able to do.

1 Senator Hirono. Okay. We shall continue.

2 Chairman Sanders. Thank you very much, Senator Hirono.

3 Senator Blumenthal.

4 Senator Blumenthal. Thank you again, Mr. Chairman, for
5 holding this hearing and thank you to each of the witnesses
6 who are here today to you for service to our veterans.

7 Let me begin, Dr. Jesse, and you can ask one of your
8 colleagues to answer, if necessary. As you know, I have
9 focused on the electronic records challenges and, in fact,
10 have sponsored the Servicemembers Electronic Health Records
11 Act, written that bill along with Senator Nelson to address
12 what I see as the unfortunate and unforgivable lag in the
13 development of a truly seamless, interoperable system with
14 the Department of Defense.

15 Essentially, all this act really does is establish some
16 deadlines. Do you have a position on the bill? I hope that
17 you will support it.

18 Dr. Jesse. So, I do not think we have a formal agency
19 position. Everyone of the points you bring up are important
20 and are a part of the complexity of working both in health
21 IT space which by itself is a challenge and also doing this
22 across federal agencies.

23 You use the term interoperable. I think that data
24 interoperability is hugely important and I think is
25 achievable. Integrated so that everybody is using the same

1 record creates a different set of challenges but is
2 probably, you know, built on the foundation of data
3 interoperability, data visibility, data viewing is the first
4 foundational step that needs to occur. I think that is
5 probably on a lot more solid grounds.

6 In terms of time lines, you know, to say a very general
7 statement, when you have time lines, things tend to happen
8 towards those time lines. When you do not, they tend to
9 lag. They tend, you know, to drift.

10 Senator Blumenthal. Well, I do not mean to make you
11 the target of my unhappiness--

12 Dr. Jesse. Thank you. Yes.

13 Senator Blumenthal. --because I recognize that this
14 issue goes well beyond your job description or jurisdiction.

15 But the answer that you have just given that it is
16 achievable is the same answer that I have been given
17 literally since I arrived here which was two and a half
18 years ago. I cannot accept that at this point in time the
19 goal is achievable but not achieved, and so I am asking you
20 to commit on behalf of your agency, and I hope that you will
21 take this question back to General Shinseki, either to
22 commit that you will meet the deadlines in the bill or to
23 offer full support for the bill because if we need to compel
24 you to do it, in my view, we should do so giving you the
25 resources you need and giving the Department of Defense the

1 mandate that it apparently needs so that these goals are not
2 achievable but are it, in fact, achieved according to this
3 time line which I think is realistic.

4 You know, I will just say to you, and I do not mean to
5 be condemnatory, but when people raise the issues of the
6 Affordable Care Act and some of the IT issues that have been
7 confronted there and say to me I have never seen this kind
8 of mess before, you know, the difficulty of making the DOD
9 and VA electronic records systems interoperable strikes me
10 as very much of the same ilk, very distinguishable I
11 recognized technically maybe wholly unlike but in the view
12 of laymen or nonexperts like myself, the same question is
13 why can we not get it right.

14 Dr. Jesse. I appreciate the support, and we will take
15 that back in terms of our formal views; and if there is
16 anything we can do to provide you more information, we are
17 happy to do that.

18 Senator Blumenthal. And I recognize also that it is
19 not wholly within your power. There is a potential partner
20 here that has to be incentivizing or maybe compelled under
21 law, the Department of Defense, to do the right thing here.
22 I know that there is a history. So, I say all of the above
23 with all due respect.

24 Let me ask you a final question. I know that you have
25 seen countless individuals like Justin Eldridge whom I have

1 described earlier who took his own life after a struggle
2 with posttraumatic stress.

3 I did not recount today but I did in my remarks this
4 morning on the floor that he actually knew he had a problem
5 and was told he had to wait before he could be given
6 treatment. That was some time ago.

7 His history is more complicated but the question is.
8 Are we doing enough? Are we providing the care as rapidly
9 as we need to do? I should have prefaced my statement by
10 seconding the remarks of some of my colleagues.

11 The VA hospitals do remarkable work. They help people
12 in extraordinary ways. I am a great admirer of what the VA
13 has done on issues of health care delivery to lead the way
14 for our Nation. So, this is not a hostile question. It is,
15 again, more a supportive one.

16 Dr. Jesse. So, first of all, any suicide is absolutely
17 tragic, and we do not just try and count numbers. We really
18 tried and understand. People do not commit suicide because
19 they want to die. They commit suicide because they want the
20 suffering to stop. Often, we do not see where that
21 suffering really lies.

22 Much of what we are doing toward that end now, we are
23 very good in the rescue of the potential suicide people who
24 call the crisis hotline. That organization does amazing
25 things.

1 We need to be working much further back in the stream.
2 How are people suffering? You know, is it pain, is it PTSD,
3 is it other things? And get those resolved as quickly as
4 possible because that is how we support people.

5 Thank you.

6 Senator Blumenthal. Thank you. My time has expired
7 but I thank you very much.

8 Chairman Sanders. Senator Burr.

9 Senator Burr. Dr. Jesse, as it relates to the Alicia
10 Dawn Koehl Respect for National Cemeteries Act,
11 understanding that this is a unique case, what steps has the
12 VA taken to ensure that this does not occur again.

13 Dr. Jesse. May I defer that?

14 Senator Burr. Sure.

15 Mr. McLenachen. Senator Burr, the VA does support the
16 bill. You know, it is unfortunate. You heard some
17 testimony about how long it took to resolve that issue. It
18 was a complex legal issue and I will defer to Mr. Hipolit
19 about those.

20 But this is a fairly rare, a very rare occurrence but
21 the conclusion, the legal conclusion that in the General
22 Counsel's Office reached was that legislation was necessary
23 to solve this problem in the cases where it does arise.

24 Senator Burr. Let me ask you in reference to the
25 future. Would a question on the burial application asking

1 whether the veteran who is to be buried committed a capital
2 crime or other disqualifying offense be effective?

3 Mr. McLenachen. Well, it is my understanding and again
4 Mr. Hipolit can correct me if I am wrong but it is my
5 understanding those questions are asked currently when
6 someone appears to submit an application. In fact, the
7 information we have from the National Cemetery
8 Administration is that there were 107 yes answers to that
9 question during the last fiscal year.

10 Mr. Hipolit. I can amplify on that a little bit. Yes,
11 there is a question there. They do ask has the veteran
12 committed a capital crime. A lot of times these things are
13 taken in over the phone or the funeral director or through
14 the National Cemetery Administration scheduling office. In
15 many cases, the funeral director may not know the
16 information.

17 Senator Burr. So, the answer is obvious if they are
18 transferred from prison; but if they are not transferred
19 from prison, then that is sort of a potluck as to how it
20 gets answered?

21 Mr. Hipolit. Well, they do have that question. They
22 do try to find out the information. If there is any
23 indication based on the response that there may be an issue,
24 like if they say they do not know or what ever, then they do
25 do further follow-up.

1 Senator Burr. Well, it is crucial that we get this
2 bill passed, and I think my colleagues understand that.

3 Dr. Jesse, I want to talk about the efforts for the VA
4 National Dialysis Center Program. I understand the VA is
5 opposed to my legislation because it would delay until mid-
6 2015 the national roll out.

7 Now, why did VA decide to move forward with this
8 expansion in direct opposition to Congressional direction
9 which you would find in last year's Milcon VA apropos bill?

10 Dr. Jesse. So, I am a bit at a loss because I am not
11 aware that it is moving forward. We have got four pilots.
12 I think--

13 Senator Burr. Well, let me stop you if I can because
14 there was in Sources Sought a notice released on October 9,
15 2013, on Federal Biz Ops for National Dialysis Equipment
16 Request by VA, which, as I understand that from my staff,
17 the notice states, the objective of the effort is to provide
18 standardized dialysis machines to facilitate the stand up of
19 a VA dialysis centers throughout the Nation. In September,
20 VA agreed to put the expansion on hold until January after
21 we tried to attach the dialysis bill.

22 But all of a sudden there is a solicitation out there
23 with a note that the VA intends to stand up dialysis centers
24 throughout the Nation.

25 Dr. Jesse. So, I think the nuance here is a

1 freestanding dialysis center versus dialysis capabilities at
2 VA facilities. Now, I am not aware that the--

3 Senator Burr. Well, I am reading from what it said in
4 the note. The dialysis centers throughout the Nation.

5 Senator Burr. Well, we provide dialysis throughout the
6 Nation. As I am saying, I am not aware of this. I will go
7 back for the record. But I am not aware that we have made
8 any solicitation to further expand be standing dialysis
9 centers. Now, we are, as you know, it trying to
10 standardize--

11 Senator Burr. Well, there was an effort, there was an
12 effort to start to roll out the national VA system, right?

13 Dr. Jesse. Well, I think we agreed that we would do
14 this pilot.

15 Senator Burr. Well, let me ask you. What is the
16 purpose of a pilot?

17 Dr. Jesse. The purpose of this pilot is to understand,
18 A, does it provide the level of access that we need; and I
19 think the largest issue in dialysis moving into the future
20 is capacity.

21 Senator Burr. Does the VA have a metrics that they
22 look at?

23 Dr. Jesse. B, is it cost effective.

24 Senator Burr. And has all that metrics been put
25 together?

1 Dr. Jesse. Well, many of the metrics have been put
2 together. The initial location of the pilots was--

3 Senator Burr. Cleveland has only been open three and a
4 half months. What could you learn or glean from Cleveland?

5 Dr. Jesse. We are not--at this point, what we can
6 glean from Cleveland is the complexities and costs of
7 standing up in the facility which we have done for all the
8 others. Cleveland was late in getting up because of
9 contracting issues frankly.

10 Senator Burr. Have you learned enough from the three
11 and a half that have stood up that this is a smart move to
12 nationally do for the VA?

13 Dr. Jesse. Well, I do not think we have concluded that
14 analysis. I would defer the answer until we actually have.
15 I mean, it is appearing cost-effective. That may be a
16 moving target. The more the dialysis becomes, without
17 meaning this as pejorative sense, becomes commoditized, and
18 by that I mean we have now dialysis centers that sit in
19 strip malls, not VA, but in this country, rather than being
20 attached to health care facilities or hospitals.

21 The real issue is people who need dialysis need it on a
22 frequent basis. The whole system may change if, in the next
23 year or two or five or 10, somebody comes up with a system
24 to do home dialysis in a much more easier way.

25 Senator Burr. Would you be kind enough to share with

1 the Committee the metrics that were used to make a
2 determination or that you will make a determination to set
3 up a national structure dialysis centers that are VA
4 facilities?

5 And my last question would be this. Did you not just
6 in the past May sign a national plan for dialysis with the
7 private sector?

8 Dr. Jesse. We did I believe, yes. I did not
9 personally but, yes, we do have national contracts. There
10 has been some contention around the national contracts
11 related to what VA was paying versus relative to what CMS
12 was paying, Medicare was paying.

13 You know, our goal, our responsibility is to ensure
14 that veterans who need dialysis have access to the dialysis
15 services that they need but we do that for many different
16 mechanisms.

17 Senator Burr. In fact, you signed a plan that you said
18 will only pay Medicare reimbursements. If the private
19 sector chose not to agree to that, which there is some
20 question as to whether that is--

21 Dr. Jesse. We are actually paying more than Medicare
22 in some areas, I think.

23 Senator Burr. In some areas. But were that not to be
24 the case if they did not find the contract where would the
25 dialysis services be provided for veterans?

1 Dr. Jesse. Well, this is the challenge. Right?

2 Senator Burr. So, that plays a part in why the VA
3 would like to own their own infrastructure to do this is so
4 that there is no competitive need in the marketplace, would
5 you agree?

6 Dr. Jesse. Well, so I am not sure I understand the
7 question. The VA probably does not drive the private
8 sector.

9 Senator Burr. Well, you made the comment that one of
10 the things was that the original contract paid a price that
11 was higher than Medicare, and that was something that in the
12 negotiations was expressed to all private sector bidders.

13 Dr. Jesse. Uh-huh.

14 Senator Burr. And it strikes me as a little bit
15 disingenuous that there would be pilot programs, an effort
16 to set up a national structure that I am convinced and I
17 think many members of the Committee are that would not have
18 stopped had we not raise an issue.

19 All I am asking for is not to make the decision. I am
20 asking to look at the metrics which I have been unable to
21 access that make the cost and benefit analysis for VA doing
22 this in-house versus VA continuing to contract with private
23 services deliveries.

24 Dr. Jesse. Right. So, two things. First of all,
25 absolutely I think that is what we owe you and I think we

1 have said that we will do that before we move forward with a
2 firm decision on how we would roll this out.

3 I think the second issue is that the VA will never be
4 able to do all of its own dialysis in the current construct
5 of what dialysis entails. Our responsibility is to ensure
6 that veterans who need it can get it and particularly close
7 to home. It makes no sense for somebody to have to drive
8 three hours to get dialysis, and we would never have the
9 capacity to do that.

10 In the original looking at these pilots, we looked at,
11 where do we have areas where there were significant
12 populations on veterans who have renal failure, who get
13 dialysis, in a range that it would make sense on the known
14 capacity of a dialysis unit to function effectively in these
15 areas. They were set up as pilots again to understand what
16 it would take for us to do this.

17 Senator Burr. And the Chairman has been very kind.
18 Let me just say that I am not necessarily sold on the fact
19 that the VA can produce the benefit, can deliver the service
20 cheaper than the private sector has been able to deliver it
21 but I look forward to you helping me on that.

22 Dr. Jesse. Absolutely.

23 Chairman Sanders. Okay. With that, let me thank the
24 panel is very, very much for your excellent testimony.

25 Now, we have our second panel and we apologize to them

1 for running a little bit late.

2 Before I introduce our panelists, I would just like to
3 mention that Senator Burr and I are in agreement that we
4 should discharge in the Committee from further consideration
5 of the Bill Young naming bill and hot line this bill this
6 evening.

7 Anybody object to that?

8 If not, that is how we will proceed.

9 Okay. I am delighted to welcome our next panel. We
10 have Adrian Atizado, Who Is The assistant national
11 legislative director of the DAV. We have Colonel Bob
12 Norton, who is the Deputy Director of Government Relations
13 for the Military Officers Association of America. We have
14 also with us Rick Weidman, Executive Director for Policy and
15 Government Affairs for the Vietnam Veterans of America. We
16 thank all three of you very much for being here.

17 Mr. Atizado, we would love to begin with you.

1 STATEMENT OF ADRIAN ATIZADO, ASSISTANT NATIONAL
2 LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS

3 Mr. Atizado. Mr. Chairman, Ranking Member, and member
4 of the Committee, on behalf of the Disabled American
5 Veterans, I am pleased to be here today to present our views
6 on the bills under consideration. For the sake of brevity I
7 will only highlight two bills out of those that are on
8 today's agenda and refer the Committee to our written
9 testimony on our views for the remaining bills.

10 The first bill is S. 1578. It is the Medical Foster
11 Medical Home Act of 2013. This bill will authorize VA to
12 cover the costs associated with the care of veterans at VA
13 approved medical foster homes.

14 So as this Committee is aware, the medical foster home
15 may be an appropriate setting for veterans who would
16 otherwise be placed in a nursing home care because they
17 lacked a support network to remain in their own homes.

18 DAV is please with VA's innovation of offering this
19 program as part of its long-term services and support. But
20 while patient participation in the program is voluntary, it
21 does yield very high satisfaction among veteran residents.

22 In addition because of its low cost, many VA facilities
23 perceive this program as a cost-effective alternative to
24 nursing home placement and it is gaining popularity based on
25 the expansion of this program over the last few years.

1 Because this program requires veterans in medical
2 foster home programs to pay for their care which ranges from
3 about \$50 to \$150 a day, even veterans who are otherwise
4 entitled to nursing home care fully paid for or provided by
5 VA must pay their share of residence in a medical foster
6 home. Thus, service-connected veterans who do not have the
7 resources to pay for their portion are unable to avail
8 themselves of this very important benefit.

9 So, based on our resolution that supports legislation
10 to expand a comprehensive program of long-term services and
11 supports for service-connected veterans, we are, in fact,
12 very pleased to support the intent of this bill.

13 We would like, however, to bring the Committee's
14 attention to the current statutory authority which limits
15 the VA from meeting its obligation to provide home and
16 community-based long-term services and supports to service-
17 connected disabled veterans such as this medical foster home
18 program that we are discussing today.

19 Because of this limitation in current statutory
20 authority, we believe the intent of this legislation should
21 actually be codified or amend current statutory authority.

22 The second bill is S. 1584, which would allow qualified
23 disabled veterans the opportunity to utilize the automobile
24 grant program up to three times rather than the current
25 allowance of once and increase the current amount from

1 \$18,900 to \$30,000.

2 Not only has the issue of increasing the amount of
3 automobile grant benefits has been a long-standing issue for
4 DAV other veterans service organizations have also sought to
5 have the amount of this vital benefit increased.

6 Collectively, we have urged Congress to extend the
7 automobile grant benefit by allowing previous recipients of
8 a much lesser amount--in years past it ranged from anywhere
9 from 11 to 8000, even less--for those veterans to be able to
10 receive a supplemental auto grant for the difference between
11 their original grant and the current grant, if it was
12 higher.

13 Last year, the Department of Transportation reported
14 the average life span of a vehicle, general vehicle, was 12
15 years or just under 129,000 miles.

16 The cost of replacing a modified vehicle can range
17 anywhere from \$40- to \$65,000 for a new vehicle and \$21- to
18 \$35,000 used. This is on average. Now, these tremendous
19 costs, compounded by inflation, present a financial hardship
20 for many severely disabled veterans who need to replace
21 their primary mode of transportation once it exceeds its
22 expected life.

23 As such, in accordance with our resolution, we support
24 an enactment of this bill as it will expand the vital
25 automobile grant benefits by allowing multiple uses while

1 increasing the current amount, I should say the aggregate
2 amount, to \$30,000.

3 Mr. Chairman, this concludes my testimony. As always,
4 the DAV looks forward to working with the Committee as well
5 as the bills of sponsors' staff on any concerns that we have
6 on their bills. I would be happy to answer any questions
7 you or other Committee members may have.

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

1 Chairman Sanders. Thank you very much, Mr. Atizado,
2 and thank you for what the DAV is doing.

3 Colonel Norton.

1 STATEMENT OF COLONEL ROBERT F. NORTON, USA (RET.),
2 DEPUTY DIRECTOR, GOVERNMENT RELATIONS, MILITARY
3 OFFICERS ASSOCIATION OF AMERICA

4 Colonel Norton. Thank you, Mr. Chairman. It is an
5 honor to be here with you today. Thank you Senator Burr,
6 Senator Blumenthal. I represent some 380,000 members of the
7 Military Officers Association of America.

8 Mr. Chairman, three of the bills on the agenda today
9 would amend the Servicemembers Civil Relief Act or SCRA.
10 Your bill, the SCRA Enhancement and Improvement Act makes a
11 number of key improvements that support our active duty,
12 National Guard, and Reserve members called to active federal
13 service.

14 I believe it is important to set this bill in a proper
15 context. Since September 11, 2001, almost 900,000 members
16 of the Guard and Reserve have been called up and over
17 300,000 have served on multiple tours of active duty.
18 Reliance on our citizen soldiers has never been greater.

19 It is, in fact, our national policy that reservists can
20 expect to be activated one year or every five years they are
21 training part time at home. The legislation is also
22 important, very important for active duty families.

23 The SCRA Enhancement and Improvement Act expands
24 mortgage protections for service families required to move
25 under military orders. It preserves civilian licenses and

1 certifications that may expire during a combat zone
2 deployment, and it prevents a servicemember from being
3 denied or refused credit solely by reason of eligibility for
4 the SCRA among other objectives in the bill.

5 Senator Jack Reed's Servicemember Housing Protection
6 Act, S. 1593, complements your bill, Mr. Chairman. It
7 includes a provision that extends SCRA mortgage foreclosure
8 protection for one year to the surviving spouses of
9 servicemen and women who made the ultimate sacrifice or who
10 died in the line of duty.

11 Another provision in the bill allows a military family
12 who is renting off post housing to be able to break a
13 residential lease without penalty in the event that on base
14 housing opens up.

15 The bill would also trigger SCRA protections with a
16 commanding officer's letter that would serve as a type of
17 military order. Together these bills straighten the morale,
18 well-being, and readiness of our Nation's military families.
19 The Military Officers Association strongly supports these
20 measures.

21 S. 1399, the Servicemember Student Loan Affordability
22 Act, sponsored by Senator Durbin, is beneficial to young
23 people with multiple student loans who agree to join our
24 Armed Forces.

25 The bill allows them to consolidate student loan debt

1 and gain the SCRA six percent interest rate cap. We believe
2 this bill also supports recruitment of talented Americans
3 with unique skills in demand by our Armed Forces.

4 Senator Tester's S. 1573 would allow the VA to make
5 faster payments of DIC compensation to surviving spouses
6 while formal paperwork is in the pipeline. We strongly
7 support this bill.

8 S. 1262, the Veterans Conservation Corps, sponsored by
9 Senator Bill Nelson, would establish a new program to
10 support veterans transition to civilian life via temporary
11 employment in conservation programs, law enforcement,
12 firefighting, and disaster relief.

13 MOAA supports the bill in concept but we recommend that
14 the legislation include an explicit authority to use GI Bill
15 training benefits so that participants can gain a license or
16 other credential at the conclusion of their training.

17 Turning briefly to VA health care legislation, we
18 support your bill, Senator Burr, draft bill that would
19 establish an outside independent study of the 21 VA Veterans
20 Integrated Service Networks, or VISNs, to ensure that the
21 system is working efficiently and effectively.

22 Mr. Chairman, we understand that your bill, the
23 Veterans Health Care Eligibility and Expansion Enhancement
24 Act is being parsed into two bills. MOAA strongly supports
25 expanding enrollment opportunities for certain uninsured

1 veterans consistent with the requirements of the Affordable
2 Care Act.

3 Finally, MOAA strongly supports the provision in the
4 bill that extends the period of time combat veterans can
5 enroll in VA health care from five years to 10 years.

6 This concludes my statements. Mr. Chairman, thank you
7 very much. I look forward to your questions.

8 [The prepared statement of Colonel Norton follows:]

- 1 Chairman Sanders. Thank you very much.
- 2 Mr. Weidman.

1 STATEMENT OF RICK WEIDMAN, EXECUTIVE DIRECTOR FOR
2 POLICY AND GOVERNMENT AFFAIRS, VIETNAM VETERANS OF
3 AMERICA

4 Mr. Weidman. Thank you, Mr. Chairman and Ranking
5 Member Burr, for the opportunity to appear here today.

6 I was asked last night by my distinguished colleague,
7 Mr. Atizado, that he could not wait to try and see me
8 comment on every single bill on the agenda today. So, I am
9 not even going to try even though I have my fast New York
10 accent when I need it.

11 I will comment and thank Senator Richard Blumenthal for
12 moving forward on the Agent Orange Bill. It does a number
13 of things, this bill. One is the most emotional issue by
14 far all over this country is, among Vietnam veterans, is the
15 issue of the grandchildren.

16 When we first stumbled into this was a town meeting in
17 Louisville, Kentucky. Since that time, we have had such
18 town meetings from North Carolina to Florida to Vermont, et
19 cetera. Vermont actually was the first one we had but it
20 did not highlight the grandchildren. This was way back in
21 1983 that the Chairman was involved in but it was all an
22 Agent Orange.

23 We now have the biological plausibility and understand
24 how patrilineal defects and often anomalies can not only be
25 visited on the children but on the grandchildren. It is the

1 field of epigenetics which frankly did not exist 20 years
2 ago.

3 It is dioxin passes through the body. It does damage
4 and alters the acids that serve as the on-off switches to
5 the genes which shows up as anomalies. So, you have five-
6 year-olds having heart attacks. You have three- and four-
7 year-olds coming down with a rare cancers and particularly
8 the cancers that are associated with exposure to Agent
9 Orange.

10 The creation of a center for excellence on the already
11 existing VA format where all medical centers can compete and
12 it is based on what your organizational capability and how
13 can you add to this. But it would also create an Office of
14 Extramural Research.

15 We have had a real problem and the VA says that they do
16 all the research that is necessary. In fact, they do not do
17 any research on Gulf War Illness that is useful. They do
18 not do any research on Agent Orange that is useful, with the
19 exception of the National Vietnam Veterans Longitudinal
20 Study which is due to be delivered to the VA next month.
21 They only did that after Congress passed a law saying they
22 had to and then we went through 12 years of beating them
23 over the head.

24 With the assistance of folks on the Hill, they finally
25 embarked on doing that study which will tell us a lot about

1 mortality and morbidity of Vietnam veterans.

2 But what we need is something that is multi-
3 generational that addresses the needs of Gulf War veterans,
4 addresses the needs of Vietnam veterans, affects burn pits,
5 and the Camp Lejeune. Any other toxic exposure which
6 results in toxic wounds to our Nation's veterans needs to go
7 through the same, is worthy of study and find out how do you
8 treat these.

9 I am not going to get into all the weeds on this now.
10 In fact, the veterans organizations are meeting tomorrow
11 afternoon to talk about it and see if we cannot come up with
12 a united front back to Senator Blumenthal with any changes
13 to keep everybody in the fold. But I think we are on the
14 way to a really good bill at markup.

15 I would suggest also that while we are in favor of most
16 of the bills that were on the agenda today, when it comes to
17 the health care record, on this one VA skirts are clean
18 because this has been DOD blocking this process for twenty
19 some odd years.

20 What we have said and recommended it to Secretary
21 Hagel, who we have enormous respect and affection for, is
22 adopt VistA and do it now and work together towards a common
23 data warehouse both for DOD and VA; and you have not only
24 operability but you do not have to translate anything. We
25 need to develop that for VA anyway.

1 When we brought this to Assistant Secretary of Health,
2 Assistant Secretary of Defense for Health, his comment was,
3 it is cheaper for DOD to go a different way. I said it is
4 not cheaper for me as a taxpayer to go a different way. It
5 is going to be a heck of a lot cheaper to the taxpayer to do
6 the same system and make whatever improvements need to be
7 made to VistA together, and those improvements should
8 include military history.

9 I am three seconds over time and so I thank you for the
10 opportunity again and welcome any questions, Mr. Chairman.

11 [The prepared statement of Mr. Weidman follows:]

1 Chairman Sanders. Thank you very much, Mr. Weidman.
2 Let me just start off and ask each of you very briefly. All
3 of your organizations have people who access the VA health
4 care system. What are you hearing? Is it a good system?
5 Mr. Atizado. I am murdering your name here and I apologize
6 for that.

7 Mr. Atizado. Adrian is fine.

8 Chairman Sanders. Adrian, all right that I can handle.

9 Mr. Atizado. I believe so, Mr. Chairman. Generally as
10 an advocacy organization, the things we hear about are the
11 same things that a lot of members on this Committee and this
12 Committee probably hears as well are just complaints.

13 But, you know, the type of complaints that we get
14 really are more about implementing policy and not the
15 quality of care. To that end, those that we do have the
16 opportunity to speak with that are patients in our
17 organization love the VA. They will defend it and they are
18 very strong advocates, vocal advocates, also very vocal
19 critics when it needs to be. I think that is the overall
20 perspective our members have about VA health care.

21 Chairman Sanders. Colonel Norton.

22 Colonel Norton. Thank you, Mr. Chairman.

23 You know the VA that Rick and I experienced coming back
24 from Vietnam 40 plus years ago then today is light years
25 different. I mean, it is by many different measures

1 studies, et cetera, has a marketable record of safety and
2 quality.

3 Sure, more needs to be done. I would say that
4 information outreach and access is an issue especially for
5 veterans that do not understand or know that they may be
6 eligible to enroll in VA health care.

7 Chairman Sanders. Mr. Weidman.

8 Mr. Weidman. Overall it is an excellent system. On
9 special needs of vets, particularly neuropsychiatric, spinal
10 cord injury, amputations and prostheses, they are ahead of
11 most American medicine.

12 So, we think it is an excellent system. We strongly
13 favor your bills opening it up and including dental care in
14 that.

15 Chairman Sanders. Well, let me pick up on that, Mr.
16 Weidman.

17 Do you bump into Vietnam vets who would like to access
18 VA health care but are ineligible to do so?

19 Mr. Weidman. I do, sir.

20 Chairman Sanders. And you think opening up the system
21 would give them the opportunity to access good quality
22 health care?

23 Mr. Weidman. I think it would if they know about it.
24 I cannot tell you the number of people who do not--even
25 going to the VA website, if you look of diabetes and say in

1 the patient library you want to know more about diabetes, it
2 does not mention a darn thing about Agent Orange.

3 Chairman Sanders. Well, you have raised an issue dear
4 to my own heart. We have had at least one hearing on that
5 issue already and we are going to do more. I think the VA
6 is, if you go to the website, it is a better website today
7 than it was a year ago.

8 Mr. Weidman. Absolutely.

9 Chairman Sanders. You are seeing ads on television,
10 radio which are pretty good as. So, I think these guys are
11 trying to get their act together. Not everybody, you know,
12 not every veteran wants to use the VA and that is fine. But
13 I think our job is to make sure that every veteran in
14 America knows what he or she is entitled to so if they do
15 want to use the system they can come in.

16 So, I agree with you that remains an issue and it is an
17 issue that this Committee is going to continue to work on.

18 Adrian, what do you think, are there folks out there,
19 do you think, who would like to access VA but are in
20 eligible and do not know about the system?

21 Mr. Atizado. I am pretty sure there are, Mr. Chairman,
22 yes.

23 Chairman Sanders. So, one of the things that we want
24 to do is to expand VA eligibility and bring more veterans
25 into what we consider to be a strong and cost-effective

1 system.

2 Any of you want to comment on dental care or am I the
3 only person in the world obsessed by this issue?

4 Mr. Atizado. I will gladly do it, and I will echo my
5 comments with Mr. Weidman. Dental care is a longstanding
6 issue for DAV. As you mentioned, as was mentioned by other
7 folks, it is critical and by Dr. Jessie behind me, it is a
8 critical part of health care.

9 For what ever reason, there are parts of VA's medical
10 benefit package that has not caught up what we believe
11 health care to be today, whether it is certain parts of
12 long-term care and in this particular case dental care. So,
13 we are very supportive of that bill. We would like to see
14 it in to the fold of the medical benefit package, yes.

15 Chairman Sanders. Colonel.

16 Colonel Norton. Thank you, Mr. Chairman.

17 The reality is that the view that dental health and
18 physical health are distinct and different aspects of
19 treating the human person is old think. It is obsolete.

20 The reality is that you can have severe dental health
21 issues that affect your overall health. I would add to that
22 that we have had the experience early in the last decade
23 when tens of thousands of members of the Reserves were
24 called up that became compounded when they came back and
25 became veterans. Many of them had teeth pulled. They did

1 not get proper care from DOD. They really just had to get
2 them deployed into the combat zone and so they did not do
3 proper dental health care.

4 Now, that is being visited really on the VA system now
5 that many of them are applying for health care access there.

6 Chairman Sanders. Mr. Weidman.

7 Mr. Weidman. Dental care is, in fact, part of health
8 care. We met with the VA dentists numerous times. There
9 have been many studies that we have reviewed about it being
10 key to maintenance of overall wellness.

11 The people who you do not take care of who do not have
12 the ability themselves to pay for dental care are going to
13 end up at VA because they are going to be indigent and so
14 sick that they get in. Why not see them before they get
15 that sick?

16 I also want to mention something. Years ago when I was
17 chairman of the board of PAVE in Vermont, we had a smart
18 counselor in St. Johnsbury, and he had a client who stayed
19 drunk all the time, and he could not get him to go to the
20 hospital, could not do anything. His wife had thrown him
21 out, et cetera.

22 He figured out that the key was the guy had no teeth.
23 So, he said I do not know what to do. CEDDA will not pay for
24 it. So, I went to a friend who was a classmate at Colgate
25 who was a dentist in Stowe and he had been instrumental in

1 starting the tooth fairy program.

2 He said, do you have somebody in St. J. who will do it
3 if we buy the materials. The board chipped in, of PAVE, all
4 Vietnam vets, to buy the materials. We got the guy a new
5 set of choppers, got him down to White River Junction to
6 Matt Freedman and turned him around on the PTSD and the
7 alcohol. We got him a job, and his wife took him back and
8 that was his story.

9 The barrier to employment could be anything but in this
10 case it was his health and it was his teeth and that was the
11 key to his overall well-being.

12 Chairman Sanders. Excellent point.

13 Senator Burr.

14 Senator Burr. Thank you, Mr. Chairman.

15 Let me start by thanking all of your organizations for
16 their support for the Camp Lejeune water contamination
17 issue.

18 Rick, as you know, it is a very long process to go
19 through. The whole study of water toxicity, we have made
20 more progress in the last two years than we have in the last
21 20 years, and I hope that there is a blueprint that we
22 create through that for other toxic exposures that may
23 exist.

24 Let me also ditto what you said about the electronic
25 medical records being a DOD problem and not a VA problem.

1 As one person's opinion who has been in the debate on this
2 side of the dais, I have always seen a willingness on the
3 part of VA and expertise on the part of the VA and I have
4 seen nothing but reluctance and pull back on the part of
5 DOD.

6 And I say that to my colleagues that are on the Armed
7 Services Committee. I do not think it is a lack of
8 willingness on the VA side. It is clearly a lack of
9 willingness on the part of the DOD side, and I hope we can
10 close that gap.

11 If I could pray for any IT explosion at the VA, it
12 would be for a new appointment program that would actually
13 walk somebody through to where a veteran could actually
14 access all their doctors they see on one visit versus the
15 multiple visits that it takes today.

16 I think that is a difficult thing ever to explain that
17 we cannot do and it is not because of the lack of money. We
18 have spent a tremendous amount of money only to have a
19 failure again.

20 Colonel Norton, in your testimony regarding my bill of
21 the improving quality of care within the Department of
22 Veterans' Affairs Act of 2013, you stated this, and I quote,
23 directives from VA central office can take significant
24 periods of time to be reviewed by local facilities and then
25 not implemented as originally intended.

1 What do you believe are those bottlenecks?

2 Colonel Norton. I think this gets back to what Adrian
3 said earlier that there is a culture of individuality out
4 there in the VISNs that even though the central office might
5 issue a particular directive or policy, the way that it is
6 implemented turns into a completely local affair and it has
7 to do with the leadership there and the responsiveness of
8 that local system to the VA central.

9 It is an elaborate problem and I think your bill is
10 needed in order to address a more outside systematic look at
11 an efficient way to run the railroad, if you will.

12 Senator Burr. Our hope is to structurally put some
13 accountability into the system.

14 Rick, in your testimony regarding my dialysis bill, S.
15 1547, you stated that dialysis is one of those services best
16 performed by clinicians outside of VA. However, as you
17 stated in your testimony, some folks in the VA are overeager
18 to bring dialysis outpatient clinics into the fold.

19 Why, in your opinion, is VA overeager?

20 Mr. Weidman. It is not just on this issue. The
21 contracting out makes sense where veterans have to travel
22 great distances. Even in some states, we do not usually
23 think of North Carolina as rural as the rest of the country.

24 Senator Burr. Only 80 percent of it is.

25 Mr. Weidman. Right. But for those in the rural areas,

1 it is really rural when you get out west. The point is that
2 in those areas to contract out it makes a great deal of
3 sense for all the reasons that Senator Johanns talked about
4 earlier where there are quality facilities out there you can
5 contract with.

6 But to contract out where there is dialysis already
7 existing in urban areas makes no sense to us unless you can
8 show it is an amazingly more cost-effective for VA to
9 develop its own dialysis unit. The capital costs in
10 developing a dialysis unit and keeping its staffed properly
11 and up to date, I think you could do it much more easily
12 outside.

13 Senator Burr. Well, let me just say I have challenged
14 Dr. Jesse to present the sales pitch to me of why this
15 should be done internally.

16 I will take my 53 seconds that I have got to
17 editorialize a little bit. In addition to the wishes of the
18 Chair to expand access to the VA, we cannot lose focus on
19 the fact that over the next decade we will have probably
20 500,000 individuals who separate from the military and who
21 are eligible in some way, shape, or form for VA.

22 In my State of North Carolina, I am not in a position
23 today to physically handle what we currently have just from
24 military retirees who are moving to North Carolina and VA
25 eligible. This is not a secret. The VA recognizes that

1 too.

2 If we begin construction today, I am not sure that we
3 could meet, that we could ever meet the needs of what will
4 migrate there is through retirees and what will dislocate
5 from the military and name North Carolina has home.

6 Given the fact that we cannot do that and there are
7 going to be continuing pressures on the need for additional
8 facilities, personally, and I say this, Dr. Jesse, and I
9 hope you hear it, I am not sure why we would waste the
10 capital to create something that seems to work fairly well
11 on a contract basis because we are going to need that
12 capital to stand up delivery points for the delivery of care
13 that there is not the expertise or availability of outside.

14 Chairman Sanders and I have talked about ways that we
15 might be able to leverage the federally qualified community
16 health centers in a way that we can actually put a VA
17 presence closer to where veterans live.

18 You know, if you have to put in VA over a door and put
19 a new door in it and have dual services that are operated by
20 the x-ray machine and copy machine and a nurse, even if you
21 have to have two separate physicians, our ability to do that
22 because our objective here--and I do not think it is at odds
23 with the VA I objective--is to keep veterans healthy, to
24 keep them out of our hospitals, to do as much things in
25 outpatient facilities as we can.

1 It means the expansion of things like HCCs with
2 ambulatory outpatient surgery centers. It means some degree
3 of partnership with community health care centers for any
4 overnight observation.

5 But I hope that the veterans service organizations and
6 the members on this side do not lose perspective on the fact
7 that the demands in dollars over the next 10 years for the
8 infrastructure needs to handle the population that we have
9 made a promise to are huge.

10 Today, we have \$14 billion worth of construction either
11 let or underway and we have no idea how we are going to
12 finish paying for that much less this horizon that we see
13 that we know is coming. We cannot deny it. We have got to
14 be responsive to it.

15 So, mine is not a judgment based upon trying to tell
16 the VA what they should and should not do. It is to some
17 degree facing the realities of what we have before us and
18 how we can best allocate our funds and leverage our dollars
19 in a way that provides the promise to as many individuals
20 that we have made.

21 So, I thank the Chair for the editorial time.

22 Chairman Sanders. Thank you, very much, Senator Burr.

23 Senator Blumenthal.

24 Senator Blumenthal. Thank you, Mr. Chairman.

25 Let me begin by saying that I agree with much of what

1 Senator Burr has just said about the challenges that we need
2 to face and have not prepared to confront going forward
3 simply in the numbers that will separate from the military.

4 I see it from the standpoint of the Committee on Armed
5 Services where we are preparing for the downsizing of our
6 military in numbers that are almost unprecedented in recent
7 history.

8 Obviously in the wake of every war, we have downsized
9 to some extent but this influx of needs, health care
10 requirements as well as other kinds of challenges and
11 obligations that we owe, they are not new obligations.

12 We have made promises and the Nation needs to keep
13 faith with them. So, I welcome his statement and I know
14 that the Chairman has spoken to it as well. But I hope that
15 we can come together as a Committee again on a bipartisan
16 basis and try to at least produce a blueprint for trying to
17 deal with these issues.

18 Mr. Weidman, I want to say a personal thanks to you and
19 to the Vietnam Veterans of America who have been absolutely
20 instrumental and central in developing the Topic Exposure
21 Research and Military Family Support Act of 2013, and I
22 welcome your additional changes after you consult with other
23 organizations including the DAV and Colonel Norton with your
24 organization as well.

25 I have no pride of authorship in this bill. I have no

1 preconceived notion of what should be in it but I think the
2 central point is we have an obligation to provide remedies
3 to diseases and conditions that have been passed on to
4 children and grandchildren as you have so eloquently said,
5 Mr. Weidman, and also to veterans, more recent veterans from
6 Afghanistan exposed to the burn pits, the members of
7 families at Camp Lejeune that Senator Burr has championed
8 and Senator Hagan.

9 This issue of toxic chemicals is just beginning to be
10 understood. The fact that we expose our military men and
11 women to these wounds of war without any real scientific
12 knowledge and even awareness or sensitivity to those issues
13 I think is a gap that we need to remedy.

14 So, I think you are performing an enormous service,
15 your organization and others, in calling attention to this
16 very, very difficult and challenging area.

17 Without being too long-winded, I also want to second
18 your point about VistA and the Department of Defense.

19 As long as the folks from the VA are still here, I join
20 Senator Burr in raising some qualms about the reaction of
21 the Department of Defense. I think I alluded to those
22 qualms earlier.

23 But let me just ask you if I may, Mr. Weidman, about
24 the toxic Exposure Research and Military Family Support Act.
25 I have had one of these roundtables in Connecticut. You

1 were kind enough to join us.

2 Is there a national constituency for this bill in your
3 view?

4 Mr. Weidman. There is, Senator, and we are--have had
5 since that roundtable at Rocky Hill, Connecticut 20 some
6 odd, there were seven just a week before last and in the
7 same week in Florida in a round robin, been to California;
8 and I think that by next spring, certainly by Memorial Day
9 that you will have one in virtually every state in the
10 union, at least one.

11 Frankly, our goal is to have one in every congressional
12 district so people cannot say it does not affect my veterans
13 because it sure as heck does because the exposures were so
14 wide, when you looked at what happened to Gulf War one,
15 Vietnam, and the young people serving today.

16 Senator Blumenthal. Thank you. My time has expired
17 but I again want to thank each of you for being here today
18 for your service to our Nation and for the service that has
19 been provided to every single member of the organizations
20 you represent.

21 Thank you so much.

22 Thank you, Mr. Chairman.

23 Chairman Sanders. Thank you, Senator Blumenthal.

24 Let me thank the panelists and again to reiterate what
25 Senator Blumenthal said, we thank you very much for the work

1 of your organizations. This Committee cannot do its job
2 without learning and working with all of the service
3 organizations.

4 I want to thank the VA for being here as well for their
5 excellent testimony. I think it has been a good hearing and
6 I thank everybody for attending.

7 Adjourned.

8 [Whereupon, at 4:25 p.m., the Committee was adjourned.]