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Tuesday, August 19, 2014

U.S. Senate  
Committee on Veterans' Affairs  
Honolulu, Hawaii

The committee met, pursuant to notice, at 10:00 a.m.,  
in Fred W. Ballard Hall, Oahu Veterans Center, 1298 Kukila  
Street, Honolulu, Hawaii, Hon. Mazie Hirono, presiding.

Present: Senator Hirono [presiding].

OPENING STATEMENT OF SENATOR HIRONO

Senator Hirono. This hearing will come to order.

Good morning, everyone.

I want to thank everyone, especially our witnesses, some of whom have traveled far to be with us this morning. And we look forward to your testimony on a very important topic, the state of VA health care in Hawaii. I know some of you are wanting to provide testimony. So the record will be kept open for those of you who are not on the panels, and you can provide your comments and input to our committee for our committee's record.

Our veterans face a number of challenges in their transition from military service to veteran status to civilian life. And as a member of the Committee on Veterans' Affairs, I have met with veterans all across the State, and I have heard about the difficulty accessing information and benefits, including educational benefits, health care, other issues that confront our veterans.

And there are too many stories about the struggles in finding and keeping quality jobs and affordable housing. So there are issues relating to homelessness, suicide. All of these issues are worthy of their own hearings, and rest assured that I will work to address these issues.

Today, however, we are focusing on veterans health care because health care is a bedrock benefit. Hawaii is home to over 100,000 veterans, 45,000 of them who rely on the VA for their health care. Providing health care to those that have put their lives in harm's way to keep our

country safe is an ongoing commitment with ongoing challenges.

VA is the Nation's largest integrated health care system. It has 300,000 employees. They serve nearly 9 million veterans at 1,700 different points of care across our country. So VA is a massive, complex enterprise.

The VA Inspector General and the nonpartisan Government Accountability Office have brought attention to issues over the years relating to VA's provision of care, management of patients, and other issues. While VA leadership has sought to address these concerns when they have been raised, implementation throughout this vast, complex system has been a challenge.

In April, news broke that the staff at the Phoenix VA Medical Center had been manipulating scheduling system, and veterans were placed on secret waiting lists to cover up the truth about how long Arizona veterans were waiting to receive initial care. It turns out that these practices were not limited to just the Phoenix VA.

While the investigations remain ongoing, one thing is clear. The status quo at the VA is unacceptable. Today's hearing is the Senate Veterans' Affairs Committee's third hearing on the state of VA health care since the Phoenix VA story broke. It has also been approximately 90 days since former Secretary Shinseki announced the VA's Accelerating Access to Care Initiative.

This initiative is a series of directives by VA to make sure that veterans across the country are contacted quickly for their initial appointments. We will hear about the progress as well as the challenges that VA in Hawaii has had with implementing these directives.

At the start of this initiative, Hawaii veterans had the longest wait time of veterans anywhere for their initial appointment. And I am encouraged that this wait time has been reduced, but there remains significant other challenges that VA must meet to restore trust with our veterans, which is why we will also hear from Hawaii veterans about how they interact with the VA, what they think needs to be done to improve VA for the long term. And these veterans are in our first panel.

I want to also turn to the recently enacted Veterans Access to Care Act. This new law was intended to provide resources to help veterans get care quickly from private providers, to decrease wait times for initial appointments. It also makes investments in staff and facilities, including the Leeward Oahu Veterans Clinic, to expand VA's capacity.

We will hear testimony on how this new law will improve the VA health care system and how we not only can make improvements over the short term, but that -- but how we can sustain these efforts by understanding what VA needs in terms of staffing, facilities, and resources over the

long term.

So this is not a one-shot deal. We know that we need to stay the course to improve health care accessibility for our veterans. And in my meetings with veterans, I also understand that improving access to care also means understanding how VA interacts with veterans of every era, from World War II generation all the way through to the newest veterans, and a two-way communication between our veterans and the VA is a priority.

I look forward to hearing today's testimony and continuing this important dialogue with all of you.

And I just want to make a personal note that my sixth grade teacher, who is a veteran, who received the Congressional Medal of Honor, is in our audience -- Mr. Yoshinobu Oshiro. Mr. Oshiro, thank you so much.

[Applause.]

Senator Hirono. Many of us have teachers who really influenced our lives, and Mr. Oshiro certainly did that for me in sixth grade. And I have kept in touch with him all of these years. So welcome, Mr. Oshiro. I still call him "Mr. Oshiro."

[Laughter.]

Senator Hirono. So we are going to go to -- before we go to panel one, hold on for one second, please. We are going to be joined by Congresswoman Tulsi Gabbard. And before we get to panel one, we are going to hear from

Representative Mark Takai.

We asked the -- we invited the chairs of the relevant committees in the State legislature to provide a statement if they wished to, and I am happy to have Representative Takai, who chairs the Veterans Committee. That is not the only jurisdiction of the committee, but that is a very important part of what Representative Takai pays attention to.

So, Representative Takai, would you like to make a statement?

STATEMENT OF MARK TAKAI, REPRESENTATIVE, HAWAII

STATE LEGISLATURE

Mr. Takai. Thank you very much.

Senator Hirono, members of the panel, fellow veterans, and members of the community, aloha and good morning.

Senator Hirono. Aloha.

Mr. Takai. Before starting, I just wanted to thank

you, Senator Hirono, for your leadership on this issue, for making it possible to have this hearing, this field hearing here in Hawaii, and for giving our veterans here in Hawaii an opportunity to talk directly to our Senators and congresspeople. So thank you so much.

As a member of the Hawaii State legislature, chairman of the House Veterans and Military Affairs Committee, a veteran currently serving as a lieutenant colonel in the Hawaii Army National Guard, and a VA enrollee myself, I am very grateful for this opportunity to address you at this very important hearing.

While I am pleased that wait times have been reduced here and across the country for our veterans at our VA facilities, there is still much to accomplish. I am hopeful that with the recent passage of the Veterans Access to Care through Choice, Accountability, and Transparency Act and other pending legislation, our veterans will have access, better access to much-needed care in a timely manner.

I fully support allowing those who live far away from VA facilities or who are unable to get appointments in a reasonable time to seek care from other health care providers. Here in Hawaii, our legislature has worked to ensure that our veterans are being taken care of. A task force was established to help nonprofit providers get homeless veterans off the street and help them get the



services they need.

The veterans court, the Hawaii State Veterans Court, which focuses exclusively on veterans, brings together not only State and social services at the State level, but also the Federal VA to help veterans adjust back to society and to navigate our court system.

These men and women have made tremendous sacrifices for our country. We owe them better. We are in an advantageous position to ensure that the relationship between our veterans and our communities remain healthy and continues to grow in positive ways as we work together, both the State and the Federal Government, to take care of our veterans and their health care needs.

Helping veterans is our priority, and I will continue working with our legislative colleagues to do what we can to support services and programs that care for and empower our veterans.

And I just wanted to end by just saying that we are partners. The State of Hawaii, the legislature, the executive branch are partners with the Federal branch in caring for our veterans, and we look forward to our continued relationship to take care of them.

Thank you. And mahalo.

[The prepared statement of Mr. Takai follows:]

Senator Hirono. Thank you very much, Representative Takai.

And clearly, this is a collaborative effort, and thank you for all that you do.

So we will take a moment to -- aloha to Representative Takai. And if you would like to stay, feel free, but we are going to have our first panel take their seats now.

Mr. Takai. Thank you very much.

Senator Hirono. Aloha.

[Pause.]

Senator Hirono. Good morning. I would like to welcome our veterans panel to this morning's hearing, and I am very interested to hear about your members' as well as your own experiences with VA health care services, and your feedback and recommendations are critical as this committee continues to support VA's efforts to enhance its quality of care.

I would like to ask of each of you to keep your oral presentations to 7 minutes. I think that you probably can deliver your full testimony, having received some of your testimony ahead of time. But, of course, your full testimony will be made part of the committee's record of the hearing.

I would like to introduce the panel members now. First, we have Victor Craft, a Vietnam veteran from Oahu. Next we have Cummings Mahoe III there, representing Molokai and Lanai veterans. We also welcome Fred Ruge from the Maui Veterans Council. We have Captain Elisa Smithers, a veteran of the Hawaii Army National Guard, and our final witness is Robert Strickland, president of the West Hawaii Veterans Council.

Thank all of you, who some of you, of course, have traveled from the neighbor islands to participate and to give us your input. Thank you very much and, of course, for your service to our country.

Why don't we start with Mr. Craft? You may begin.

STATEMENT OF VICTOR CRAFT, CONCERNED VETERANS OF OAHU

Mr. Craft. Thank you, Senator Hirono. And good morning. Aloha.

Before I begin my remarks, I would like to thank you for convening this hearing here in Honolulu, allowing those in your constituency to participate in airing their concerns without having to endure the trip to Washington.

I would like to apologize in advance for any remarks made that may offend. The spirit in which this is delivered is not one of spite. We seek to rectify serious problems in the Department of Veterans Affairs. It was written from the perspective of a Vietnam veteran.

We have a choice. We can either take issue personally or accept the criticisms and undertake means to remedy these ills. Again, the choice is ours.

This committee hearing is convened to assess the ability of veterans in their efforts to gain health care through the Department of Veterans Affairs. We have witnessed numerous complaints by veterans and continued criticism in the media of lengthy times for veterans to be able to even see a physician. This is only one part of a larger problem.

Many excuses and arguments have been presented in defense of the DVA. Veterans have died due to reasons as yet forthcoming. Perhaps the first question to begin with is not why did this happen, but how did it happen? What were the circumstances that allowed a Government agency to ignore its stated purpose? What possible gain was there in allowing veterans to die due to neglect? What reasoning is there behind the continued wait times for veterans health care?

Criticism of the Department of Veterans Affairs is longstanding. How could it have been ignored? Service organizations, individuals, in print and in letters to the DVA, had spelled out countless occurrences of abuse, disregard, and intolerance to veterans.

A movie was made in 1992 that raised awareness of how veterans were being treated. What was done then? More

recently, television programs have featured stories about veterans and their poor treatment at the hands of their own government.

This committee has failed in addressing its responsibility to provide oversight to the agency it was charged to manage. The DVA has failed to follow in its own mission statement laid down by President Lincoln. The focus became the bureaucracy and not the client.

The challenge today is to ensure safeguards are put in place to prevent this from happening again. The core issue may be one of attitude. More rules and operating procedures are not going to implement better programs. It is people. It is their desire to aid others.

The primary focus cannot be on maintaining the mechanics of bureaucracy. The veteran is not a piece of paper to be shuffled through a never-ending corridor of administration. They are people.

It also becomes a point of frustration to the veteran, who sees countless dollars spent on people who have done nothing to contribute to our society and yet cannot find the necessary funding to fulfill this obligation to those that put their lives on the line for the very same country. There are those who have said that it would take a generation to fix the problems at DVA. That is unacceptable.

In our history, we have demonstrated a will and an

ability to change things dramatically in short order. What is preventing that from happening now?

There are far too many rules to be dealt with. Let us start from the premise that the veteran must be treated at all costs. Means test, eligibility categories, and numerous other qualifying criteria have choked the system to the point where even adequate care becomes a brass ring to the veteran.

What recourse does the veteran have? They depend on your positions to satisfy a promise made to them at the time they committed their lives.

Who speaks for them? Service organizations can print articles in their journals. Movies can be made. But ultimately, it falls on the Government to act.

It was the Government in the form of Congress and the President who sent young men and women into battle. The United States Government must assume full responsibilities for its actions. Those actions resulted in broken people who need to be mended.

The extent of their injuries should not be a matter of debate by those who have not seen hostile action. They should not be judged by people unschooled in the experience of war, nor should unqualified people be making medical decisions.

How can people who have no concept of what the veteran experienced pass judgment on what one writer described of

their first impression of Vietnam when entering country was "a train wreck in slow motion"? Are the people who make these disability decisions qualified?

Is there any training that is conducted to ensure these people understand the myriad qualifications and classifications of jobs in the military? How many of them have actually been in service and/or been exposed to hostile fire?

To the veteran, the system has become the enemy. It has worked against them, not for them. Attitudes and an environment must be changed. That comes from leadership. This, however, gets into the realm of being subjective.

The DVA has had leadership, but what kind? Has there been an unwritten policy to hinder veterans from receiving their due? The process for gaining access to health care is cumbersome and prohibitive. To the veteran, attempts to gain access are met with denials and obstacles made up of all manner of criteria.

The paperwork alone is not only intimidating, but almost ludicrous. Consider a veteran applying for assistance due to post traumatic stress disorder. The question for the veteran to answer is what significant event they had experienced that caused their trauma.

To the veteran who spent a tour in a combat zone, the entire experience of being there presents numerous events that could be documented. Over the course of a tour facing



hostile fire, just being there can be enough. Not knowing when the next bullet, mortar, rocket, IED, or other means of killing or maiming you is going to occur can cause stress.

The concept that only one incident is the cause justifies the granting of PTSD disability seems ridiculous. Certainly one incident can induce such a condition, but when spread across months or even years of exposure, how does only one incident validate the decision?

Do we apply other criteria? How many times was the veteran exposed to hostile fire? How far away from the detonation of a device constitutes exposure? Does the closer one gets establish a higher rating?

We all respond and react differently to the stimuli around us. Some can handle the stress of combat better than others. That still does not exclude them from having problems.

Wars are fought by people. There are no grand designs motivating soldiers on the battlefield. Training and conditioning has taught them to inflict as much damage on the enemy while surviving the chaos that is war.

When their job is done or the war is over, they come home. There is no transition from the violence to what is considered normal life. There is no decompression. What they need now is compassion and a means to recover from what they have experienced. Some are filled with anguish,

and many are suffering from wounds received in battle.

Little thought was given to the consequences of war when these people were sent into battle. Wars are fought mostly by the young, and they may not yet recognize the impact on their lives from having seen destruction in close quarters. Their pain may go unnoticed for years, but their actions may speak otherwise.

Governments care little for those yet-to-be consequences until it comes time to pay the bill for the broken lives and the lifelong damage that comes from war. Agencies, administrations, and other Government arms may be created to respond to their needs. But as with any organization, time and a growing bureaucracy hinder the administering of aid to these warriors.

The system bogs down and forgets what it is supposed to be. Budgets become more important than people. Survival now becomes a bureaucratic necessity, not the care of their charges. Maintenance of the system is required. It is broken down.

People may salve their conscience with bumper stickers proclaiming their support of the troops, but their moral support --

Senator Hirono. Mr. Craft?

Mr. Craft. Yes, ma'am? Too much?

Senator Hirono. I am going to read your whole testimony, but I do think that you could take 30 seconds or

so to wrap up?

Mr. Craft. Sure.

Senator Hirono. Thank you. Your full testimony will be in the record.

Mr. Craft. Okay. Basically, our concern is -- I will read the last part here. It says the system is archaic. We should not be needing nongovernment organizations, such as Wounded Warriors, Veterans of Foreign Wars, or Disabled American Veterans, to plead assistance for veterans.

Veterans care should be the sole responsibility of the Department of Veterans Affairs, and the department needs to do its job better. If the character of a government can be measured by the way it treats its veterans, given the current attention the DVA has received, it would appear the character requires some repair.

It is our sincere hope that this hearing just doesn't include these in the congressional record or these minutes in the congressional record and become another missive to be forgotten. We would like to make sure that the negligence or continued negligence of Veterans Affairs can only fester in the society to the point where it becomes even more difficult to recruit people to defend our Nation.

[The prepared statement of Mr. Craft follows:]

Senator Hirono. Thank you, Mr. Craft.

Mr. Ruge?

STATEMENT OF FRED RUGE, MAUI VETERANS COUNCIL

Mr. Ruge. Thank you, Senator Hirono, for inviting me to testify on behalf of the Maui County Veterans Council.

And I also would like to thank you for your years of dedication both as a congresswoman and as a Senator and your strong support for veterans and for service people.

My main concern, by talking to people on Maui, is the turnover of doctors and staff on Maui. Since I have been going to the clinic, I went through six to seven doctors. And what happens is most veterans, they build up a relationship with a doctor and then, boom, the next time they come in, there is a new doctor there.

And there is many reasons for this turnover of the doctors, but it really upsets the veterans because they get to know the doctor. They tell them their problems. They tell them their physical problems, their mental problems. And then the next time they come in -- and all these doctors are doing a tremendous job, except that there is various reasons of why they go back to the mainland.

We are a small island. They get cabin fever. Their wife, all the family, the grandchildren are all on the

mainland. So we have a big turnover.

But the major problem is the VA bureaucracy. The time it takes to replace a doctor or a technician is anywhere from 6 months to a year.

Now let us say that technician or doctor is sick. So if he is on leave or on suspension for any reason, they cannot hire another person in his place. So you got the vacancy there. They can't even look for someone until they make a determination if the other person is going to still stay there or go.

So that I think the most serious problem that the VA should do, they have to treat Hawaii differently. We are thousands of miles from the headquarters of the VA, and I don't think they appreciate on the small islands that we have to -- they have to have a new system. The solution would be to have a better way to shorten the time it takes to replace these people. And I think that is the most serious problem in the entire system.

And I would just like to end by saying that once the veterans, at least the ones I have experienced from Maui -- once the veterans get into the system, we have some of the best doctors in the world, and I think that Tripler Hospital is doing a tremendous job.

And thank you very much for allowing me to testify.

[The prepared statement of Mr. Ruge follows:]

Senator Hirono. Thank you very much, Mr. Ruge.

Mr. Mahoe?

STATEMENT OF CUMMINS KAMEEIAMOKU MAHOE III, MOLOKAI AND  
LANAI VETERANS

Mr. Mahoe. Aloha, and good morning, Senator.

Senator Hirono. Aloha.

Mr. Mahoe. And all the veterans in the audience, I thank you for your service.

My name is Cummins Kameeiamoku Mahoe III. I am a Vietnam combat veteran, representing Koa Kahiko, Molokai Veterans Caring for Veterans in the Maui Veterans Council.

As a quick note, I am not representing Lanai, although this week, I spoke to many Lanai veterans over the phone, and they seemed to echo all of the instances that veterans across the State seem to experience.

You mentioned earlier about the term "access." I want to just bring it to everyone's attention that a veteran's long and arduous access to VA health care begins with digesting this handbook. This is the Federal Benefits for Veterans, Dependents, and Survivors. This is the 2013 edition.

This book arrived on Maui shores on August 5, 2013, 8 months into its year of validity. Now, for the younger veterans, you also can download it on your eBook or laptop computer or your smartphone. That became available in March of 2013.



Sadly, 40 percent of Hawaii's State veteran population is over age 65. So when it comes to being comfortable with electronic transmission, Web sites, and what have you, that is not the case when it comes to downloading something to a smartphone that you don't even own.

I do want to point out that, tragically, the 2014 handbook has not been received on Maui County shores as yet. We are actually a year over August 5th. And so, the hard copy and electronic versions are not available on the Internet.

In the '60s, '70s, and '80s, the VA stood for "visibly absent." '90s, "verified apathy." And what is really unique about this handbook is it shows a disabled veteran climbing a manmade mountain, the kind that you see at county fairs so that kids can climb up on, a manmade mountain. And if that is symbolic of the mountain of paperwork and frustration that the VA has, they certainly picked a very good picture to be on last year's cover.

The veterans benefits, once you digest the information in the handbook, health care is Chapter 1, okay. Then what you need to do is set up an appointment to go to the Maui community-based outpatient clinic. I will use the acronym, CBOC.

Okay, how do you do that? You set up an appointment first with a benefits counselor. And by doing that, you call Honolulu, and then what happens is you get set up for

a video teleconference, the thing most veterans over age 65 have a hard time to deal with. Okay?

This poster shows that the hours of appointment on Maui are from 12:00 p.m. to 1:00 p.m. I don't know where singular and plural comes from, but 12:00 p.m. to 1:00 p.m. is only 1 hour. And in that 1 hour, the counselor in Honolulu gets to see 3 to 4 veterans a week.

And if that counselor works 52 weeks out of the year, that is only 208 veterans that they are able to service with in the video teleconference. And so, what happens is Maui County has 11,000 veterans. Mathematically, it is impossible for the VA to service the Maui County veterans.

Fred alluded to the health technician slot correctly. One health technician left employment of Maui CBOC in May of 2013. That position is unfilled. In September of 2013, a second health technician left that position. That position is still vacant.

That leaves one remaining health tech that is still working at the Maui CBOC. Her name is Serine. That is not -- that does not describe the atmosphere that she works under.

A recent virgin road trip of the VA mobile center that is positioned here on West Oahu came to Maui, and it went to eight different locations on Maui. Sadly, 5 of the 8 locations were located within 3 miles of the 2 existing VA facilities. If there is a positive to it, it did go to the

popular weekend swap meet on a Saturday, which allowed veterans to take use of that service.

Hawaii's uniqueness offers plenty different challenges. There is the veteran cultural diversity. We are such a mixture of Polynesian, Asian, Pacific Islander, Caucasian, Afro American, Native American Indian, and when you deal with health care, you are talking about people that eat bagoong, na'auo, hum ha, kim chee, taigu.

And I think it offers Western medication, medical societies a different confrontation when it comes to some of the ways that island cultures deal with medical issues. Hawaiians boil uhaloa for their cough. Chinese eat dried lemon peel for the same ailment. And then Japanese, they use Salonpas for their body aches and pains, which is different than Western medication.

But one of the biggest things, and Fred talked about it, is transportation. Hawaii's geographical separation from the continental United States, similar to Alaska and Puerto Rico, presents unique travel to appointment difficulties. More so, we have island separation, requiring advanced ticketing to ensure seat ability.

I know Molokai veterans who have missed appointments at the Maui CBOC, where appointments, I have a yearly schedule of appointments for a monthly visit that a Molokai veteran has missed two appointments because their ticketing was not made available for them to attend the appointment.

Okay? There are only two contracted airlines that service Molokai veterans.

Now there is something called travel reimbursement. I don't have enough time to go in it, but I do have evidence of the slow reimbursement process that takes place for island veterans that fly to Oahu.

I also coordinate the DAV transportation shuttle service for Maui's veterans that need transportation to their appointment. The lack of support from Oahu cripples that operation. Although there are two desktop computers in the cubicle that we use, none of us have access to use those two computers to do all the handwritten reports that we have been sending to Oahu monthly for 18 months.

Medication. Maui CBOC has no pharmacy or pharmacist. So with 11,000 veterans, about 200 on Lanai, 600 on Molokai, the remaining 10,000 on Maui, it might be something for the VA to consider full employment for a pharmacist.

And finally, Hawaii veterans share the use of Tripler Army Medical Center for health care services. Tripler, specifically for active duty personnel and their families and all branches of service, and we have large branches of all of those services, has an area of jurisdiction that covers 52 percent of the Earth's surface.

They have a big role to fulfill. It is time for Hawaii to have its own veterans hospital dedicated to

caring for the approximately 116,000 veterans residing in Hawaii.

Finally, Federal policies, where usually one-size-fits-all, does not work out here in the middle of the Pacific Ocean.

Thank you.

[The prepared statement Mr. Mahoe follows:]

Senator Hirono. You are right at 7 minutes. Thank you.

Mr. Mahoe. Thank you.

Senator Hirono. Captain Smithers, please.

STATEMENT OF CAPTAIN ELISA SMITHERS, HAWAII ARMY

NATIONAL GUARD

Captain Smithers. Good morning, Senator Hirono.

Senator Hirono. Good morning.

Captain Smithers. I am here purely today to give my

testimony in hopes that I can serve as a lesson learned to never have any veteran repeat what I had to go through. I am also here and I speak out of courage due to a suicide I had while in company command in November 2012.

He came to me for help with similar issues and similar bureaucracy and similar pains that he had to go through that I did. Unfortunately, I did not have enough time to get him help, and he hung himself in November 2012. And that is where I find the courage today to share my own story for the VA.

I deployed -- I am a combat veteran who has served two tours, one in Iraq in -- between 2004 and 2006, I was activated, served 12 months in Iraq in 2005 and served in Kuwait for 9 months in 2008. I did pursue VA for a back injury that I incurred in Iraq, but I was unable to get treatment for a possible traumatic brain injury and post traumatic stress disorder.

Due to the problems that I experienced at VA, just the long waits and not being able to balance a work schedule with getting help through VA and waiting for the paperwork, I just never got completion and got help for myself.

I was activated for deployment, and I was attached to the 100th/442nd Infantry Battalion as one of seven females for a mission that came up. My last 6 months I served alongside a task force there.

For orientation of this testimony, I can say that I

worked under arduous conditions while serving over 300 combat mission hours, fired my weapon, and witnessed numerous deaths. I was reintegrated into Charlie Company BSB 2 weeks prior to being redeployed to the States.

Injuries that I incurred was a sprained back, a mild concussion due to close proximity to a mortar round explosion, smoke inhalation, and suspected minor pelvic fracturing due to weight carried during training and missions.

Upon redeployment to the States, I documented this during my SRP process. I was given VA paperwork to fill out where I documented my injuries.

I notated that I needed follow-up for my back. Yes, of course, they were tracking that. But I also told them that I was experiencing nightmares. I did not tell them thoughts of suicide because back in 2006, there was a general feeling that you would be punished for coming forward with thoughts like that or for anything that could get you discharged.

There was a VA rep there. He informed me that I would be sent to Tripler upon my return for follow-ups and processing. Upon returning to Hawaii, I had follow-up appointments for my back but never got to see somebody about my thoughts of suicide, nightmares, et cetera. Nor did I seek help via military leadership because, pursuing treatment, I feared that I would be kicked out of the Army.



I called numerous numbers provided to us from the VA. VA stated that they were tracking my paperwork for my back, but I needed to come in to reprocess for the PTSD. They informed me that I would have to go to the VA hospital for different paperwork.

I did go to the VA hospital, where I was asked to wait to be called. The waiting room was extremely crowded that day, and I had to return back to work at my civilian job. Trying to get help with VA almost became a full-time job in itself.

I did not get to see somebody that day, and I called VA to see if there was any way I could see somebody sooner, for I wasn't sleeping. I was afraid of hurting myself or someone. And I told them that I had come in to process, and I just could not deal with the long waits because of work.

I struggled for a few months in silence. In 2006, there was that sense of general culture still with the Army leadership that, you know, they expected us to be stronger, that we didn't come forward with these kind of thoughts or anything like that. And I also wanted to pursue my commission through the Officer Candidate School and knew that coming forward and trying to pursue help through my leadership could possibly get me discharged or judged incorrectly.

I had thoughts of suicide, violent outbursts. I was

sleeping in my closet to curb anxiety. I also at one point threw my daughter to a glass window because she had woke me up in my sleep, and I thought I was being attacked by another male soldier.

We had a Yellow Ribbon event. I cannot remember. It was sometime in 2006. There was a VA rep there. I asked if there was some way I could see somebody without processing in, for I really needed help.

He told me, unfortunately, there was a backlog and a very long wait for service. He told me, "No offense, but you are a female. What could you have seen there that was that bad." He continued to say that I could probably benefit from some of the other services available.

He had good intentions, I am sure, and he probably was trying to tell me that I needed to go to these other resources to be seen quicker. But with the state of mind that I was in, all I could hear from him was that I was not bad enough to see VA at that time because I was a woman.

I did not go back to VA after that. Months went by, and I suffered from heavy drinking, violent outbursts, nightmares. I mean, it just kept going on and on.

We had another Yellow Ribbon event, and luckily, I ran into a rep from the vet center. I told her what was happening, and she saw me the very next day in her office in Kapiolani. The vet center told me that I was definitely suffering from PTSD and possible TBI, and I had to go to VA

for ongoing treatments, for the treatments through the vet center are limited.

Eighteen months after deployment, 18 months after deployment, I received a letter stating that I was accepted into the VA system finally and that I had only a couple of months left for particular services. I was so disgruntled and so upset I tore up the letter, and I just threw it away. I swore to never step foot in VA or deal with VA ever again.

The visits -- I did go to visit a civilian psychologist in the vet center, which I am convinced saved my life. My hope today is to see improvements to the VA system. I can say that there has been a lot of improvements through working with my soldiers. A lot of improvements that the Army has made as well that prevent some of the issues that might have been gone through, not just through what VA had caused.

The system is just too large. Just the location here on Oahu is terrible. Trying to find parking at Tripler, long waits at the VA hospital, and just the mere size of the hospital is frustrating to deal with. It is not the most conducive place for war veterans.

I did have to mention that there were some good sides to seeing a civilian resource in the vet center. The vet center had easy access, quick service, relatable. The therapists were familiar and prepared to work with

veterans. The group therapies there with other veterans were invaluable.

The downside to it, though, they could not prescribe medication for sleep issues. Visits were limited, and they could not give a diagnosis for follow-up. You must go to see VA, even if you see the vet center.

The civilian private provider, their pros were easy access, quick service, quick referrals to providers for medication as needed. The cons, they could not relate to veterans in a lot of cases, and they generally just don't understand the military culture and very costly. Ultimately, the VA center would have been the better place for me to go.

These events and this testimony again is purely to represent what I went through in hopes that this can be a lesson learned that no one else can go through this again. I know much has changed, and through my leadership roles in the National Guard, I do know there still exists long waits and frustration with locations and processes with the VA.

Receiving services is also very difficult to civilian work conflicts when we are in National Guard and Reserves upon deployment. Most -- and also to another recent challenge while working with my soldiers is most services offered to the Guard do not consider reimbursement for time lost from missing work.

So they go to see the VA. They take time off of work,

and they don't get reimbursed. So that is another discouragement from going to pursue VA help.

I hope this contributed to much-needed improvements at the VA.

Thank you again, Senator Hirono.

[The prepared statement of Captain Smithers follows:]

Senator Hirono. Thank you very much, Captain Smithers.

Mr. Strickland?

STATEMENT OF ROBERT STRICKLAND, PRESIDENT, WEST HAWAII  
VETERANS COUNCIL

Mr. Strickland. Aloha, Senator. Thank you for  
inviting me here today.

[Coughing.] Excuse me.

I am here representing the Island of Hawaii. We have  
approximately 18,000 vets on the island. Excuse me. We  
have an area of over 5,000 square miles with several  
mountains, two of them being more than 13,000 feet high.

I bring this up to bring the point home of the  
rurality of the Big Island. For anybody to get VA care it  
can be a 70- to 100-mile trip. It could take several  
hours.

And I concur with some of this other testimony about how difficult it is, but I am not going to reiterate all that, Senator, because you have heard that. I just wanted to bring up the specifics of the Big Island itself.

We have two doctors on the island, 75 miles apart, and there is no way they can service these veterans, and our needs are probably a full-service clinic for both what I would call Kailua and Hilo. We also -- I lost my --

Sorry, Senator, I lost my place.

Senator Hirono. Take your time.

Mr. Strickland. So, actually, and also we don't -- excuse me, we don't have what I would consider some kind of vet center for veterans to get together, commiserate and share stories and share information, which actually at this point in time, we have been granted a \$300,000 capital improvement fund, thanks to Hawaii Senator -- Representative Cindy Evans, which is a first step to doing something about having a serious veterans facility on the island, which, in fact, include a clinic with doctors and nurses so we don't have to travel. We probably travel the furthest to come to Oahu.

And reimbursement is a problem, like everybody else has always said. But just wanted to give some of the unique situations that involve the Island of Hawaii.

And thank you for your time, Senator.

[The prepared statement of Mr. Strickland follows:]

Senator Hirono. Thank you very much.

I am going to just go ahead and ask various questions of the panel, and when I am joined by Representative Tulsi Gabbard, then she can also ask questions. But in the meantime, we will just have a conversation.

I did have one clarifying question for you, Captain Smithers. When did you get discharged from the military? What year was it?

Captain Smithers. I am still currently in the Hawaiian National Guard, but I did -- so I am still serving, yes.

Senator Hirono. Okay. But you -- you were in combat?

Captain Smithers. Yes. I was in combat in Iraq 2004 to 2006, actual boots on the ground in 2005 for 12 months.

Senator Hirono. I think that there is a -- there is a



bit of confusion as to whether or not people who are still in the National Guard, whether you are cared for within the DoD, or do you go to VA for your health care needs?

Captain Smithers. We only go to VA if we served in combat. I can go through -- and I don't even know the specifics, to be honest with you. But we can go to VA if we served in combat roles.

There is a general fear of going to VA, though. Because if you do collect disability, it does limit you in some of your jobs that you can pursue in the National Guard.

Senator Hirono. And is that because there is nothing written that says that you might suffer these kinds of consequences?

Captain Smithers. There is not. But through experience, those who have gone for PTSD and receiving disability weren't allowed to deploy on the second tour because of their disabilities.

Senator Hirono. So I think that is a -- that is a whole other area of inquiry. It is really important for the committee to get an understanding of the really particular situations, the special needs, as you said, Mr. Strickland, of being an island State where our veterans have to travel sometimes far to get care within their own island, such as the Big Island, much less getting specialty care at Tripler. Because that is how it is sort of

bifurcated, right?

If you need specialty care, you are told that you have to come to Tripler because there is an arrangement with Tripler for that kind of care. So can some of you explain, if any of you are -- if you, yourself, or veterans that you have talked to have had to come to Tripler for that kind of care, and what kind of challenges did they encounter to pursue that care?

Mr. Ruge?

Mr. Ruge. Yes, Senator. One of the things that they encounter in coming here, particularly as a volunteer, I escort veterans, wheelchair veterans to Tripler. And we never have any trouble in Maui with the security of getting over here. But then when the veteran is through at Tripler, and we go to security, they treat them terrible.

They are in the wheelchair. I had a man last week in a wheelchair. They are going to replace his hip. And the security people demanded that he stand up. And I said, "He can't stand up. They are going to replace his hip."

So then they said, well, step aside. They let us sit there for 20 minutes until they got a supervisor to come out. Then the supervisor came out, let him go around so he didn't have to go through that where they check you. And then they patted him down, even his crotch. The guy is in his late seventies. You could see he was really sick, in pain.

They said, "You got to take your shoes off." All these things, and the guy was really sick. And I think it is a disgrace the way the security treats these veterans.

As far as transportation, maybe we have been lucky. But every time I have escorted a veteran over to Tripler, they have always supplied roundtrip tick for the veteran, and they supply my ticket as an escort for the veteran. So I think that part of the system is working very well.

Senator Hirono. Not all veterans who are enrolled in the VA qualify for the transportation reimbursement. You are nodding your head, Mr. Mahoe. Have you had that kind of frustration?

Mr. Mahoe. Well, actually, you are talking about airline travel, the island of Molokai is serviced by two contracted airlines that have the old-style way of boarding an aircraft, where you walk on the tarmac and go up a flight of steps. So that does provide a unique way of having a veteran travel to Honolulu for service treatment.

We do not have that kind of jetway system that you can just walk on a flat surface or, if in a wheelchair, like Fred was saying, where you can just roll right into the cabin. So, but in terms of some of the criteria, I think the criteria is correct in allowing VA to pay for veterans' travel. And it is all listed in the health care benefits chapter and supplements that they put out fairly frequently that are in addition to this benefits booklet.

Senator Hirono. Have you -- any of you heard from veterans who needed to travel from the neighbor islands to Tripler whose travel expenses were not covered because they didn't meet the criteria?

Mr. Strickland. I don't think so, Senator. But in some cases of specialty care, it is always there may, in fact, be an assistant with the person because like they are in a wheelchair or they are blind. And sometimes that reimbursement is -- either doesn't happen or takes forever to happen.

And the Big Island has the same issue as Maui. We have stairs or a long ramp. So anybody in a wheelchair or that cannot walk very well has a unique problem with just getting on an airplane to get here.

Senator Hirono. So regarding those specific kinds of problems, who do you bring those problems to the attention of?

Mr. Strickland. The people that I have talked to were the several veterans organizations. Most of the people just grumble and deal with it and go on. We are veterans. We have to go on.

Senator Hirono. Would it be helpful if there was a place where you could raise these very specific concerns to see whether something can be done to address them? Would that be helpful? Yes, Mr. Ruge?

Mr. Ruge. I did talk to the security office when I

got back to Maui. This is maybe a year or two ago when we -- this problem has been going on for a long time. And told them about the problems, particularly in Honolulu, that the employees of the Homeland Security people just don't respect the veterans.

I had a World War II veteran, 93 years old. He could hardly walk, and they still made him stand up. And I was going to hold him, and they said, "Get away from him. You can't hold him." And he was going to fall down.

So, and then I have mentioned this to other prominent people. But I haven't heard any results from it.

Senator Hirono. Mr. Craft, you provided extensive testimony. Some of it, I think, seemed to address the issues of trust within the VA, of communication with the VA. Do you have any suggestions as to how the trust factor can be enhanced for the veterans that you talk with or yourself and how communication can be better enhanced between the VA and the veterans?

Mr. Craft. In most organizations, as you just pointed out, Senator, you asked the question is there somebody that you can bring your problem to? I think that the VA could probably do an awful lot to improve communications by assigning project officers or project managers so that there is a point of contact for the veteran to deal with, as opposed to facing this myriad system by themselves.

Trying to figure out how many veterans understand that

there are actually two VAs? The VBA and the VVA. And it is -- they don't see that.

And how many organizations inside the organization, the wheels within wheels, if you will, and trying to deal with that. I think that it would help if you did have somebody who was appointed as being a single point of contact.

The patient's advocate at Matsunaga is overwhelmed in trying to deal with these types of issues, such as TSA in handling veterans. Who do you talk to? We don't have a point of contact. And I think that would go a long way.

Senator Hirono. That would be a good question for me to ask Mr. Pfeffer, who is now in charge of Pacific Health.

Mr. Mahoe, you mentioned the mobile units.

Mr. Mahoe. Yes.

Senator Hirono. And I know that there are mobile units in Maui. You noted that that was great, but five of the locations for those units were really near other facilities. Were you contacted as to where would be a good place for these mobile units to make a difference for the veterans who would otherwise have little access to a facility?

Mr. Mahoe. Well, I was privy to the schedule of the places that it would be positioned at. And sadly, I didn't bring it as a piece of evidence to pass over to you. But I was aware that it was coming.

Senator Hirono. But this was after the sites had already been selected?

Mr. Mahoe. Correct. Correct. Because part of the scheduling included -- what was really nice was that a Maui VA employee was present for all eight locations. You know, so you had the bridge of the Maui individual that people were familiar with to also escort the mobile van.

Senator Hirono. So, generally, you would support the mobile vans, right?

Mr. Mahoe. Oh, absolutely. Absolutely.

Senator Hirono. Because we have them on Maui. We have, I think, some on Kauai, and this is really an attempt of the VA rural -- you know, to meet the needs of the folks who live in the rural areas. Maybe we can tweak it somewhat by getting feedback as to where would be appropriate sites for the mobile van to locate, realizing things like maybe they can't get into Hana, for example.

Did you want to add something, Mr. Ruge?

Mr. Ruge. I would just like to mention that the Maui news did give a lot of coverage on this, both in advance and after the event.

Senator Hirono. Good. So the one area might be the siting of where these vans could have maybe be sited better, not so close to existing facilities.

So some of you testified about the fact that the VA really is creating a capacity for people who have access to

the Internet to get a lot of information about your own status and all of that. But in your experience, for example, with the Vietnam vets that you talk to, do they use the Internet? Do they avail themselves of all the information that they can get that way?

Mr. Craft. Very few people that I know, Senator, do use eBenefits or the eHealthcare system. It is -- again, it is kind of a cumbersome system.

Senator Hirono. So, but with regard to all the information that you can get via Web sites, Internet, that they are really going into telemedicine, all of that as a way to expand their ability to meet the health care needs of the veterans. My question is for especially the vets who are over 60 whether this is really a viable way for them to get information.

I am now focusing on the need for increased communication between the VA and the veterans community. That is something that is desirable, I take it, for all of you. But is -- is the Internet a useful tool for a lot of the veterans?

Captain Smithers. I can answer that, Senator. I think for me, yes, it is a useful tool. But dealing with some of my soldiers who don't have access to the Internet, some of my homeless -- I do have homeless soldiers, too, within my ranks, and they don't have access. And it is quite intimidating as well. There is a lot of information.



And sometimes it gets kind of confusing when you start talking about education benefits, health benefits, and everything with the VA, which there is an assumption that it is one system, one VA system. So going on the Internet is almost like walking into the superhighway or the super VA, and there is thousands and thousands and thousands of pieces of information, and where do you begin?

And I think that is the general consensus with some of my soldiers using the Internet. But it does help, though. It is a helpful tool.

Senator Hirono. Mr. Strickland?

Mr. Strickland. Did you have another question?

Senator Hirono. Did you want to comment on --

Mr. Strickland. Yes, I did.

Senator Hirono. -- whether the vets on the Big Island, what percentage of them use the Internet, do you know?

Mr. Strickland. I would say, from all the veterans that I know, it is a small number. Probably 20, 25 percent. But that would be people that are under 65, my age and younger.

So, but I am adept on the Internet, and so I use the eHealth. I use the VA system. I check my prescriptions. I check my appointments. But I know how to do that. I have been involved with computers for 35 years.

But a lot of people are just timid, and they -- and

some Korean War veterans and older, they just won't touch the computer. I mean, it is just they won't. And so, they don't know how to access that information unless they have a child or grandchild who is computer savvy, then they really can't use it.

I think it is a great system, and the younger veterans, more and more of them that I know are actually using it when someone explains to them how to use it. I think part of this might be knowledge and training so the people who are computer savvy can learn how to use that system because eHealth is a little different than going to the VA because they are totally different modules.

But I find it very useful for myself, and I try to help other people that don't know how to use it to use it, and a lot of them just "I don't want to do that. You do it for me." Well, I can't do that for them because, as you know, the confidentiality stuff and all of the HIPAA and everything. I can't get on there and do somebody else's work.

Senator Hirono. So there are a whole group of veterans, if we just focus on the veterans who are in the VA health care system we have about -- we have over 100,000 veterans in Hawaii, but only 45,000 of them qualify for VA care. And within that 45,000 group, there are probably thousands of them who really do not get the information through the Internet. They are not getting the eBenefits,

My HealtheVet, all of those kinds of programs that they can access.

They are not getting that information. So the question becomes how do those veterans get the information they need as to changes in the law, different things that are happening? And if any of you have any thoughts or ideas about how they can better do that, I am all ears.

Mr. Ruge. I am 84 years old, and I am a Korean War veteran. And most of the Korean veterans don't know how to use the Internet, or they get too confused. For example, I can use the Internet, but I have a difficult time with it. So I have a secretarial service, and I get Gmail, and I go down every day and check that Gmail.

But I think that one of the solutions, we need more volunteers that can meet with these older veterans and go on the computer and look up this information for them. Because they just can't master it. In fact, I have a difficult time doing that.

So we need more volunteers and more people that are willing to sit down with a veteran and search for their information, particularly the new veterans that are coming in. The older veterans, they have what they call a trigger. And if you don't find the trigger, you don't get the benefits. And sometimes you have to do a lot of research to find that trigger.

And for example, I had a veteran that tried for 4

years to get his benefits, but his daughter worked for an attorney. So I sat down with his daughter, and we searched for hours to find documentation, crew members that had been -- could verify his statements and so forth. And we finally got his benefits for him, but we spent endless hours on the Internet, and his daughter was good at that.

But we spent almost all day every Saturday for weeks. So that is one way of doing it.

Senator Hirono. The completeness of records on the DoD side, that is a whole other issue. Yes.

Well, the Congress recently enacted a pretty comprehensive, and it is basically a good start, bill that relates to veterans. And it was as a result of the Phoenix situation and the wait times, and so this bill, which the President signed into law, will allow some of you -- in fact, quite a few of you have mentioned the long period of time before personnel are replaced.

So one of the things that this law would do will allow the person who is running the VA system here to be able to hire directly. Do you think that would be helpful? So rather than going through this whole long other process that is happening where it takes a year, 6 months, a year to replace technicians and doctors -- which is setting aside, by the way, the issue of the difficulty of recruiting and retaining doctors and other personnel to come to Hawaii.

But the length of time that it takes to get them here, to hire them, we have made a change so that the hiring can be done here. And that is a good thing --

Mr. Mahoe. Yes. Thank you, Senator, for doing that because, you know, the VA system, being a Federal Government organization, has to post -- in the past has to post job vacancies continent wide. And if you are a VA employee, freezing your okole in Cody, Wyoming, and you see that Maui needs a health tech, of course, you are going to sign up for the job.

Well, you come from Cody, Wyoming. You start on Maui. You have no friends, no family. It is a whole, complete different environment, the cultural diversity. So they wallow. Eight months later, and this is what happened on Maui, is they return back to the mainland. And so, now the veterans suffer with the vacancies, as we do right now.

So the fact of hiring from Hawaii makes a very big difference as to the continuity of the services that VA can provide.

Senator Hirono. Yeah, it is not just hiring people who are qualified from here, but it is to enable the hiring to happen a lot faster. That is the point, as opposed to having to wait for this whole national process to take place. So I think that probably is a change that would be helpful.

The other thing that is going to happen is there is

\$10 billion in this Veterans Act that will allow veterans to get care outside of the VA system. And there is still -- there are questions as to how this is all supposed to be happening because the sense or the idea is that we want veterans who are first enrolling to get their appointments as soon as possible and not have to wait 100 days or 3 months to get their initial appointment.

Because you need that initial appointment where you are assigned a primary care doctor, right? And then, after that, you have -- you have a person and you are able to seek help. But it is that initial appointment, and so this \$10 billion is to address at least that initial appointment phase.

So I am hopeful that as it gets implemented that it is going to help to shorten the wait times, and I am hopeful that we will also be able to provide maybe necessary specialty care for the million or so people who are enrolling now. That is one of the problems or the challenges that VA faces, that the system, even with 300,000 employees, they are taking care of, what is it, 7 million veterans all across the country.

So the system itself, the capacity of the system to meet all these needs, have been stretched. So I am hopeful that this \$10 billion will provide some relief as we also increase the capacity of the VA itself. There is \$5 billion in the bill for the VA to hire more health care

providers.

So I am just explaining that to you so that there are some aspects to this bill that I think will address some of the concerns that you are raising, including you mentioned that you would like to have providers who have an understanding of what veterans have gone through and maybe, you know, that the doctors who are within the VA system, if they are also -- have also faced those kind of challenges are better able to address your needs.

So that is another thing. We need to increase, in my view, the capacity of the VA system itself to hire more people to take care of our veterans.

Now, with all of the complexities in the system, when you think about what is the one thing that the VA could do immediately in the short term that would help restore your faith in the VA? Take a moment.

Mr. Strickland. Senator --

Senator Hirono. Yes. Mr. Strickland?

Mr. Strickland. Am I on here? Hello?

Senator Hirono. Yes.

Mr. Strickland. Oh, I am sorry. In your press release on July 28th, you noted, I think one of the last sentences was, the ability to have a card similar to Medicare, where a veteran could simply go to a doctor down the street. I don't know if that would speed the process up because one of the problems we have, as you were saying,

it takes a while to become eligible. But there may be a way similar to that to increase the eligibility.

And if that is the case, I think that several people mentioned to me after they read my testimony here that I think I like that idea because especially the Big Island, I mean, we are a big geographic area, bigger than the State of Connecticut, and they were supportive of that kind of thing.

And I think, after thinking about it, that is a really good idea, but I would wonder how you would implement that and how quickly. Because it does allow someone to take like a VA card and go to the local doctor that is 3 miles away down the street that he knows, and the doctor knows him probably personally in the community, and get really good care.

Senator Hirono. It is in the implementation --

Mr. Strickland. Yes.

Senator Hirono. -- where we want to make sure that all of that is done as efficiently as possible. And these doctors are supposed to have contracts with the VA, and so there is a big issue as to what kind of contracts these are going to be and whether we can encourage the private doctors to enter into those kind of contracts, which have various limitations, et cetera.

So I will be paying attention to how the card system for the veterans gets implemented. But do you think that



that would be a good thing?

Mr. Strickland. Yes, I do.

Senator Hirono. It gives a choice.

Mr. Strickland. And I have had a lot of input concerning that.

Senator Hirono. Okay. Do you have one thing that, Captain Smithers, you think VA could do in the short term that would help restore your faith in them?

Captain Smithers. I think in addition to what he -- I totally agree with what Mr. Strickland says, too. And I think what would restore my faith is just the fact that if we -- once we get into the system, will we be able to have continuity with the doctors? Will we be able to see the same doctor, or at least within the same health care clinic and not be bounced around from doctor to doctor?

I think that would restore my faith as well.

Senator Hirono. Mr. Mahoe?

Mr. Mahoe. If there is one thing, it would be ending the confusion of information that the VA puts out. Sadly, in my rush, my haste to get here, catch a plane, I forgot three important things. But I can describe them.

In February 2012, the VA put out a Veterans Care Health Guide. Listen to the word "guide." It was a supplement to Chapter 1, the Health Care Benefits.

Three months later, they updated that guide, the 8 1/2 by 11, and they called it the Veterans Health Care

Handbook. And it was mailed to my address. Okay? So I waited all 2013, did not get a supplement. Nothing was mailed to my house. Nothing was available at any VA facility.

In the very beginnings of 2014, trying to harness and nurture the development of technology, I went to the VA Web site, and they had a picture of something called the VA Guidebook. And the cover on it is something I have not seen yet on Maui.

But in May of 2014, I got a book at the Maui CBOC, and it was called -- no word "veteran" -- it was called the Health Care Overview. So are you going to supply us with an overview, a guide, a guidebook, a handbook? What is it that the VA wants to educate us with?

Be consistent with the education so that we know what is available. End the confusion.

Senator Hirono. Thank you.

Mr. Ruge. Well, I would just like to repeat that the most important thing, that one most important thing the VA could do would be to fast-track the hiring and replacement of doctors and technicians.

Thank you.

Senator Hirono. Mr. Craft?

Mr. Craft. I don't know. I generally tend to look at the long term of things, not the short term. But one of the things that I would look at is, and that I appreciate,

is the fact that the vet centers have been created. I think that is the entry for most veterans into the system.

And if you get an intelligent and educated and trained staff who understand the ins and outs of the VA, I think that would be very, very helpful.

It is my understanding, too, that there is only one mobile vet center, and it is here on Oahu. And it is transported to the islands through the kindness of Young Brothers. That is what -- how I got up to Kauai and down to Maui. But it services all of these islands, and it is very difficult for veterans to get that entry into the system. I think that would be very important.

As far as the long term, we had suggested a long time ago what the director needs is a good sergeant major.

[Laughter.]

Senator Hirono. All right. I want to thank the first panel. And as I mentioned, if you have any additional information that you would like to provide for the committee's record, we have 5 days from the gaveling of the close of this hearing for that to happen.

[The information referred to follows:]

[COMMITTEE INSERT]

Senator Hirono. So thank you very much for participating.

Mr. Craft. Thank you, Senator.

Senator Hirono. Okay. We are bringing up the second panel.

[Pause.]

Senator Hirono. This hearing will come back to order. I would like to introduce the second panel.

Thank you all very much for being here to provide your testimony. Thank you.

And I know that you have done this before. So you can keep your testimony to 5 minutes, and of course, your full testimony will be for the record.

I would like to introduce the witnesses from the Department of Veterans Affairs, and we do have other resource people who are sitting here with you. I would like to start with Dr. James Tuchschtmidt, the acting Principal Deputy Under Secretary of Health, will be the VA's principal witness.

And Dr. Tuchschtmidt, you are accompanied by Gina Capra, who is the Director of Rural Health, and some of those issues came up in the first panel; Dr. Bruce Nelson, chief medical officer of the Kona Community-Based Outpatient Clinic, Kona CBOC; Wayne Pfeffer, Director of the VA Pacific Islands Health Care System; and Dr. Richard Stark, Executive Director of Primary Care Operations. So, Dr. Tuchschtmidt, all of your resource people are sitting to the left of you.

Now going on to the panel members, we have Colonel Lawrence Connell, who serves as the chief of staff for the Pacific Medical Command, Department of the Army. Welcome. We have Colonel Ronald P. Han, Jr., Director of the State of Hawaii Office of Veterans Affairs -- Veterans Services, excuse me. And lastly, we have David McIntyre, Jr., president and CEO of TriWest Healthcare Alliance. You will round out the second panel.

Dr. Tuchschtmidt, we will start with you.

STATEMENT OF JAMES TUCHSCHMIDT, M.D., ACTING PRINCIPAL  
DEPUTY UNDER SECRETARY OF HEALTH, VETERANS HEALTH  
ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS, ACCOMPANIED  
BY GINA CAPRA, DIRECTOR OF RURAL HEALTH; BRUCE NELSON,  
M.D., CHIEF MEDICAL OFFICER OF THE KONA COMMUNITY-BASED  
OUTPATIENT CLINIC; WAYNE PFEFFER, DIRECTOR, VA PACIFIC  
ISLANDS HEALTH CARE SYSTEM; AND RICHARD STARK, M.D.,  
EXECUTIVE DIRECTOR, PRIMARY CARE OPERATIONS

Dr. Tuchschtmidt. Senator Hirono, my fellow panel  
members, and guests, let me say that I very much appreciate  
the opportunity for myself, my colleagues from VA central  
office, and from the VA Pacific Islands Health Care System

to be here today to be able to talk both about our challenges and the accomplishments that I think we have made in making sure that veterans get the care that they need.

Let me say at the outset how important the bonds are between the VA and the Tripler Army Medical Center. I think that our present and future ability to serve veterans would be severely limited, and we are very, very grateful for this great, great relationship that we have.

It is clear that no veteran should have to wait for benefits that they have earned by serving their country, nor should they be discouraged in their trust of a VA health care system. I think that VA has probably one of the most noble missions of any entity in the health care industry, and we take that responsibility seriously. And clearly, no apology can express the regret that we have for what happened back in May.

So let me start with the Accelerating Care Initiative and what has happened. Really, all across the country, we have been working night and day to really reduce the number of veterans waiting for care, to make sure that veterans get the appropriate care that they so deserve. And the VA Pacific Islands Health Care System is no exception to that.

They have really been using overtime to extend hours into the evening and on weekends, to use contract physicians and nurses to temporarily expand their staff.

And I think they have really made amazing progress in reducing the number of veterans waiting for care. So that today a little over 200 people remain on that list, either the near list or the electronic waiting list.

I am proud to say that their current wait times for primary care and specialty care are under 60 days, and for mental health, it is under 30 days. If you look at the completed appointments, the percent of completed appointments over 90 days, quite frankly, it is a very small percentage of their total appointments. And that is because they have worked very, very hard to make sure that patients who need same-day appointments or urgent care needs have appointments within the system.

You are well aware of the challenges of providing health care in the Pacific Islands, not the least of which is the tyranny of geography that exists here today and really the high cost of doing business in the State. But I am confident that Mr. Pfeffer and his team have a really good plan to really make -- to sustain the improvements that have been there.

They have been working to increase panel, primary care panel sizes, to build sustainable capacity, both in terms of hiring staff and expanding space. They have proactively been trying to improve both the scheduling and coordination of care for patients and have really exceptional, probably the best in the country, efforts working with our Office of



Rural Health to really find ways of improving the ability to move patients between islands for care. In fact, I think more dollars are spent in this system than in any other.

They have worked to expand telehealth options, and I realize that those are not always viable options for every veteran, but they connect patients between islands. They connect patients back with probably some of the best medical specialists in the world at Palo Alto and in San Francisco. And there are 60 veterans who have been in a pilot program here who actually get mental health services through a webcam directly into their home and never have to leave home to receive those services. I think those are pretty amazing accomplishments.

They have used innovative approaches of PACT and mental health extension teams to be able to take care out into some of the smaller communities where it would not be feasible to actually have a CBOC. And I am proud to say that Hawaii will be receiving over \$2 million in grants to support outreach to homeless veterans and their families.

But we all know that some of the challenges, like the geographic challenges, are not things that are going to be easily overcome, even with the most gallant of efforts. I really want to thank you for your advocacy and leadership in helping to pass the Veterans Access, Choice, and Accountability Act. That is going to be a huge benefit to

America's veterans.

As you pointed out earlier, that provides \$10 billion for us to really begin to purchase care outside of the VA system to make sure that veterans receive timely care while we use the additional \$5 billion in that bill to build the capacity in a sustainable way, that staffing and that space. And specifically, for Hawaii, that has helped with Leeward Outpatient Center, the Kapolei Vet Center, a number of other projects, not the least of which is a PTSD residential rehabilitation program.

The resources to add additional residents around the country, and we know that physicians trained -- not just physicians -- physicians, nurses, and other folks who are trained often stay in the areas in which they do that training. I think that is a huge investment that will be made in particularly helping underserved areas.

I think, in the long run, quite frankly, the success of the VA to sustain some of these efforts will be through unique partnerships that are really envisioned in this legislation, with our other Federal entities, with federally qualified health centers, with private sector. And VA has really been working to build that network, and I know you are going to hear today about some of the successes with the partnership that we have, the contract with TriWest, to provide care.

So, in closing, let me say that we have always been, I

think, committed to the access to the safest, highest-quality care that America can produce. And I came into the system a little over 20 years ago not to build a mediocre health care system, but to make it one of the finest. And I think you have all of our commitments moving forward to see that through.

So, again, let me thank you on my behalf and that of my colleagues. Particularly, this is the first time I have been able to visit your beautiful State, and I appreciate the opportunity you gave me.

[The prepared statement of Dr. Tuchschildt follows:]

Senator Hirono. Thank you very much.

Before we go on to Colonel Connell, I would like to mention that the VA has provided some materials in the back for anyone who wants to pick up information on the various programs and services provided by the VA.

Colonel Connell?

STATEMENT OF COLONEL LAWRENCE CONNELL, USA, CHIEF OF STAFF,  
PACIFIC MEDICAL COMMAND

Colonel Connell. Senator Hirono, distinguished members of this panel, and our veterans, thank you for the opportunity to appear before you to discuss some of Army medicine's initiatives that address the health care needs of our veterans in Hawaii.

On behalf of the dedicated soldiers of the Pacific Regional Medical Command, I want to extend our appreciation to Congress for the support given to military medicine, which provides the resources we need to deliver leading-edge health services to our warriors, our families, our retirees, and our veterans.

As the U.S. Army Pacific remains engaged throughout the theater, Pacific Regional Medical Command and Tripler Army Medical Center remain committed to supporting the Army Surgeon General's four priorities that include combat casualty care, readiness and health of the force, a ready and deployable medical force, and health of families and

retirees.

Over the past decade, the Department of Defense and the Department of Veterans Affairs have increased collaborative initiatives to improve access, quality, and cost effectiveness of care while reducing duplication of services. I would like to share some of our innovative collaborations here in Hawaii, as well as emphasize our commitment to continuous quality improvement and patient-centered care.

Tripler serves as the tertiary care center for all service members, families, retirees, and veterans throughout the entire Pacific Rim. Strategically, this is increasingly important as the Department of Defense shifts its focus to the Pacific and our partners throughout Asia.

Tripler has a robust sharing agreement with the VA Pacific Islands Health Care System, also known as VAPIHCS, that was established in 1991. This agreement is one of the oldest, most robust agreements in the Department of Defense. This joint venture was established as a result of a Department of Veterans Affairs request to build a new inpatient medical center in the Hawaiian Islands.

Senator Inouye and others evaluated the current availability of services at Tripler and recommended this mutually beneficial partnership that would enable Tripler to serve as the VA inpatient facility. Our partnership benefits both organizations. It provides major cost

avoidance in building another Federal hospital in the Hawaiian Islands. It provides foundational support to our graduate health education program. It supports the complexity of veterans health care needs for inpatient, specialty outpatient, and ancillary care and is founded on the premise that reimbursements for Army care is less than reimbursements for care through civilian entities, resulting in additional savings to the United States Government.

Under the auspices of this sharing agreement, Tripler provides approximately \$20 million per year to VAPIHCS beneficiaries located throughout the Pacific. Tripler also benefits from the reciprocal staff support and services from VAPIHCS in the areas of ophthalmology, PTSD residential program, and dialysis estimated at approximately \$2 million per year.

Initiatives supported through the joint venture include state-of-the-art technology for custom orthotics and prosthetics, interdisciplinary pain management program, a VA dialysis unit, and a sleep disorder center. As stated, Tripler Army Medical Center values our VA beneficiaries and proudly provides specialty care for all our veterans.

However, after an extensive review, Tripler does not currently have the capacity to offer primary care services to VAPIHCS, and this is due to the normal rotation of

permanent change of station moves of medical staff and military personnel that occur in late spring and summer months that result in a seasonal decrease in our capacity at Tripler.

In September, once this rotation cycle is concluded and when our staffing numbers have stabilized and normalized, we will relook at our primary care capacity. This review is required to ensure that Tripler does not unintentionally reduce access for DoD beneficiaries. If we determine that primary care capacity exists, DoD policy changes and guidance will be necessary to establish the authority for medical treatment facilities to provide primary care for our veterans, and it also includes a viable strategy to ensure continuity of care and a corporate approach to reimbursement agreements.

Army medicine is engaged in a comprehensive campaign to provide for the health care needs of all of our beneficiaries. Tripler Army Medical Center remains committed to caring for combat casualties and ensuring the health and readiness of our military forces, their families, and our veterans.

Since 1907, our medical treatment facility has been an oasis of health and wellness for America's heroes and families in the Pacific region. Our strategy of continued success involves developing and implementing solutions with our DoD, VHA, and civilian medicine partners.



Senator, I would like to thank you again for the opportunity to testify before the committee and for your support to our soldiers and our veterans.

[The prepared statement of Colonel Connell follows:]

Senator Hirono. Thank you, Colonel.

Mr. McIntyre?

STATEMENT OF DAVID J. MCINTYRE, JR., PRESIDENT AND CEO,  
TRIWEST HEALTHCARE ALLIANCE

Mr. McIntyre. Aloha, Senator Hirono. And mahalo for the opportunity to appear before you this morning to discuss access to care for veterans here in Hawaii.

Senator, I would like to begin by highlighting your leadership as a member of the Senate VA Committee in helping to move through Congress and to the President for signature 2 weeks ago legislation that provides VA with tools and resources to enhance access to care for those who have sacrificed so much for our freedoms.

As you know, VA has been buying care in the community for years to augment that which they were unable to provide themselves. Last fall, our company was humbled to be awarded the Patient-Centered Community Care Program, or PC3, for a large geographic territory, which includes the Hawaiian Islands and 28 other States.

The entire team at TriWest Healthcare Alliance, which includes Hawaii's own HMSA, is privileged to lean forward at the side of VA in building a consolidated network of community health providers to deliver care that cannot otherwise be provided by VA facilities and providers.

Senator, we intend to bring to this work the same focus and intensity that we brought to the side of the Defense Department in the TRICARE program for over a decade

here in Hawaii. I would like to give special thanks to the team here at VA Hawaii Pacific and the team from VA Program Operations for the ways in which they invested in the early tools and processes critical to success of the VA PC3 program.

I think it is safe to say that we all knew that standing up a program of this magnitude in 90 days was horrifically short. However, we knew that success ultimately would be that veterans have access to a tool and support of the VA that will make sure that that care that can't otherwise be rendered within the VA will be available downtown. And that is what motivates all of us.

The VA PC3 contract has us responsible for four basic functions: building a network of providers to meet those needs that VA is unable to meet themselves; second, making appointments for veterans with those providers, ensuring they see the doctor; third, following up after appointments to receive medical documentation to return it to the VA for the consolidated medical record of the veteran; and fourth, paying the providers' claims.

Senator, as you said, it is certainly no secret that just a few months ago into the implementation of this new program, media reports and investigations uncovered serious backlogs and waiting lists. I happen to live in the town where the furnace lit off -- Phoenix, Arizona. I am proud to say that over the course of the last couple of months,

together with the Phoenix VA and 4,400 providers in Maricopa County, there is no longer a waiting list for specialty care.

Right after the President signed the law, we signed a modification to our contract that actually adds primary care to those networks. And we are pleased to announce that by the middle of October, we will have the entire specialty care network and the primary care network designed to support the VA up and fully operational in the islands here in Hawaii.

The credit really at the end of the day, though, goes to the community health providers who will, again, lean forward at our side, just as they did in TRICARE, serving a few veterans who aren't otherwise able to get care through the Federal system. Since January, the 4,376 health care providers already in the network built by HMSA have filled over 2,700 authorizations for care from the Pacific system.

And when the refinement of the network and expansion is done to include primary care, we expect over 6,000 providers to be accessible to the VA to support them as a relief valve across the islands. That will include all of the State's FQHCs and the four Native Hawaiian health clinics.

If we accomplish what we are setting out to do between the VA and ourselves and the Army, we believe that very few veterans will have to look beyond all of us for care on

their own. I hope that that is less than 1 to 2 percent of the population. That is the goal.

I believe that we are eminently capable of meeting that goal, and our collective achievements should minimize the number of veterans that will have to resort looking for care on their own through the use of a new card that the VA must deploy in the near future. After all, if we succeed, we are responsible for coordinating access, retrieving medical documentation and getting it into the VA so that it is in the veteran's record, and then paying for providers. All involved will be better served.

Senator, we are humbled by the privilege of serving at the side of the VA in their very noble mission, and we are leaning all the way forward to do our part, again, to deliver on the Nation's promise to our heroes.

Mahalo to you for the invitation to participate in today's hearing and for your leadership. And to those veterans who call the Pacific home, thank you for your sacrifices.

I stand ready to answer any questions that you might have of me. Thank you.

[The prepared statement of Mr. McIntyre follows:]

Senator Hirono. Thank you very much.

Colonel Han?

[Disturbance in hearing room.]

Senator Hirono. I am going to call for a recess.

[Recess.]

Senator Hirono. Thank you very much. We can resume the hearing.

Colonel Han?

STATEMENT OF COLONEL RONALD P. HAN, JR., USAF RET.,  
DIRECTOR, STATE OF HAWAII OFFICE OF VETERANS SERVICES

Colonel Han. Senator Hirono, thank you very much for the opportunity. Thank you for your leadership, and we

appreciate all that you have done with the roundtable sessions throughout the entire State.

We also thank the congressional delegations that have also done similarly likewise, and for the public record, I would also like to thank General Eric Shinseki for his efforts. His heart was always in the right place.

From OVS's perspective, we see three main dominant concerns that consistently arise from veterans across the State: the timeliness issues, capacity issues, and quality of service issues. In our prepared text, OVS has outlined examples in each of these categories and offered recommended solutions.

As a State entity, we also have worked hard to do our part to help with these very same issues. The State legislature, with the Governor's approval, added five full-time employment authorizations for veterans benefits counselors to assist with the anticipated volume of claims and to help with capacity and timeliness concerns.

The State implemented the Hawaii Network of Care interactive Web site in 2012 to assist veterans and their families, to provide greater communication links affecting local and national services.

Now what is interesting about that is we launched that in the 100th Infantry Battalion clubhouse, with 90-plus year-old wonderful veterans -- Mr. Oshiro being one of them -- along with the 442nd. And one of the main things that



the media picked up on, they asked one of the veterans there, "Are you ever going to use this Web site?" And he said, "I don't think I am ever going to use this Web site, but my son and my daughter will, and they will help me."

And if you give a veteran a requirement, they know how to adapt, and they know how to survive, and they will do very well. And that is the kind of veterans we have serving in the State as well as across the Nation.

The State has partnered with the VA, State agencies, and local veterans organizations to plan, design, and construct VA multiservice centers, MSCs, collocated in the vet center, the CBOC, and OVS. The State has engaged with other State agencies and allowed \$80,000 for environmental assessments at potential land sites on Maui.

Maui and Kauai MSCs are fully federally funded. So thank you for your support there as well, Senator Hirono.

Right on their heels, as was talked about by Bob Strickland, Hilo and Kona have already received approval of \$700,000 from the State legislature this year to explore these same endeavors. The State is also partnering with the VA with the planning for the construction of the second State veterans home, especially with an aging veterans population.

The State has allocated over \$100,000 for a feasibility study and submission of the VA preapplication award grant. Unfortunately, only \$5.5 million could be

allocated this year from the State legislature to move this project forward. Twenty-one million dollars was required for the State match.

The proposed 120-bed skilled nursing home will be built on Oahu, with the possibility of another State home on a third island.

The State is also undertaking another initiative to automate their case management files across the State to streamline claims processing and retrieval to align with the VA's digit-to-digit program. As stated earlier, I know Mr. Pfeffer, when he gives his testimony, has engaged with State and civilian health care providers for assistance to offset the medical volume we are experiencing. I know these providers are willing to help where and whenever they can.

Not that it is all about money, Senator, but we have also set up a subcommittee on the women's military and veterans, the term from the task force was subcommittee. They have sent out questionnaires throughout the State, and we want to, you know, find out how we can better address those kind of concerns. Fastest demographic growing for veterans.

Finally, OVS is encouraged by the improvements made by our VA counterparts here in Hawaii and in the Pacific, and we will do our best as a State entity to support this momentum of change and transformation sweeping across the

Nation and our State. Once again, we are a partner.

Mahalo nui loa for this opportunity to share our perspective, and again, thank you for all that you are doing to highlight these very, very important issues.

Mahalo nui loa.

[The prepared statement of Colonel Han follows:]

Senator Hirono. Thank you.

I want to thank all of the panel members. And again, I would like to engage in a dialogue with you because it is just us. So I want to learn as much as I can about what you all are doing, and I will start with you, Mr. Pfeffer.

When we focused on the wait times for the initial appointments, we learned that Hawaii had the longest wait time for initial appointments, and I know that you have cut

that time. And what I understand from Dr. Tuchs Schmidt's testimony is that it is not just a matter of really giving these veterans the appointment time, but that the appointment time is not 3 months from now, that you are also shortening that appointment time. And you have done it by overtime, Saturdays, bringing in contract providers and people.

Now we care about the sustainability of this kind of an effort. So assuming that we are going to need to do some other things over the long term, what are you going to be doing to make sure that we are taking care of our veterans not only in their initial appointments, but their subsequent care in a way that is sustainable.

Mr. Pfeffer. Thank you for the question. And I really thank you for all the support you have given the medical center and the VA, and having a Senator serving on the committee for our State is wonderful. So that is really fantastic.

We have done a number of things. I transferred here 9 months ago, and in January, I started looking at the waiting list and the services we were providing, which was several months before the Phoenix issue actually occurred, and realized that we had a long waiting list and wanted to set the goal of having no waiting list.

So we started analyzing what we could do in the short term to bring the waiting list down and in the long term

sustainability. And so, we started earlier this year putting plans in place, which include the plans that you have mentioned, and the plans are working out very well, and our waiting list every day is coming down and, hopefully, will be eliminated in the very near future.

The things we have done to sustain, and again, the bill that was approved will give us, hopefully, the financial flexibility to accomplish that, is to hire more staff. We are already recruiting for three physicians at our primary ambulatory care center in Tripler. We also looked at each of the community-based clinics on each island, and we are enhancing staff on each island.

I also found that the physician staff didn't have the staff below them -- the nurses, the clerks -- to really maximize the productivity of the physician. So we are hiring additional support staff so physicians can spend more productive time with patients. That will help quite a bit, too.

We are using nurse practitioners in a number of places where it is difficult to attract physicians. We are looking at any incentives we can to hire physicians, and your bill definitely will help us with a number of items, tuition support and the ability to hire. So we should be able to fill the ranks of the physicians as we advertise.

There are some challenges here finding physicians from the mainland. So we are looking for local people to the

maximum possible. We are trying to get recruitment commitments for a minimum of 3 years, and I am also trying to stay ahead of the curve. For instance, in Guam, when we heard there was going to be 500 soldiers deployed, we started hiring a new team of practitioners before that even happened so that by the time it happened, these people are onboard.

So I think streamlining the hiring is going to be very beneficial. Keeping up with the hiring is going to be real important. And although the goal is to have all primary care through VA for continuity, and as one of the witnesses mentioned earlier, they want to know their physician. They want to continue the care. My goal would be to bring all of the primary care to the VA, but having a network available of outside providers will be very beneficial if there is a problem and we need to put someone into the community temporarily.

The other thing we have done is we have created float pools of employees. Like we have a nurse practitioner we hired, and she goes to any clinic that loses a staff member temporarily. This week, she is on one of the neighboring islands filling in for a physician on leave. So the veteran doesn't have to suffer the fact that someone has left unexpectedly, becomes ill, you know, as mentioned earlier.

So we are trying to really build the network that we

can sustain the current and future growth. And Tripler has been a wonderful partner, and we have had a lot of dialogue of the services they can offer, what we can do for Tripler reciprocally. And I think with keeping that relationship robust, we are in very good condition here for the future.

Senator Hirono. Well, we heard a lot from our veterans panel about how hard it is for the providers to be hired for the neighbor islands in particular. So with the change in the law that will allow you to more expeditiously hire people, as you look for these what I heard you say was three more doctors, primary care doctors, what kind of time difference do you think it will make with this change in the law that allows you to hire directly?

Mr. Pfeffer. That is a really difficult question to answer definitively. Different specialties are easier to hire than others.

Senator Hirono. Let us say primary care.

Mr. Pfeffer. Primary care, we are hoping within several months of recruiting. There is a national recruiter based on California that we are using, and he is trying to create a database. We are looking at the local physician population because I think that is better in a lot of reasons if we can find local hires.

I also have a meeting coming up with the dean of the medical school on the residency slots and rural health, if we can find people from here, have gone to school here,

that want to stay, that want to partner with us either at Tripler or on a neighboring island. So we are trying to build a really good infrastructure of people that are available and want to stay.

Senator Hirono. So the authorization for direct hires by you, Mr. Pfeffer, you are saying that that will probably save for a primary care doctor, say, maybe it will take 6 months off the whole process that you used to have to engage in prior to this change in the law?

Mr. Pfeffer. Yes, you know, I hate to be very definitive only because I really am not sure yet.

Senator Hirono. I understand.

Mr. Pfeffer. And the other thing is the availability to find. There are some circumstances we advertise 3 months before a candidate even comes forward. But the opportunity to offer more incentives attracts more people, and then the direct hire, we don't have to -- because what has happened also is people are interested, and it takes so long to hire them, they find another opportunity, and we lose them. They withdraw their name.

So if we could hire them as soon as they are available, it is more of a guarantee they will come onboard with us.

Senator Hirono. Well, that is one of the major intents of this change to the law that gives you direct hiring authority so that you can -- the wait time for all



these folks is not so long.

I commend you for your discussions with the University of Hawaii Medical School because I have also met with them. They would welcome more residency spots and slots with the VA, and we all know that if your doctors and providers come from the State in which they are going to be practicing, they are more likely to stay, thus reducing the turnover that we heard is a problem especially on the neighbor islands.

So I commend you for that, and I would be interested to know how many more residency slots you can open up for the University of Hawaii Medical School students. That is one thing.

Now you mentioned also that there are many challenges in encouraging doctors from, say, outside of the State, but even within the State, and you said something about tuition support. Can you just elaborate on that a little bit more?

Mr. Pfeffer. Yes, I believe -- I am not an expert yet in the bill, but I believe there is a provision that you can pay back the educational debt of physicians and new graduates. That is a very good enticement.

Senator Hirono. Yes.

Mr. Pfeffer. And there was also a time factor in that, where they have to give certain amount of service so it kind of guarantees us they are going to stay. And from the physicians we have, they seem to love our system. They

love the mission. And so, I think if people stay a few years, they are more likely to stay with us.

Dr. Tuchs Schmidt. Senator, if I could?

Senator Hirono. Yes. Dr. Tuchs Schmidt?

Dr. Tuchs Schmidt. So the bill actually doubles the amount of money that we can use for tuition reimbursement to an individual physician. And with the average medical student today, the last time I checked the AAMC, the average debt that the medical students in this country graduate with is \$190,000.

So the tuition reimbursement program that was put into the legislation I think is going to be very, very attractive. We have always had some program, but it was never had the kind of monetary incentives that I think were attractive really to physicians because of the debt burden that they had.

And I might just also add that we have really been working with the Department of Defense on a common credentialing system. We are actually going to be moving to using the system the DoD has. So it will make it much easier for docs leaving the Department of Defense to come and work for us, and I think that will also be a big advantage because we have a high percentage of our employees now are veterans, and we would welcome anybody who wants to come work for us.

Senator Hirono. The average debt of a University of

Hawaii Medical School graduate is far less than the \$100,000 plus average that you mentioned on the mainland. It is more on the order of \$30,000 or so. But what they need are other things, such as the opportunity for residency here, and we don't have enough of those slots in our system.

So if VA can really pursue that, I think it would make a difference in encouraging our graduates to stay here.

Colonel Connell, Tripler provides specialty care --

Colonel Connell. Yes, they do.

Senator Hirono. -- for our veterans. How many of the 45,000 veterans that I understand are enrolled in the system do you provide specialty care for?

Colonel Connell. I can give you a Fiscal Year 2013 number, Senator. And that was 7,452 consults, which resulted in 19,200 visits to Tripler.

Senator Hirono. Is that a -- are there other States that have this kind of arrangement between the DoD facility and VA?

Colonel Connell. Yes, there are.

Senator Hirono. So would you say that your numbers are about on a par? Are you higher? Are you, you know, in terms of the specialty care that you provide?

Colonel Connell. You know, Senator, I don't know the numbers from the other States. If it is okay, I would like to take that for the record, and I will get you the answer.

Senator Hirono. Well, I just wonder because 7,000 consults. That sounds like a very significant number of people who are going to Tripler for specialty care.

Now if they don't get to the special care at Tripler, this is where TriWest comes in? Is that right? Because you also provide specialty care. Is that kind of how it works? VA, if VA can't do it, then if it is specialty care, they go to Tripler. And if Tripler can't do it, then TriWest steps in?

Mr. McIntyre. The network that we have been hired to build by the Federal Government in support of the VA sits behind the entire Federal system. So VA would be first. Defense Department would be second. In the case of the islands, the FQHCs and the Native Hawaiian health centers would be next, and then downtown would be last, appropriately so to leverage the Federal system investment that has already been made.

Senator Hirono. So seeing that we have this system already in place, when I met with your team, Dr. Tuchschnidt, there was a lot of -- there was some discussion about how this choice card was going to be implemented. And there was some discussion about the VA would have to engage in negotiations and contracts with individual doctors in the community.

Now on the other hand, we have TriWest who is already out there, having already a network of doctors. They are

going to add primary care doctors to their network. So is VA considering using an existing system, as opposed to giving a card to an individual veteran who then has to go out and find a doctor? They can just go to TriWest.

So has there been consideration within the VA to utilize a system that is already in place, such as TriWest?

Dr. Tuchsmidt. Oh, absolutely. So there is two parts to the legislation, actually. One is patients who meet certain geographic standards that are seeking care outside of the VA, and under those provisions, we absolutely would use our DoD partners and the TriWest or our PC3 contract as a preferred -- our preferred provider network, most assuredly. We actually -- part of the modification to the PC3 contract was to give TriWest the ability to split those authorizations. When there isn't an ability to provide that service within their network, to actually for them to go outside the network to buy care.

Under -- TriWest has done an amazing job here, and I think that there may be places around the country where building that network will still be a challenge. But there will be individual clinicians in some of those rural areas that will -- patients will seek care from, and we need to be able to enter into agreements with them.

And then, more specifically, in patients who get care when we cannot provide it within 30 days, that law actually gives them permission to seek care from any willing

provider who is either a Medicare provider, a DoD federally qualified health center, Indian Health Service. So we will probably still, in spite of the fact that we would always want to use providers that we have relationships with, there will always be situations, I think, where veterans will need to go to an individual provider that is not part of that network or may choose to under certain circumstances.

Senator Hirono. It sounds as though with the TriWest network, and they are expanding to include primary care doctors, that it sounds as though a huge percentage of the veterans who currently may be waiting for their first appointment or various kinds of follow-ups, that most of them can be taken care of in sort of this three-part VA first, then Tripler, and then TriWest. It sounds as though most of them will be accommodated through either one of those systems.

Dr. Tuchschnidt. I believe that will be a pretty complete system.

Senator Hirono. Yes. As opposed to what a lot of people thought was going to happen with the \$10 billion, that the individual veterans were going to be given a voucher or a choice card, and then they would have to try to figure out how to find the providers. So --

Dr. Tuchschnidt. No. They will get a choice card. They will get a card, a veteran choice card that will show

that they are eligible for care in that network, and there will be information on there about how they do that and who to contact, et cetera, et cetera. But -- but I believe that we want to build the infrastructure and not leave veterans on their own to have to find a provider.

Senator Hirono. Yes. I think that makes a lot of sense, and it was interesting information for me to know that there was a whole other system that is being built that will take care of our veterans and most of them.

Ms. Capra, you heard a lot about the very special needs that our veterans have on the neighbor islands. They have travel issues. Some of them do not qualify for the reimbursement for travel to and from their islands to Tripler.

You have heard about the mobile units. Now that is something that you are in charge of, is it not, those mobile units?

Ms. Capra. Thank you, Senator Hirono.

Senator Hirono. How do you determine where to put these mobile units? And then on an island like Maui or Kauai, the locations, do you get feedback from the veterans in those locales to determine the best places?

Ms. Capra. The program that was referenced earlier was the mobile vet center program, and that is operated under a different entity. I am happy to take your question for the record to determine how they make that decision as

to where the geographic placement of their mobile vet centers occur.

Senator Hirono. So I thought that the mobile vet centers also provide health care services to the veterans?

Ms. Capra. The mobile vet centers provide readjustment counseling that is distinct and different from a full provision of health care services. I think that vet center program does make referral over to the Pacific Island Health Care System, and perhaps Mr. Pfeffer could say more about that.

Senator Hirono. So we don't have any mobile centers that provide health care services?

Mr. Pfeffer. I can answer a little bit on that.

Senator Hirono. Aside from what you just mentioned.

Mr. Pfeffer. Yes. What we have done is we don't have mobile vans on islands, and moving vans from one island to another is very costly, and we do have great cooperation with the mover, but we do pay. It is just a reduced rate.

But what we have done -- and rural health has been phenomenal at supporting us. And as mentioned earlier, we get more money for rural health grants than anyone else in the country, so we are hiring staff to go out and open up mobile clinics in churches, in different community centers, and trying to move away from where the community-based clinics are. And we have several on each of the islands expanding.



So that is the way we are going to do mobile care. We have a group we just hired on one of the islands that actually goes 2 days north and 2 days south and has an administrative data, put it all together. But it is reaching out to the veterans where they live so they don't have to try to travel into the community-based clinic.

Senator Hirono. So do you get feedback from the veterans in those locales as to where would be the best place for these mobile care units to go?

Mr. Pfeffer. From the question I heard this morning, I think we will try to get more feedback. I am not sure exactly. It is really the local community-based clinic on the island that has helped us make the decision because they are familiar with their island. But it is clear that we do want to get the veterans' feedback.

And I do want to comment, just if I could for a second, on the first panel that, you know, it is fantastic for me to hear the veterans' experiences, and it is very disheartening if I hear a veteran that hasn't gotten what they deserve or had some problems 4 or 5 years ago. And I think our system is a new, revitalized system. And I did reach out to Captain Smithers and gave her my card and asked her to call me.

But I do really appreciate the opportunity to hear veterans' needs, and I think trust is very important. I want them to feel really entrusted in our system, and I

think as they see the things we are doing, it will help.  
And this hearing certainly, I think, helps quite a bit.

Senator Hirono. Speaking of trust, Colonel Connell, you heard one of our veterans testify the kind of attitudes that some of his veterans encountered at Tripler. So these are very important aspects of how we treat veterans.

And to have someone at Tripler force them to stand up and all that, that is, I would say, within your bailiwick to try to address?

Colonel Connell. Senator, I will take care of that. And that should not happen. I would like to get with that gentleman after this hearing and find out exactly what did happen, and I will ensure that if, in fact, it did happen, it will never happen again, ever.

Dr. Tuchschnidt. I might be wrong, but I think he was referring to at the airport, the metal detectors. He was talking about TSA. So I think it was the airport security that he was referring to.

Senator Hirono. I thought he was also referring to at Tripler. So maybe we can get that clarified.

Thank you.

Now, Mr. Pfeffer, in response to one of my earlier questions, you indicated how you intend to over the long term take care of our veterans' needs. And perhaps you could, because you did not -- we did not ask you to submit testimony, if you could provide for the committee how you

intend to over the long term meet the veterans' care needs for the first appointment as well as their subsequent appointments? All of the various things that are you doing to recruit, retain providers, health care providers here. That would be helpful.

Mr. Pfeffer. Sure. I definitely can. There is a number of things.

The two issues that we are confronted with are the space constraints that we have and also the number of staff that we have available. We have grown 20 percent in the last 3 years, which is one of the largest growths in the VA system. So we have a large number of people coming to our system.

And with having a lot more veterans on the islands, I would really like more people to come in. But we have to build that infrastructure. The Aloha Project, which pretty well doubles our ambulatory care center that will be, you know, a site to be determined on the Ewa Plain, will give us a tremendous amount of space.

We are also looking at every neighboring island CBOC, and a number of them, we are either going to new locations or expanding space within the current, and we are trying to size it for future growth. So I think our plans are to expand the physical environment to see veterans.

Then we are also looking to fill our hiring, and with, as I mentioned earlier, the direct hire authority,

hopefully, we will be more successful more rapidly. But we are trying to keep ahead of the numbers. As we anticipate more veterans come in, we need to start the recruitment sooner than later so by the time they come in, we don't have to say wait for us to hire a doctor. We will have the doctor available.

The goal is to have everybody get their initial appointment within 30 days, and we have been very successful in established patients, and we just need to keep up the capacity to do that. So I think with the space and the staffing.

The other thing I did is took a really deep look at our total organizational structure and have made some changes in the organizational structure. And as mentioned earlier, even the coordination of flights between the neighboring islands, we are going to have a case manager manage that between Honolulu, Tripler, and the CBOCs.

So we are trying to -- as I hear of problems veterans are encountering, we are looking to solve those as we move forward. So I think we will continue to improve, and the space of the project is really going to help tremendously.

Senator Hirono. Well, as a result of this hearing and some of the earlier meetings we have had, there may be some legislative changes that we ought to pursue with reference to some really specific needs of Hawaii veterans. For example, in our rural areas, a lot of the veterans do not

qualify for travel reimbursements.

Now other places in the country where they can drive, they get, what, 55 cents per mile that they have to go. Well, our vets, who do not qualify for those travel reimbursements, get nothing. And yet they have to out of pocket spend \$200, \$300 roundtrip for one visit.

So this may be an area where I think that we need to have some kind of a legislative exemption that acknowledges a situation for veterans in an island State or probably a State like Alaska. So I am looking at you, Ms. Capra.

Ms. Capra. Thank you, Senator Hirono.

And I would also like to thank you and your colleagues in Congress for the annual appropriation you provide that is targeted specific for rural health projects. It really allows us to look across the VA system across the U.S. and make some targeted investments.

Here in the VA Pacific Island Health Care System, they have grown their portfolio of rural projects in 5 years to now be the largest recipient of rural health-focused funds. And I think that reflects the commitment to the issues that we are discussing here today, transportation being one of those.

Senator Hirono. And I think the fact that some of you have traveled from Washington, D.C., to come to Hawaii and listen first and to hear firsthand and to understand that we have some distinct geographic challenges here I think is

helpful to our veterans as we discuss what kind of appropriate legislation would help address those really specific, unique needs in Hawaii.

Mr. Pfeffer. If I could add just one thing to that, too, recognizing how difficult it is to travel, and the sicker you are, the more difficult it is. We are looking to use more advanced technology, the telehealth. We fly physicians to clinics on different islands to do a group of patients rather than each patient coming in.

So the more we could do to get closer to the home, and we have a really dedicated staff that almost every day tells me of another rural health initiative, and we have been funded very well for those. So we are really building a good program of rural health through that.

Senator Hirono. Mr. Pfeffer, one of the requirements that has been asked of all of you who are in charge of these systems is to do a town hall meeting --

Mr. Pfeffer. Yes.

Senator Hirono. -- by the end of September, was that?

Mr. Pfeffer. Yes.

Senator Hirono. So what are your plans to have a town hall meeting, which I take it is to invite the community and veterans in the community to come forward and express their concerns to you?

Mr. Pfeffer. We have a town hall that we tentatively scheduled for the 25th of September here and was told this

morning that the room would be available the 26th. So we are going to schedule it for the 26th from --

Senator Hirono. In?

Mr. Pfeffer. In this room.

Senator Hirono. This room.

Mr. Pfeffer. And we will get the word out to all veterans. And again, it would be a great opportunity to hear these concerns where we can address them. I am also going to go to each of the neighboring islands as soon as I can and do a town hall on each island so that they all have the same opportunity and also we can provide information that they might not realize is going on with their medical center.

I have also formed a council with a representative on each island that starting next month, we are going to have either telephone or face-to-face meeting. But every month, I am going to ask them to give me an assessment of how things are going on the island and give them the information from our medical center. So I think that will open up a lot of communication between the veterans and my office so we can address things very proactively.

Senator Hirono. In terms of the quality of the health care that is provided within the system, do you have mechanisms in place, matrix in place, as to how you get feedback from the veterans as to the quality of the care that they are receiving?

Mr. Pfeffer. There is two major mechanisms. One is we have a number of what is called performance measures that measures the quality of care in a number of aspects, and we do very well in that. We have very few areas that we need to look to improve.

We also do periodic veteran surveys. You know, quality is really hard to define as a patient. But we certainly get their feelings toward the care that they are getting, what they feel they are not getting, how their visit was. So there is a national, and we do local surveys of veterans to see how well things are going for them.

Senator Hirono. I think that is very important because the indication from the first panel is that there is often confusion as to what programs are available, what changes have been made. The two-way communication is really critical, and not just through the Internet, but through other creative means to reach as many of the veteran population as possible who will be impacted by what is going on in the VA.

Mr. Pfeffer. Yes, and we have also tried much more proactively to meet with Ron Han and the service organizations and give them information because they have ways that they could do mailers and help us quite a bit. So we are trying to really build that network real solid.

Senator Hirono. I know that you are engaging in a study about the demand for VA care in the Pacific region.



So when will this study be completed?

Mr. Pfeffer. I don't have an exact date, but I think the draft to Washington is this fall there should be the draft to be looked at. It is under way right now, and they visited all the islands, and all the territories we are responsible for, and they are putting it all together at this time.

Senator Hirono. Is this kind of study happening throughout the VA system, or is this just an initiative that you are pursuing?

Mr. Pfeffer. Well, what I understand, this was an issue that Secretary Shinseki asked us to look at the total Pacific health care on the islands we serve and those that we might need to serve. And so, we are -- I think it is commissioned independently for us.

Senator Hirono. What about the other regions?

Dr. Tuchsmidt. So this was specific to the Hawaiian Islands. But the -- we have a contract that we have had for many years, actually, with Milliman & Robertson, who are probably the biggest actuarial firm in the country, if not the world. And they do modeling for us every year, looking at how many people are interested in using the system, what services are they likely to use within the system, the aging demographics, gender mixes, et cetera.

So I think we have -- we actually have pretty robust information coming independently from outside VA about the

who and what kind of services will be used at every one of our facilities across the country.

Senator Hirono. Mr. Pfeffer, are you expecting this study to provide a road map for the provision of care in the Pacific region in terms of the facilities that you need, the capacity, those issues? Is that your expectation of this study?

Mr. Pfeffer. Yes, I think what we will get is an overall road map, some of which you will need support from either Congress or central office, and some of it will be things that we could do locally. So I think it is going to be a very comprehensive view of all our islands and Micronesia, and then we need to see what we can do and what we need to seek further support.

Senator Hirono. I want to go back to the importance of communicating with our veterans because in my discussions and roundtables that I have had throughout the State, pre Phoenix, there is a need for much more robust efforts at communicating with our veterans. And I hope that this is something that our new Secretary is going to pursue and make sure this is happening.

Because this is not news to you all that the veterans feel very frustrated that their needs are not being heard. So I think the roundtable, the town hall meeting that you are going to have, I hope this is not the only time you are going to do it because you are required to do it.

Mr. Pfeffer. No, absolutely not. In fact, the first few months here, I hunkered down to figure out our organization, and now I am working to be more aligned with all our partnerships on all the islands. So there will be regular monthly meetings and meetings with service organizations. That is going to be a good stay of my position to keep in touch with the veterans and, of course, the congressional offices as well.

Senator Hirono. And you mentioned that you have a council or a group of veterans on every island that you are going to keep in touch with?

Mr. Pfeffer. Yes.

Senator Hirono. How did you select the veterans to be in this group?

Mr. Pfeffer. These are actually pre-established veteran councils on each island, and then we are asking for a representative of each island to join our council. So it really depends on who they would best like to have serve on this.

Senator Hirono. Well, we had our first panel of people who represent the sort of the traditional groups, but what I am finding is when I was doing the roundtables, it is very difficult to get feedback from our newer veterans. They do not join these traditional organizations.

So what are you doing to reach out to the Iraqi,

Afghani, those veterans?

Mr. Pfeffer. We are trying to get much more engaged with that group of veterans, and one program which I might have briefed you on earlier, but it is a Wounded Warrior program where soldiers and we started at Schofield, where they are coming -- they are waiting for their medical discharge determination, and they are in limbo. They are getting paid by DoD, but they are not working. They are really just waiting.

And they are not very focused, and they also don't know where they are going to go in the future. So we have created a program which is fairly unique in VA where these soldiers are volunteering at the medical center, with the goal of either helping them get a skill or the best goal of hiring them, and we have direct hire authority for them.

I also hold lunches with them to talk about their experiences, one, in the program, but then how is the transition. We also meet with the veterans that are coming through Schofield periodically to see are you getting the transition information? Is there anything we can do?

We have a coordinator that goes out and meets with the people coming back. So we are trying to get as much feedback as we can, recognizing their needs are different. And as you mentioned earlier, how they approach things is different through the generations.

Senator Hirono. So we have some 2 million veterans

out of Iraq and Afghanistan. They are out there. Half a million of them have various kinds of health care needs, and how to meet those needs, it is an issue for the VA nationally.

Dr. Tuchschnidt. Yes. And I agree with you. I think for the most part, they are not joiners of organizations, and finding organized ways of getting information from them and their desires is difficult.

We do have a lot of information. We try to have a warm handoff for every veteran who is leaving today from -- separating from service and joining the VA. It is an opportunity collect a lot of information from them at that time. I think, as you pointed out yesterday, sometimes their mind is not exactly on what is happening at that moment.

We have multiple survey mechanisms to try and get information about how the experience was for -- well, for all our veterans, but for that generation as well, and we can use that information. But we are also -- that is mostly about how the experience was, right? So we are in the process right now of beginning to do a study of looking prospectively, engaging veterans with some work we are going to be doing with JD Powers to actually try and understand how veterans view access, how they would like services designed for themselves, and to be able to look at that not just in globally, but across generations and

genders as well.

Because I think that is very important for us as we go forward to figure out, you know, we tend -- I always say to have kind of one machine and we put everybody through that same machine. And we really have to be able to understand the various segments of the veteran population we serve and how -- how to best serve those particular groups of people.

Senator Hirono. In the many hearings that the Veterans' Committee has had, it is pretty clear that mental health services are really important, but we are lacking the providers of those services. So are you finding that to be the case, Mr. McIntyre? Do you have enough people in your network to provide mental health services? And Colonel Connell?

Mr. McIntyre. Our responsibility on our end is to make sure that there is a mental health platform that is available so that those veterans that cannot get care within the Federal system are able to get served through that network. And today, the network that is built in Oahu and partially completed in the neighboring islands, but will be finished no later than October 15th, includes access to mental health.

It should first go into the Federal system, but to the degree that the Federal system can't deliver those services, we do that. And if you go to Arizona, we are taking care of a variety of mental health patients from

Phoenix today.

If you look back to what we did in TRICARE, we actually built networks that were the proxy for a Federal system in a place like Fort Carson, where there was no inpatient mental health system. We actually built it downtown, and then Fort Carson actually did rounds in those private sector facilities in uniform with us or with those providers.

So it is really important to make sure that that safety net is completed as well, and we would always say that first ought to go into the Federal system. But there are a lot of providers downtown that, frankly, served our country at one point in their life and are very committed to doing their part.

Senator Hirono. So are mental health services considered specialty care that goes to Tripler, or does the VA have its own capacity to address some of those?

Mr. Pfeffer. We have our own -- we have a ward that is at Tripler that is manned by VA staff, and then Tripler has a ward. And there is times with overflow, patients go from one to the other. But we run our own mental health on all the islands and also in the main facility.

Senator Hirono. Do you find that our younger vets require more of those kinds of care and services?

Mr. Pfeffer. Yes, I think anecdotally what I have heard is the need is there. As mentioned in the first

panel, the stigma of being associated was a big issue. And I think as people are feeling more comfortable coming in and family members are encouraging them and their buddies have gone in and gotten treatment, I think we are seeing more and more come in. But it is our largest growing population.

Senator Hirono. So particularly with -- did you want to say something?

Dr. Tuchschnidt. Yes. I was going to say, so, you know, I think one of the things, particularly about mental health issues, is the stigma associated with mental health. And so, it is one of the reasons, actually, that the department has the vet centers and that there is a bit of a firewall between the medical care system and the vet center system so that people can feel safer going into those -- into the vet centers whether they are physical locations or mobile vet centers.

And the other thing that we have found and been working on for the last several years is really that embedding mental health into our primary care programs, into our PACT teams is really critical and reduces referrals to specialty mental care. And if I could have just a few seconds here, I would like maybe Dr. Stark to talk about our experience with that.

Dr. Stark. Yes, thank you for the opportunity.

We do have what we call PCMH, primary care mental



health integration, in all of our larger facilities. And that is where a mental health provider is embedded in the primary care team, in our PACT. Most of those places they are collocated. So the veteran doesn't have to leave primary care, where they are familiar with the staff and familiar with the surroundings, to go to another part of the facility.

And it has been very effective. It has really gotten a lot more mental health care to veterans who would otherwise be reluctant to partake of that resource. And many of our veterans get all their mental health care in primary care through PCMHI and don't need then to go to specialty mental health care.

So it has been effective. We have been monitoring how well that has been implemented across the country, and it has been growing.

Senator Hirono. So is PCMHI, is that incorporated in Hawaii?

Mr. Pfeffer. Yes, it absolutely is, and Dr. Nelson can probably give you a little orientation into the Kona CBOC, if you don't mind?

Dr. Nelson. Thank you for the opportunity, Senator Hirono.

Well, first of all, I am a local Kona boy, and I am a graduate of the University of Hawaii School of Medicine, primary care internist, and I served for 41 years active

duty in Reserve in the United States Air Force. So I am a military retiree as well. In fact, it was my last deployment that led me to decide to work for the VA.

As far as the mental health integration with the primary care, we have a saying in the clinic that everybody is a mental health provider, everybody. So if someone comes into the clinic and they have some issues that we recognize as being mental health, it could be the phlebotomist, it could be my health tech, or whatever, we are there to help our veterans to get the help that they need.

So if there is someone that is recognized as having some issues, we are a very small CBOC. So we do what is called a "warm handoff." I mean, we will sit down with that veteran, and we will tell them just, you know, just cool it, and we will get you the help you need. And we will just have someone sit with them. And we will walk over to the mental health person, and we will say we need some help right away, and we get that right away. So that works very well for us.

We also use what is called a multidisciplinary team approach, where we have the psychiatrist, the mental health social worker, the addiction specialist, and my primary care people, we all sit at the table and we discuss all our problem cases on a weekly basis. That works very well for us because it helps us with, you know, the sharing our

resources. If we have got a homeless person with a problem with mental health, and so that works very, very well.

And I don't know if this is implemented in other areas, and maybe Dr. Stark can talk about that, but it is something that we really like, and we are not going to give that up. And we are going to probably expand that.

So for mental health, it is number one for us.

Senator Hirono. I think also in the private sector, places such as Mayo Clinic, where they really have these teams, and it is a patient-centered approach where teams of folks will work together. And I think that that is a model that is deemed much more efficient and effective and good for the patient. So that is what we are doing here.

And I hope we are doing that all across the VA system because apparently not everybody has this PCMHI kind of a model.

Dr. Stark. Well, you know, one of the things that we have done in the last few years in primary care in VHA is to implement what we call PACT. You have heard it referred to earlier.

Senator Hirono. Mm-hmm.

Dr. Stark. That stands for patient aligned care teams. And that is a team-based approach to care, where a patient is not just cared for by their primary care provider, but by a whole team of professionals who help provide the complex care that often our veterans require.

So that may involve mental health. It usually involves nursing staff, and even the clerical staff are part of that team.

And that team also brings in not just the patient, but their family and community resources as well. So we really try to provide a holistic approach and look at whole person care rather than just focusing on the immediate problem that a patient may have.

So this has been, again, one of the projects that we have been rolling out over the last several years nationwide, and Hawaii is one of the places that have done it really well, as you heard from Dr. Nelson.

Senator Hirono. So do you get feedback from the patients that they like this team approach to their care?

Mr. Pfeffer. Yes. Yes, I believe so. I haven't heard any problem with that. We also do family counseling, where it is helpful to have a spouse or significant other, and we are using more and more technology having these appointments through telehealth or giving them a laptop and they could call in from home.

So that is very effective as well. But I think it is a very positive way to do it, and it is less intrusive when you do it through primary care.

Senator Hirono. Is it also, at the end of the day, more cost efficient, cost effective to do it that way?

Mr. Pfeffer. Yes. Yes. It would be.

Senator Hirono. Well, since I have both the DoD and VA here, the DoD and VA disability rating systems are not in sync with each other. So an individual leaving the military with one rating may find that they are rated by the VA very differently. Why is that?

Dr. Tuchschnidt. Since I am with the health side of it, I am not sure about how that happens on the benefits side, but I am happy to take that and get you an answer.

Colonel Connell. I know, Senator, that with the IDES process, that this has gotten much closer on agreeing on a common disability rating.

Dr. Tuchschnidt. Yes.

Colonel Connell. So my understanding is this thing has matured, and we are just about to sync with disability ratings.

Senator Hirono. And although I did say that the difficulty for the person who is transitioning from active to the veteran status and all the paperwork and everything else that occurs during that period, there are a lot of challenges in having these two systems and especially on the medical information from the DoD being incompatible with the VA system. That has been an ongoing issue.

And I did say that is another hearing, practically. But just want you all to know that that is a continuing challenge. And when I keep hearing from veterans that they have these huge wait times, and yes, that was something

that Secretary Shinseki, the wait times for their ratings, that has been reduced. So that helps.

But we are still pursuing the compatibility of the two huge systems to enable our veterans -- to enable our people to transition better into veteran status.

Dr. Tuchs Schmidt. I am not an expert in this area. So I am treading on thin ice here. But you know, I mean, I believe that with the IDES system, we are actually at the time that the service member is leaving, if they decide to file for benefits, that exam is actually done, I think, as they are leaving the service now.

And I think it is done by DoD, if I am not mistaken. And if they later decide -- so if they are not, then they end up with the VA responsibility for following up with them. And should they decide to file a claim later, we would process that.

I just don't know exactly how out of sync we are in terms of ratings, and I would have to go back and get that information.

Senator Hirono. Could you?

Dr. Tuchs Schmidt. Yes, I will. I promise.

Senator Hirono. So as we are nearing the end of this hearing, I do want to ask, and Colonel Han, you mentioned this, that you are doing some special kinds of outreach with the women veterans. And so, we have more women veterans now and in terms of the spectrum of care that we

provide, are there some distinctions that are being made so that our women veterans are given a different kind of perhaps provider care? Because they have very different experiences in the military.

Mr. Pfeffer. I could start that, and of the 50,000 veterans we served last year, 2,700 were women, and the women veteran numbers are growing. And we have dedicated women health programs in distinct areas of the medical center. Each of our community-based clinic has a women's health coordinator.

As we are building new clinics and expanding and remodeling, we are taking that into account that we need to really have a nice women's clinic because some of the places are not really configured well to have the separate entrances and the things that you would like to have for the women patients. But there is a distinct program at our facility for women veterans.

And Dr. Nelson, I am sure at Kona, you have a coordinator?

Dr. Nelson. That is right, Mr. Pfeffer. We do have a women's health coordinator. It is one of my nurse practitioners. And I also see some of the women as well.

Most of our women, in Kona at least, are more elderly. We see very few of the OIF/OEF women that are coming off active duty. And if there are things we cannot provide, we utilize the community. So we utilize the OB/GYNs or the

pediatricians if they need them, that kind of help, in the community. And then they get the services that they need.

Senator Hirono. I think that is probably another group, that the women veterans from our more recent engagements, that that is probably yet another group that some special efforts need to be made to find them and reach out to them.

So I think that, well, we are actually earlier, but suffice to say that there will be other opportunities for the full committee, as well as on my part, to continue to seek input from our veterans and what you all are doing. So I do want to thank everyone who has participated, all of you in the second panel.

There is a lot of work ahead of us, and of course, the goal is to provide the best possible care, health care, to our veterans who have certainly earned that. We need to improve the state of VA health care, and so in order for that to happen, I think there needs to be an open dialogue with in collaboration with the State, with the Federal Government, with Congress, with the veterans in particular.

And I want to continue to focus on the importance of this two-way communication that has to occur with the veterans because, as I said, I hear from them a lot that they are -- they don't get the kind of information in the way that helps them.

Also, for those of you who wish to -- in the community



who want to provide written testimony for our record, you have 5 days in which to do that at the close of this hearing.

[The information referred to follows:]

[COMMITTEE INSERT]

Senator Hirono. So, at this point, this hearing is adjourned.

[Whereupon, at 12:41 p.m., the hearing was adjourned.]

