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Statement of
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Senator Murray, thank you for the opportunity to talk with you today about the needs of our military personnel returning from extended deployments.

Long before the recent homecomings, we began evaluating the needs of returnees from Operation Enduring Freedom and Operation Iraqi Freedom, We looked at everything from employment to mental health to VA health care. There was a common theme that ran through our discussions: Our country could not afford to make the mistakes that were made when soldiers returned from Vietnam.

We found numerous providers ready and willing to help ? all with the very best intentions to serve these new veterans, but there was a lack of coordination to ensure soldiers didn't fall through the cracks and efforts weren't duplicated unnecessarily.

WDVA began serving as a benefits and service coordinator through a Memorandum of Understanding. This document was signed by a number of federal, state, local and private partners; and to date, is resulting in our newest veterans, and their family members, being offered information and assistance not once, or twice, but time and again to ensure we're there when they need us.

There isn't time today to discuss all the elements needed to ensure our newest veterans are taken care of, so I will focus on an area where I think, you Senator, and other members of the Senate Committee on Veterans Affairs can make a difference ? the Federal VA Budget.

Year after year we watch the VA budget negotiation process. Each year the scenario is the same. The administration in office proposes a budget, the veterans community responds by pointing out where it is lacking, Congress battles to restore what was omitted, and our country's veterans end up with something in the middle.

However, regardless of what the amount is, the budget is never focused on the prospective needs of veterans. The bulk of the budget is written based on what the VA used in the past, rather than what we know will happen in the future.

A case in point is Washington State. We remain stuck in a pattern of being in the highest 1/3 for veteran population and in the lowest 1/3 for percentage of VA utilization.

This historical budgeting leaves Washington always playing catch-up. What is needed is a method to deal with the VA budget in a forward thinking way based on need, not on past performance.

We've seen what happens when the VA is faced with an emergent issue but doesn't have flexibility in its budget to effectively deal with it.

For example, when VA Health Care was opened to all veterans in the late 1990's, the VA's enrollment numbers skyrocketed, but budgets built on historical data rose more slowly. The result was longer waiting lists for primary and specialty health care and finally a moratorium on providing care for veterans in Priority Groups 7 & 8.

More recently, we heard the VA describe the needs of Operation Enduring Freedom and Operation Iraqi Freedom veterans as being an absolute priority. They were assured the VA would provide Health Care for 2 years. This too is a great initiative. It's an initiative that kept the fear of repeating the mistakes of Vietnam from creeping into our thoughts. Unfortunately it isn't translating on the ground. Other veterans are finding that their waits are longer, specifically for specialty services, and veterans of Enduring Freedom & Iraqi Freedom are being treated only for issues directly related to service in these Operations. This was not how the new policy direction was promoted.

This incredibly good idea is faltering because of a lack of prospective budgeting. And that is a shame, because we knew from the initial deployments, how many military personnel would be returning a year in advance, and how many would be eligible for two years of VA Health Care.

Another close to home example is the success you and your colleagues had in adding specific budget language asking the VA to open a Community Based Outpatient Clinic in North Central Washington. Although there is a demonstrated need and it was authorized by Congress and the President, the CBOC still isn't open. With the ongoing budget crisis, it has been pushed back again. At a time when our citizen soldiers are returning to rural areas of Washington, community based care is absolutely essential to getting them connected with VA benefits and entitlements.

So, how can Washington State, where we have a demonstrated need, an increasing veteran population, and a lower than average utilization rate, continue to wait and see what the VA budget will bring each year?

We are going to get aggressive about ensuring veterans are enrolled in VA health care.

Lines may grow for a little while, but playing the budget wait and see game hasn't worked.

Look at what is happening with these young men and women returning from year long deployments - the largest National Guard deployment since WWII. We know they will have short term and long term care needs. These veterans are returning to homes all over our state and are encountering a strained VA system.

Now the latest news is that our strained VA system is cutting back on mental health fee for service care, which will disproportionately affect veterans returning to rural Washington.

Cutting PTSD services simply doesn't make sense. We know that we can prevent many issues by wrapping a support system around veterans. Of the young men and women returning home from

extended deployments 20% are exhibiting symptoms of PTSD, and another 20% could likely benefit from counseling to deal with marital issues, substance abuse, and readjustment issues.

So while we're busy telling veterans we appreciate their service and sacrifice, we're restricting access to the very services we know they need.

I don't have all the answers; however, I will tell you that the system being used to appropriate money to meet veterans' health care needs is simply not working. In Washington we're going to aggressively enroll veterans in an attempt to boost our baseline and start seeing an increase in funding to care for those who need it.

Through our MOU partnership, we will reach out to these returnees at eighteen Family Activity Days in August and September alone. These Family Activity Days are opportunities for service providers to offer information and services not only to the veteran, but also their family members who may see signs that help is needed before the soldier does. (Information and assistance provided includes employment counseling and assistance, health care, mental health, employment rights and veterans benefits.)

As an example, we held a Family Activity Day in March. Of the 76 soldiers who attended this event, over 40 filed claims for VA Health Care and 35 requested counseling for PTSD. Not only does this tell us the need is great, it tells us that we need to continue taking the services to them. Family Activity Days are the third direct contact each of these returnees receive, yet for over half of those in attendance, it was the first time they asked for help.

Our goal is to ensure that when they ask for help, we can follow through by providing access to the benefits and services they are entitled to.

As I said in the beginning, the VA Health Care budget is only one component of the issues facing our returnees, however, it is imperative that we fix it.