

1 LEGISLATIVE PRESENTATIONS OF JWV, FRA, AFSA, MOPH,
2 AMERICAN EX-POW, BVA, TREA, MOAA AND IAVA

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4 WEDNESDAY, MARCH 22, 2017

5 United States Senate,
6 Committee on Veterans' Affairs,
7 House of Representatives,
8 Committee on Veterans' Affairs,
9 Washington, D.C.

10 The Committees met, pursuant to notice, at 10:00 a.m.,
11 in Room SD-G50, Dirksen Senate Office Building, Hon. John
12 Boozman and Hon. Phil Roe, presiding.

13 Present: Senators Boozman, Heller, Sullivan, Tester,
14 Brown, Blumenthal, and Manchin; Representatives Roe,
15 Coffman, Wenstrup, Radewagen, Poliquin, Arrington, Walz,
16 Takano, Kuster, O'Rourke, Sablan, and Esty.

17 OPENING STATEMENT OF SENATOR BOOZMAN

18 Senator Boozman. Committee will be in order, and I
19 want to welcome all of you all, and really just take a
20 second to read a little note from Senator Isakson. Some of
21 you may know he has had surgery and is recuperating, and,
22 you know, nobody works any harder for our veterans than
23 Senator Isakson, along with Senator Tester and then also our
24 House colleagues, which I had the opportunity to serve with
25 for many, many years.

1 But let me just read this really quick.

2 "I am pleased to welcome the nine military and
3 veterans' service organizations and their members who are in
4 attendance. I regret that I am unable to be there in person
5 with you today, at today's hearing, per my doctor's orders.
6 I am at home recovering from back surgery. I look forward
7 to returning to Washington, D.C., as quickly as possible, to
8 continue working harder than ever on behalf of our veterans.

9 "As I said at Secretary Shulkin's confirmation hearing,
10 we are about making health care more available to veterans,
11 through care in both the private sector and the VA. We do
12 not want to privatize the VA. We want to empower it.

13 "I look forward to working collaboratively with you and
14 other stakeholders to help improve the care and services for
15 our veterans."

16 And I think that really does sum it up, and I know that
17 our thoughts and prayers are with Senator Isakson. I am
18 sure as he is recovering he is watching this hearing and is
19 with us today in spirit.

20 Chairman Roe.

21 OPENING STATEMENT OF CHAIRMAN ROE

22 Chairman Roe. Thanks very much, Senator Boozman, and
23 than you all for being here today. We are pleased to
24 welcome representatives from the numerous veterans'
25 organizations--veteran service organizations: the American

1 Ex-Prisoners of War Organization, the Armed Forces Sergeants
2 Association, Blinded Veterans Association, Fleet Reserve
3 Association, Iraq and Afghanistan Veterans of America,
4 Jewish War Veterans of the United States of America, the
5 Military Order of the Purple Heart, and The Retired Enlisted
6 Association.

7 These organizations serve as an integral role to assist
8 returning members of our armed forces with securing care,
9 benefits, and opportunities they deserve.

10 I am proud to serve as Chairman of the House Committee
11 on Veterans' Affairs and to work alongside each of the
12 dedicated organizations represented here today. Our
13 veterans deserve and have earned the best care available,
14 and it is the mission of everyone here to ensure they
15 receive nothing else.

16 I am pleased to share this mission with you all and to
17 hear from you today about your legislative priorities.
18 First, I would like to personally welcome everyone who has
19 made the trip here from the great state of Tennessee, and
20 any Tennesseans, please stand if you are able, to wave to be
21 recognized.

22 Well, I will stand up. I am from Tennessee.

23 [Applause.]

24 Senator Boozman. I'm going to clap for you.

25 Chairman Roe. Thank you. Well, we do have--oh, and

1 there is somebody taking a picture. I am from Tennessee.

2 I would also like to welcome members of the
3 organizations' auxiliaries and thank you for your tireless
4 work to benefit our veterans, their families, and survivors.

5 The House has been hard at work to address issues
6 within VA that require immediate legislative attention. I
7 would like to address a few of them now, namely those that
8 passed out of the House last week.

9 First, H.R. 1259, the VA Accountability First Act of
10 2017, would give the Secretary the tools he needs to swiftly
11 and effectively discipline employees who do not meet the
12 standards our veterans deserve, or who fail in their sacred
13 mission to provide world-class health care and benefits to
14 the men and women who have served. This bill, which I
15 introduced to build upon similar legislation passed by the
16 house in the 114th Congress, would also provide the
17 Secretary with the direct hiring authority he has been
18 asking for, so that he can hire medical center and VISN
19 directors in a more expedited manner, and fill leadership
20 vacancies across the VA.

21 This bill would give VA the ability to hold bad-acting
22 employees in the department sufficiently accountable, which
23 would be a major step toward ending the culture that has,
24 for many years, encouraged problems to be swept under the
25 rug, and, in some cases, rewarded those who created them.

1 Second, H.R. 1367 would give VA the ability to identify
2 staffing shortages and to quickly recruit, hire, and retain
3 high-quality health care employees to fill them.

4 The bill, which was introduced by the Health
5 Subcommittee Chair, Dr. Brad Wenstrup, would also establish
6 an Executive Management Fellowship Program that would allow
7 private-sector best practices to be injected directly into
8 the VA health care system while eligible VA employees are
9 exposed to those practices at private sector entities.

10 I believe H.R. 1367 would serve an important first step
11 on the road to improving hiring within VA, so clinicians can
12 quickly begin the honorable mission of serving veterans.

13 Third, H.R. 1181, the Veterans 2nd Amendment Protection
14 Act, would prohibit VA from sending veterans' names to the
15 National Instant Criminal Background Check System unless
16 there is an order from a judge or magistrate that says that
17 person may harm themselves or others. In FY 2016, more than
18 32,000 veterans and their dependents lost their
19 constitutional right to bear arms without the benefit of due
20 process of law. It is not right that VA bureaucrats, not
21 judges, have the power to strip a veteran of his or her 2nd
22 Amendment rights without due process, simply because that
23 veteran utilizes a fiduciary to handle his or her finances.

24 This bill, which I introduced, would ensure that this
25 troubling issue is corrected. I encourage you all to

1 support these bills and I hope our colleagues in the Senate
2 will bring them up for a vote without delay. There are many
3 additional areas within VA that need immediate improvement
4 and I am excited to work with each of you to ensure that
5 this happens.

6 I look forward to hearing the legislative priorities of
7 each group represented here today so we can continue our
8 work to improve services for veterans, and with that, I
9 yield back my time.

10 Senator Boozman. Senator Tester.

11 OPENING STATEMENT OF SENATOR TESTER

12 Senator Tester. Thank you, Senator Boozman.

13 I want to thank you very much, all of you, for being
14 here today. Thank you for your service. I am honored to
15 have each of you here today, along with the many members
16 that you represent that are in the audience.

17 Let me get right to it. We are here because Congress
18 should take its cues from you. Your organizations provide
19 Congress with an important and critical perspective on how
20 to best address the challenges of veterans and their
21 families. As we hold these hearings, because of advocates
22 like you, nonpartisan political groups or pundits on the
23 cable, that is not who we want to be driven by. We want to
24 be driven by you guys.

25 It is a critical time for the VA. Today, the VA is

1 confronted with ongoing access issues, medical workforce
2 shortages, and a culture and infrastructure that is not
3 always reflective of the needs of our women veterans.

4 But I will tell it to you straight. I do not support
5 privatization of the VA in any form or fashion. Some folks
6 on this rostrum will tell you that it is a non-issue and
7 that no one believes that the VA should be privatized, but I
8 would ask you to listen carefully to the questions and make
9 up your own mind on that.

10 In my opinion, rather than just giving a veteran a card
11 to seek care in the private sector the path forward should
12 be an integrated network of VA and community providers, and
13 the VA should continue to be--serve as the coordinator and
14 primary provider of care while the private sector fills in
15 the gaps that the VA cannot meet. It is clear that the VA
16 provides critical and necessary services to millions of
17 veterans who benefit from specialized care, and these
18 services are far too important to risk by outsourcing them
19 to the private sector.

20 Moving forward, I look forward to working with each and
21 every one of you to enact meaningful reforms on behalf of
22 our nation's troops, veterans, and their families, and I
23 look forward to the discussion we are about to have today.

24 Thanks again to you all, and welcome.

25 Senator Boozman. Next we are going to go to

1 Congressman Walz. Congressman Walz is a sergeant major. I
2 always tell him he reminds me of my dad. My dad was a
3 retired master sergeant, and my dad grew up during the
4 Depression and did not ask my brother and I to do a whole
5 lot, but when he did I learned very quickly that we needed
6 to be prompt in getting it done.

7 [Laughter.]

8 Senator Boozman. Congressman Walz.

9 OPENING STATEMENT OF MR. WALZ

10 Mr. Walz. Thank you, Senator, and you are kind. I
11 always tell the story, when I went out to Walter Reed and
12 visited a young Marine, they introduced me. They said,
13 "This is Congressman Walz. He is a retired sergeant major
14 in the Army," and he said, "Oh, I am sorry to hear that."
15 So I thought we were going to have that. And I said, "What
16 are you sorry about?" and he said, "I am sorry you took the
17 demotion to Congress."

18 [Laughter.]

19 Mr. Walz. So he may have been right.

20 But thank you all for being here. These are the best
21 days of the year. I am grateful for all of you to be here,
22 grateful that this panel is here, and I think it is
23 important to note that we have had several of these panels
24 with our VSOs, and think people who do not understand the
25 importance that each and every one of your organizations

1 bring in the focus of issues that matter to us. We are
2 stronger because we have that voice, and I see members
3 sitting behind you, and I used to always wonder, and I would
4 tell those of you who are here, my dues are paid up. But I
5 always used to wonder, when I was a young enlisted troop,
6 where my money was going to pay for these things, and I
7 said, now sitting on this side, all I can say is thank you
8 all for being here, because they cannot be here. Our
9 veterans cannot be here. They need your voice to be here,
10 and it makes a difference.

11 So I thought I would just make note of this. This is
12 just in the last short few weeks. Because of the advocacy
13 of folks in this room, we have introduced bills to make the
14 Purple Heart recipients 100 percent eligible for GI Bill
15 benefits. Most of our constituents do not know that is not
16 already the case. So if a servicemember spilled blood for
17 this nation, they should not have to pay for their portion
18 of their education because they did not serve long enough to
19 get those. That was the copay in that blood for this
20 nation, and that was brought to us, and we will get that
21 thing through.

22 Our committees have heard your calls to improve access
23 for women veterans. Just yesterday, Senator Tester, Ms.
24 Esty, and the help of Ms. Jaslow and IAVA introduced
25 legislation aimed at closing the gaps that exist in

1 delivering care for our women veterans, and a long-overdue
2 notice that it is not just he who bore battle, it is he and
3 she who bore battle, so we thank you for that, and that
4 advocacy matters.

5 And yesterday in our office, BVA, Blinded Veterans of
6 America, President Stamper was there, and informed me that
7 the VA's website is not 508 compliant. They should have it,
8 and we up here asked, and I said I asked our staff, make
9 sure our website is 508 compliant. Lead the way on this.
10 VA should be able to do that. And they also told me that
11 it's really great, and folks who are not--and many of you
12 will attest to this--the kiosks, and the signing-in kiosks
13 at the VA are great, and they say when they walk in there
14 they told me--Tom Zampieri told me he walked in there and
15 they said, "Use the kiosk." He said, "I would like to but
16 it is not blind-compliant, so I can't use it." But he did
17 say there was a little, tiny, 14-font note on there that
18 said "if you cannot read this, push this button." Tom has a
19 good sense of humor on this but he was only laughing for a
20 short amount of time and then he was pretty irritated about
21 that.

22 And it also came to my attention, VA, who led in the
23 technology, has now fallen behind, that lets visually
24 impaired veterans view the script reader that reads what's
25 on their scripts, so that they make sure--and there's cases

1 of folks that, because their drug interaction label is not
2 able to be read, we actually had a death of a veteran. If
3 they had an updated script reader, they would be able to--
4 and if any of you have ever seen these, many of you know you
5 put the bottle on there and it reads and tells you what it
6 is. We are talking about access to health care. These
7 three things, for BVA, or access to the website, access to
8 their VA hospital, access to their prescription, we should
9 be fighting for those things.

10 So I just want to make note that if you ever wonder,
11 does it make a difference, yes, it makes a difference. Not
12 only are you advocates, I often say, you are the conscience
13 of this nation. You being here, advocating for these
14 things, turns into policy that improves people's lives.

15 So I look forward to your testimony and I yield back.

16 Senator Boozman. Next are going to turn to our panel,
17 and if you would, if you would limit your remarks to five
18 minutes, and then the full text of your written testimony
19 will go into the record.

20 We are going to start with Colonel Carl Singer,
21 National Commander of the Jewish War Veterans of the United
22 States of America. Colonel Singer.

1 STATEMENT OF COL. CARL A. SINGER, USA RETIRED,
2 NATIONAL COMMANDER, JEWISH WAR VETERANS OF THE
3 UNITED STATES OF AMERICA

4 Colonel Singer. Thank you, Chairman, Dr. Roe, Mr.
5 Boozman. Thank you all for being here. I thank you for
6 your time and attention, and also to my fellow veterans
7 here.

8 I have been listening online to previous sessions, and
9 among the veterans and the knowledgeable panel here, you've
10 covered about every topic I could think of, but I did want
11 to mention a few other items, if I might.

12 First, one homeless veterans is one too many. I was
13 born on a freight train in post World War II Europe. I
14 lived in displaced persons camps before coming to this
15 golden land of opportunity at age 3-1/2. My folks pretty
16 much sheltered me from want and hunger and such, but they
17 instilled within me a visceral empathy for those who are
18 downtrodden or hungry.

19 It just hurts that there are over 50,000 homeless
20 veterans on any given night, and again, one homeless
21 veteran, I believe is one too many.

22 When I served on the Army staff, we managed the
23 lifecycle of a piece of equipment, say a tank. Beyond the
24 purchase price there is the maintenance, the fuel, the
25 ammunition, the training, and so forth. Let us be a little

1 crass and talk about our soldiers in a similar manner. When
2 a young woman or a young man raises their right hand and
3 pledges their life to this great nation, we have a
4 commitment to them for their life. They may leave the
5 service having lost some baby fat, gained some muscle, with
6 their heads on straight, and they're ready to be productive
7 leaders in our society, or they may come home broken, with
8 either mental or physical problems. Either way, we owe
9 them, whether it's GI Bill and VA loans or whether it's a
10 lifetime--a lifetime of comprehensive medical care and
11 support. Full lifecycle care is an obligation.

12 DoD and DVA each provide world-class medical care. You
13 have likely heard this before. During World War II, 1 of 2
14 wounded soldiers passed away. They died because of their
15 injuries. Today, depending on who you ask, it is 1 in 15 or
16 1 in 25. It means, thankfully, that our wounded soldiers
17 are coming home alive, but some of them have survived
18 horrific injuries. Some wounded will reintegrate back into
19 society, but many will need lifelong care. We must be up to
20 this challenge. Again, we have that lifelong obligation to
21 our wounded servicemembers. We also have an aging veterans
22 population, many of whom rely on the Department of Veteran
23 Affairs for some or all of their health care.

24 In contrast to the high-quality medical care at the
25 DVA, administrative processes need improvement. Wait times

1 to get on board are simply too long. The appeals process
2 gets bogged down. I heard Senator Blumenthal mention that
3 there is a backlog of 450,000 cases. From my business
4 perspective, what gets measured, gets managed. We need
5 accountability, of course, and the authority to get rid of
6 bad apples, and I heard you are working in that direction.

7 To make matters worse, DoD, DVA, and private health
8 care records are not compatible with each other. This is a
9 bigger problem than the DVA. On the one hand, we would like
10 a universal, transportable medical record. On the other
11 hand, there are privacy and security issues.

12 My wife, Miriam, who is commander-in-chief of the
13 Singer household is a teacher, and since her students come
14 first she is not here today, so I am free to talk about a
15 tee-shirt she once had, that said, "Toughest job in the
16 Army: Army wife," and that is a lead-in to the fact that
17 when our servicemember deploys there is a wife or a husband,
18 parents, children, siblings, who are back home, and when our
19 wounded or disabled veteran comes home, or our aging veteran
20 is home, these kin become caregivers. We need to look out
21 for them.

22 Imagine, if you would, parents having to bathe, feed,
23 and toilet their 25-year-old son, just as they did when he
24 was a baby. That is what a traumatic brain injury can do to
25 someone.

1 Lastly, we need to value and honor those who are
2 currently serving and our veterans. This is an intangible.
3 DoD should not have to pay for large flags at halftime and
4 flyovers. I think cultures flows from the top. We need the
5 Executive branch and Congress, both houses, both sides of
6 the aisle, to follow this committee's lead in respecting and
7 honoring our military.

8 I thank you, and may God bless the United States of
9 America.

10 [The prepared statement of Colonel Singer follows:]

1 Senator Boozman. Thank you very much. We will now
2 hear from Mr. Donald Larson, National President, Fleet
3 Reserve Association.

1 STATEMENT OF DONALD LARSON, NATIONAL PRESIDENT,
2 FLEET RESERVE ASSOCIATION

3 Mr. Larson. Mr. Chairman, Ranking Members, and members
4 of the Committees, good morning. My name is Donald Larson.
5 I am the National President of the Fleet Reserve Association
6 and a Navy veteran retiree.

7 For over 93 years, the FRA has been serving and
8 representing our enlisted sea service members and their
9 families for pay, benefits, and quality of life issues.
10 Today is no different.

11 This morning the FRA will be addressing key issues that
12 are still in our radar, we hope, and with your committee's
13 influence and diligence, will pass, during this 115th
14 Congress. FRA is still deeply troubled by the lack of
15 progress with the Agent Orange, Blue Water Navy issue, which
16 was first introduced over 26 years ago. Previous VA
17 policies and practices allowed sea service personnel who
18 were awarded the Vietnam Service and Campaign Medals to
19 submit service-connected claims from exposure to the
20 herbicide, Agent Orange.

21 In 2001, however, the VA implemented a "boots on the
22 ground" policy which excluded these shipboard personnel from
23 being considered for these claims submissions. In January
24 of 2016, FRA was extremely grateful to the 14 Senators who
25 signed a joint letter requesting that Secretary McDonald

1 rescind the ban for those who served on board these ships.

2 FRA supported the content of that letter which cited
3 Gray v. McDonald Court of Appeals for Veterans Claims, that
4 arbitrary and capriciously excluded the Da Nang Harbor from
5 its definition of inland waterways, for the purpose of
6 determining presumptive inclusions for the Blue Water Navy
7 Vietnam veterans. FRA has been on record stating, "For the
8 VA to state with such confidence that the toxic Agent Orange
9 could not cross from inland waterways and harbors to open
10 seas is to reject the very nature of laws. It is as if some
11 imaginary line, that Secretary McDonald drew, was drawn
12 across the mouths of these rivers and bays, which, in
13 essence, had the ability to stop ocean currents from
14 flowing."

15 The FRA supports the term Blue Water Navy Vietnam
16 Veterans Act, Bill S. 422, from Senator Gillibrand, and its
17 companion House Bill H.R. 299, from Representative Valadao.
18 These, once again, clarify the need for the presumptive
19 filing of claims for exposures to Agent Orange. FRA again
20 thanks over 230 House and 36 Senates for cosponsoring their
21 support. Quick passage and response to these bills must be
22 assured for these veterans to receive and retain the full
23 medical and disability benefits.

24 In the 114th Congress, the House bill had over 335
25 cosponsors, the most cosponsors of any bill in Congress.

1 That passage was blocked and committee was never called for
2 a vote.

3 This Vietnam veteran era was a very unpopular time in
4 this country, and many of these veterans, and some who are
5 still sitting in this chamber today, are an aging
6 population. Their only desire is to what is entitled to
7 them.

8 FRA also supports the VA Choice Program. We do
9 recognize that this will require considerable oversight to
10 ensure its effectiveness. FRA recommends the IB framework
11 for veterans health care reform, and that the Choice Program
12 be extended. The VA must ensure that non-VA care
13 coordination teams are adequately staffed and funded to take
14 charge of their respective work loads. A restructuring of
15 the VHA as called for by the Commission of Care, should be
16 considered. These networks will assure decision process of
17 access in the community for care for veterans preferences,
18 rather than a subjective time and distance, as it is the
19 current practice of the Choice Program.

20 FRA echoes, like others, for a stronger call to action
21 for suicide recognition and prevention programs, to allow
22 the veteran to return back into society and re-engage. A
23 meaningful and measured strategy within the VA and DoD
24 Suicide Prevention Offices, with preventable health
25 staffing, resources, and crisis line capabilities, is a

1 must. Quality one-on-one outreach efforts are still needed
2 to reduce this national epidemic. Recent data reflects the
3 risk of suicide for veterans is 21 percent higher in
4 comparison to civilian adults. Veteran suicides increased
5 by more than 32 percent from 2001 to 2014, compared with 23
6 percent for civilians.

7 Mr. Chairman, these are FRA's key veterans issues. We
8 recognize there are costs, however. Responsible balance to
9 the veterans' services is owed, and we need to ensure that
10 parity to the service and benefits are enacted.

11 Thank you, and I await your questions.

12 [The prepared statement of Mr. Larson follows:]

1 Senator Boozman. Thank you, sir. Now we are going to
2 go to Mr. Mark Stevenson, Chief Operating Officer, Air Force
3 Sergeants Association.

1 STATEMENT OF MARK STEVENSON, CHIEF OPERATING
2 OFFICER, AIR FORCE SERGEANTS ASSOCIATION

3 Mr. Stevenson. Thank you, sir. Chairman Roe, Ranking
4 Member Tester, Ranking Member Walz, and members of these
5 Committees, on behalf of the 100,000 members of the Air
6 Force Sergeants Association I thank you for this opportunity
7 to offer the legislative priorities for the First Session of
8 the 115th Congress.

9 It is an honor to represent the airmen you see in the
10 audience today. These veterans, as did their predecessor,
11 serve without regard to the personal hardships or dangers
12 that may lie ahead, and I hope to serve as a reminder today
13 of what they ask in return for their dedicated service.

14 It has been nearly three years since Congress passed
15 the VA Choice Act. Your subsequent work on this act has
16 given the VA the capability to make significant progress
17 towards satisfying the health care needs of our veterans.
18 However, there are still improvements needed to enhance this
19 program. This act, set to expire August of 2017, and the
20 Air Force Sergeants Association, stands with Secretary
21 Shulkin and his plan to extend VA Choice and ask this
22 committee to support this extension and properly care for
23 those that have sacrificed for our great nation.

24 Reauthorizing this program would benefit veterans and
25 provide Congress the time needed to work with Secretary

1 Shulkin on the next generation of Choice, and standardize
2 VA's network of community care. To be clear, AFSA believes
3 the program should be reestablished on a more permanent
4 basis.

5 Also, to remove the current 30-day, 40-mile rule to
6 ensure that every veteran has the flexibility and choice, no
7 matter where they live or how long they have been waiting
8 for care. This will help account for manmade barriers the
9 veteran must navigate, like traffic in major metropolitan
10 areas.

11 I would like to thank the past work of these
12 committees, as primary caregivers of catastrophic and
13 disabled OEF and OIF veterans now receive additional
14 allowances, offsetting the lack of earnings and benefits
15 these caregivers could earn in their own right. AFSA
16 strongly supports the VA's full expansion of the caregiver
17 program to include veterans of all eras, and ask Congress to
18 pass the Military and Veteran Caregiver Service Improvement
19 Act, S. 591 and H.R. 1472, respectively.

20 While military service strengthens a person's
21 character, it also has the ability to break down one's
22 defenses and increase the effects of stress. There are
23 countless reports of lengthy wait times for veterans at VA
24 mental health facilities across this country, and in some
25 cases these wait times have led to suicide. Equally

1 disturbing is the recent revelation where as much as 30
2 percent of the calls of the VA Crisis Hotline are being
3 rolled over to secondary locations. Veteran suicide is
4 arguably the most challenging issue facing the VA today, and
5 the mental health of our veterans should be among our
6 highest priorities. For this reason, AFSA applauds the
7 passage of the Clay Hunt Act and the Female Veteran Suicide
8 Prevention Act as steps in the right direction toward
9 addressing this nationwide veteran problem.

10 Much more work does need to be done, and while it is
11 more desirable for a patient to meet face to face with a
12 mental health care provider, using current technologies such
13 as tele-mental health services and peer-to-peer support
14 programs, may be the only way to reach the larger population
15 in more rural areas.

16 AFSA would also like to thank these committees for
17 recent legislation that extended the veteran status for
18 reserve component members with 20 or more years of service.
19 Due to military funding and account protocols, many
20 individuals performed operational missions during their
21 careers but orders were cut under other than Title 10
22 authority. We have been pushing this change for six years,
23 and our hats off to all of you, but our members would really
24 like to extend a special thanks to Chairman Isakson, who
25 could not be with us today, Ranking Member Walz, as well as

1 Senators Blumenthal and Moran for their efforts to bring
2 this matter to a favorable conclusion.

3 The post-9/11 GI Bill affords opportunities for family
4 members to become more productive members of society. Over
5 the past couple of years there has been a great deal of
6 discussion surrounding the post-9/11 GI Bill, and I ask this
7 committee to steer away from making any significant changes
8 to this benefit. We are still a nation at war, and our
9 family members serve in a capacity that many of us cannot
10 understand, and making any changes that disrupt the family
11 environment during these turbulent times is simply not the
12 right thing to do for those that have given so much, so
13 consistently.

14 Women servicemember have quickly become the fastest-
15 growing veteran population, estimated at more than 2.2
16 million, and these dedicated Americans are assuming higher
17 roles and need more specialized care to address some of the
18 unique medical issues specific to our women veteran
19 population, for example, gender-appropriate prosthetics and
20 more specialized gynecological care.

21 Reports suggest that mental health clinics are often
22 carved out of what little space is available, located in
23 basements or tucked away in corners of buildings without
24 appropriate signage. And according to Helen Thorpe, the
25 author of *A Soldier Girl*, nearly one in four VA hospitals do

1 not even have a fully staffed gynecological team.

2 Mr. Chairman, in closing, we sincerely believe the work
3 of these committees is among the most important that will
4 take place on the Hill this year, and we want to thank you
5 again for this opportunity to express the views of our
6 members, and I look forward to your questions.

7 Thank you.

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

1 Senator Boozman. Thank you very much. Next we are
2 going to hear from Mr. Hershel Gober from Arkansas, National
3 Commander of the Military Order of the Purple Heart, and we
4 are so pleased to have you. Arkansas is so proud of you.
5 Hershel was a hero on the battlefield, but also he has been
6 a true hero in the way that he has conducted his life, in
7 the sense of being so active in his community, and serving
8 veterans in a variety of different ways in Arkansas.

9 Thank you for being here.

1 STATEMENT OF HERSHEL GOBER, NATIONAL COMMANDER,
2 MILITARY ORDER OF THE PURPLE HEART

3 Mr. Gober. Thank you, Senator. Chairman Roe, Ranking
4 Members Tester and Walz, and members of the Committee, I
5 would like to associate myself with the testimony of my
6 comrades at this table. We have been doing this together
7 for many, many years, and we all--we may talk about a
8 different issue but that is kind of a plan so we can
9 outflank you. If we all talk about the same thing, it is
10 over. We divide them up.

11 I am sure you are all aware that the Military Order of
12 the Purple Heart is a unique organization in that our
13 membership is made up entirely of veterans who were wounded
14 in combat. MOPH stands today as the original veteran
15 service organization for wounded warriors. While the MOPH
16 always has been, and will continue to be the first to stand
17 up for our fellow Purple Heart recipients, our priorities
18 reflect the fact that we are staunch advocates for all
19 veterans and their families.

20 With that, on behalf of the Order, I am pleased to
21 present the MOPH's legislative agenda for 2017.

22 We thank Congress for what you've done in the past. We
23 know you cannot do everything. Our nation owes its
24 veterans, that they sent to war--and I get a little upset
25 here because I get tired of hearing the budget mentioned.

1 When we talk about veterans' issues, we find the budgets and
2 sent our troops to war, and, by golly, we find the budget to
3 take care of them after war. It should be that way.

4 [Applause.]

5 Mr. Gober. We all know that the Veterans Choice
6 Program is set to expire this year, and I would like to echo
7 what Mr. Stevenson says. We think that Congress should
8 expand the program, keep it there, eliminate the 30-day, 40-
9 mile rule. We are adamantly opposed to any attempt, and
10 will fight it to the very end, to privatize the VA medical
11 system. We think we are on the right track and we think
12 that Secretary McDonald did some great stuff, and we are
13 sure that the new secretary will keep moving, but there is a
14 place for the community services to work in, but we think VA
15 should still be the primary provider and should coordinate
16 that service.

17 Accountability. We totally agree on accountability.
18 You cannot ask an executive to run a department if he does
19 not have the authority to get rid of bad performers. You
20 have to do that. We know that there will be people fighting
21 this, because it is something different. But I have a
22 little experience at the VA and I know it needs to be--we
23 need to have changes there, and I think you are on the right
24 way about that. We think your Accountability First Act is a
25 good step.

1 The GI Bill. That has been talked about here. We
2 totally agree that we support H.R. 1379. Any veteran who
3 shed their blood for their country, or on a post-9/11
4 battlefield, should be granted the full benefit of post-9/11
5 GI Bill.

6 I am going to have to rush here because--concurrent
7 receipt. This is something that I find--I do not understand
8 the logic of this. A military retiree cannot draw his
9 military retirement and his VA disability. Two different
10 things. I know, it is a budget matter. I understand. But
11 the federal employee can draw his federal employment--I
12 mean, retirement--and yet draw his VA disability. Explain
13 that to me. I do not understand it.

14 You have to move on this. Every year this bill--and
15 this ties in with the SBP DIC--every year this bill is
16 introduced by both sides of Congress. It is a feel-good
17 thing. It never goes anywhere. I ask you to have a
18 hearing. Right this wrong. It is wrong. We cannot keep
19 doing this. You are taking away from these people that
20 risked their lives and wrote a check for their whole lives,
21 if they needed to give it.

22 We have got to do something about it. I urge this
23 Congress to work together. Look in the mirror. It is so
24 wrong. It is wrong. You have got to do something about it.
25 It is not fooling us. We know what is happening. We know

1 the budget is tied in. We could care less about the budget.
2 You send them to war, by God, you should take care of them
3 when they come home from war, and do not take away their
4 retirement.

5 With the SBP DIC, the same thing. Those widows are
6 suffering. You are taking away their insurance, that their
7 husband bought for them. The DIC is a different thing. We
8 also ask that you pass the Purple Heart Preservation Act,
9 which will stop people from selling the Purple Heart Medal.
10 We are against the FACT Act, the asbestos thing that is
11 being put forward by the chemical and by the insurance
12 industries.

13 Thank you. That concludes my testimony. I will be
14 glad to answer any question.

15 [The prepared statement of Mr. Gober follows:]

1 Senator Boozman. Thank you very much, and next we will
2 hear from Mr. Charles Susino, Jr., representing the American
3 Ex-Prisoners of War Organization.

1 STATEMENT OF CHARLES A. SUSINO, ON BEHALF OF
2 CHARLES SUSINO, JR., NATIONAL COMMANDER, AMERICAN
3 EX-PRISONERS OF WAR ORGANIZATION

4 Mr. Susino. Good morning. Chairman and members of the
5 Senate Veterans' Affairs committee and guests, my name is
6 Charles A. Susino. I am a board director on the American
7 Ex-Prisoners of War. Over the year, my father, Charles
8 Susino, Jr., National Commander of the AXPOW, has provided
9 testimony to your committee. He is here today, seated
10 behind me, to my left. However, his esophagus, which was
11 damaged in German prison camps during World War II is
12 troubling him today, and prevents him from speaking loudly
13 in an extended period for five minutes. So, with your
14 permission, I will read his testimony this morning. He will
15 be available during Q&A. What you hear will be my voice but
16 his words, so I will read it in first person:

17 Thank you for your tireless efforts in the last
18 Congress. However, there is more work ahead and new
19 legislation improving implementation on legislation already
20 passed.

21 The directive targeted to eliminate veterans'
22 homelessness, we heard about earlier, has been in effect for
23 several years and the results are very positive. Almost 70
24 percent decrease in homeless veteran population. Sadly,
25 however, that means almost 40,000 veterans are still on

1 America's streets, without the basic shelter they deserve
2 and they need. It is a national disgrace that any American
3 vet has no place to call home.

4 President Trump stated his commitment to supporting our
5 troops. However, he instituted a federal hiring freeze. We
6 applaud the efforts of Senator Tester and others to obtain
7 the authorization to fill critical vacancies in the VA.
8 Thank you, very, very, much.

9 Our legislative agenda has been very consistent year to
10 year. It is based on the earned benefits of the veteran for
11 serving our country. Its center is health care and fair
12 compensation for the veteran and their family. In 1986,
13 Congress and the President mandated VA health care for
14 veterans with service-connected disabilities, as well as
15 other special groups of veterans. It included veterans up
16 to World War II. We asked Congress to revisit the special
17 groups and update to include veterans of World War II,
18 Korea, Vietnam, Cold War, and our recent conflicts in the
19 Middle East.

20 A common thread among the veteran service organizations
21 here has been improving the performance of the VA, to the
22 benefit of the veteran experience. No single bill regarding
23 management bonuses, employee discipline is sufficient. It
24 must mirror human resource practices of identified companies
25 with a proven track record where high efficiency and

1 accountability persist, despite changes in management. Only
2 a comprehensive bill can achieved that desired result.

3 DIC has not been increased, aside from COLA, for
4 decades. We ask for your support to correct this long-
5 standing inequity. We receive phone calls from widows, and
6 they say a very, very small increase in DIC would make a
7 very big increase in their quality of life. Please address
8 that.

9 I draw your attention to the following bills: H.R.
10 104, Helping Homeless Veterans Act of 2017, which makes
11 permanent certain programs that assist homeless veterans and
12 other veterans with special needs; H.R. 333, Disabled
13 Veterans Tax Termination Act. We heard about that earlier,
14 where service-connected disability of less than 50 percent
15 to concurrently receive both retirement pay and disability
16 compensation. H.J. Resolution 3, Approving the location of
17 a memorial to commemorate and honor members of the armed
18 forces who served on active duty in support of Operation
19 Desert Storm or Operation Desert Shield. Memorials are a
20 critical component of public awareness and education on the
21 hardships of war. While we need to protect our freedoms, we
22 must remember the cost of freedom is very high.

23 H.R. 369, to eliminate the sunset of Veterans Choice
24 Program. Again, mentioned earlier. Senate Bill 24, a bill
25 to expand the eligibility for hospital care and medical

1 services under Section 101 of Veterans Access Choice and
2 Accountability Act of 2014, to include veterans who are age
3 75 or older.

4 Please eliminate the veterans' means test for access to
5 health care. Should a veteran who worked two or three jobs
6 to provide better for his family later be deprived of health
7 care? Each has served his country and earned the same
8 benefits. For us to deprive any deserving veteran of health
9 care is wrong.

10 Thank you for your time and consideration on these
11 matters. God bless our troops. God bless America.
12 Remember those that have sacrificed to protect our freedoms.
13 Thank you.

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

1 Senator Boozman. Thank you, and we will now hear from
2 Mr. Dale Stamper, National President, Blinded Veterans
3 Association.

1 STATEMENT BY DALE STAMPER, NATIONAL PRESIDENT,
2 BLINDED VETERANS ASSOCIATION

3 Mr. Stamper. Chairman Isakson, Chairman Rowe, and
4 Ranking Members Tester and Walz, and other committee
5 members, we thank you for this opportunity to present the
6 legislative priorities of the Blinded Veterans Association
7 to you today.

8 We appreciate Chairman Rowe's willingness to ask about
9 website accessibility during his committee's recent hearing
10 on the status of VA's modernization process. Accessibility
11 continues to be a serious problem for both veterans and
12 visually impaired VA employees. As your committees hold
13 hearings on initiatives under consideration by VA to improve
14 the processing of claims for benefits or to modernize its
15 infrastructure, we request that you continue to ask VA
16 witnesses the steps being taken to ensure that both VA
17 websites and the hardware and software VA wants to acquire
18 will be accessible to users who are disabled.

19 Turning to health care, we commend VA for the fact that
20 its pharmacies were among the first in the nation to give
21 their blind patients access to technology that reads
22 information on the labels for prescription drugs out loud.
23 The problem is that the technology has moved way beyond
24 where the VA started, and now the private sector pharmacies
25 are able to issue label readers that will give a lot more

1 information, including information about the side effects
2 and safety warnings that these labels can contain. This is
3 a serious problem because our blinded veterans are not able
4 to have this same access of information and, in many cases,
5 is to their detriment.

6 We also are concerned about making sure that there are
7 still--for the--I'm sorry. I lost my place here. But we
8 want to talk about the veterans program, the vision research
9 program to ensure that research continues to be made in
10 battlefield injuries that are caused by blast injuries and
11 traumatic brain injury, that causes visual impairment. We
12 are requesting that, once again, for 2018, there will be an
13 appropriation made for \$15 million to this research.

14 This is something that is very important to me. When I
15 was injured in Vietnam, if this research had been in place
16 it was very likely that I would still be able to see out of
17 my left eye, and I am very concerned about the fact that
18 future warriors that are wounded on the battlefield will
19 have the opportunity to get the best care they can when
20 their eyes are injured.

21 I thank you again for this opportunity to present our
22 concerns and I am ready to answer any questions you may
23 have.

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

1 Senator Boozman. Thank you very much, Mr. Stamper, for
2 your testimony.

3 Now we are going to hear from John Adams, National
4 President, The Retired Enlisted Association.

1 STATEMENT OF JOHN I. ADAMS, NATIONAL PRESIDENT,
2 THE RETIRED ENLISTED ASSOCIATION

3 Mr. Adams. Chairman Isakson and Roe, Ranking Members
4 Tester and Walz, and distinguished members of the
5 Committees, good morning. I am John Adams, President of The
6 Retired Enlisted Association, a VSO founded 54 years ago to
7 make sure the voice of America is listening and women would
8 be heard in Washington. TREA is the nation's largest
9 association exclusively for enlisted personnel from all of
10 the armed forces, and we have had the honor this year to add
11 the enlisted members of our esteemed former colleague, the
12 National Association of Uniformed Services, NAUS, to our
13 roster.

14 We are here, of course, to tell you of our legislative
15 goals and concerns for the 115th Session of Congress, but
16 even in the short time we have, I wish to thank you for
17 granting veteran status to Guard and Reserve retirees. This
18 was a long-time goal for TREA and Ranking Walz. After years
19 of work, we were pleased when it finally became law.

20 The most important challenge facing the VA today is
21 improving the quality of health care for veterans, both at
22 the VA and in the civilian sector. Both of your committees
23 are already working to make sure that a new better Choice
24 Program is instituted. At the same time, quality of medical
25 practice in the VA must improve. Both steps are absolutely

1 essential.

2 In the fall of 2015, the VA presented their proposal to
3 consolidate the Choice Program and their six other programs
4 that provide care in the civilian community sector, but
5 there has been no follow-through. Now that the Choice Act
6 may sunset and have had years of experience in outsourcing
7 care, it is time to make sure that the VA will provide our
8 veterans first-class medical care, both within the VA walls
9 and out in the private sector.

10 Within their walls, the crucial act that should greatly
11 improve care is to hire more first-class medical
12 professionals. They should include acting on this section
13 of last session's H.R. 3471, the Hearing Better Access to
14 Care for Hearing Loss and Tinnitus, a signature wound for
15 the wars of Iraq and Afghanistan, and indeed the most common
16 VA disability, hiring hearing specialists immediately so
17 hearing aids can be quickly adjusted with easily providing
18 our veterans a better and happier quality of life.

19 We also, like our fellow VSOs and MSOs, urge the VA to
20 hire more top-notch doctors in all areas, but especially in
21 mental health and women issues. We know that the VA and the
22 entire country have been having great difficulty in finding
23 enough MDs. Lifting or increasing the cap on the number of
24 slots in American medical schools would surely help.

25 Of course, we urge you to continue your dedicated

1 oversight of the VA. It is because of your continual and
2 dedicated oversight that troubles have been focused upon and
3 situations have been improved. Now that the backlog for
4 initial educations have been cut, the delay in appeals has
5 grown. In some parts of the country scandals have
6 corrected, only to have other scandals discovered elsewhere.

7 There is a well-known phrase in our line of work:
8 "When you have seen a VISN, you have seen one VISN," and
9 with the best intentions in the world this has not really
10 changed in the last year. We believe this is the
11 fundamental problem facing the VA. Every VISN is its own
12 little fiefdom, with its own procedures and expectations.
13 Some run very well. Others run terribly. But a nationwide
14 solution cannot be found until a single unified system is
15 put into place. Until that finally happens, it is your
16 active and continual oversight, with, I hope, our and other
17 VSOs' and MSOs' immediate input will assure the provisions
18 of first-rate and consistent service to our veterans across
19 our country.

20 Finally, TREA urges the committees to reinstate the GI
21 Bill eligibility for veterans whose schools closed or were
22 to have used misleading or deceptive practices to defraud
23 veterans out of their benefits. We have heard too many
24 reports of schools not providing the skills and training
25 that they promised in their advertising. This must stop.

1 Again, we have included several additional legislative
2 goals, we hope you will consider, in our written testimony.
3 I would be happy to try to answer any questions you may
4 have.

5 Thank you for your time and consideration.

6 [The prepared statement of Mr. Adams follows:]

1 Senator Boozman. Thank you, and next we will hear from
2 Ms. Aniela Szymanski, Government Relations Director for
3 Veterans Benefits, Military Officers Association of America.

1 STATEMENT OF ANIELA SZYMANSKI, GOVERNMENT
2 RELATIONS DIRECTOR FOR VETERANS BENEFITS, MILITARY
3 OFFICERS ASSOCIATION OF AMERICA

4 Ms. Szymanski. Good morning, Chairman Rowe, Chairman
5 Isakson, if you are watching, Ranking Member Walz and
6 Ranking Member Tester, if you are watching, and members of
7 the Committees, MOAA is grateful for your leadership in
8 making veterans' health and benefits a national priority.

9 MOAA has spent years advocating for VA health care and
10 benefits and is happy to say that both Congress' and VA's
11 willingness to listen and partner with our and other
12 organizations has led to significant improvements for
13 veterans, that we believe will continue.

14 My comments today will include three VA health care
15 areas, as well as VA benefits.

16 First, regarding VA health systems and community care
17 reform, MOAA sincerely appreciate the unwavering support of
18 these committees, over many years, on improving veterans'
19 health care. Like our colleagues, MOAA strongly supports
20 preserving the VA health system. Its unique and specialized
21 missions are needed for he and she who have borne the
22 battle, unlike any other health system in America today.

23 To assure the continued viability and access to care,
24 Congress must work to consolidate VA community care programs
25 with the Choice Program and integrate purchased care into

1 the broader VA health system. Also, as you know, extending
2 the Choice Program requires immediate attention. MOAA is
3 thankful for the bipartisan support of the Senate and House
4 in moving quickly on S. 544, the Veterans Choice Improvement
5 Act, to eliminate the sunset date and make other
6 improvements.

7 Health system reform must also include other changes to
8 assure care, services, and benefits are accessible to
9 veterans of all eras. In this regard, MOAA joins our
10 colleagues, AFSA and American Ex-Prisoners of War, in asking
11 Congress to require VA to provide comprehensive services to
12 all full-time caregivers of catastrophically disabled
13 veterans of conflicts before September 11, 2001. We also
14 urge swift passage of the CHAMPVA Children's Care Protection
15 Act, introduced by Senator Tester and Representatives
16 Brownley and Walz, to authorize adult children of survivors
17 to remain eligible for CHAMPVA up to age 26.

18 The second VA health care topic I would like to touch
19 on is deployment-related illness and toxic exposure
20 research. More work is needed to capture the experiences of
21 service for research and analysis to understand how military
22 service affects health. This will require VA and DoD to
23 work closely to gather data early, at the start of service,
24 and require Congress to provide the necessary support and
25 oversight.

1 MOAA recently partnered with United Health Foundation
2 to release the Health of Those Who Have Served Report, the
3 first baseline holistic assessment of the health of
4 individuals with military service compared to those without.
5 There were some surprising differences. For example, those
6 who served have 13 percent higher rates of cancer, 62
7 percent higher rates of coronary heart disease, and 67
8 percent higher rates of heart attacks. Congress must
9 support and fund research to learn more about why this is
10 the case and how service impacts health, particularly in the
11 areas of toxic exposures and deployment illnesses.

12 Third, I would like to say a few words about women
13 veterans. MOAA and The Military Coalition--many of these
14 organizations are part of--have worked on women veteran
15 issues for years, including as part of the VA Commission on
16 Care and the recent Health of Those Who Have Served Report.
17 That report, and VA's data, noted higher rates of depression
18 among women who have served, and VA has found other gender-
19 specific differences in cardiovascular conditions and
20 diabetes risk factor controls.

21 Given these findings, Congress must ensure and allow VA
22 to aggressively invest and fully implement VA's women
23 veterans strategic priorities, to provided needed care,
24 education, and in-services.

25 Finally, MOAA continues to support comprehensive

1 improvement of the VA claims system. We merely ask that the
2 uniquely pro claimant system remain, and that any changes
3 give deference to the veteran-centric mission of VA.

4 Once again, thank you for your dedication and
5 commitment. I am pleased to answer any questions you may
6 have.

7 [The prepared statement of Ms. Szymanski follows:]

1 Senator Boozman. Thank you. Next we will hear from
2 Allison Jaslow, Chief of Staff, Iraq and Afghanistan
3 Veterans of America.

1 STATEMENT OF ALLISON JASLOW, CHIEF OF STAFF, IRAQ
2 AND AFGHANISTAN VETERANS OF AMERICA

3 Ms. Jaslow. Chairman Isakson, Chairman Rowe, Ranking
4 Members Tester and Walls, and members of the Committee, on
5 behalf of IAVA and our over 425,000 members and supporters,
6 thank you for the opportunity to share the voices of our
7 nation's post-9/11 veterans with you here today.

8 IAVA's big four policy priorities for the 115th
9 Congress are to fully recognize and improve services for
10 women veterans; defend veterans' education benefits, namely
11 the landmark post-9/11 GI Bill; to reform the VA for the
12 21st century; and to continue to take veteran suicide head
13 on.

14 Before I get into the nitty-gritty, I want to first
15 reiterate IAVA's request to be afforded the same opportunity
16 as other leading VSOs that have an individual platform to
17 discuss their members' priorities with you. We are the
18 preferred empowerment organization for the post-9/11
19 generation. We will continue to grow in size and bring a
20 unique perspective to every conversation around the issues
21 of our community.

22 Now, into the issues, and I will save priority number
23 one for last.

24 IAVA led the fight to ensure our generation of veterans
25 received education benefits that matched those given to the

1 Greatest Generation. The post-9/11 GI Bill is not just an
2 investment in our nation's veterans. It is an investment in
3 our nation's economy and a promise that must be protected.
4 For every dollar invested into a World War II veterans' GI
5 Bill, our economy saw a \$7 return.

6 Preservation of the GI Bill is also a readiness issue.
7 If we still plan to defend our borders with an all-volunteer
8 force, we must protect the benefit that troops are counting
9 on or risk an adverse impact on recruitment and morale at a
10 time when terrorist threats could not be greater.

11 Our members also want to see a VA that matches the
12 century we are in. We need reform that puts the veteran
13 first, that gives the VA secretary the tools he needs to
14 hold bad actors accountable, the appeals process, similar to
15 the proposal that won broad support in the VSO community,
16 and bipartisan support in the 114th Congress, and a health
17 care solution that combines the best of what the VA has with
18 the best of the private sector.

19 We call on Congress to enact a strong accountability
20 bill now, and at the same time must remember that talk of
21 dismantling the VA is extremely unpopular with veterans.

22 I am sure it surprises few that IAVA is proud of its
23 role in raising awareness of the shameful rate of veteran
24 suicide, and subsequent passage of the Clay Hunt SAV Act.
25 But we cannot get complacent after our wins in the media and

1 here on Capitol Hill. We have to ensure that the laws being
2 implemented nationwide, as envisioned, and IAVA ask that
3 Congress hold oversight hearings earlier this year to ensure
4 progress of this initiative, in addition to the recent
5 complementary Female Veteran Suicide Prevention Act.

6 Additionally, we have to ensure that veterans with bad
7 paper discharges, in some cases as a direct result of a
8 mental health injury, get the support and care that they too
9 have earned. IAVA appreciated the recent announcement by
10 the administration that these veterans will gain access to
11 the mental health care they need, but looks forward to
12 working together with all of you to ensure that talk turns
13 into action.

14 While women veterans have played a critical role in the
15 military, only 43 percent of IAVA women feel their male
16 colleagues respected their service, and just 27 percent of
17 IAVA women vets feel the public does.

18 The recent Marines United scandal underscores the
19 importance of IAVA's top policy priority, to fully recognize
20 and improve support for women veterans. As a former Army
21 captain, the news that former and current Marines had shared
22 nude photos of their female colleagues with 30,000 members
23 of a Facebook group saddened but did not entirely shock me.
24 The truth is, the military has a woman problem, not just
25 among those in active duty but in the desperate care we

1 offer for our veterans. Need evidence? Look no further
2 than the Department of Veterans Affairs motto--to care for
3 him who shall have borne the battle and for his widow and
4 his orphan.

5 Women have served in the U.S. military since the
6 Revolutionary War, when Deborah Sampson disguised herself as
7 a man, joined the Army, and served 17 months before being
8 honorably discharge. More recently, over 345,000 women have
9 deployed since 9/11, including me and many of my closest
10 friends. But what do most Americans imagine when a veteran
11 comes to mind? Close your eyes. I am guessing most of you
12 do not imagine someone who looks like me.

13 Women are the fastest growing segment of the veteran
14 population and over the next five years, while the number of
15 male veterans is expected to decrease, the number of women
16 will simultaneously increase. We need to take this cultural
17 problem head-on and it should start with the tone that the
18 VA sets itself.

19 We need to stop hearing stories about women who are
20 welcomed at their local VA hospital by staff asking their
21 husband accompanying them how they can help him. We should
22 be outraged that self-proclaimed patriots are reprimanding
23 women veterans for parking in the "reserved for veterans"
24 space at the local grocery store. And we should be ashamed
25 that the disparities in the very services we make available

1 to male veterans are a clear sign to women that they are an
2 afterthought.

3 I deployed twice to Iraq, I was in combat, and after
4 nearly 15 years of a woman being on the front lines of our
5 nation's war on terror, I should not feel like a second-
6 class veteran. As a nation, we need to care for she who
7 shall have borne the battle too.

8 Americans will get behind us, but they need leadership.
9 They need their President and Congress to act. They need to
10 be engaged in a conversation that will lead to lasting
11 change and bring us closer to where I know, in our hearts,
12 our country wants to be.

13 Yesterday, Iraq and Afghanistan Veterans of America was
14 proud to partner with Senators Tester and Boozman and
15 Representative Esty to introduce the bipartisan Deborah
16 Sampson Act, to address these problems that women veterans
17 face, and we will be asking all members of Congress for
18 their support to ensure it becomes law. In addition to
19 culture change within the VA, we will be advocating for
20 greater peer support of women veterans, collection and
21 analysis of gender-based data and transparency of those
22 findings, VA and community outreach to women veterans, and
23 coordinated community care that supports the unique needs of
24 women veterans.

25 But what can we do today? How can we swiftly show that

1 every woman veteran who is and has worn a uniform, that we
2 honor her as much as the man standing information next to
3 her? We can demand that the VA motto be replaced
4 immediately. If women are not recognized by the guidepost
5 of the VA, it is ridiculous to suggest that we are truly
6 recognized for our service in the eyes of our fellow
7 Americans.

8 Before I wrap I would like to recognize all of our
9 servicemembers serving around the world and thank them for
10 their continued sacrifice. IAVA has your back.

11 And thank you again for inviting us here today, and I
12 look forward to answering your questions.

13 [The prepared statement of Ms. Jaslow follows:]

1 Senator Boozman. Thank you, Ms. Jaslow. We are going
2 to go to a three-minute round of questioning now and start
3 with Ms. Radewagen, Congressman Radewagen.

4 Ms. Radewagen. Thank you, Mr. Chairman and Ranking
5 Member. I want to first thank the panel for being here.
6 Thank you for all your service to our great nation. It is
7 that sacrifice that allows us to be here today, and we are
8 all most grateful.

9 I also want to thank you all for being here today to
10 inform Congress of your organization's legislative
11 priorities for the 115th Congress. Your advocacy on behalf
12 of our nation's veterans is legendary, and I know that I can
13 speak for everyone here today when I say that this entire
14 committee, on both sides of the aisle, are fully dedicated
15 to ensuring that the Federal Government lives up to our end
16 of the bargain when it comes to providing the best resources
17 and services to our veterans.

18 As a member who represents a U.S. territory, I am
19 particularly interested to hear about your priorities for
20 those veterans who live in either rural or remote locations,
21 such as my home district of American Samoa, where our people
22 enlist into the U.S. armed forces at a rate higher than that
23 of any other state or territory in the nation. This is a
24 fact that we are very proud of.

25 So thank you again for being here today. Your work is

1 so important in ensuring that Congress is fully informed on
2 those issues that are most important to our veterans, and
3 thank you again for your service to our grateful nation.

4 Thank you, Mr. Chairman. I yield back the balance of
5 my time.

6 Senator Boozman. Thank you, and now we'll go to
7 Congressman Sablan.

8 Mr. Sablan. Well, thank you very much, Mr. Chairman
9 and good morning everyone.

10 A little bit of introduction, probably. I am from the
11 Northern Mariana Islands. We became a part of the United
12 States in 1978, and we became citizens in 1986, and I have
13 never forgotten the fact that the American people are the
14 best in the world. The government, we can talk about that,
15 our government, but the American people, never--never forget
16 that you are the best in the world, and I guess I am part of
17 that now.

18 But I took an interest in this committee because I
19 noticed--again, we had veterans, since the Korean War,
20 although they were all recruited, probably, from Guam, we
21 have got veterans who died in the Vietnam War. Their names
22 are on the Memorial Wall. And many of our members of our
23 armed forces are now recruited in Guam, and a little bit
24 from the Northern Marianas.

25 But I noticed the casework coming into the office, the

1 growing number of casework on veterans' issues. When I got
2 into this job, out of the Hawaii office, I helped push for a
3 contract for a doctor to be present in the Northern Mariana
4 Islands for veterans. That doctor, that contract has
5 reached its max, so I think there is another doctor that is
6 now taking in new patients. We have got a VHA staff and
7 that is it.

8 So I have been holding resource fairs myself. I have
9 been hosting them myself. You know, I bring in people who
10 can help us, in just any techniques, on breathing methods
11 and how to deal with your demons, for those suffering with
12 PTSD. We are just so removed, so far away, forgotten. So
13 that is the reason why I asked to come into this committee,
14 so I could know more on how I could help the veterans that
15 are suffering.

16 For some of you, if you ever remember the case, the
17 bullet magnet soldier who made a story for having been hit
18 by shrapnel, by bullets in a such a short time. I think it
19 was from Fort Drum. That soldier lived two houses away from
20 my house, and he is doing well. I can tell you that he is
21 doing much, much better than when he came out.

22 But thank you very much. All of you, thank you for
23 your service, and I support all of what you want to do. But
24 like you said, sir, Mr. Gober, this thing, it's a difficult
25 six-letter word. Thank you.

1 Senator Boozman. Mr. Coffman.

2 Mr. Coffman. Thank you, Mr. Chairman, and thank you
3 all for your service to this country and for representing so
4 many veterans with their unique needs.

5 I had a 21-year career between the Army and the Marine
6 Corps--Army, Army Reserve, Marine Corps, Marine Corps
7 Reserve, five overseas deployments, two in combat, and I
8 have been through two reductions in force while I was in the
9 military, one post Vietnam and the other one post first Gulf
10 War. And what I remember about those is I felt that they
11 were fairly done, that on the enlisted side, if it would be
12 determined if some simple--if somebody was not competitive
13 for reenlistment then they were not allowed to reenlist.
14 Officers were treated somewhat differently but I thought
15 fairly, in both post Vietnam and post first Gulf War.

16 However, in the reduction in force this time around, I
17 do not feel that fairness was the case, where I think that
18 particularly the United States Army decided to thin its
19 ranks by looking at soldiers with--many of which would
20 return from Iraq and Afghanistan with sometimes just minor
21 disciplinary issues, and dismissing them in the middle of
22 their enlistment with other-than-honorable discharges, and
23 given that discharge, no access to mental health care
24 through the Department of Veterans Affairs, when we know
25 this nation is losing over 20 veterans a day, due to

1 suicide.

2 And so I think that is a tremendous injustice in the
3 way that they were dismissed from the military and in the
4 way that they were denied critical mental health treatment.

5 And so I am glad that Secretary Shulkin has taken it
6 upon himself, in a discretionary way, to provide some
7 services, some mental health--urgent mental health services
8 for that particular veteran population, but I believe that
9 it needs to be mandated upon the VA, irrespective of who is
10 the Secretary of the Department of Veterans Affairs.

11 So I introduced legislation. It is--I am looking up
12 the number here--H.R. 918, the Veteran Urgent Access to
13 Mental Health Care Act, that would require the Department of
14 Veterans Affairs to provide mental health services for this
15 veteran population, and also, as the Subcommittee Chairman
16 of Military Personnel in the Armed Service Committee, still
17 examining criteria in which the review boards could
18 reexamine some of these cases for these returning combat
19 veterans.

20 And so I would hope that all of you would take a look
21 at this legislation and would deeply appreciate your
22 endorsement of it.

23 Mr. Chairman, I yield back.

24 Senator Boozman. Mr. O'Rourke.

25 Mr. O'Rourke. Thank you, Mr. Chairman, and I want to

1 thank each of you for being here. Excellent testimony, and
2 Mr. Susino, your example, your service and that of your son,
3 truly inspiring, and I cannot thank you enough for what you
4 have done for this country and the example that you have set
5 for the rest of us. And Ms. Jaslow, you just absolutely
6 knocked it out of the park. Amazing, effective, fierce,
7 powerful, and it is going to be very effective. So great
8 job. Awesome.

9 [Applause.]

10 Mr. O'Rourke. I want to join my friend, Mr. Coffman,
11 of Colorado, in advocating for those veterans with other-
12 than-honorable discharges at a time that, conservatively
13 speaking, we know 20 veterans today will take their own
14 lives. And I want to join his effort and his bill, and I
15 ask that he and others join ours which would go a step
16 beyond emergency services and ensure that every other-than-
17 honorable discharged veteran who needs mental health care
18 help gets it, proactively, preventively, in addition to when
19 there is an emergency. And I think we want to prevent those
20 emergency situations and ensure that we reduce veteran
21 suicide.

22 So this Honor Our Commitment Act, that I introduced
23 this morning, with Chris Murphy and Mr. Bost, bipartisan,
24 bicameral bill, will help us do that.

25 And on Mr. Gober's point, I loved what you had to say

1 about the budget, and, you know, budgets be damned, let us
2 do the right thing for those who have served this country
3 and put their lives on the line.

4 I have introduced a bill, also bipartisan, with Mr.
5 Young, that would force us to pay for wars we fight in. We
6 know that the post-9/11 wars have been put on the national
7 credit card and are a big part of the \$20 trillion that we
8 have in debt, and I think that is also why it takes us 40
9 years to recognize Agent Orange conditions as presumptive
10 conditions in the VA, why 25 years later, we have not
11 recognized those conditions connected to the Gulf War, and
12 for the chemical burn pits and exposures that post-9/11
13 veterans have faced. We have not really begun the research,
14 the care, and meeting our commitments and obligations.

15 So our bill raises resources and revenues from the
16 American people who have not served. So those exempted from
17 paying into this veterans' trust fund, that can only be used
18 to care for veterans--it's about \$22 billion a year that it
19 would raise, along our current trajectory--those exempted
20 from paying into it are servicemembers and veterans, those
21 who have served this country. For the 99 percent of America
22 that has not served post-9/11, and has not served in those
23 other wars, we are going to make sure that we are paying our
24 part, so that we never have to question, beg, borrow, or
25 steal to ensure that we fulfill our commitment and our

1 obligation to each and every single veteran.

2 So I thank each of you again for raising these very
3 important issues and look forward to working with you to get
4 these things done.

5 Mr. Chairman, I yield back.

6 Senator Boozman. Thank you. Mr. Poliquin.

7 Mr. Poliquin. Thank you, Mr. Chairman. I want to
8 thank everyone for being here and educating us with respect
9 to your perspectives. We will do everything we can to help
10 our veterans but we really need input from you folks on the
11 ground who are living these issues, and thank you very much
12 for participating.

13 I think, Mr. Chairman, it was--in fact, I am sure it
14 was our first commander-in-chief, George Washington, who
15 said that we can never expect young men and women to step up
16 and serve our country unless we take care of those who have
17 already returned from the battlefield. And we are all doing
18 that here as best we can, and thank you very much for
19 participating.

20 I would like to direct this question, if I can, to Ms.
21 Szymanski, if I am pronouncing that correctly.

22 Ms. Szymanski. Yes, you are.

23 Mr. Poliquin. Thank you. Maine has the highest
24 percentage of veterans living in rural areas, as a percent
25 of our population, and we are very proud of them. What, in

1 your opinion, ma'am, would be the most important issue you
2 see for veterans living in rural areas?

3 Ms. Szymanski. The most important issue for them is to
4 have access to quality care. It is very difficult for
5 veterans who live in rural areas to get the same quality of
6 care as someone who lives, say, in the D.C. metro area. It
7 is very difficult for them to travel at times, especially in
8 a state like yours, Maine. There are harsh winters.

9 Mr. Poliquin. Oh, now, now. Of course that is not the
10 case.

11 [Laughter.]

12 Mr. Poliquin. Are there any Mainers in the audience,
13 by the way? Yeah, two made it down. You are darn right.
14 We just move the snow. No big deal. But--I'm having fun
15 with you.

16 Ms. Szymanski. So MOAA has consistently advocated for
17 funding to VA to ensure that these rural veterans can access
18 quality care where they are at, and we believe that the VA
19 Advisory Committee on Rural Veterans has made some important
20 and substantial recommendations that deserve some action by
21 Congress.

22 Mr. Poliquin. You know, we hear that all the time, Ms.
23 Szymanski, in these various panels. That seems to be one of
24 the top one, two, or three issues, is access to health care.
25 And I know that under the leadership of our committee chairs

1 we are going to be moving down that path.

2 Have you, any folks on the panel, heard anything about,
3 or have any information on veteran farmers? The reason I
4 ask that is because the average age of our farmers in Maine
5 is actually dropping, and we are the only state in the union
6 where that is happening, and a big part of that are veterans
7 who are moving to Maine, or are in Maine, that are taking up
8 farming as a way to provide a livelihood, of course, and
9 also as therapy.

10 I want to know if anybody on the panel have heard
11 anything about that?

12 [No audible response.]

13 Mr. Poliquin. Mr. Chairman, I yield back my time.
14 Thank you all very, very much for helping us out.

15 Senator Boozman. Mr. Takano.

16 Mr. Takano. Good morning and thank you all for your
17 service, and I want to get straight to my questions, because
18 I have so many questions to ask.

19 Ms. Szymanski, with regard to Mr.--the gentleman from
20 Maine's question, I wanted to ask you, do graduate medical
21 school education slots matter to solving this problem within
22 the rural areas? I mean, part of the problem is we do not
23 have doctors in these areas, and I am wondering if there is
24 any thought your organization has given to how we can work
25 with the VA to get the 1,200 remaining slots that we

1 approved in the Choice Act, the graduate medical school
2 education slots, out into these underserved areas, rural
3 areas, and also areas like mine, that are more urban, but
4 also we lack--there is a shortage of doctors in our area.

5 Ms. Szymanski. Absolutely there is a shortage of
6 doctors, and one of the mechanisms that I have heard from
7 MOAA members that they believe would be helpful, from being
8 out in the field they have seen that aggressive outreach in
9 enrolling existing doctors into accepting the Choice Program
10 would be helpful because there are many doctors in rural
11 areas, if they are in rural areas already, that are not
12 familiar with the procedures and what is required to
13 participate in Choice. So aggressive outreach to reach that
14 community, as well as another initiative that MOAA has
15 advocated, now and in the past, which is significant
16 investment into medical education, and for VA to partner
17 with other institutions of higher education to increase the
18 output of medical professionals that could be placed in
19 these rural areas.

20 Mr. Takano. Well, thank you very much. Quickly, I
21 will not have time for a question but I just want to make a
22 statement. Mr. Susino, I was very, very intrigued with your
23 statement about any accountability bill would have to have
24 the sorts of accountability measures that mirror successful
25 private sector companies and their personal practices. And

1 so I would like to be able to explore that further with you
2 and your organization. After the Committee is done we will
3 stay in touch with you about that.

4 I do want to say, with regard to Ms. Jaslow, I know
5 that improving access to mental health treatment for
6 veterans and ending the epidemic of veteran suicide
7 continues to be a major priority for everyone in this room,
8 and I was thrilled when Secretary Shulkin announced earlier
9 this month that the VA would begin providing mental health
10 care to veterans with bad paper discharges, and this is an
11 issue that the VSO community has helped push forward.

12 However, as the details are emerging, it seems the
13 scope of the expansion is not as broad as we hoped, and I
14 will hope that we can work with your organization to kind of
15 keep track and to encourage the VA to get real about these
16 details. So you will not have time for an answer or
17 responses but I wanted to make sure I got that out there.
18 It is really--the devil is in the details, and I would be
19 interested in your suggestions about how we can hold the VA
20 accountable and the secretary to account for his--you know,
21 his intentions.

22 Thank you. I yield back.

23 Senator Boozman. Thank you, and Chairman Roe.

24 Chairman Roe. I thank you, Dr. Boozman.

25 First of all, I want to congratulate Ms. Szymanski on

1 her promotion to lieutenant colonel in the United States
2 Marine Corps. Congratulations.

3 Ms. Szymanski. Thank you very much.

4 [Applause.]

5 Chairman Roe. Secondly, we had a great meeting
6 yesterday with Mr. Stamper. Dale, thank you so much. I
7 noticed yesterday, when I was having this meeting, my feet
8 were getting really warm, and I looked down and Venture,
9 his service dog, had rolled over on my feet and I could not
10 move.

11 Thank you guys. We had a great meeting. Those three
12 issues you brought up, we are already on that, starting to
13 look into that after you all.

14 As Chairman of the Committee I am going to very quickly
15 go through. We have heard a huge number of issues today,
16 but let me sort of put a synopsis on what I want to do, and
17 I think what the Senate side wants to do.

18 First of all, the number one thing I think of when I go
19 in, when I was a doctor and went into an examining room, was
20 the quality of care of that patient. So everything we do I
21 want to increase the quality of care that veterans are
22 getting in this country, health care wise.

23 So how do we do that? We looked at the Choice Program
24 and it was rolled out clumsily, I will say. It was a huge
25 rollout. The intention was very good. I think Secretary

1 Shulkin, I completely agree, get rid of the arbitrary times,
2 the distances. That has got to go, number one.

3 Two, we have to get Choice extended past August the
4 7th, and I certainly ask the Senate to work with me on that.
5 I am going to work with our leadership on getting that done,
6 and then consolidate the program.

7 Let me give you an example, very quickly, of what we
8 are trying to do in our community, in cardiac care, and this
9 is how I envision it. Our VA is losing a couple of their
10 cardiologists, so the largest cardiology group in the area,
11 over 40 people, both cardiac surgeons, vascular surgeons,
12 and invasive cardiologists are going to supply our VA with
13 2-1/2 full-time FTEs, that they can work at the VA and do
14 everything they can for a veteran there. But they have
15 clinics all over the region, so if a veteran is nearby with
16 a heart problem, they can go see a doctor who is associated
17 with the VA and say, in southwest Virginia, at a clinic
18 there, so they do not have to travel a long distance. That
19 is how I see that care coordinated, so the veteran gets the
20 highest quality of care.

21 And I want to thank Mr. Takano for his work on graduate
22 medical education. It is hugely important to get our
23 doctors educated. Some of my education was done there.

24 Number two, we have got to work on the IT. The VA had
25 a unique system at the time, the VistA system, but it is now

1 time to replace that system with one that we can coordinate
2 with benefits and with billing, with electronic health
3 records, to share on the cloud with doctors like me on the
4 outside of the VA who may work with the VA.

5 Thirdly, benefits. Get those claims done quicker. The
6 IT system is very important. We spend 86 percent of our IT
7 budget on maintaining the current infrastructure.

8 Suicide, I know Congressman Walz and I have worked on
9 the Invisible Wounds Caucus together. I want to continue
10 that.

11 Women's health. I am an OB/GYN doctor. I served in
12 the military both in the Second Infantry Division in Korea
13 and also in a clinic in Fort Eustis, Virginia. So that is
14 also a very important priority for me.

15 And with that I am out of time, but I just wanted to
16 let you know what my priorities were, and I look forward to
17 working with each and every one of you to achieve those
18 priorities, and thank you for your service.

19 Senator Boozman. Thank you, Mr. Chairman. Ms. Esty.

20 Ms. Esty. Thank you very much, and I really want to
21 thank all of you for your service and for your
22 organizations that help inform us. You know, we have lots
23 of committees and many issues, and it is your expertise,
24 your earned experience in life and as veterans that allows
25 us the privilege of advocating on your behalf. So we know

1 you are taking time out of your busy schedules and away from
2 your families and we appreciate what you do each and every
3 day, and you are coming here every year to make sure that we
4 are informed.

5 A couple of issues I wanted to flag. One is the issue
6 of military suicide prevention. We know this is a stain on
7 this country that we are not providing help for people, and
8 we need your help in figuring out how to do better. The
9 Secretary and I met for 45 minutes last week and it was--
10 much of our discussion was about that, and I think we have
11 to have all hands on deck and look at lots of different
12 things we can do. There is no one thing we are going to do
13 that is going to solve this, but we do know you are key,
14 because community matters, and it is really isolation. It
15 is the enemy so much, and that is why we need your help. So
16 please keep those suggestions coming. We are going to be
17 working in a bipartisan, concerted way.

18 And to Ms. Szymanski and Ms. Jaslow, thank you. Thank
19 you especially to the IAVA for highlighting how important
20 this is. My niece served in Afghanistan. She came back as
21 a non-combat veteran with hearing aids because of the IEDs.
22 She was guarding the entrance at Eggers in Kabul, and knows
23 three people who were killed, and she was 22 years old, as a
24 sharpshooter. And she was treated differently when she came
25 back. The same experience that Allison talked about, that

1 is what she has experienced. It is our largest-growing
2 group of veterans, and if we want to have a military that
3 looks like America, we need to have a VA that recognizes
4 that and supports that.

5 So again, this is a moving target. We know this is
6 changing, but want to thank the IAVA for their efforts, and
7 encourage all of my colleagues to join in making sure that
8 we really are being open and inclusive in the veterans--all
9 of our veterans' facilities, all of our organizations, so
10 that we truly have the best fighting forces and that we have
11 America supporting them.

12 The last thing I wanted to highlight is on burn pits.
13 This is--we cannot afford to wait. The shameful, long wait
14 we had on Agent Orange--we need to be taking care of our
15 veterans right now. I am getting ready to reintroduce my
16 burn pit legislation and again would welcome your advocacy
17 and your help in ensuring that we get going right now, and
18 treat those who are already experiencing the ravages of the
19 burn pits.

20 So again, thank you all for your advocacy, your help,
21 and for coming to inform us. Thank you.

22 I yield back.

23 Senator Boozman. Thank you. Dr. Wenstrup.

24 Mr. Wenstrup. Well, thank you very much. Thank you
25 all for being here today. I appreciate it. I, last term,

1 served as Chair on Economic Opportunity in the House, and
2 one of the things that we worked on, and will continue to
3 work on as I still sit on that committee, is the Transition
4 Assistance Program, for our veterans today, our military
5 members that are getting out.

6 I think I strive to see a situation where when they
7 take that uniform off they know where they are going. It is
8 kind of like the college graduate that already has a job
9 lined up before they get their degree, and I think that is
10 something that we should strive for, because I think it
11 would make a huge difference in their lives--personally,
12 mentally, and so many other ways, if they have a place to go
13 when it is time to hang up the uniform. And we will
14 continue to work on that.

15 Now I sought, for this term, to chair the Health Care
16 Subcommittee, and I know it is a big challenge, and I am
17 glad to do it. As a doctor, as a veteran, this is near and
18 dear to my heart. And I just want you to know that
19 together, across the aisle, we are going to do everything we
20 can to increase access to care, to increase the timeliness
21 of care, and to assure that the quality is there.

22 Ms. Szymanski, first, congratulations on your
23 promotion, but my district has both urban and rural, so for
24 the urban people the challenges are different than those in
25 the rural areas. And you are exactly right, and I just want

1 to make sure that in that district that we get people to
2 care. And I can tell you, doctors that are not currently in
3 the VA system, they are ready, able, and willing to see
4 veterans. They want to see veterans. In my group, I was in
5 a 20-some doctor orthopedic group, and we all would be glad
6 to be part of the VA system in some way, to make sure that
7 our veterans are taken care of. We had a very patriotic
8 district in that regard.

9 But I just want you to--with this committee, it is
10 really a pleasure to serve on this committee, because it is
11 a lot less partisan than what you see on other committees,
12 and I think that this committee, combined with the
13 leadership and the members on here, we put America first,
14 and we put our American troops first, and that is why it is
15 such an honor.

16 But we need your help. We want to hear from you. We
17 want to hear from especially those that are in the trenches,
18 that are trying to work their way through the VA system, and
19 make sure that we hear your voice, because you are the best
20 voice that we can possibly have.

21 I just have a few seconds left. I served in Iraq at a
22 combat support hospital. I know about women in combat. A
23 lot of doctors, a lot of nurses, and other health care
24 providers were women. Everyone performed admirably. We
25 were at a place where we were attacked three or four times a

1 week. I think one of the most notable women I served with
2 was Dr. Lisa Flynn. She was assigned for a three-month
3 rotation as a surgeon, and she said, after a couple of
4 months, she goes, "I want to stay three more." And she did
5 an outstanding job and saved a lot of lives.

6 So I appreciate what you were commenting on today, and
7 we will continue to drive on as one country that has both
8 service men and women. And I thank you all very much.

9 I yield back.

10 Senator Boozman. Senator Blumenthal.

11 Senator Blumenthal. Thanks, Mr. Chairman. Thank you
12 all for being here today. I am honored to be with you and
13 want to thank, particularly, the IAVA for the excellent work
14 you are doing, not only to help our veterans but also to
15 inform Americans. I wear, on my lapel, a blue star. Often
16 people will come up to me and they will say, "Oh, is that
17 the Connecticut flag?" Americans simply do not know that
18 the blue star is worn by someone who has a loved one--in my
19 case, a son, who is deployed presently in the United States
20 Navy. I have another son who served in Afghanistan in the
21 United States Marine Corps Reserve.

22 And it illustrates to me how small a part of
23 population--it is less than 1 percent--has served or even
24 been touched by these wars. The longest period of conflict,
25 war, in our nation's history, fought by the smallest

1 proportion of our population, and they have borne that
2 battle, year after year, through multiple deployments, as
3 one of my sons has done, and they bear the invisible wounds
4 as well as many of the more visible ones.

5 And that is why I have fought not only for better
6 mental health care, and I am pleased to be a cosponsor of
7 the O'Rourke and Coffman efforts, but also to try to correct
8 records, the bad paper discharges, less-than-honorable
9 discharges, not only from this period of conflict but going
10 back to conflicts when post-traumatic stress disorder was
11 never recognized as a medical condition. People had "battle
12 fatigue" or "shell shock" and when they gave some mouth to
13 their sergeant, and they did it more than once, or they did
14 something else that reflected the PTS, they were given less-
15 than-honorable discharges. And those discharges stayed with
16 them, after Korea, after Vietnam, after all these periods of
17 conflicts, and, in many instances, prevented them from
18 getting health care or education benefits.

19 And so I have worked with Secretaries of Defense
20 Panetta, Hagel, to provide better access to the boards of
21 review that can provide some remedy, and I will introduce
22 legislation to codify the improvements in process that will
23 enable them to receive justice and the recognition they
24 deserve, for better mental health care and for other
25 benefits that have earned, and not every one of them may

1 have the result they want but at least they will be treated
2 more fairly.

3 Thank you all for your service and thank you for your
4 help as we legislate. Thank you.

5 Senator Boozman. Thank you. Senator Heller.

6 Senator Heller. Mr. Chairman, thank you, and I want to
7 thank all those that are representing veterans here. We
8 have 300,000 veterans in the state of Nevada. I do not know
9 if there are any in the crowd, but welcome. Welcome--very
10 good. I like that. Thank you for being here and thanks for
11 taking time.

12 As all of you probably feel, I support the VA when they
13 are doing things right, but I do have issues when, at times,
14 I think that they are less than committed, and I would like
15 to share a couple of concerns that I have in the state of
16 Nevada, and I am sure that these are similar issues and
17 questions that you may have in your own states.

18 But to give you an example, we have a rural town on the
19 Nevada-Utah border called Ely, and there are a couple
20 hundred veterans that live in that particular town, and they
21 get their health care through a VA contract with the local
22 hospital. Unfortunately, that contract is about to expire,
23 and it is my understanding that these veterans would be
24 moved over to the Choice Program.

25 Nobody knows how that is going to effect these veterans

1 today, and these veterans want answers and they want to be
2 able to understand what kind of health care opportunities
3 and care that they will receive. So at my request, and I am
4 fortunate and pleased to be able to announce that the VA is
5 holding a community meeting with these veterans to discuss
6 some of these changes. That is one concern.

7 A second concern is we just opened a brand new VA
8 clinic in Pahrump. I have been in Washington for 10 years
9 now and this clinic finally came to fruition last year and
10 we were pleased. Everybody was pleased to be able to serve
11 that particular community. And the good news is that in
12 that clinic, their choice for health care sent them all the
13 way to the VA hospital in Las Vegas, which was about a 140-
14 mile round trip. Yet after all this work that we have put
15 into this clinic, these veterans now cannot get their blood
16 work done there. So not only can they not get their blood
17 work, they now have to travel 140 miles, back to Las Vegas,
18 for this clinical work that probably takes somewhere between
19 15 to 30 minutes. It does not make any sense, and frankly,
20 to me, it needs to be fixed.

21 So these are some of the issues at home that I am
22 working with, on behalf of Nevada veterans, and having your
23 membership on the ground in Nevada, keeping me informed, is
24 very helpful.

25 Last night I had a town hall meeting back in my home

1 state, and I enjoy this because I talked to a lot of
2 veterans during these town hall meetings, and last night a
3 woman by the name of Audrey, her husband asked about the
4 Blue Water Navy Veterans Act, and it is a bill that I am
5 proud to cosponsor. I told Audrey and her husband that I
6 would bring it up in this hearing, so I would like to ask
7 Mr. Larson or whoever may be the most important person that
8 can answer this question, how many veterans, can you tell
9 me, are affected, or how many Vietnam veterans, Navy
10 veterans are out there?

11 Mr. Larson. Sir, I would venture that approximately
12 300,000 veterans are affected, but I would to include also
13 that our veteran service officer for the Fleet Reserve
14 Association ran the numbers here this week, and of our
15 approximately 49,000 members of the Fleet Reserve
16 Association, 82 percent are Vietnam-era veterans that are
17 affected.

18 Senator Heller. Can you tell me how they are affected?

19 Mr. Larson. There are multiple illnesses. The VA has
20 a list on that, but it is blindness, kidney, cancer.

21 Senator Heller. What about the next generation? Is it
22 affecting the next generation?

23 Mr. Larson. I do not have the stats on that.
24 Hopefully they will come to me real quick here, but I do
25 understand that it is passed--it has been--there is reason

1 to believe that it is passed down through reproduction from
2 the veteran to the spouse and on to the children, but I do
3 not have that fact to back it up, sir, at this time.

4 Senator Heller. I am sure you know those veterans that
5 served on ships in the waters around Vietnam, and their
6 exposure to Agent Orange through the runoff, got into their
7 ship through the water filtration system, if I understand it
8 correctly. It is my understanding that the VA has the
9 authority to provide Blue Water veterans with the disability
10 benefits. Is that accurate, and yet they choose not to?

11 Mr. Larson. That is my understand. Yes, sir.

12 Senator Heller. Can we all agree here today, since my
13 time is running out, that this is not right?

14 Mr. Larson. That is correct, sir, yes. Secretary
15 McDonald put up, last year, I believe, that he did not
16 believe that the waters running from Vietnam was affected by
17 our Blue Water sailors on deployment outside the 12-mile
18 radius.

19 Senator Heller. Okay. As I said, my time is running
20 out but I want to urge this committee, both on the House and
21 the Senate side, to make this a priority, and to the
22 Chairman, how important this is to hundreds of thousands of
23 veterans, as you mentioned, how important this piece of
24 legislation is. Like I said, I am a cosponsor of it and I
25 would urge this committee and other committees that have

1 jurisdiction to move this piece of legislation.

2 Thank you very much, Mr. Chairman.

3 Senator Boozman. Thank you. And next, my good friend,
4 Ranking Member Walz.

5 Mr. Walz. Well, thank you. I am in full concurrence
6 with the Senator. We have been at this fight a long time,
7 but I would bring that up.

8 First of all, thank you for being here. Your
9 priorities are America's priorities. They are on your side.
10 They are rooting for you. And you also know that this is
11 the start point of many of these things. Much of what you
12 say seems self-evident, but Mr. Adams would tell you, from
13 the day I got here 10 years ago, to get vet status through
14 was a battle every step of the way but we won. We are
15 persistent, we know we have to be there, it is frustrating
16 as heck, but you will not find an elected official that will
17 not stand in front of you, but you should be more concerned
18 if they are standing behind you.

19 And so now we have a list of things to decide if we are
20 going to go there, and the American public, they want to get
21 this right, but I think all my colleagues brought this up--
22 92 percent did not serve. So they hear the message that is
23 out there, and I would ask all of us, and I thank you for
24 being there, be specific about what we need to do.

25 You do not get to make a blanket coverage if the VA is

1 terrible. It is terrible at times. It can be horrible at
2 times, but it can also be spectacular at times. It can also
3 be caring. It can be innovative. It can be everything we
4 would expect it should be, but the American public does not
5 hear that. Because when I talk to somebody who is not a
6 veteran, they are convinced that they are rat-infested
7 hellholes in every single case. And what that does is, it
8 undermines their commitment to fix it and get it right. It
9 undermines their commitment--and this is across the
10 spectrum.

11 This committee, and you heard it up here, is committed
12 to bipartisan problem-solving solutions, but you have a
13 whole lot of people out there that will use some of these
14 fights as proxy fights for different things. We need to be
15 very careful about that. It is not a simple, one-size-fits-
16 all. I heard the Senators talk about it and they are
17 exactly right. This needs to be an integrated network of VA
18 specialty care and core care, using outside resources to
19 augment that, to make care better and timely for veterans.
20 You get that.

21 Now we have the momentum, and I am telling you, you are
22 witnessing this week, if you do not think the American
23 public and pressure on members of Congress does not have a
24 difference, just watch the next 48 hours and see what
25 happens. That is what we can do. That is what bringing

1 this forward can do, and we should be committed to this
2 because whether it is bad paper discharges, Blue Water Navy,
3 whether it is reforming the VA on accountability, those are
4 all things the American public wants, and if our democracy
5 works right, the American public should get it.

6 So we know it is a long haul, we know it should happen
7 faster. I encourage all of you, and I heard it. Many of
8 you in this room have fought this DIC fight for decades.
9 Well, it does not mean that we should not fight it longer.
10 At some point in time we will get that win.

11 So I am grateful you are here. I am optimistic.
12 Again, I cannot tell you--the American public rallies around
13 few things united like they do this issue, and that should
14 give us hope. You gave us our marching orders. Now let us
15 go carry it out.

16 I yield back, Mr. Chairman.

17 Senator Boozman. Thank you very much. I just want to
18 ask a couple questions. I am going to ask Ms. Jaslow a
19 specific question. I want the rest of you, those of you who
20 would like to answer--Dr. Rowe gave a listing of things that
21 he was concerned about. If you could, if you could respond,
22 literally, you know, whatever, one or two of the things that
23 are at the top of your list regarding oversight. That is
24 one of the main functions of our committee.

25 So again, if you would just say whatever that is, if

1 you would like. And while you are thinking about that, Ms.
2 Jaslow, yesterday we had the opportunity to be at a press
3 conference announcing the bill that we are all working
4 together to introduce, regarding our women veterans. One of
5 the things that is part of that, a key part of that, is the
6 peer-to-peer assistance. Will you talk about that and the
7 importance of that, and why it is important that we get that
8 done?

9 Ms. Jaslow. Thank you, Senator. Thank you not only
10 for introducing the Deborah Sampson Act but for making it a
11 priority here of your time today.

12 You know, I think a number of the members have touched
13 on the fact that less than 1 percent of America's population
14 has served in the current war. As a veteran population
15 altogether, we are having a hard time just making sure
16 people do not fall through the cracks, and it is even harder
17 with women. Women are 15 percent, approximately, of the
18 veteran population, and not having that sort of peer-to-peer
19 counseling or assistance, navigating the bureaucracy--you
20 know, I mentioned in my remarks that there is already a
21 barrier when you walk into the VA with the sign on the front
22 door. It really would help, for many women veterans, to
23 have somebody to hold their hand, to help them through that
24 process. And, honestly, until we fix the VA to make sure
25 that it fully supports women, they are going to need help

1 figuring out how to get the care that they need too.

2 Senator Boozman. Right. It is interesting. Less than
3 1 percent serving, but the other thing that is unique now is
4 that young people--you know, my children, my grandchildren--
5 they do not know anybody that has served. When I was
6 growing up, on the Fourth of July, World War II, folks stood
7 up, Korea, the Cold War, the draft, Vietnam was raging. So
8 the whole church stood up. Now when we do that, you know,
9 there are four or five of you, you know, that stand up.

10 But again, my dad did 20-some-odd years in the Air
11 Force so I grew up in--you know, my dad has served, my
12 grandfathers, my uncles, and all that. But we really are in
13 a unique situation that, for our young people, nobody has
14 served, and that is why these things are so, so very
15 important.

16 Very quickly, if you would like, you know, one or two
17 things that just--whether it is homelessness or this or
18 that, what do we need to be oversighting over? Yes, sir.

19 Colonel Singer. Briefly, Dr. Rowe mentioned IT. The
20 analogy I always think of is you have a car with 200,000
21 miles on it. Do you keep putting more Band-Aids on it or do
22 you buy a new car? As he mentioned, 86 percent of the money
23 is spent on maintenance of that system. This is a fairly
24 unemotional dollar-and-cents kind of situation.

25 Senator Boozman. Sure. Anybody else? Mr. Gober?

1 Mr. Gober. Yes. Senator, I think the Choice Act was a
2 great act. Yet, like a lot of things that come out of
3 Washington, D.C., it was not perfect, but it was a good foot
4 in the door. It can be improved. It is actually, I think,
5 and we think, the solution to health care for veterans, and
6 not only veterans but all people in this country, if you
7 think about it.

8 The VA is the largest health care provider that we
9 have, and it is also, actually, the best. They have been
10 drug through the coals, so to speak. I wondered sometimes
11 how they could do anything because every week they were
12 getting ready for testimony, and you cannot do work when you
13 getting ready for testimony. I know. But I think now maybe
14 Congress is going to take the foot off their neck and give
15 them a little leeway, because rural veterans--and, you know,
16 we have many of those in Arkansas, and everywhere across
17 this country--the Choice Act, with the VA handling the care,
18 being the provider, being the keeper of the veteran's
19 record, and then coordinating that care anywhere the veteran
20 needs to go. Put no mile limits on it. Put no day limits
21 on it. As you said and many have said--what is best for the
22 veteran? Quality care. That is what he wants. That is
23 what she wants. That is what they deserve.

24 And, you know, I said something earlier, and I do not
25 apologize for it. I do not give a damn about the budget.

1 We are going to raise the budget anyway. We are going to
2 spend, we are going to spend, we are going to spend. There
3 is no other group of Americans that deserve the best health
4 care in the world than the men and women who sacrificed, or
5 are prepared to sacrifice their lives in uniform to defend
6 the rest of us. That is my feeling on that.

7 Senator Boozman. Very good. Ms. Szymanski.

8 Ms. Szymanski. Yes. I think that with an oversight
9 function of the committees that the most important thing is
10 to ensure the continued viability of VA, and through
11 oversight in areas of investment and commitment to the
12 infrastructure, the hiring and partnership, and implementing
13 VA best practices, are the most important things to continue
14 the VA's viability.

15 Senator Boozman. Very good. Ms. Jaslow, very quickly,
16 and Mr. Adams.

17 Ms. Jaslow. I will just reiterate, really quickly,
18 IAVA's request to actually have an oversight hearing to
19 ensure successful implementation of the Clay Hunt SAV Act.
20 Thank you, sir.

21 Senator Boozman. Very good. Mr. Adams.

22 Mr. Adams. Yes, sir. I have a thing that a friend of
23 mine, or a colleague mentioned about the pharmacy--VA
24 pharmacy's policies.

25 Senator Boozman. Very good.

1 Mr. Adams. She has a bladder problem that takes--she
2 has to take medicine that is combined. She was doing that
3 fine and outside the VA they were--she would be given the
4 medicine, take it home, and she would do it. But the VA
5 policy, pharmacy policy, will not allow her to combine the
6 two medicines together and administer. So she has to take
7 two appointments a week, from another VA person, to go in to
8 have a nurse practitioner shake up the--combine the
9 medicines and then put--give it to her for her to administer
10 herself. Like I said, she was doing that until TRICARE
11 eScripts was not carrying that anymore.

12 Senator Boozman. Thank you. Mr. Stevenson.

13 Mr. Stevenson. Senator, thank you for asking that
14 question. A couple of years ago the topic came up of the
15 national veteran strategy, and we do every year is we sit at
16 a table and we kind of piecemeal directions that we want to
17 go in. We all go down different roads. We come together at
18 the end, but there is no true national veteran strategy as
19 far as where we want to be 3 years, 5 years, 7 years, 10
20 years from now. And I think that is important that we, as a
21 collective body, come up with that strategy, so that we all
22 know where we want to be at that moment in time.

23 And a lot of that, I think, when we can address that,
24 will better serve our veterans that have given so much for
25 this country. Thank you.

1 Senator Boozman. Yeah. That is great. Mr. Larson,
2 you are last.

3 Mr. Larson. Sir, if I may, too, Mr. Walz, sir, I wish
4 I could talk bad about my VA doctor. I retired in December
5 of '98. I had a wonderful doctor for my first eight years.
6 Since then, I am from Corpus Christi, Texas, Coastal Bend.
7 Since then I have not had a doctor to complain about. I
8 have had visiting doctors, visiting nurse practitioners. We
9 need to adequately staff our VA headquarters, or our VA
10 staff, and fund it. A lot of doctors come down to Corpus
11 Christi. We are a--it is a little area. There are lots of
12 patients. There is no culture. They are down. They are
13 burned out. They are tired. They leave. Thank you.

14 Senator Boozman. No. Thank you all so much for being
15 her and we appreciate your service, not only in the past in
16 serving in uniform but the tremendous job that you are doing
17 right now, serving your fellow vets, and it's good to look
18 out into the audience. You know, we often say, you know, we
19 are up here, truly, as you can see, in a very bipartisan
20 way, fighting the battle, and yet--let me just finish and
21 then we will have you--

22 But again, we are up here fighting the battle, but
23 there is nothing that substitutes for the grassroots. It
24 just does not work without you all's help in pushing us
25 further.

1 Yes, ma'am.

2 Ms. Kuster. Thank you very much. Quite literally,
3 better late than never, so my apologies. We had a long
4 hearing over in the Ag Committee.

5 Thank you for being with us. I am going to be very,
6 very short and just recognize my good friend, Ms. Jaslow,
7 from the IAVA. I understand that your testimony had some
8 remarks about the gendered language in the VA motto and I
9 just want to ask what more could we be doing to welcome
10 women veterans into the Veterans Administration and make it
11 clear that we do want to serve the needs of all of our
12 veterans?

13 Ms. Jaslow. Thank you, Representative Kuster. It is
14 good to see you here today.

15 You know, I think I was pretty clear in my remarks. The
16 VA's motto needs to go, and it needs to go now. It is--it
17 is not inclusive, and, as I discuss oftentimes, I believe
18 strongly in the power of command climate, and that culture
19 really starts at the top. And, you know, whether it is
20 instituting policies in the military or in the VA, if we do
21 not have change from the top and in the guideposts and the
22 language that we use, from the VA headquarters all the way
23 out into the CBOCs across the country, we will not have the
24 culture change that will make women feel accepted within the
25 walls of the VA.

1 So, you know, whatever you need to do to use the
2 platform that you have, ma'am, whatever you feel like you
3 need to do to engage with the VA to get this moving before a
4 piece of legislation can move through Congress, I think IAVA
5 would welcome that. Thank you.

6 Ms. Kuster. Thank you very much. And I also
7 understand that one of our guests today is the American Ex-
8 Prisoners of War Organization, and I just wanted to thank
9 you for being with us. My father was a prisoner of war back
10 in--shot down in the Battle of the Bulge and spent six
11 months in a German POW camp, and that is why I serve on the
12 VA Committee. So I appreciate your service, all of you, and
13 thank you.

14 I yield back.

15 Senator Boozman. Thank you very much, and again, thank
16 you all for being here.

17 With that we are going to adjourn. I just want to
18 remind the members that the record will be open for five
19 days if they would like to put additional materials in.

20 We are adjourned.

21 [Whereupon, at 11:53 a.m., the Committees were
22 adjourned.]