

mc

IG

LEGISLATIVE PRESENTATION OF THE PARALYZED VETERANS
OF AMERICA, JEWISH WAR VETERANS OF THE UNITED STATES
OF AMERICA, VIETNAM VETERANS OF AMERICA, BLINDED
VETERANS ASSOCIATION, NON COMMISSIONED OFFICERS ASSOCIATION
OF THE UNITED STATES OF AMERICA, AND AIR FORCE
SERGEANTS ASSOCIATION

- - -

THURSDAY, MARCH 8, 2007

United States Senate,
Committee on Veterans' Affairs,
House of Representatives,
Committee on Veterans' Affairs,
Washington, D.C.

The Committees met, pursuant to notice, at 9:39 a.m.,
in Room SD-106, Dirksen Senate Office Building, Hon. Daniel
K. Akaka, Chairman of the Committee, presiding.

Present: Senators Akaka, Brown, and Craig;
Representatives Filner, Brown of Florida, Michaud, Hall,
Hare, Berkley, Space, Walz, Buyer, Brown of South Carolina,
Boozman, Bilbray, Lamborn, and Bilirakis.

OPENING STATEMENT OF HON. DANIEL K. AKAKA, U.S. SENATOR
FROM HAWAII

mc

Chairman Akaka. This hearing of the Joint Committees on Veterans' Affairs is in order. Aloha.

Audience. Aloha.

Chairman Akaka. And welcome and good morning to all of you here today. In particular, I give a warm aloha to Dr. Roy Kekahuna of the Blinded Veterans Association, who is originally from my home State of Hawaii. Are you here?

[Applause.]

Dr. Kekahuna. Aloha.

Chairman Akaka. Dr. Kekahuna, by the way, testified before the Senate Committee last January at our field hearing on the island of Maui, and it is very good to have you here today, Roy. Good to see you. And I am delighted to join Chairman Bob Filner and my good friend and Ranking Member here, Larry Craig, and also Steve Buyer of the House Committee.

My friend and Ranking Member, Larry Craig, has served very well, and we worked well together while he was Chairman of this Committee. And all of my other colleagues I welcome to this hearing and to this important event.

I am so glad to see almost every chair is taken here this morning and that we have problems with space. And I

mc

am very pleased to state again that we have reinstated these joint hearings. The views of the Veterans Service Organizations are invaluable to the work we do here on Capitol Hill. All of the organizations testifying before us today do have proud traditions of work on behalf of those who have served in our Armed Forces. I applaud each of you for all that you do to better the lives of all veterans.

As Chairman of the Senate Committee, I am committed to ensuring that we adequately fund VA so that the Department can furnish the necessary health care, rehabilitation, and compensation to those who have served us. Anything less is a breach of our fundamental obligation to those who wear and have worn our Nation's uniform.

Although VA is one of our Nation's top health care providers, many veterans are waiting far too long for both primary and specialized care. Unfortunately, VA lacks sufficient resources to meet the growing demand.

In the budget process for the coming fiscal year, the Democratic Members of the Committee and Senator Sanders, who caucuses with us, recommended to the Senate Budget Committee in our views and estimates letter that VA receive

mc

an additional \$2.9 billion over the President's budget request for VA health care. I also remain concerned about VA's ability to provide benefits in a timely and accurate manner. The wait for benefits and adjudication is far too long. Now is the time for VA to hire and train staff to meet present and future demands on the system.

My Majority colleagues and I also recommended to the Budget Committee that VBA be authorized to spend an additional \$50 million for compensation, staffing, and training.

As Congress debates the conflicts in Iraq and Afghanistan, we must still ensure that VA is given the resources needed to carry out its vital missions, not only for our newest veterans and those Guard and Reserve members coming home from conflict, but for veterans of all wars.

I share in the commitment to ensure a seamless transition from military to civilian life for our newest generation of veterans. VA must work actively with both the Departments of Defense and Labor so that our newest veterans do not slip through the cracks. There is much work to be done in this area, and the Senate Committee will be holding more hearings on various aspects of the

mc

transition issue.

I am pleased that the White House is taking the situation seriously, and I look forward to working with the President's newly established commission.

I again thank all of the national leaders here with us today and the members of all of the participating organizations for your service and dedication to our Nation and its veterans.

[Applause.]

Chairman Akaka. And now I would like to call on Senator Larry Craig. We have served so well together. We have tried our best to help the veterans. He has done a great job over the years, and we will continue to work together for our veterans. Senator Craig?

[Applause.]

Senator Craig. Mr. Chairman, do you want to go to the House side first? Why don't you do that and come back to me.

Chairman Akaka. All right. Let me at this time, through the insistence of Senator Craig, call on the Chairman of the House Committee on Veterans' Affairs for his statement. And I want to welcome him to this side of

mc

the Hill. He has been doing a great job since we have convened in this Congress, and I welcome you here, Congressman Filner and Mr. Chairman.

[Applause.]

OPENING STATEMENT OF HON. BOB FILNER, U.S. REPRESENTATIVE
FROM CALIFORNIA

Mr. Filner. Thank you, Mr. Chairman, and thank you for your leadership. Actually, I was on the Senate side of the Capitol before the House side. I worked for Senator Hubert Humphrey when he was in the Senate--a great man and he taught me so much. So thank you for welcoming us here today.

As you know, one of the first things that Senator Akaka and I did when we became Chairs of our respective Committees is to reinstitute these Joint Committee hearings. I think they are very important.

[Applause.]

Mr. Filner. We get to hear your input, and your input comes in a very timely fashion, as you might know, as the whole Congress and the whole Nation is looking at veterans. Plus the membership not only gets to hear its leaders, but to see Congress in action--although that last phrase could

mc

be one word or two words sometimes.

[Laughter.]

Mr. Filner. It is important that you have input to the process and you see how your elected leaders are doing.

As I mentioned, you come at a very eventful time. The whole country is now focused on the issues that you have raised for years and years: the Walter Reed situation; Newsweek had a cover story on veterans who fall through the cracks; Bob Woodruff did his ABC Special on brain injuries. It is just heartbreaking to see what these brave young men and women have to go through. We have to do a better job with these brave young men and women. So you come at an important time.

As I said, you all have known about this for a long time. Although the budget has gone up in absolute dollars, it has gone down in real terms as the needs increase from World War II and Vietnam veterans, and we are having the whole new influx of veterans from Iraq and Afghanistan.

I think the system is near a breaking point unless we provide the resources that are needed.

[Applause.]

Mr. Filner. You know that there are incredibly good

mc

things happening at VA hospitals all over the country, and at the clinics and other places. Many of you have had the highest quality care that is possible. But you all know, too, that we have waiting lists, waiting periods that are just horrendous. Time is wasted at a hospital or clinic. We have a 600,000-claim backlog for adjudicating the disability claims.

You all heard the story of the young Marine who went to a hospital in Minnesota, convinced he had PTSD because he was having suicidal thoughts, and he was told he was number 26 on the waiting list. He went home and committed suicide.

That should not be allowed to happen in this Nation. We simply have to have the resources to do better.

Treating our veterans is a cost of war. We have to fund the war, but we have to fund the warriors as well.

[Applause.]

Mr. Filner. I am glad the President has appointed a commission, but he does not always pay attention to the commissions that he does appoint. We know what has to be done. Look at the Independent Budget that you have submitted. Look at your testimony over the last decade.

mc

We know what has to be done. And we are trying, through the budget process and through the supplemental that is on the floor probably next week, to get the resources that are necessary to do the job.

We have a supplemental for war. We are going to get money as a supplemental for the warrior.

[Applause.]

Mr. Filner. And we are going to get more money to clean up that backlog. We are going to get more money to establish the necessary services and outreach for PTSD, for brain injury. But that does not mean that your job is finished here.

You all know that this is a political process; things change over time. You need to be involved at every step of the way. Chairman Akaka and I have total agreement that we are going to involve you every step of the way. Your organizations do so much good for this Nation that we are going to call on you all the time.

There was a President, over 220 years ago, who got it right. George Washington said, "The most important factor in the morale of fighting troops is the sense of how they are going to be treated when they come home."

mc

[Applause.]

Mr. Filner. We need to make sure the best we can do, for the troops overseas, no matter how we think about the war, is to treat their comrades coming home with all care and love and respect and dignity, and their predecessors who have come home also.

We are going to try to do what this Nation should be doing. This is a test for our Congress and for our President. If we do not respond to all this knowledge about what is going on in the VA and military hospitals, if we do not respond now, we will have failed the test and we will have failed you. So, with your help, we are not going to fail.

Thanks so much.

[Applause.]

Chairman Akaka. Thank you very much, Chairman Filner.

And now an opening statement from Senator Larry Craig.

STATEMENT OF LARRY E. CRAIG, U.S. SENATOR FROM IDAHO

Senator Craig. Well, thank you very much, Mr.

Chairman and Chairman Filner.

We often hesitate, ladies and gentlemen, from inviting House members over to the Senate, and the reason is quite

mc

simple: We are fearful they might stay or want to stay.

[Laughter.]

Senator Craig. At the same time, when you were greeted this morning with that robust "Aloha," you need to understand that I worked for a good long while to get the Chairman to host this hearing in Honolulu.

[Laughter/applause.]

Senator Craig. And I know you have all just come in from the outside, and this "ain't no Honolulu." But we will persevere.

Your presence here today I think is a strong showing of your commitment to America's veterans. It is long term, it is continuing. Many of you have traveled great distances to be here, and I extend a very special welcome to all of you and hope that your stay here is productive. For those who may have traveled here from Idaho, my home State, a very special welcome.

It already has been an incredibly busy 110th Congress. We are in the middle of a budget season, and the President has submitted another strong funding recommendation for veterans. Compare VA's 8 percent increase, with the 1.3 percent increase slated for non-security-related programs.

mc

If you look at the overall budget, that is a phenomenally robust proposal. At the same time I am confident, while I support it, that there will be others--and they sit here today--who will want to change that and change that substantially.

But money is not the only issue that has our focus. How we spend that money and whether it is meeting the needs of our highest-priority patients is just as important. VA expects it will see 265,000 OIF/OEF combat veterans and 1.7 million veterans with disabilities next year. Combined, those two groups represent under 40 percent of VA's total patient load. I believe that within the context of a \$37 billion medical care budget, there is more than enough to give these priority veterans the care they have earned. If there is not, we will monitor it and watch it closely.

We have, collectively, created and sustained a phenomenal health care system in VA. The proof is growing demand we have seen in the services. There is no question that there are a good deal more veterans today wanting to be cared for at VA than there were a decade ago. And, frankly, that is something we can be proud of. Enrollment has mushroomed in a decade. The VA is seeing a million more

mc

patients today than it was seeing 6 years ago. That demand is a byproduct of just how valuable VA health care is to the many who want it.

As a famous economist once said, it is not that pearls fetch a high price because men have dived for them. On the contrary, men dive for them because they fetch a high price. Put simply, VA high quality, accessible and affordable care, has made it the pearl of the American health care system. That is something all of us are proud of, and it is something we collectively will work to sustain.

I look forward to working with all of your organizations in the coming year on the many issues that challenge us, and, again, thank you for your service to our country and to your colleagues. Welcome.

[Applause.]

Chairman Akaka. Thank you very much, Senator Craig.

And now I call for an opening statement from the Ranking Member on the House side, Congressman Buyer.

OPENING STATEMENT OF HON. STEVE BUYER, RANKING MEMBER, U.S. REPRESENTATIVE FROM INDIANA

Mr. Buyer. Thank you, Chairman Akaka, and thank you

mc

for your work in the last Congress and the bills which we passed last year. Also, the gentlemen who are sitting at this table in front of me, I am pleased to see you, while at the same time it is unfortunate that your testimony now comes late. It is tardy. And that is unfortunate.

In the last Congress, what we sought to do is to take all the 19 VSOs and MSOs and bring your testimony in to the Committee prior to doing the budget views and estimates.

I am a good soldier, too, and I understand the purpose of a military parade. But I also understand that I would never sacrifice good training to do the military parade. Right, Sergeant Major?

Sergeant Major Overstreet. Right.

Mr. Buyer. So the purpose here is to make sure that your testimony would come to our Committees in a timely fashion.

I am hopeful that when we saw you last fall in the look-back/look-ahead, that testimony set an excellent baseline for the Administration, and the budgets which we received had an increase larger than any other department of Government. So I want to thank you for the work which you provided and how that was passed on to the

mc

Administration last fall. I am hopeful that we continue, because that had never happened before, taking the testimony in the spring before we do budget views and estimates, and doing the look-back/look-ahead, mirroring exactly what the Chairman and the Joint Chiefs do before the Armed Services Committee.

What is unfortunate is that the only testimonies which we received from a group in these "joint hearings" settings came from the DAV, and I find that extremely unfortunate because the Senate Veterans' Affairs Committee and the House Veterans' Affairs Committee last Thursday submitted our budget views and estimates, which means you have now been relegated to the position of the critic, and that is unfortunate.

What we must be mindful of is we now take your testimonies and we utilize the substance which you give us to shape as we move it through the legislative process, and that is how you will now engage, with a document that has already been prepared. And I find all this extremely unfortunate.

We like to call them "joint hearings," and you applaud that and you love that. But let me tell you one thing that

mc

has bothered me over the years. For fifteen years I have been doing this. We have had five Senators show up so far at all these joint hearings, and so I am hopeful that the attendance becomes better.

Let me share some other inputs. We went through, we pored through the budget that the President submitted, and one thing I wanted to do is to extend great compliments to Secretary Jim Nicholson, because 2 years ago when we went in and pored through the budget modeling, the finance mechanisms, and discovered the stale inputs of the data, the Secretary took ownership of the budget. Since that day, the increases have been in excess of \$16 billion.

So I hear harping. The easiest job in the world is to be a critic, but, you know, it is okay to say to the Secretary, "Good job," or give him an "Atta boy" when he has done something right. Be constructive, because our goals are the same. Everyone's goal is the same.

I had an excellent discussion yesterday, and I took to heart George Simpson of Indianapolis with Paralyzed Veterans. I tell you what, the guy makes a lot of sense to me. And he is working with those veterans day in and day out, and he gets to see not only the good things, but he

mc

also deals with the challenges. And it is not just representatives of PAV. It is from all of the organizations. And for that, those of us in the House and the Senate extend an unbridled and unwavering appreciation for what you do. We do it because it is the right thing to do, and it is our moral duty, and it comes from values which were matriculated to us the day we raised our hand and took an oath that we would actually lay down our life-- not for our state but for a document called the Constitution, which really makes us a unique country, when you think of it. Who else will do that? We have become the envy of the world, and we have also become the envy of the world not only in which we embrace and defend liberty, but also how we take care of our most precious assets.

So when I think of the 15 years I have been here in Congress, I rejoice in the outrage of the American people when they learned about how our unmarried soldiers were being housed at Walter Reed. Now, why would I rejoice in that? Because I cannot remember the care, concern, compassion, and sincerity of a country that much.

I have worn the uniform now for 27 years, and I just cannot remember it in the last 27 years, such deep

mc

admiration and respect for people who wear the uniform than right now.

[Applause.]

Mr. Buyer. So the pressure is on, and I appreciate your input, and with that, Chairman Akaka, I yield back.

Chairman Akaka. Thank you very much, Congressman Buyer.

I welcome the national representatives of the Veterans Service Organizations and our panel today: President Randy Pleva of Paralyzed Veterans of America; National Commander Norman Rosenshein; also President John Rowan of the Vietnam Veterans of America; President Larry Belote, Blinded Veterans Association; Sergeant Major Gene Overstreet, President and Chief Executive Officer of the Non Commissioned Officers Association; and Master Sergeant Morgan Brown, manager of Military and Government Relations for the Air Force Sergeants Association.

At the outset, I would like to let everyone know that we welcome all of you here today and look forward to your statements. And I will call on you in the order in which I introduced you.

The first statement will be from President Randy

mc

Pleva.

[Applause.]

mc

STATEMENT OF RANDY L. PLEVA, SR., NATIONAL
PRESIDENT, PARALYZED VETERANS OF AMERICA

Mr. Pleva. Thank you, Mr. Chairman. I do want to thank you, Chairman Akaka, Chairman Filner, and members of the Committee. The Paralyzed Veterans of America appreciate this opportunity to present our legislative priorities for 2007. Chairman Filner, sir, and Chairman Akaka, thank you for agreeing to rejoin these colleagues in the Senate and for this joint hearing.

Mr. Chairman, I know you have my written testimony, and as I sit here today, I cannot help but think that all the issues that we are getting ready to present to you for your consideration will have an impact on all the men and women today who are fighting the War on Terrorism. Each Member of this Committee must understand that any lack of action on your part will affect these brave warriors, not only those brave warriors but the ones who served in the past that made this country free.

It is PVA's responsibility to ensure that our members' needs are met and also the needs of all veterans. One of our many concerns is the MOU between the DOD and the VA. The two parties agreed if a veteran suffers a spinal cord

mc

injury, that veteran would be transferred to a VA medical center where there is an SCI Center. However, there have been and continue to be instances in which this is not happening.

I am sorry, but there is no excuse for that--no excuse at all for preventing these men and women from receiving the specialty care in a timely manner. There is no excuse in this world why these men and women should be held hostage by these two Departments who cannot communicate among each other.

[Applause.]

Mr. Pleva. A good example, look at Walter Reed. Again, this proves that the DOD and the VA have a long way to go to achieve the seamless transition. Again, there is no excuse for these brave men and women are subject to conditions they face during transition between these two Departments that are totally responsible for their well-being. Congress just cannot let this happen again.

As you said, Chairman Filner, these are not new issues. And I understand what you are saying, Congressman Buyer, about these testimonies being tardy. But this is something that these organizations that sit in front of you

mc

have been preaching for years.

[Applause.]

Mr. Pleva. Probably the people sitting in this room know that sixties, seventies, and eighties, what the VA, what they had to go through, the hospitals, maybe some of the things that you see at Walter Reed is almost like a hotel suite compared to what some of these VA hospitals' conditions were in back in those times. And if we do not get the funding now for the VA, it is going to get worse than what it is now. It really is.

[Applause.]

Mr. Pleva. Just like in Puerto Rico, these people are veterans. They fought for this country, but they do not have the representation that I have with my Senator Rockefeller or Senator Byrd or my Congressman. Those people went and fought for this country, but still the hospital that they have now is way too little. Driving 4 hours for a spinal cord injured veteran to get to a hospital, and then they wonder why the veteran don't want to keep him appointment? I wouldn't either. It is that simple.

[Applause.]

mc

Mr. Pleva. And along with another concern I have is with our Native Americans, the ones on the reservation. I know we are looking at it now, but we do not know how many spinal cord injured or diseased or just veterans period that live on the reservation that don't have what some of us have today. And this is something that we really have a concern about.

[Applause.]

Mr. Pleva. Mr. Chairman, this makes my third time and my last time coming to this Committee as President of Paralyzed Veterans of America, but we have dealt with the same old issues for the last 3 years. We deal with copayments, we deal with enrollment fees, even though I know that they get taken care of one way or the other. On the first year, the Administration threatened to cut the VA budget drastically. The second year, we couldn't even testify in front of a joint commission. And this year, here we are again back with copayments and enrollment fees. When does it stop?

[Applause.]

Mr. Pleva. I ask you, the Members of these two Committees, when can a veteran come--and I am serious--to

mc

you all and look at you and not have to beg to keep what he has? It is just that simple.

[Applause.]

Mr. Pleva. And believe me, I am not trying to be mean or anything else. I have the highest respect for your office. I really do. And I thank you for all the sweat that you put out for us. I really do. But what about the people sitting in this room--look--that paid that price. Look at the wheelchairs and the crutches and the people who no longer have sight that sacrificed for this country that they love and have to come here and say, "Please don't take this benefit, don't take that benefit. Please give us this much money or that much money."

I tell you, it is a damn shame that we have to do this. It really is.

[Applause.]

Mr. Pleva. And excuse my language, ladies. I really mean that.

But, again, as we look at these veterans and tell them about their sacrifices, sometimes when you keep piling up these copayments and enrollment fees, it is just like your sacrifice is worthless. I cannot look a veteran in the eye

mc

and tell him that. And the VA, I am telling you now, when we do not have enough money to retain nurses and doctors and technicians, when we have to look at a Category 8 veteran and tell them that they cannot even go to the VA, which I know now, Senators, that--I thank you all for supporting the funding of opening the VA health care system for the Category 8 veterans. While some only see a Category 8 veteran as some of the higher-income veteran, I see them as a fellow veteran who said, "I am going. I am going to take care of it." And surely a Nation, sir--

[Applause.]

Mr. Pleva [continuing].--that can spend tens of billions of dollars on everything else, or pets or whatever, we can't take care of our own veterans? That is a shame. This all has to stop. And it is all up to you, and I know we can point the fingers at this party, that party. But I think the American people are finally starting to get a wake-up call of exactly what is happening now. It is time that, hey, this is the chance that all of us can step up and finally give the veterans what they deserve. He gave your all, she gave your all. At least this country can at least make sure they have the same

mc

quality of life as you do.

Thank you, Mr. Chairman.

[Applause.]

[The prepared statement of Mr. Pleva follows:]

mc

Chairman Akaka. Thank you. Thank you very much.
Thank you very much, Randy Pleva, for your passionate
testimony.

And now, I would like to call on National Commander
Norman Rosenshein for your testimony.

[Applause.]

Chairman Akaka. And let me say that your full
statements will be included in the record.

mc

STATEMENT OF NORMAN ROSENSHEIN, NATIONAL
COMMANDER, JEWISH WAR VETERANS OF THE UNITED
STATES OF AMERICA

Mr. Rosenshein. Thank you. Good morning, Chairman Akaka, Mr. Craig, Chairman Filner, Mr. Buyer, and Members of the Committee. It is my pleasure to address you this morning on the concerns of the Jewish War Veterans of the United States of America. We are a congressionally chartered organization, and we take our responsibilities towards our veterans and active-duty personnel as our single most important mission. I will allow my written testimony to be presented and will not re-read it. However, I would like to make some comments about the present situation.

As you are all aware, the situation at Walter Reed is unacceptable--not so much because of the buildings, which are being addressed, but a far more serious problem exists with the long-term care of the warriors. Waits in excess of 10 months is unconscionable. If a soldier must be in rehab for that length of time, then he should be returned close to his family support and be treated as an active-duty soldier for the duration of his rehabilitation.

mc

[Applause.]

Mr. Rosenshein. After a decision to release the soldier from active duty due to a disability, he should immediately go on VA disability and not have to wait an undetermined amount of time with no income.

[Applause.]

Mr. Rosenshein. The decision could be adjusted later, not while the families are being forced into poverty.

As we have previously and continue to insist upon, the one thing that will most closely end most of these problems is mandatory or assured funding, whichever term you would like to use at an adequate level.

[Applause.]

Mr. Rosenshein. This would ensure that the needed care would be given first. At present, every decision is money based. "If it costs too much, let's not do it" is the answer. Our soldiers were promised care without regard to cost. This is not what they are receiving. At present, all decisions are financial first.

Their care should be closely coordinated with that of our veterans' State homes, and adequate Federal funding should be provided. At the present time, there seems to be

mc

only major long-term care systems, and veterans are short-changed. At the present time in State homes, if a veteran goes into a non-State home they get funded fully. If they go into a State home, the VA system only pays about \$60 on a \$500-a-day bill.

Senator Obama, in addition, for another thing, has introduced S. 117 to help alleviate the disparity between National Guard and Reservist with active military. I know Chairman Filner has addressed education as one of his major issues in the Montgomery GI Bill. And what we are seeking is that the total force receive total commitments at the same cost across the board, not just education but every time a soldier goes on active duty, he should be treated the same no matter which branch he is in or which component he is in.

[Applause.]

Mr. Rosenshein. And I know that Congressman Buyer is very familiar with this Act and has supported this.

With all of the previous mentions, we still have to address the fact that, as you said earlier, there is a backlog of over 600,000 cases and 150,000 more appeals. These, along with the fact that since World War II, for

mc

those who are not aware, the ratio of wounded to dead in World War II was 1:2; in Vietnam it was 1:3; and in the present Global War on Terrorism, it is running over 1:15, which means that we are going to have 7-1/2 times the care needed now than we did in World War II. And these long-term injuries, such as traumatic brain injury, are going to cost more than likely in the trillion dollar level by the time we are dealing with total life care.

The present system, with no funding where you have just said that we have to come and beg for it, is going to turn into a major, major dollar issue. We are going to be back here every month saying, "Can we do this?" It is up to this panel to say we will have assured funding at the cost of it--not at what we think it is but whatever the true, honest evaluated cost is for the veterans.

[Applause.]

Mr. Rosenshein. All the reports and information coming from all our groups continue to show what I just said. Both TBI and post-traumatic stress disorder are going to continue to rise, again, affecting the budget.

As Congressman Filner mentioned a little while ago about what President Washington said, that we must take

mc

care of our veterans, and remember that President Lincoln also said it is our responsibility to take care of all of those, their widows and children and orphans.

So, I leave you with this statement: The bottom line, folks, is to make the veterans our mission and to be responsible in a fiscally, financial way. Thank you very much for your time.

[Applause.]

[The prepared statement of Mr. Rosenshein follows:]

mc

Chairman Akaka. Thank you. Thank you very much,
Norman Rosenshein.

And now, I call on John Rowan, National President,
Vietnam Veterans of America.

mc

STATEMENT OF JOHN ROWAN, NATIONAL PRESIDENT,
VIETNAM VETERANS OF AMERICA

Mr. Rowan. Thank you, Senator Akaka, Chairman Filner, Senator Craig, Congressman Buyer, other Members of the House and Senate. In addition to our statement, I would hope that you would be able to allow into the record a report that we have done on a trip we took to Puerto Rico back in December and our findings and the problems with the veterans in Puerto Rico. And I am glad Randy mentioned that as well.

Chairman Akaka. It will be included in the record.

Mr. Rowan. Thank you, sir.

[The report follows:]

/ COMMITTEE INSERT

mc

Mr. Rowan. Our agenda, the same as last year, is somewhat general in the sense that we are talking about overarching issues. Funding is clearly one of the big ones. Accountability is the second one, and the third is what we call outreach.

On the funding issues, we believe that while we appreciate the budget that has been presented to us by the President through the Secretary of the VA--and we are glad to see that they started to change, got rid of some of the silliness that was in the earlier budgets with these management efficiencies that were really figments of people's imaginations and other kinds of issues and have gotten to real issues--we still believe there is a significant shortfall, even with the additions that are being proposed by the Senate and the House. We believe that there is still a tremendous underfunding in the VA, and, of course, we join with our colleagues in pushing for assured funding as a way to deal with the VA's funding issues over a long period of time. We hope, frankly, that we can try to put together--and, Senator Craig, we chatted here last year when you were sitting in Senator Akaka's seat about the idea of coming into a dialogue with the VSOs

mc

in the Senate and the House on how do we fund the VA long term. And I do not know that we need some grand commission, but I would certainly like to take you up on your offer, and I would do it again, and I am sure my colleagues would be happy to join me in sitting in some sort of way of getting a real dialogue and how do we long-term fund what is obviously going to be significant health care issues.

We believe many of these funding problems are due to the inability of the VA to figure out what their client base is going to be in the future. Clearly, we never knew years ago that we were going to have a new war that was going to create all of these horrible wounded veterans coming back from this war and all of the injuries that we are seeing, not necessarily woundings but injuries.

But they clearly knew about us Vietnam veterans. I think the Senator mentioned earlier, I think there were 260,000 new veterans coming in from the Global War on Terrorism to the VA.

There are 225,000 Vietnam veterans collecting disability today that only got started since 2002 for diabetes when they first put that as a presumption. So

mc

that is 225,000 veterans that they never figured on, and we believe that number, by the way, should probably be doubled because we believe there is a tremendous shortfall in their outreach, which we will get to later.

We believe that could have been solved if they would have done the National Vietnam Veterans Longitudinal Study, which the VA was mandated to do by the Congress and it was decided somehow VA did not have to do it. And we would call on the Senate, as we did the last time when we had it almost in the appropriations bill and it somehow got messed up with the last-minute funding issues that were going on.

In the area of accountability, Walter Reed is just a clear example of lack of accountability. For the General to say he was not in charge and did not have to walk across the street from his house to the building that became the issue is just ludicrous. And we need to get more accountability into the system. The VA is a vast bureaucracy with tremendous amounts of senior executive people who always seem to manage to get their bonuses for saving their budget money, but not on accountability for what the services are being delivered to the veterans.

[Applause.]

mc

Mr. Rowan. So we hope that we would be able to take a look at that accountability. One of the things we would like to put on the table--and it was discussed yesterday in the compensation and pension hearing in front of the Senate Veterans' Affairs Committee--is the competency of the raters and everybody who is handling claims. We believe, frankly, that there ought to be a way for everybody who is ever accredited for handling claims to be taking some sort of competency exams on a regular basis to make sure they know and are kept up with the issues.

[Applause.]

Mr. Rowan. And I would not only say that that is not only for the VA staff, but I would also say it is for us VSOs as well, our people who are service reps, service officers, whatever we may call them, who are accredited to service veterans, and any lawyers that may come into the system under the new proposal through the Senate bills. By the way, we are one of the few organizations that are in favor of attorneys coming into the system, and we can discuss that at length if you so desire. And I know Senator Craig has been supportive of that, and we continue to support you, sir.

mc

Last but not least, is the issue of outreach. The VA is starting to do a better job with reaching out to the new veterans coming home. They are making efforts to try to be there when they land, to try to talk to them, counsel them as they go through the out process of becoming a veteran and leaving the military services. And they are starting to do a better job about that. But for all those of us who have been in the service know that when you have been in the service for 2 years, and especially when you are 3 years, or whatever it was, and you are coming back from a war, you really do not care about some bureaucrat trying to tell you something. You want to go home. And while it is good to get that started in that way, we would like to see them continue that, and when they come home and they have started to do that with some of these town hall meetings and other kinds of things, they need to continue that.

But I also believe they need to reach out to those of us from previous wars. We believe the Vietnam veterans, in particular, have terrible problems as they age and get certain Agent Orange-related illnesses that are now hitting them in their 50's and 60's--the whole problems with diabetes, prostate cancer, lung cancer, all kinds of other

mc

issues where we are way above the norm of people who are getting that. We are 3 times more likely to get prostate cancer, 2-1/2 more times likely to get diabetes, and it goes on from there. And we need to tell them, those who are in the private sector, particularly those who did not get into the system, particularly when they were frozen out as Category 8s and 9s, that they are entitled to this service. I have run into many veterans on many occasions as I go out around the land who, when I talk to them and meet them and say, "Oh, you are Vietnam veteran," the first question I ask is, "How is your health?" And, unfortunately, the response often is, "Well, I have got this problem or that problem." And many of them are not aware that those problems are compensatable.

Again, as I mentioned earlier about Puerto Rico--and I am glad Randy brought that up. Puerto Rico, again, is an example almost of a Walter Reed kind of issue. The hospital in Puerto Rico is really probably one of the worst in the VA system. It is old, it is decrepit. It has got all kinds of problems. If there was ever a good hurricane, it would probably fall down. The trouble is, instead of just blowing it up and building a new one somewhere else,

mc

they are trying to patch it up and build it on the same site. It is not going to work.

There are also other issues. The other end of the spectrum, unfortunately, is problems with the VA cemetery system in Puerto Rico as well, and this was just one place that we were able to get to.

I will leave you with one other issue that really is not the purview of these Committees, but certainly is one that we are always concerned about, and that is the POW/MIA issue. And we want to make sure, as you go out into your other Committee work, that JPAC gets all the funding it needs. We need to continue that work. We have done wonderful work with the Vietnamese. Our organization, in particular, has been reaching out to the Vietnamese down at the village level through their veterans associations and our veterans initiative program, which has resulted in tremendous amounts of input coming back to JPAC, which has resulted in people being reunited with their loved ones in the sense that at least they got an answer; at least they were able to have something they could take and bury and respect their dead. And so we hope that JPAC gets more funding, not less, and we hope we can get more and more of

mc

the answers to the last people left behind.

I thank you for the opportunity to be here this morning.

[Applause.]

[The prepared statement of Mr. Rowan follows:]

mc

Chairman Akaka. Thank you. Thank you very much, John Rowan.

And now, I call for the testimony of Larry Belote, National President of Blinded Veterans Association.

mc

STATEMENT OF LARRY BELOTE, NATIONAL PRESIDENT,
BLINDED VETERANS ASSOCIATION

Mr. Belote. Thank you, Mr. Chairman. The BVA appreciates the opportunity to provide this testimony today.

The BVA enters this testimony with a feeling of what is going on of concern, frustration, bewilderment, but we do not have any despair. We feel like things are going to get improved because the attention is on there. And I think with the help of the stakeholders, the Congress, and, most important, including the veterans, the OIF/OEF veterans in this process so that we get feedback from the families of the veterans and the soldiers about what is going on is essential to having a real clear picture of what is going on. And the key thing in all of this is going to be congressional oversight and keeping the spotlight on.

It seems like some people just do not realize there is a war going on, it is business as usual, and that can be changed with the spotlight. It tends to really stimulate people in a different direction.

I want to focus on just a few issues today related to

mc

mostly OIF/OEF issues that we see and we feel that need to be addressed. We join our other colleagues in the seamless transition. We see that as a very dysfunctional system, especially here in Washington at Walter Reed in the transition to the VA.

I am referring to blindness now. We are going to focus on vision since we are the Blinded Veterans Association.

The VA has excellent blind rehab services. They are stationed in Washington ready to stand by to go to Walter Reed and provide services to those veterans. You can imagine you have been blinded, you are in a hospital with no idea of how to take care of you with your blindness, and they are ready to go in there and provide services. We have run into all kinds of road blocks from the bureaucracy at Walter Reed who do not seem to understand the importance of early intervention and getting these people up and running quickly with their skills.

They went out of the way so far as to get a JAG ruling to say that they could not release information, it was patient information and they could not communicate it to the VA. There just seems to be something wrong with a

mc

system that cannot talk to each other, the VA and DOD cannot talk to each other. This is causing a delay in services. It is causing missed opportunities and people suffering when they should not be. And we feel strong that something needs to be looked into about the coordination and communication between DOD and the VA in this area.

The next area I would like to touch on is TBI, the traumatic brain injury. There is a lot of attention on this area now, which is good, and it is a serious problem that needs maximum attention. One area that is not as well known and that I want to bring up is about the visual problems that are secondary to traumatic brain injury. About 24 percent of the traumatic brain injuries have severe eye problems, not related necessarily to the vision in their eyeball but from the brain dysfunction that causes problems in visual functioning.

In Palo Alto, in 2006, 20 percent of the TBI patients in the polytrauma center had serious eye dysfunctions. I will give one case in point. We had a young OIF/OEF veteran who was in college. He was taking classes, not doing well, doing very poorly. His father called from the Navy, worried--he could not concentrate on his job because

mc

he was worried about his son. The son was in school, and he had problems with vision. The vocational rehabilitation counselor, who really was not up on TBI, had simply sent him to get a pair of glasses, which was not the solution.

When he was referred to the VA's Visual Impairment Services Program, they hooked him into a low-vision clinic, which got him fixed up with special optics, and now he is doing well in school because the problem was diagnosed. They found what is going on, and we were able to address it.

One problem with the TBI, there is no--I need some water. Currently, there is no screening for the visual part of TBI. We think it is very important that this be looked at because there needs to be screening of everybody who has TBI for the visual dysfunctions that are secondary to that. That affects everything--rehab, education, and adjustment to their life. And the VA has services that are ready to stand and help if they know who these people are and a system can be monitored and tracked. This may require, again, some spotlighting on the situation with some oversight to stimulate people to think about that.

The next area that we find very disturbing is the lack

mc

of having one medical records system with DOD and VA. I am sure everyone has seen recently there were some examples in the news media of VA hospitals unable to get the medical records of some of the veterans they were treating because the system--the VA and DOD communication is not what it should be. I am told this has been going on for about 4 years since they started trying to get the records together, and now it is supposed to be around 2011 before this is supposed to happen.

We think this is a little slow and it does not show enough priority on the part of the heads of DOD and VA toward this matter. And we think it is a crucial matter to have this integrated, one-system medical records system.

I will give you an example again. We can send from the VA over to the DOD hospital to work with a blinded veteran, visually impaired veteran. That person can do lots of good work. There is not a place he can document it. He cannot document in the record. If the patient has been loaded into the VA hospital, he can go over there and write a note in the VA record, which, of course, the doctors and staff in the military hospital will never see.

There seems to be something wrong with that system.

mc

The doctors' and nurses' part of the plan would be to educate them about what is being done for this patient so their treatment planning and things would include this rehabilitation aspect that is going on. I think that can be improved, and, of course, this record integration would go a long way toward doing that. Again, it needs a spotlight, some oversight.

VA funding. I am not going to go into all the funding. I am going to go into some special issues here. Right now, we are in a continuing resolution in the VA. We have a number--I say "we." The VA has a number of programs just ready to go. The Congress was very good last year in passing the blind rehab outpatient specialists bill. There are now going to be more blind rehab specialists in the field. Secretary Nicholson generously offered \$40 million to set up comprehensive outpatient services for visual impairment, which would be a great help to the OIF/OEF veterans. But we are told none of these programs can go into effect because they do not have the money yet. If the real funding came in, not a continuing resolution, these programs could be enacted and put in place. So we would ask that this funding be done, and just to show you an

mc

effect of the continuing resolution on the VA that it cannot move forward in innovative, creative programs without the funding.

The last issue I want to bring up is regarding claims. Obviously, all of us are aware of the claims problem, and we think that the recent Harvard study showed there is a need to look at some different ways of doing things, some new strategies. I think if we keep pouring money into some of these ways that the bureaucracy has been working for years, it is just wasted. They are not properly using the money in creative ways. And we need to look at ways to handle this in a much better way.

One item you have suggested is combining--of course, if the records are combined in the military and VA, VA would have very easy access to get there to make decisions instead of the cumbersome system that is in effect now. Having the military physical and the VA physical being one physical, not having to do things over again, these types of things.

One thing in claims for vision is that there is no good rating for visual problems caused by TBI. There are very clear rules on vision. If you have got a certain

mc

vision level, you are rated a certain amount. But when you get into other complexities like we have never had before with the amount of traumatic brain injury, it gets more and more complicated and is much harder to rate. So we are suggesting--I need some water. This needs to be looked at, and the whole area of TBI and rating needs to be looked at to improve that system.

I am going to close with just three references to legislation we have. H.R. 649, this is legislation which is to correct--some States offer annuities to blinded veterans in those States, and currently if you get one of the annuities, it affects your eligibility for SSI, and it needs to be corrected. It is a problem with Social Security. We have H.R. 649 to address that so veterans who get annuities from the State are not punished because of that.

We have another very important piece of legislation we encourage you to support, H.R. 1240. H.R. 1240 is directly going to help OIF/OEF veterans. Right now, because of the baby boomers and because of the dramatic increase in workload, there is a lack in the country of trained, qualified, competent blind rehab teachers to work. So one

mc

creative idea is to authorize--direct the Secretary of Veterans Affairs to create a scholarship program to entice, to invite people to enter that career field, and when they get their certification and their training, they would be required to work for 3 years for the VA to pay back. We think this is a very good, workable system to increase the number of workers in this field. And it is going to be a crisis later on, so we can start addressing it now.

[Applause.]

Mr. Belote. My last piece of legislation is H.R. 797. This is called the Paired Organs. There are about 15,000 veterans that are on the rolls now for blindness in one eye. It would affect about 5 percent of those. I believe right now there are 297 OIF/OEF veterans who are blind in one eye. If those fellows or ladies go blind in the other eye, right now the requirement for blindness in the VA is higher than for the World Health Organization for States and for Social Security. This bill would simply correct that and make it all the same. Legal blindness is legal blindness for everybody in all systems. So we ask for your support on that bill.

And, with that, I conclude my testimony. Thank you.

mc

[Applause.]

[The prepared statement of Mr. Belote follows:]

Chairman Akaka. Thank you. Thank you very much,
Larry Belote.

And now we will hear from Sergeant Major Gene
Overstreet.

mc

STATEMENT OF SERGEANT MAJOR GENE OVERSTREET,
UNITED STATES MARINE CORPS (RET.), PRESIDENT AND
CHIEF EXECUTIVE OFFICER, NON COMMISSIONED
OFFICERS ASSOCIATION OF THE UNITED STATES OF
AMERICA

Sergeant Major Overstreet. Thank you, Mr. Chairman Akaka, Chairman Filner, Ranking Member Mr. Buyer, distinguished Members of the House and Senate Veterans' Committee. I am pleased to meet with this joint Committee and discuss the Association's 2007 legislative agenda's issues specifically focused on veterans, their spouses, and surviving members. It is appropriate with America's military personnel deployed in harm's way to comment on these programs and benefits that will be beneficial not only to the servicemembers but also to their families.

I am joined today by Chief Master Sergeant Richard Schneider, United States Air Force (Retired), from the association's National Capital Office, who is seated directly behind me. He is the Executive Director of Government Affairs. Dick is a Vietnam veteran with over 33 years of service, of active military service, and I would point this out only to let you know that like most veterans

mc

that are sitting in this room, they are still serving and helping veterans every day.

[Applause.]

Sergeant Major Overstreet. Mr. Chairman, with your permission, we will submit the Association's written statement, sir.

Chairman Akaka. It will be included in the record.

Sergeant Major Overstreet. Thank you, sir.

The Non Commissioned Officers Association proudly represents enlisted servicemembers--active duty, Guard, Reserve, retired, veterans, family members, and survivors--through every stage of their military life, from the first oath of enlistment to the playing of "Taps." The Association's charter has broadened from not only noncommissioned officers and petty officers, but to include all enlisted members. This broad, cradle-to-grave membership base makes the Association quite unique amongst other military-related organizations.

The Association is charged with establishing and presenting the legislative agenda that benefits our entire membership base. It causes us to come to this Committee and other Committees and ask Members like you to stand tall

mc

and solicit action from your colleagues in the House and the Senate on issues and needs of the troops. We know that your focus today is on those that serve in America's Armed Forces and those veterans who went before them. Today, the Nation's military force have servicemen and -women deployed around the world in the Global War on Terrorism. Those military forces include more Reserve and Guard members being called to active duty for longer periods of time than any conflict since World War II. Many servicemembers from these groups have been deployed at least once, and I know some that have been deployed as many as three or four times already.

I will tell you I will never come before you while we have troops deployed in harm's way and not recall the words of the Oath of Military Enlistment, the very essence of service for each military man and woman by their ultimate declaration. These 12 words extracted from the oath basically answered their clarion call to duty: "...to support and defend the Constitution of the United States of America." I would point out there are no qualifying comments, no words such as "if funds are available" or "if resources are permitting."

mc

[Applause.]

Sergeant Major Overstreet. There is also the belief that of those who raise their hand, they are going to have the finest training, the best warfighting equipment, the best support, the best health care that money can buy. And I would take that one step further and include veterans' health care. And should one fall in the line of duty, they fully expect a grateful Nation would tend to their survivors.

[Applause.]

Sergeant Major Overstreet. I know that I do not have to tell you this morning that the basic freedoms enjoyed by all Americans has a price, deeply rooted in the sacrifices that befall our military men and women as they stand their watch, just as countless others did before them. It also includes their spouses and survivors whose love and commitment has tendered, nurtured, and physically sustained their wounded veteran over an entire lifetime. The VA could never have cost-effectively provided them with the time, the love, the care that their spouse gives them. And I would say this morning on behalf of all survivors, we ask that you repeal the survivors' tax by aligning concurrent

mc

receipts of DIC payments and their spouse survivor's benefits.

[Applause.]

Sergeant Major Overstreet. Retired veterans have paid the premium to provide SBP benefits for their spouses and DIC payment, and it is an entitlement for a life that has been cut short by service-connected health care.

We also ask that you increase the face value of the basic Service Disability Veterans Insurance, SDVI, established in 1951 when the face value was \$10,000. In 1951, you could buy a house for \$9,000. You could also get a gallon of gas for 19 cents and a loaf of bread for 16 cents and a dozen eggs for 24 cents. We ask that you increase that to a minimum of \$100,000.

[Applause.]

Sergeant Major Overstreet. And this is for those veterans whose service-connected disabilities that literally make them uninsurable by any commercial insurance companies.

Let's talk about the fourth mission of the VA: to be the medical back-up for DOD wounded personnel. Specifically, NCOA questions the current ability to provide

mc

the fourth mission. Since the VA has made the transformation from an inpatient to an outpatient module, it appears that the logistics and requirements such as beds and equipment are not there. It is absent. It also appears that the professional medical providers may not be there as well. We think we need to take a look at this.

The second question raised is that of when should a transfer of personnel--when should we transfer personnel from DOD medical to the VA? It appears to be the question on many people's minds today in light of Walter Reed.

Now, I would like to take a time-out here and coat-tail on what Mr. Buyer said earlier. We think that the VA is doing an outstanding job with the money and the resources that they have right now. I want to thank those people who are working in the VA for what they are doing because a lot of veterans are getting a lot of great service in the VA. We are not saying that everything is perfect, but we appreciate what they do.

[Applause.]

Sergeant Major Overstreet. Thank you, sir.

Our third question is also: When should DOD take action to physically evaluate members for retention,

mc

disability retirement, temporary disability retired list, or disabled severance separation? Once again, the latter category seems to be a very controversial issue by recent reports of the Army using it fairly extensive as a separation tool. The actual separation of members from military would make those severely wounded eligible to receive VA disability compensation as well as disability retired pay. And I would suggest to you once again, many junior enlisted would benefit from this program.

We believe that it may be time for the Veterans' Committees to have oversight hearings on two issues: wartime surge capacity and when should the medical decision be made to facilitate physical evaluation boards to transfer patients to the VA.

Now, I have a lot of issues here, but I am going to forego most of those. As you have heard from just about everyone on this panel, the budget is of major concern to all of us because that gives them the ability--"them" being the VA--to take care of veterans, particularly in light as we look at a backlog of claims, scheduling delays, disenfranchised veterans, higher user fees, higher copays, locking out veterans, a fragmented health care system. And

mc

I would just suggest to you, all of these are clear signs of an underfunded discretionary health care system. It is time for mandatory funding.

[Applause.]

Sergeant Major Overstreet. I say this only--only--if you believe that our American veterans should have a world-class system with competent professionals, timely access to health quality care.

Yes, let's get that IT program working also. I think there are certain things that we can do that would not take a lot of money, for example, hiring more individuals to process these claims. Let's bring some people back that was in that process before. Let's give some bonus out there, let's make some teams, let's make some competitive, to get these backlogs rolling and going in the right direction.

I would just say one other thing about the Montgomery GI Bill. I think it is time that we had one system, one law. Everybody enroll once and for all. Let's allow indexing--and this is for the Guard, Reserve, everyone, active duty, allow indexing entitlement and extend the eligibilities to DIC widows and children for educational

mc

benefits as well.

[Applause.]

Sergeant Major Overstreet. You have heard today the Oath of Enlistment, basically every serviceman and -woman's personal declaration to support and defend our country, the country in which you live. I know, you know, the sacrifices our men and women have made, along with their families, the sacrifices they have made, for the freedoms that all of us enjoy. You know the shortfalls that befall our great American veterans.

I guess my question is: What does it mean to you? What are you willing to do for it? What are you willing to do for them?

I think at this point in time we look at your leadership. Let me give you some old grunt's opinion of leadership. My definition of "leadership" is a person that knows where they are going and is able to convince other people to go with him.

Ladies and gentlemen, thank you very much for your time.

[Applause.]

[The prepared statement of Sergeant Major Overstreet

mc

follows:]

mc

Chairman Akaka. Thank you. Thank you very much for your testimony, Sergeant Major Gene Overstreet.

And now we will hear from Master Sergeant Morgan Brown. Sergeant Brown?

mc

STATEMENT OF MASTER SERGEANT MORGAN D. BROWN,
UNITED STATES AIR FORCE (RET.), MANAGER, MILITARY
AND GOVERNMENT RELATIONS, AIR FORCE SERGEANTS
ASSOCIATION

Sergeant Brown. Thank you, Mr. Chairman, and I would like to begin by congratulating you and Chairman Filner, as well as Ranking Member Buyer. We look forward to working with you in your new roles as principal guardians of the Nation's veterans. We sincerely believe that the work that these Committees do is the most important that is done here on the Hill. In the past, the House and Senate Veterans' Affairs Committees have illustrated the value of nonpolitical cooperation with its full focus on the well-being of those serving this Nation. This annual joint hearing illustrates your noble approach. When a Nation commissions or enlists a member of the Armed Forces, it enters into a moral contract with that man or woman.

On the servicemember side of the bargain, they pledge allegiance to both this Nation and our civilian leaders and march into harm's way if ordered to do so. And as you know, thousands have done just that during the current conflicts in Iraq and Afghanistan.

mc

While this Nation has yet to demonstrate the courage to codify its obligation to those serving, nor to those who have served full careers, AFSA would assert that our civilian authority has the absolute obligation to provide first-class medical care to those who have borne the burden of war. This obligation includes the need for full funding, not debatable, politically bent arguments about budget balancing or deficit reductions. It includes more than firing some military leaders to settle the issue because the obligation starts and ends at the top of the chain of command.

AFSA would once again assert that this Nation must have the fortitude to legally obligate itself for full, uncontested funding of medical care for those serving, those recuperating from service, and those who have served full careers. While we spend a good deal of our financial treasury on a myriad of other causes, I would ask just how great is a nation that holds those who make freedom possible as far less than a national top priority.

It is apparent to this Association that the shortfalls are part of the game each year by scrimping health care budgeting than explaining how programs must be cut, why

mc

TRICARE costs must go up for some beneficiaries, or why veterans must begin paying copayments to use VA hospitals.

Once again, all that rhetoric smacks of a disregard for those who serve and, again, it is a manifestation of a Nation placing full support of our military members at a much lower priority than foreign aid or various programs among the States.

AFSA applauds the Administration's selection of Senator Dole and Secretary Shalala to do a full study of health care programs for military veterans, current members, and military retirees. In the interest of fairness, I too want to ensure that we differentiate the VA health care system from the military health care system that has captivated much of the Nation's attention these past few days. Over the past 10 years, the quality care in the VA has markedly improved, to the point it is now considered a model system. I know. I am a patient. Every day this agency's topnotch crew of professionals tries to provide excellent health care services to our Nation's veterans, and their principal limitation is the budget. No, the VA system is not perfect, but it is unfortunate that some media outlets have been unable to distinguish

mc

between the two separate programs.

And so we urge this Committee to fully support Senator Dole and Secretary Shalala, but more than that, we implore this Congress to pass legislation to ensure that this will not happen again. We can do this by moving military and veterans health care into the must-pay category of our budget. A moral nation would do no less.

More than that, AFSA challenges Congress and these Committees to monitor the outcome of the Dole-Shalala study and to immediately pass legislation to ensure the protection of those serving and those who have served, independent of whatever the Administration explains when the process is completed. As Chairman Filner said, this is a test. I hope that you view this as an opportunity to excel, and AFSA intends to do everything in its power to ensure that you succeed.

I want to take a moment and touch briefly two subjects relating to the Montgomery GI Bill. Members of the Guard and Reserve continue to make an essential contribution to support our missions in Afghanistan, Iraq, and elsewhere around the world. As somebody said earlier, more than half a million of these brave men and women have been called up

mc

since 9/11, and more than 75,000 have pulled two or more tours of duty. AFSA feels they are not receiving the educational benefits that commensurate with the level of their service. The value of the standard Montgomery GI Bill benefits for them has fallen over the last 20 years from 47 percent to 29 percent of active-duty benefits. In addition, they continue to be the only benefits that members of the selected Reserve mobilized in support of the Global War on Terror can access once they separate from active duty. Clearly, it is time for a change.

The total force Montgomery GI Bill concept has three basic elements: to consolidate active-duty and Reserve Montgomery GI Bill programs under Title 30(a); to restructure education benefit levels according to the degree of military service; and, finally, to allow these members to use their educational benefit up to 10 years after separating.

Senators Blanche Lincoln and Susan Collins and Representatives Vic Snyder, Stephanie Herseth, John Boozman, and Loretta Sanchez have introduced companion bills to restructure the Montgomery GI Bill under the total force concept. The Senate bill is S. 644 and the House

mc

companion bill is H.R. 1102. We commend them for their leadership on this issue, and we feel very strongly that this Committee supports this important legislation.

Finally, as codified in Chapter 30 of Title 38, the principal purpose of the Montgomery GI Bill is to ease the transition of servicemembers as they return to civilian life. This program's predecessor, the Veterans' Educational Assistance Program, shared a similar purpose. VEAP was a far less beneficial program than the Montgomery GI Bill, and many military members chose not to enroll in the program. Thousands more were erroneously advised by drill instructors or counselors not to enroll in VEAP because a better program was coming along. Unfortunately, when it did, those who turned down the VEAP program were not allowed to enroll in the Montgomery GI Bill. In the past, Congress enacted legislation which allowed VEAP participants the opportunity to enroll in the Montgomery GI Bill. However, VEAP decliners have never been offered the opportunity to participate.

Time is running out for Congress to provide these deserving individuals a Montgomery GI Bill enrollment opportunity. As of July 1, 2005, all actively serving

mc

members who enlisted in this era were eligible to retire, and less than 50,000 remain on active duty today.

My point here is, the Montgomery GI Bill cannot meet its intended purpose for servicemembers if the servicemember does not have it. We urge this Committee to act quickly before it is too late to provide a transitional education benefit to the remaining VEAP-era enlisted members.

Mr. Chairman, that is all I am going to cover today, and, again, AFSA looks forward to working with you on behalf of all veterans. We thank you and the Members of this Committee for your leadership and commitment to the men and women of the Armed Forces who so valiantly serve and have served our Nation.

Thank you.

[Applause.]

[The prepared statement of Sergeant Brown follows:]

mc

Chairman Akaka. Thank you. Thank you very much, Sergeant Brown.

I want to thank the panel very much for your testimony. Without question, it will certainly be helpful to us, and I would tell you that the joint Committees of the House and the Senate will seriously look at your testimonies and what you have offered us today.

We will continue with questions to all of you, and I will tell the Members here that we will now have 5 minutes for statements and questions, and we will go in the order in which members arrived here after Congressman Buyer.

At the outset, I would like to let everyone know that my questions are for the entire panel, so if just one of you could respond at a time, then anyone who might have something different to contribute can do so. I think that would be the best way to go through the questions, and I thank you in advance for your cooperation.

In Committee hearings, we consistently hear from VA that waiting times--and my question is on waiting times--for health care appointments are not more than 30 days for 95 percent of veterans seeking care. In your experience and that of your membership, is this an accurate

mc

characterization of waiting times? As a follow-up, in your view, what do you feel is an appropriate time to wait for an initial primary care appointment, a follow-up primary care appointment, and an appointment for specialty care?

So that is my question to all of you, and if you will begin in the order in which you were introduced.

Otherwise, the first one who comes forward, we will recognize you.

Mr. Pleva. Mr. Chairman, I can only speak for myself, and I think that a lot of the appointments that I have attended, we used to get 45 minutes. We do not even get that any longer. It takes more than 45 minutes just to get me in the room and take my blood pressure, but now it is being cut to 30, to 25.

Also, you are absolutely right, those days are more than 30 days. Sometimes it is 60 days.

Mr. Rosenshein. Mr. Chairman, on the clinics, we have found that they do not meet the 30 days. On primary care, I do reasonably well and a reasonable amount of time. But on clinic care, if they cancel an appointment, it is charged to you, and it takes more than 30 days--it takes up to 90 days to get a repeat appointment.

mc

Chairman Akaka. Thank you.

Mr. Rowan. Yes, I would concur with my colleagues on that. While they are not too bad with the original appointments, when we get into specialties, we have got a real problem, even specialties when they are determining operations. One of my colleagues was waiting for knee replacement surgery, and he was pushed back so far, he finally threw up his hands, took his regular insurance, and went to a private physician. Unfortunately, that happens far too often, and so that is where we seem to see a lot of breakdown in this timing.

Mr. Belote. Mr. Chairman, in relation to blind rehab, the waiting time is roughly 4 months for a veteran to access, and part of the problem is because of inadequate staffing at the blind centers, and they have open beds because they do not have enough staff to fill the beds. And that is unacceptable to us.

Sergeant Major Overstreet. Mr. Chairman, it has been our opinion or our observation that once a veteran gets on the docket to see somebody, you know, the timelines you have heard--and it ranges from one end to the other. Oftentimes, the difficulty is getting on the docket just to

mc

get an appointment.

Chairman Akaka. Sergeant Brown?

Sergeant Brown. Mr. Chairman, from my personal experience, I think the VA meets that standard. I have had absolutely no problem getting my appointments or any of my specialty care. However, we have received reports from members consistent with what one of the gentlemen down here mentioned, a 60-day time frame. I have received reports that it has taken up to 60 days to obtain a specialty care appointment.

Chairman Akaka. I suspect that each of you share my frustration with the apparent lack of coordination and cooperation between VA and DOD. What suggestions do you have for how VA and DOD could improve the manner in which they work together?

Mr. Pleva. As I stated, Mr. Chairman, if they would communicate, that would be, first, a beginning. Then after that communication, they can work together to get these transitions going. But right now, sir, just too much red tape seems to be the problem, sir.

Chairman Akaka. Thank you.

Mr. Rosenshein. Part of the problem is in the DOD,

mc

each branch has its own medical division. They do not talk amongst themselves. And the problem, not to be rude, but it is turfdom. Someone has to sit on top of all the medical system and say this is the plan you use, and very fortunately for the VA, they happen to have a very good medical system right now. It took a long time to get it. The others should be told, not asked, that these are the medical practices and rules and regulations that we will use and you will conform to the IT information. That would take less than a year to do. It would create a lot of upset, but we would now have a system where any doctor in any of the branches from the VA to DOD could see what is happening to a patient.

Chairman Akaka. I know this can take much time, but thank you.

[Applause.]

Chairman Akaka. Thank you for being brief.

Mr. Rowan?

Mr. Rowan. I concur. In fact, somebody should download the VA's software and distribute it to DOD and get it over with.

[Laughter/applause.]

mc

Mr. Belote. I second that.

Chairman Akaka. Mr. Belote?

Mr. Belote. Mr. Chairman, I feel like that what really helps is we have seen the last few weeks, oversight and having a spotlight on people and a timeline set up for responding. Someone above and outside tends to stimulate people a lot more than a committee formed from the inside, and I would suggest that as being a way to really get people moving.

Chairman Akaka. Thank you.

[Applause.]

Chairman Akaka. Sergeant Overstreet?

Sergeant Major Overstreet. Mr. Chairman, the VA has been classified as having a world-class, renowned system, a medical system that they can communicate with from one VA to another, from outside the VA to other places. I think if we take that model, as my colleague down here said, and replicate that within DOD--and it also has the opportunity for anything that they would like to do, for toxic exposures and any other kinds of exposures for us where the troops are deployed, to tag on with that.

So I think the VA system would handle everything that

mc

DOD wants to do. Instead of everybody having their own rice bowl, we need one system so that when a serviceman or -woman comes out of DOD, it is an easy transition, at least medically, to get them over to the VA system, sir.

[Applause.]

Chairman Akaka. Thank you.

Sergeant Brown?

Sergeant Brown. I would have to say ditto, sir. The problems with the communication between DOD and VA, some suspect it is territorial. Some say both Departments are overwhelmed, maybe one more than the other. Without question, the electronic record is going to be the key to this.

[Applause.]

Sergeant Brown. And the two Departments must be able to communicate with those medical records.

Chairman Akaka. Well, thank you very much for your responses. By courtesy of the Chairman of the House Committee, I will call on Congressman Michaud for his questions.

Mr. Michaud. Thank you very much, Mr. Chairman. I want to thank you and Chairman Filner for having this

mc

oversight with this hearing today.

A couple of quick questions. A lot of you have talked about the seamless transition, which is a big issue for all of us. I know there has been a presidential study on the seamless transition. Former Secretary Principi actually put together a contingency tracking system with DOD and the VA, and just news reports I read this morning, that was put on hold 2 years ago by the current Secretary because it cost \$1 million to build and required a handful of staff to maintain, which I think is terrible, if that report is true. I know this afternoon the Oversight and Investigations Committee for the House Veterans' Affairs Committee will have a former employee, Paul Sullivan, talking about that tracking system, which I think is very crucial for that transition.

A couple of quick questions. Mr. Rowan, you had mentioned that JPAC needs more funding. What are you looking for as far as funding?

Mr. Rowan. I will be honest, I do not have the numbers at the tip of my fingers. My staff have all of that kind of information. But there was an attempt last year to cut the budget, and we were concerned about that.

mc

And we believe, in fact, not only should it not be cut, it should be increased.

Our window of opportunity in Vietnam is starting to close. It has been a long time. And development and other kinds of things that are going on in that country have impacted on certain sites, and we have really been scrambling to get some of these things done before they just disappear. And Noc Duvoc and some other things that came out recently where we have received some remains returned to us only proves our point. So it is just a matter of just continuing that effort and making sure that it is fully staffed and fully functioning.

That whole JPAC/CILHI operation has become world renowned and has been utilized in many, many instances, and I even see in New York City where we are trying to get JPAC to come in and look at the World Trade Center site. So, I mean, it--

Mr. Michaud. Could you provide that information?

Mr. Rowan. Yes, sir. I will make sure one of my staff gets you that.

Mr. Michaud. Thank you. My other question is--and I know, Larry, you had brought up about seamless transition,

mc

TBI, which we will have a hearing next week in the Health Subcommittee, but also you mentioned the need for more money, which I agree, but you also brought up ways that you can actually streamline the system, which I think is good. We know that we need more money, but what we also have to know is--I just don't want to go throw money at it--if there are ways where we can streamline the system, make it more cost-efficient. It is important for us to know so we can make what finite resources we do have go further. So I really appreciate that. I want to encourage all the VSOs to let us know any way we can streamline the system and save dollars.

My question for each of you, for a brief answer: We have an issue also in rural States as far as making sure that we have access to the health care. And I do not think we are going to have all the money that we need to implement the CARES process as soon as I would like to see it. Former Secretary Principi said it cost \$1 billion a year. So I am looking at ways where we might be able to find, particularly in rural areas, collaboration with other health care providers in rural States to try to get the access taken care of. There have been concerns with some

mc

veterans because they are afraid that that might take away from VA hospitals located in any particular State.

So I would ask each of you to respond simply with a yes or no or a little elaboration, if you could. Would you support an effort for the VA to have more collaboration, particularly in the rural areas, as far as CBOCs and clinics are concerned? We can start probably with Norm and move down.

Mr. Rosenshein. The question you asked is very serious based on the dollar factor. If I am presently actually living in upstate New York and transportation becomes a problem, it is how they are going to implement the usage of the local term. If it going to in the long term be simply an insurance-passing method, then we are against it. That will not take care of the care. If it is strictly because there is simply no hospitals or veterans facility available, then we have to take care of the veterans at whatever cost. That is our single concern, that the care of the veteran becomes the concern, not the cost of where it is going to be administered.

Mr. Pleva. For someone who lives in a rural area, with the specialty care that the SCI or SCD veteran needs,

mc

it would be absolutely not. They need this special care. They need this specialty care--and I know what you are saying. Believe me, I see it every day back home. But I do not want them to think that they have this CBOC or can go to some general hospital and these people do not know how to take care of these veterans.

Mr. Rowan. I have to stand with what my colleague said, but I would agree that there is some need sometimes to deliver services down the local level, and one of the key programs is in the mental health field. With PTSD in particular, I go back to the 1970s when the Vet Centers first started, and we used to have fee provider services for people who needed those kinds of one-on-one psychiatric help. And I think that they could redo those again so that people who have to go for mental health issues can get it locally if you are really in a very rural area where, unfortunately, apparently most of the veterans are now. Studies have shown, particularly with the Guard and Reserve folks, they are coming out of these rural communities and are very far from VA facilities.

Now, I know they are trying to do it with more outpatient clinics, and that is fine, and a few more Vet

mc

Centers. But when you have mental health problem in particular, you cannot expect somebody to take a long ride.

Mr. Belote. Absolutely agree. I am from South Texas. The area of the hospital is a hundred thousand square miles. The people average age are in their 80's. It is most difficult to have all your care going all the way to the VA hospital. Fortunately, there are networks of CBOCs, outpatient facilities. If those did not exist and there needs to be more closer to the veteran's home, even the vision impairment/low-vision clinics, contracting using low-vision clinics in the community, all these things can help to increase access to services. So I am for it.

Sergeant Major Overstreet. Sir, I would suggest the short answer on that is we are up for whatever it takes to take care of the veteran. I understand in this particular incident it takes a little supervision there, and maybe a little qualifying is who is in and who is out and how close to a VA center and those sorts of things, and what kind of care are we specifically looking for that particular veteran. But we do need to take care of veterans, sir.

Sergeant Brown. And, sir, my answer is just as simple. We do support corroboration projects provided the

mc

level of care is not compromised.

Mr. Michaud. I would like to thank you all for that.

Thank you.

Chairman Akaka. Thank you very much, Congressman Michaud.

And now we will turn to the Ranking Member from the House, Congressman Buyer, for his questions.

Mr. Buyer. Thank you, Mr. Chairman.

What I have done is I have made a lot of notes off of your testimonies. One, I would like to comment. Two of you brought up Puerto Rico. Maybe you do not know what we did in December. Chairman Akaka, myself, and Larry Craig, in cooperation with Mr. Michaud and Mr. Brown, put in language and specifically we required the VA within 180 days of enactment of that bill to submit to the House and Senate Veterans' Affairs Committee a report identifying and outlining various options available for replacing the current VA medical center in San Juan, Puerto Rico, and the feasibility of entering a partnership with a Federal, Commonwealth, or local government agency or a suitable nonprofit organization for construction of a new facility. We wanted to know in greater detail the medical, legal, and

mc

financial implications of each of the options, the cost/benefit analysis, the length of time, and the costs associated with each option in order to complete the facility. So I wanted to inform you since you brought up the Puerto Rico facility, and thank you for bringing that up.

No one testified, or made any comment with regard to the National Shrine Program, and I want you to know it is a program that I endorse and I pay attention to. There are a lot of veterans who do a lot of things from their heart, and it defines a country on how we honor those who came before us, and that is, how we lay our loved ones to rest. And to bring the cemeteries up to the standard which they rightfully deserve, I think we should turn our sights to the Department of the Interior.

The Department of the Interior has two national cemeteries, and actually, they have more than that. They have more battlefield cemeteries for which they take of, but there are two sites--Andersonville in Georgia and one at Little Bighorn--that are active burial sites. And when you compare the Department of the Interior cemeteries to our VA cemeteries and those cemeteries that are overseas

mc

supervised by the Battle Monuments Commission, we have different standards. And so I invite you to join with the Committees in addressing this with the Department of the Interior.

With regard to VVA's comment on accountability, John, you could not be more right. You know, we are anxiously awaiting the findings of the Disability Commission. We have just on the House side--I do not even know what Chairman Akaka plans, with all the hearings that he and Larry Craig did in the last Congress on seamless transition. We did over 10 hearings and 15 site visits. And so to Randy, I agree with you. These are issues that have been around for a long time, and they are not going away.

It was some years ago, Chairman Akaka, that I was in your native State, at Tripler, and they show me their brand-new filmless X-ray, and then I go across the street to the VA, and they show me their new filmless X-ray, and the two could not even communicate with each other. So they have got that fixed, but that is a prime example of a lot of different problems.

You talked about turf wars and turf decisions, you

mc

know, trying to raise the sophistication of the patient medical record has been a challenge. And so I want to thank Chairman Filner and other Members of the Committee along with the Senate. Getting the VA to move to a centralization of their IT is a very important move, because then we have to move to what replaces Vista in the operating system as we move to our step-ahead technologies so we can move into the era of electronic medical records and seamlessness. Very, very important.

The last comment I would like to make with regard to TBI. I think you will see the House and the Senate joined in our efforts, in our quest for the greater understanding. And I have great confidence in Mr. Michaud on the House side who heads up the Health Subcommittee. It is an issue that he also embraces. And please recognize that the force, our military, does a lot of things out there. And, Sergeant Major, they improvise, adapt, and overcome all the time. Not only do we have to do that, but so do our enemies.

So when we sent those Hummers over there, when we needed them in the first Gulf War, they did not even have doors on them. So when people then criticized, my gosh, we

mc

sent them to war without equipment, I am going to say, well, wait a second, we were not preparing for the roadside bombs. Then what happened?

So let me close with this to give you an idea of the little things that we do that make a big difference, and that is, the demand to up-armor the Humvees and then give the soldiers the best body armor as possible--chest plates, side plates, shoulder plates, neck plates, groin plates. But in the end, what did we do? We took the soldier and put him in an armored vault.

Now, when you watch the Indianapolis 500, Mr. Chairman, when that car hits the wall, it goes into a thousand pieces. You disperse the kinetic energy. It is pure physics. But what have we done? We have put the soldier in this vault, and when a roadside bomb goes off, you have got three things: you have got the fireball, you have the shrapnel, and you have the kinetic energy, the blast. And so when they survive the fireball and they have got now damage to their body, the shrapnel is bouncing all over and is shredding the limbs, but you also then have the kinetic energy. And when it comes in, there is nothing to absorb it. So part of it comes off the body armor and goes

mc

up into the face. We get the maxiofacial injuries, we have damage to the eyes, the damage to the ears, and it goes up into that helmet. That is a great helmet. It is the best helmet in the world against ballistic force, but not blast. There is nothing to disperse it. So it goes up into the helmet. We get a concussion and then a percussion and this goes into the brain, a TBI.

Now, the Senate leadership, along with the House, but in particular the Senate, forced the creation of these polytrauma centers and now they have gone to Level II, these are remarkable. And that transition, when that soldier comes off active duty and goes into what Chairman Akaka has created with Larry Craig, that is excellent-- excellent care. But are there people that fall into the cracks? You bet. Making sure that the military are there with their caseworkers and VA caseworkers and vice versa, and social workers, we try to do that. Do we always get it right? No. When one soldier--when we fail one soldier, that is wrong.

But I want to agree with you, Sergeant Major, there are so many good things that are happening, and so much of America's Treasury is being spent to care for that one

mc

soldier. And that is why I feel good about America at this moment.

I yield back.

Chairman Akaka. Thank you very much, Congressman Buyer.

And now, I would like to call on Congresswoman Brown for your questions.

Ms. Brown of Florida. Thank you very much, and before I begin, let me just thank you and Chairman Filner, because if it wasn't for you, we would not have passed the authorizing bill at the end of the session that authorized the money for the VA clinics and hospitals throughout the country. It was a breakdown in communication, and with your leadership we were able to move forward. And I want to thank you because we are now going to have a new VA facility in Orlando that we have been waiting for 25 years.

[Applause.]

Ms. Brown of Florida. So, first of all, let me thank the people who are here from Florida and have come up and brought us some sunshine. It is not snowing because you are here.

[Laughter.]

mc

Ms. Brown of Florida. Let me just be brief. When you gave your oath, you need to know we take an oath, too. And I have served on this Committee for 15 years because my oath and my commitment is to you. I think the veterans, when we send you off to war and you have got to separate, you carry out the mission. We make the mission.

Now, the mission could be flawed, but you are not flawed. Do you understand the difference?

[Applause.]

Ms. Brown of Florida. I did not vote for the war because I felt the mission was not right. But I have voted every single time to support you in every way to make sure that the veterans--that is why I am on this Committee--and make sure that the troops have what they need.

[Applause.]

Ms. Brown of Florida. I have gone to Bethesda and Walter Reed, and I am going back to Walter Reed next week. But in Bethesda, I was in the hospital. I got up. I went to every single room, and in every single room the veterans were having problems. So we are not providing the assistance they need in the VA. I am talking about Bethesda and Walter Reed.

mc

A week ago, before it came out in the news, I was in my local grocery store, and I was talking to a veteran, and he was telling me about he was never going to vote for the Republicans again because of what was going on in Walter Reed. Now, you know that should have been good news to me, but I said, "Oh, no, no, no. You cannot believe what you see on the Internet." The next day, the very next day, it came out what was going on in Walter Reed. I could not believe it. And we are going to make sure that we correct what is going on in Walter Reed. You need to know that.

But we do have problems. I have not heard the words here, "waste, fraud, and abuse." Now, we have sent over over \$12 billion to Iraq that we cannot account for. Now, you need to know a billion dollars is a lot of money even in Washington. That money is a cruise ship full of \$100 bills that we do not know what happened to it. One billion of those dollars would service 1.7 million veterans in Category 8 that we are not serving right now.

[Applause.]

Ms. Brown of Florida. So we have a duty and a responsibility to get on top of this waste, fraud, and abuse that I do not hear anything about.

mc

Now, I have a question for you. I know it sounds real simple that we want the veterans and the systems to work together. We mandate that when it comes to prescription benefits and other things, but you know we have had a loss in the VA of certain records that could put families, not just the veterans, but families, as far as making sure that their records are protected.

What are some of the recommendations you can give so can have those two systems work together; and what do you think we need to be doing as Members of Congress that take their responsibilities and their oath very seriously?

Mr. Rosenshein. Thank you for your question. Along the lines of the IT and the records, the first thing goes back to what I said. You need one system, not four, and you need to understand the security. The fact that the VA lost records twice is unacceptable. After the first time, and then again many months later, to find out that somebody took home another laptop? No one should be carrying laptops.

In today's IT world, you can work from home with no data there, and you can have a secure system. When someone cannot do his job at the place of work, there is another

mc

problem. The kinds of records that are being handled here should not be allowed out of the building. If they cannot work there, then hire someone who can. But if they do not tighten up their security--banks transport money all over the world and do not seem to have problems with records. Do they make mistakes? Yes.

So, I think that whoever is leading their IT research team does not understand the problem.

Mr. Pleva. And I also have to completely agree with that. But I still get back to the ABCs. They have got to communicate together again. I cannot say that so many times. Just talk to one another, let them know. And, again, I cannot keep--I have nothing else to say but to communicate, because without that we see what is happening now.

Mr. Rowan. I think sometimes, Congresswoman, the problem is that people tend to want to do it all their own way and that nobody else ever had a good idea. And that is clearly not the case.

The VHA has the best system. We know it. The DOD ought to adopt it, period. With the VBA, we have got just the reverse problem. So we have got the Hyde on one side

mc

with the wonderful health system, and we have got Jekyll on the other side with the Veterans Benefits Administration that has no system, period.

In the conversation yesterday in the Senate Veterans' Affairs Committee, with looking at oversight of the compensation issue, it became very clear. We had a big discussion about how Social Security also has a massive claims system that seems to work paperless.

Ms. Brown of Florida. That is right.

Mr. Rowan. And it has been for years. So, gee, this is the same Federal Government. Why can't the VA walk across the street to Social Security and say, "Can we have your software? Thank you," and move it back to VBA?

[Laughter/applause.]

Mr. Belote. I agree.

Mr. Rowan. There seems to be some lack of will, and I was talking to Admiral Cooper last night at the Jewish War Veterans reception, and he was saying he is really hung up on his VETSNET program and seems to think that that is working. I am not sure. I have to go back and look more deeply into how well VETSNET is doing. But my gut tells me that because their systems are so far behind in the

mc

operating systems that they utilize in the VBA, that I cannot believe that system can be doing very well.

And I would suggest to you that while it may be hard to go back to all of the records that are in the VA system--and I understand that--but we have an opportunity with these new vets--these are brand new. They are coming out of the military. They have never been in the VA system. They are using their Social Security numbers for their case record numbers. It literally is taking them from one place to another under the same identification. This is a golden opportunity to start fresh with them.

So maybe, you know, for us older veterans we are going to have to keep dealing with the paper system, but for the newer veterans there is no excuse that these couple of hundred thousands that are coming in should all be on a paperless system, strictly electronic transfer. All of the VA, all of the medical records, all of the military records should be easily transferable into this VA system somehow.

What is really amazing to me is my doctor, when I go to the VA clinic, punches me up and can tell me everything about me. When I have to get something translated--or when I go to my benefits side and the rater is looking at the

mc

fact that I have hypertension now as part of my secondary diabetic condition, and he can see in the VA records, the problem is, it is wonderful, he can pull that up and say, "Yep, you are in the system. Yeah, you got hypertension, and you take your medication for it. And, by the way, I will put this in the record by printing it out and putting it in the record." So he has got to take that piece of paper and shove it into my file to make it count. That should never happen.

Ms. Brown of Florida. And, in closing, because my time is running out, let me just say that as far as Puerto Rico is concerned, I have visited--I understand it is a major problem. I have been over there. But keep in mind that hospital serves veterans from St. Thomas and St. Croix, and that is their only source of care. And there are hundreds of veterans over there, and they have to go over to that particular clinic. So let's keep that in mind. It does not just serve those veterans in Puerto Rico. It serves those other veterans.

Mr. Rowan. Yes, ma'am. In fact, the discussions with the folks from Puerto Rico, when we talked to the doctor, the head of the VA hospital over there, one of the problems

mc

they had is they had an outpatient clinic in the Virgin Islands, but could not keep up the staffing of it. They could not keep the doctors in the clinic. Nobody would work there for various reasons, and so it became even more difficult for those Virgin Islanders to get their assistance.

Ms. Brown of Florida. Thank you so much for your service and for coming here and making your presentations today.

Thank you, Mr. Chairman.

Chairman Akaka. Thank you very much, Congresswoman Brown.

And now I will call on Congressman Boozman for his questions.

Mr. Boozman. Thank you very much. Thank you all for being here. I have really enjoyed your testimony, Larry, on the traumatic brain injury. I am an optometrist, an eye doctor. My brother was an ophthalmologist, and I was very involved in low vision. So what you are saying is very interesting. And working with Mr. Michaud and Mr. Brown, you know, again, I would like to be involved in that and see if we can figure out what is going on.

mc

The good thing is that we have the technology now through various imaging and stuff, and I think that we can get to the bottom of that.

I appreciate Master Sergeant Brown. My dad was a retired Air Force Master Sergeant for many years. I lost him about probably 12 years ago, but prior to that, you know, I used to see your publication prominently on his coffee table, and I used to thumb through that all the time when I was over visiting.

The Subcommittee where I serve as a Ranking Member has to do with economic opportunity for veterans, and so myself, under Chairman Herseth's leadership, we are really working hard on transitioning people out as they become veterans, the Transition Assistance Program, getting them on the right path so that we do not have a lot of these problems that we deal with down the line that they really do understand the benefits that they are going to have and things like that.

The other thing is that we are working hard to try and provide veterans, particularly disabled veterans, not just jobs but careers. And that is something, again, that we are really working hard on.

mc

You mentioned the GI Bill, which is so important, and, you know, it looks like there is tremendous momentum. I know the leadership on both sides is working hard, supportive of that, so hopefully we will get something done.

One thing I would like for you to comment on just very quickly, we have got a big discussion going on up here right now, and it was kind of alluded to in one manner or another. But right now, you know, we have got this supplemental bill, this funding of the war bill coming up. You know, we have a group that would like to defund the war using that mechanism. We have got another group that says, well, that is too radical, we cannot do that, so let's put in place mechanisms that make it very difficult to reinforce the troops over a period of time.

And then, you know, you have got another group that says regardless of how you feel about what is going on, it is really not the place of Congress to micromanage the war.

Can you comment on that?

Mr. Rosenshein. Yes. We are veterans' groups, all of us, and our main responsibility is to provide for veterans and soldiers. And when you defund the war, you are telling

mc

me that you will no longer supply the soldier with his needed equipment.

We are not in this for political reason. That is your position. But defunding the war--and if it is taken seriously and you mean to say that you are going to send soldiers out in the field with no equipment, no hardware, and no protection, that is not an acceptable method of ending the war. It is your responsibility to find out how, but not at the cost of our veterans and soldiers.

[Applause.]

Mr. Pleva. I can't, so no more than that.

Sergeant Major Overstreet. I totally agree with what they are saying there. I think you need to figure which end is the tail and which end is the dog.

[Laughter.]

Sergeant Major Overstreet. And the tail wags the dog sometimes. And if we are going to deploy American soldiers, American servicemen and women, in harm's way, then we need to support them. We need to know what the mission is. We need to try to quit controlling the war from the White House here and let the commanders on the field out there do their job. Give them a mission and let

mc

them do their job.

[Applause.]

Sergeant Major Overstreet. Along with that are the equipment and the support that they need to accomplish the mission.

Thank you, sir.

Mr. Boozman. Thank you, Mr. Chairman.

Chairman Akaka. Thank you. Thank you very much.

And now, let me call on Congresswoman Berkley.

Ms. Berkley. Thank you very much, Mr. Chairman. I have a lot to say, and I understand we have a vote, so I am going to speak very quickly because I have got to get over to the House side.

First of all, Mr. Boozman, with all due respect, I am in every Democratic Caucus. I have never heard a single person on either side of the aisle talk about defunding the war. So unless it is happening in your caucuses, I can guarantee it is not happening in ours.

[Applause.]

Ms. Berkley. I want to say something for the record. Right before I walked in--and I do not have the name of the young soldier, but Nevada has lost its 35th citizen in

mc

Iraq, and I will be calling the family later today. But I wanted to acknowledge his service, even though I do not even have the young man's name. He is from Elko, Nevada, and we thank his family for the extraordinary sacrifice that the family has made on behalf of all Americans.

I come from a family where my father was World War II Navy, my husband served in the Army for 9-1/2 years as a doctor, and I belong to the Jewish War Veterans Auxiliary.

[Applause.]

Ms. Berkley. Since all politics is local, let me introduce very quickly the people from Nevada who are here: Julie Johnson from our Paralyzed Veterans. Irving Finver, who I knew long before I came to Congress, is a senior commander for the Jewish War Veterans. And Dr. Roy Kekahuna is here from my Blinded Vets. I welcome you all. I know what an incredible schlep it is to come here from the State of Nevada. I am thrilled you are here.

I want to thank our Chairmen for reinstituting these joint Committee hearings. I think it is absolutely critical to hear from all of you.

[Applause.]

Ms. Berkley. We need to hear. There is nothing we

mc

can tell you that you do not already know. You are in the system. You represent hundreds of thousands of veterans accessing our VA system. We need to hear from you.

It is incomprehensible to me that the Independent Budget put together by our Veterans Service Organizations is so right on target while our Government Veterans' Administration budget is always so wrong. I am fully supporting the Independent Budgets that you have introduced.

[Applause.]

Ms. Berkley. Now, when we talk about patriotism and supporting our troops and not giving aid and comfort to our enemies, which none of us want to do, let me tell you what I think. I think if you are talking about patriotism and supporting our troops, you must be talking about supporting our veterans as well. Supporting our veterans and funding good VA health care is an integral part of waging war, and that is why there should be mandatory funding for our veterans' health care needs.

[Applause.]

Ms. Berkley. Some other issues that you all brought up that I just want to touch on. We have a huge claims

mc

backlog. I have got the fastest growing veterans population in the United States in Las Vegas. We have a huge backlog nationwide and in communities that have large veterans populations. So I cannot understand how the President could submit a budget, a VA budget that cuts \$9 million out of our claims. It is ridiculous. We should be adding \$9 million, because if we really want to get through the backlog, there is only one way to do that, and that is pay for it. So let's put our money where our mouth is, for heaven's sakes.

The copay for our veterans to get medication, to double that copay is outrageous, and I would not support that. Hell freezes over before I would vote for something like that.

[Applause.]

Ms. Berkley. Two other very quick issues. I am hoping that my colleagues will go along with me and not institute an enrollment fee for our Priority 7s and 8s. We owe--that is the very least, the very least that we owe to our veterans, is that they could access the VA health care center. And prosthetic devices, why in heaven's name during a war, when we know there are thousands of people

mc

coming back without arms, without legs, would you cut prosthetic device research in this country? Shame on this Administration for even suggesting it.

[Applause.]

Ms. Berkley. And one last thing. I know how important electronic records are, but I will caution my colleagues with this. My husband has a 14-man practice, all doctors, in Las Vegas, Nevada. They are kidney specialists. It costs \$300,000 to convert to electronic records. We need to do it, but it is going to come at a huge cost. So I think our representative from our Vietnam--which is my era--service organization, maybe we ought to start with the new people coming back from this latest conflict and then work our way up and down. But it is going to be a huge cost. We need to do it, but it is going to be costly.

Thank you. We appreciate you being here. I love you. I love you.

[Applause.]

Chairman Akaka. Thank you. Thank you very much, Congresswoman.

And now Chairman Filner.

mc

Mr. Filner. Thank you, Mr. Chairman. It looks like we are all deserting the Chair here. We have a vote on the House side, so we will leave him to adjourn the hearing.

I want to thank you all for being here. Your eloquence makes us recommit ourselves to the effort that we all share, and that is, to make sure this country provides for its veterans in a way that is worthy of their sacrifices.

I heard the word "tardy" for your presence here. We are in the middle of a long budget process. You are not tardy. You know, we are the ones that did not even pass a veterans' budget until 5 months late, last year, so I do not think you should take any lectures on being tardy. It is never tardy to talk about what we need to do for our veterans. So thank you for being here in a very timely fashion.

You know, I just want to say one last thing before I go vote. It is important that you are here in Washington, but when you go home, you also have a very important job, and that is, educating your Congress people back home and the public at large. We have shut off this war to a great majority of the population. We are trying to run it

mc

without anybody seeing the dead or the injured. The President says, you know, "Go shopping" to help them. No. Let's hire the vets if we want to help them. Let's make sure we all understand PTSD if we want to help them.

[Applause.]

Mr. Filner. But you have to communicate that to your Congress people back home and to the press and to the service clubs and to the schools and to the unions, wherever you can communicate that, because less than 100 Congress people have military service out of the 435. I am in that classification. We are not evil. We just do not understand what you all went through. Your job is to educate us, and you can do that best at the grassroots. You can educate the public, which we respond to. Just tell your story, like everybody did today. Just tell your story and the American people will support our troops. We have to all say that it is our national duty to do that.

As I said earlier, this is a test for us right now. With your help we are going to pass. Thank you so much.

[Applause.]

Chairman Akaka. Thank you, Chairman Filner. A great man, and it is a great honor and privilege for me to serve

mc

with him to serve our veterans of our country.

[Applause.]

Chairman Akaka. This has been a great hearing. It has been passionate, and we have heard your testimonies, and you can tell that Chairman Filner and I will do all we can to try to move in the right directions and to help the veterans of our country. And this has been a great hearing. I want to adjourn it now, but before I do, I just want to hear any final brief comments that our panelists may have.

Mr. Rosenshein. I want to take the time to thank you and the rest of the panel for listening to us and hearing our statements and remembering that my statement, the mission of the veteran, that is our number one priority, the soldier, the veteran.

Chairman Akaka. Thank you, Mr. Rosenshein.

Mr. Belote. Mr. Chairman, I would say that it feels comfortable coming here now, and it feels comfortable to talk, and it feels comfortable being here.

Chairman Akaka. Thank you, Mr. Belote.

Mr. Pleva. And thank you, Mr. Chairman, very, very much, sir. We really do appreciate it.

mc

Chairman Akaka. Thank you, Mr. Pleva.

Mr. Rowan. Yes, sir, again, thank you, Mr. Chairman, and the other colleagues. I will point out, however, that I would have liked to have seen some more of our fellow Senators here. And I will take Congressman Buyer at his point. And I hope to talk to Congresswoman Berkley about her husband's practice, and I want to know if he asks people when they come in the door whether they are veterans or not.

Chairman Akaka. Thank you.

Sergeant Major Overstreet. Mr. Chairman, thank you again for the opportunity to come here. I agree with my colleagues. It certainly would have been nice to see more Congressmen and Senators here, and that is why we say we believe that the people who are here understand the needs of veterans. We do also thank--like Mr. Filner said, there are a lot out there who have not walked a mile in those shoes and do not understand what the problems are. And all the more important for the people that are here to stand up with your colleagues, and since we do not get an opportunity to educate them sometimes, to pass along what you see here and what you have heard today, sir. And we

mc

just thank you for that opportunity.

Chairman Akaka. You know, let me just say, not as an excuse, but I am also Chairman of the Subcommittee on Readiness in Armed Services, and this morning we had a meeting at 9:30 that I could not attend. But part of the reason some Members are not here is because they are attending other Committee meetings as well. And I agree with you. I wish all of them could have been here today.

Sergeant Brown?

Sergeant Brown. Again, sir, thank you, and not just for having us here, but for assuming the leadership role of a very difficult task, and know that my colleagues and I are here to help you and, again, do everything we can to make sure you succeed.

Chairman Akaka. Well, again, I thank you, and the spirit is to work together to achieve what we need for the veterans of America. Aloha, and this hearing is adjourned.

[Applause.]

[Whereupon, at 11:49 p.m., the Committee was adjourned.]