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C O N T E N T S

STATEMENT OF:

PAGE

Karl Calleon, Vietnam Veteran

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Rogelio G. Evangelista, Advisory Board Member, VA

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Pacific Islands Health Care System 11

Larry Helm, Commander, Molokai Veterans Caring for  
Veterans 15

Clarence Kamai, Jr., VA Advisory Council Member 22

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Danny Kanahale, VA Advisory Council Member	25
Paul Laub, President, Maui County Veterans Council	28
Terry Poaipuni, Wife of Veteran	33
Mitch Skaggerberg, President, Vietnam Veterans of	

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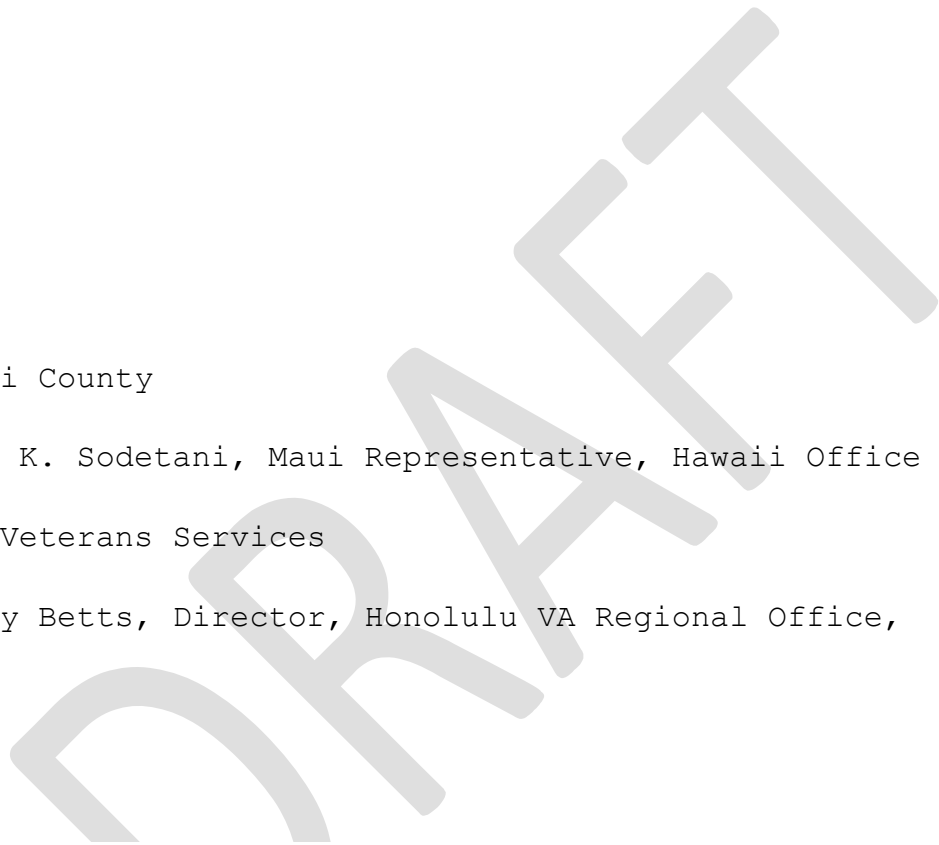
Maui County

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Lloyd K. Sodetani, Maui Representative, Hawaii Office  
of Veterans Services

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Tracy Betts, Director, Honolulu VA Regional Office,



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U.S. Department of Veterans Affairs

Sheila Cullen, Director, VA Sierra Pacific Network  
(VBSN 21), Veterans Health Administration, U.S.

Department of Veterans Affairs

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Linda Halliday, Deputy Assistant Inspector General for  
Audits and Evaluations, Office of Inspector General,  
U.S. Department of Veterans Affairs

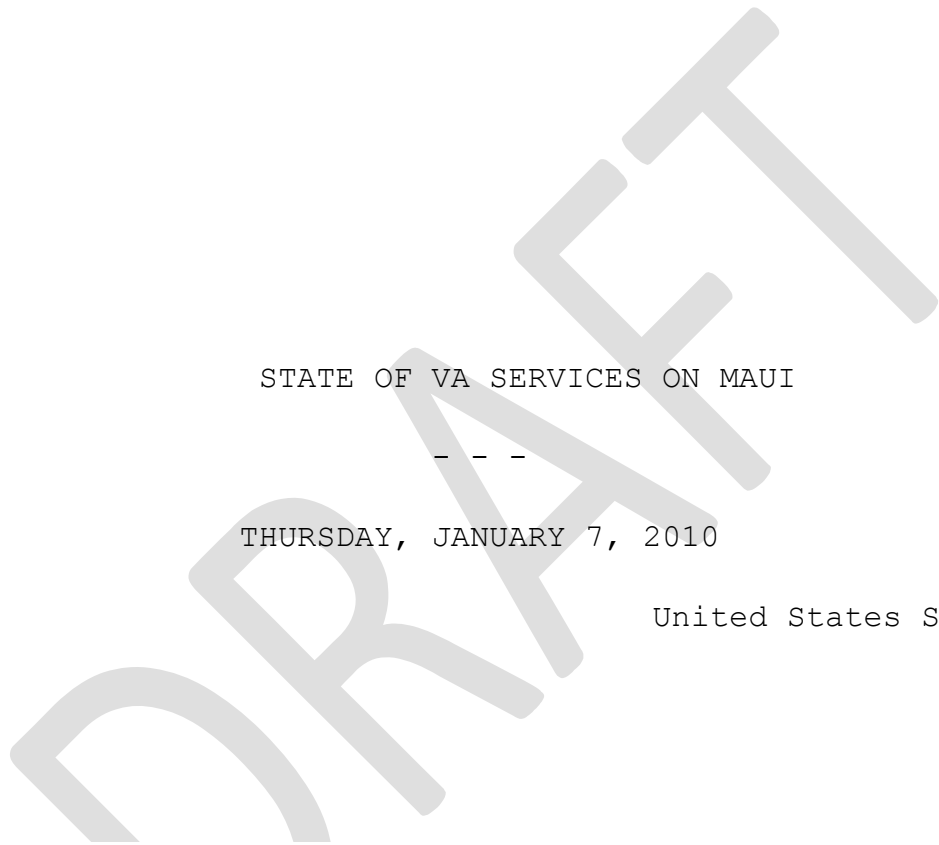
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STATE OF VA SERVICES ON MAUI

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THURSDAY, JANUARY 7, 2010

United States Senate,



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1 Committee on Veterans' Affairs,  
2 Maui, Hawaii  
3The Committee met, pursuant to notice, at 2:00 p.m., in  
the Maui Arts and Cultural Center, Maui, Hawaii, Hon. Daniel



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K. Akaka, Chairman of the Committee, presiding.

2Present: Senator Akaka.

3 OPENING STATEMENT OF CHAIRMAN AKAKA

4Chairman Akaka. Well, I want to say again mahalo to Danny

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for leading the pledge and Mitch for offering the prayer, and  
now it is pono. We are ready to go.

Let me tell you that we as a Committee have held similar  
hearings on Maui before, as you know that. Much has improved

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in recent years, for which I am grateful, but it is important  
for us to understand the present challenges. I think you know  
what our country is going through at this time, and even before  
this, and we must be ready to come up with the kind of help that

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our country needs. Both the clinic and Vet Center on Maui are tremendously busy, as you know, and must be available to those Maui veterans who rely on VA for their care and to veterans living on Lanai and Molokai as well.

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I applaud the efforts of the VA employees in Hawaii. These men and women work hard to help the veterans who seek their assistance, and there are many things that VA does well in Hawaii, as you know. Hawaii has done, I think, pretty well,

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but we need to continue to do better. However, there is always  
room for improvement. Indeed, our unique geography,  
diversity, and our kind of way of life require that VA develop  
a unique strategy to care for our island's veterans and to care

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for it through our cultural activities as well.

2Ensuring timely access to mental health services for  
veteßans living on Maui has been a challenge due to reported  
shortages of VA and community health providers on the island.

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However, VA has established new mental health positions at the Maui Clinic and has expanded telehealth capabilities to other islands. There has also been some indication of a desire to create a single location on the island for veterans' services



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in lieu of the existing three locations. I hope to discuss these and other important issues with veterans and VA today.

3Back in Washington, we have worked hard to ensure that VA has the resources to provide the best possible care. In my

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year~~s~~ as Chairman, Congress provided record-breaking funding  
incr~~e~~ases to VA. Last year, I introduced the Veterans Health  
Care~~3~~Budget Reform and Transparency Act to secure funding for  
vete~~r~~ans' health care 1 year in advance of the regular

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appropriations process. And we have followed up that success  
with passage of our caregivers bill, which would help wounded  
warriors and the families who care for them. This bill, which  
also improves care for women veterans, those who reside in rural

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area<sup>1</sup>, and those who are homeless, has been sent to the House  
of Representatives. I expect to finalize this bill in the  
coming months.

<sup>4</sup>Finally, I note that there are many veterans here today

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who would like to testify. While we cannot accommodate everyone's request to speak, we do want to hear your views. The Committee is accepting written testimony which will be reviewed and made part of the record of today's hearing. If you have

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brought written testimony with you, please give it to Committee staff who are located outside on the patio. If you do not have written testimony but would like to submit something, Committee staff will assist you in doing that. In addition, the Committee

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staff is joined by VA staff who can respond to the questions, concerns, and comments that you raise.

3A special mahalo nui to Dr. Hastings, Dr. JangDhari, and their team who are here to help us as well. Will you raise your

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hand~~s~~, Dr. Hastings and Dr. JangDhari?

2[Applause.]

3Chairman Akaka. Once again, mahalo nui loa. Mahalo to  
all of you who are in attendance today, and I look forward



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to hearing from today's witnesses.

2I want to welcome members of our first panel, and I just  
want3to tell you, I just want to pass this on as far as feelings  
are 4concerned. I feel real cool.

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1[Laughter.]

2Chairman Akaka. I want to welcome members of the first  
pane3. Our first witness is Karl Calleon.

4Our second is Rogelio Evangelista, Advisory Board Member

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for VA Pacific Islands Health Care System, followed by Larry Helm, the Commander of Molokai Veterans Caring for Veterans.

After Mr. Helm will be Clarence Kamai, Jr., a VA Advisory Council Member, and his fellow Council Member Danny Kanahale.

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1Next will be Paul Laub, the President of the Maui County  
Vete2ans Council, and Terry Poaipuni, the wife of a veteran.  
Ms. Poaipuni will be followed by Mitch Skaggerberg, who offered  
the p4rayer and who is President of the Vietnam Veterans of Maui

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County.

2Our final witness on the panel will be Lloyd Sodetani, the  
Maui3Representative to Hawaii Office of Veterans Services.

4I thank all of you for being here today on this panel. Your

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full testimony will, of course, appear in the record of this hearing.

I would like to ask you to begin, Mr. Evangelista--oh, Mr. Callon. E kala mai i'au.

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1 STATEMENT OF KARL CALLEON, VIETNAM VETERAN

2Mr. Calleon. My name is Karl Calleon. I am the Commander  
for BAV Chapter 2 in Maui.

4Audience Members. We can't hear.



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1Chairman Akaka. Oh.

2Mr. Calleon. Can you hear me now?

3Audience Members. No.

4Chairman Akaka. Pull the mic.

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1Mr. Calleon. My name is Karl Calleon. I am the Commander  
for DAV Chapter 2 in Maui. First of all, I want to thank you,  
Senator Akaka, on behalf of all the Hawaii veterans for being  
our most vocal and powerful voice for veterans ranked in our

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Stat4. As part of the DAV here, I have most often heard the following complaints about VA services on Maui.

3First, we need your help to remedy the ongoing loss of so many4of our best VA doctors and other key veteran service

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personnel. For example, it is extremely disruptive to quality and continuity of our veterans' medical care to keep losing our primary care providers. If they have to wait months then are scheduled to start all over again with a new doctor, who by then

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is already overwhelmed with the VA system. Related to this ongoing turnover is that we cannot rely on the Maui CBOC staff to schedule or reschedule or set up referrals for outside medical appointments because they seem to always be so

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disorganized. As a result, we advise all those veterans  
getting services to follow up with the clinic to make sure they  
are doing what they are supposed to do. But that should not  
be our responsibility.

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1The real cause of this ongoing VA staff turnover and clear  
diso2rganization is that the VA systems under which they work  
are 3o incredibly inefficient that they get fed up and leave  
and VA management are either not listening to them or they are

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completely ignoring them because they too often do not believe change is possible.

3This is why we strongly urge you and the VA Secretary, Eric Shin4eki, to go and talk directly to our long-time front line



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professionals like Dr. Maurice Kramer, Kathleen McNamara, William McMichaels, James Lockyear, Richard McDonald, social worker Laurie Aoki and Tamicko Jackson in the State. If given the opportunity and support, they can tell you very clearly what

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changes we need to be made.

2Another concern we have is that we have a lot of older vets  
here3whose doctors are prescribing them grab bars and other  
safety4 devices. However, after receiving them, they are told

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they have to install them, and they cannot--and many cannot.  
It should not be the veteran's responsibility.

3Something also needs to be done about our veterans who seek  
emergency care on weekends or after hours at Maui Memorial

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Medical Center. Too often these veterans start receiving huge bills and threatening letters for their services. This is because the VA refuses to pay these bills since they were not pre-approved even though it was impossible for the veteran to

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do so at the time they were needing them. Now, while most of these veterans choosing to challenge these actions eventually do get them paid by the VA, this whole process is very distressing to these veterans, adds insult to injury, and seems

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so needless. This same problem also occurs too frequently with payments for outside medical referrals and consultations.

3The Independent Living Program here has helped hundreds of severely PTSD-disabled veterans like myself finally pull out

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of decades of ugliness, depression, and isolation to reconnect with our families and communities. However, too many veterans are waiting too long to receive these services. I myself had to wait 2 years to get my independent living plan written and

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approved. The biggest problem is that only Hawaii veterans are  
required to have their independent living plans approved all  
the way to the VA's central office. It just does not seem right  
that only Hawaii veterans are being singled out this way,



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especially when these services have proven to be so helpful to  
so many.

3The incredible workload demands faced by our Office of  
Veterans Services officers are enormous; however, the VA and

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the State cannot seem to come up with whatever is needed to secure two full-time staff which are minimally needed to meet this demand. As a result, we already lost one long-time OVS officer. We just lost another part-time staff person, and the

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remaining officer, Tamicko Jackson, is impossibly overloaded. Again, it is our veterans' services that are suffering because no one seems to have the power to remedy this matter.

4Maui veterans have been complaining about these related

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problems for some time, the ongoing burnout and loss of VA health care service providers and the resulting disruption means loss of effective care to our veterans will not improve without significant changes in our VA system and management.

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Thankfully, we have really good VA staff serving us here on Maui; however, these remaining diehard professionals are still being severely hindered in their jobs to effectively and efficiently serve our veterans by unresponsive VA systems and management.

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1In conclusion, on behalf of all Maui veterans, we sincerely  
than2 you for your time and kokua. We also thank you for your  
effo3ts to make the VA more responsive to our veterans' needs.

4[The prepared statement of Mr. Calleon follows:]

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1Chairman Akaka. Mahalo. Mahalo, Karl, for your  
testimony.

3And now we will hear from Rogelio Evangelista.

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1 STATEMENT OF ROGELIO G. EVANGELISTA, ADVISORY BOARD  
2 MEMBER, VA PACIFIC ISLANDS HEALTH CARE SYSTEM

3Mr. Evangelista. Honorable Chairman, distinguished  
4members of the Senate Veterans' Affairs Committee, and fellow

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veterans, being on the Veterans Administration Pacific Islands Health Care System, I thank you for giving me the opportunity to testify, especially you, Senator, for all the personal sacrifices and unending time you have spent helping with our

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veterans.

The uniqueness of the Hawaiian Islands, separated from the United States by miles of ocean, makes it hard to provide for more than 120,000 veterans living here. When I first testified

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back in the year 2007 and again in 2008, there have been great strides in health care with the leadership of James Hastings and his team of professionals, but a lot still needs to be done to assure the best health care to our veterans.

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1Unfortunately, unlike the Mainland, there are no bridges  
or t2nnels and we need to fly to Tripler. And because of  
disa3bility and most of the insurance, we have--we incur all  
thos4 expenses due to the illnesses and injuries that these

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veterans have received in wartime, many of these veterans have limited incomes. To choose between taking care of their families themselves and flying to Oahu for health care is a choice that should not even be an issue for these veterans who

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have served so selflessly.

I think it is only fair for the specialized services of each island to cover any and all the transportation costs that I receive that are offered by the Spark Matsunaga Clinic and

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Tripler on Oahu. The VA health care system should take care of us 100 percent because the problems that are happening in our later years are all part of the cost of war, and when we served in the military we did not give only a certain percent



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but we gave our full 100 percent. In Hawaii, we need to think how we can geographically place the best delivery of care, or we will deny our veterans quality medical care which they rightfully deserve.

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1As our WW II, Korean, and Vietnam veterans age, they are  
now 2faced with more ailments that affect their health, problems  
that 3were not visible when they were younger. Not only are they  
faced 4with their health concerns, but also the issues that are

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not 1 that cannot be corroborated due to red tape between the VA and the records.

3Senator Akaka, you also know that when a military person finishes, their problems are just beginning to start, in their

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visible scars and invisible physical and mental scars. These issues have not been dealt with, and most of our veterans are at that time dealing with committing suicide, and part of the billions spent overseas in Iraq and Afghanistan need to be spent

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on the men and women who relive this war on a daily basis.

2Senator, we the veterans ask you, the Senate Veterans'  
Affairs Committee, to right what is wrong and to say to the  
veterans, "Thank you for your service to our country."

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1May God bless our Nation, those in uniform and our  
vete2ans, and in closing, we the veterans ask for our country  
to l3ve us as we loved our country in keeping it the land of  
the #ree and the home of the brave.

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1Thank you.

2[Applause.]

3[The prepared statement of Mr. Evangelista follows:]

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1Chairman Akaka. Thank you very much for your testimony.

2And now I would like to call on Larry Helm.

3Mr. Kamai. Senator, if you do not mind, I would like to  
allo4ate three of my minutes to our Molokai representative.



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1Chairman Akaka. I do not mind.

2Mr. Kamai. Because he is from out of island and we must  
be helpful to our guests.

4Chairman Akaka. Thank you. Let me repeat that the full

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text1of your testimony will be included in the record, but we  
do have a time limit for the presentation of this. So, Larry,  
you have an additional three minutes.

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1 STATEMENT OF LARRY HELM, COMMANDER, MOLOKAI VETERANS  
2 CARING FOR VETERANS

3Mr. Helm. Thank you, Senator. Before I start my  
testimony, I would like to give personal thanks to the Molokai

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vets1who got up at 4 o'clock this morning, jumped on a boat--

2[Applause.]

3Mr. Helm. And I would just to say to you in advance,  
Senator, that when I get through testifying, because we have

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to get back on the ferry we're going to hele on.

2Good afternoon, Chairman, Senator Daniel Akaka, staff, all  
the angels that work for the betterment of veterans and their  
families, fellow veterans and to the audience, aloha.

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1Participants. Aloha.

2Mr. Helm. Mahalo, Senator Akaka, for your time to hear  
veteßans testify on behalf of veterans. There are lots of  
advoc4ates. You are our number one advocate. For that I say

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mahalo nui loa.

2[Applause.]

3Mr. Helm. Six years ago, an organization was formed on  
Molokai called Molokai Veterans Caring for Veterans. Today

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there are approximately 600 Molokai veterans. Three hundred veterans from all wars and conflicts have joined our organization called "Koa Kahiko"--ancient warriors, wise warriors. Services to Molokai vets then were sparse and



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limited. Today, thanks to you, Dr. Hastings, Dr. Steve  
McBr2de, who helped to hire our own resident, Dr. Hefferman,  
regu3ar visits from our VA angel Dr. McNamara, Dr. Springer,  
Benefit Counselor Joe Thompson, Ernie Matsukawa, and many

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others. Beginning next week, we will have a home care nurse on-island to fulfill an overwhelming need. Today seven veterans qualify for home care, and she is here today, and she starts next week.

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1[Applause.]

2Mr. Helm. Molokai has had the highest percentage of  
3Vietnam vets per capita in this country. Many of them have  
4died. Many have been in the valleys, the bars, and the crevices

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of Molokai for a long time. Finally, many of these veterans are getting their due benefits. And because of the VA services and counselors, they are at least having some quality of life. Mahalo plenty.

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1I come today, of course, with some honey, but also I have  
some2lemonade that needs some sugar in it.

3Recently, a Molokai retired Navy lieutenant, Richard  
Smith4, who served 33 years in the Korean and Vietnam conflicts

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and received many commendations, died. One of his benefits promised to these vets like Richard is that they have a full military burial when they are on their last rite from Earth. Because his home was on Molokai, Richard had a watered-down

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detail of three and, in my opinion, if we cannot owe up our  
promises made to veterans, then how are we going to owe up to  
the best of the world?

Some veteran organizations like the VFW, et cetera,

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provide burial details. This ought not to happen. It ought to be mandatory that all military branches honor these vets with full military burial as they promised.

4There are two crypts left in Molokai Veterans Cemetery.



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Mr. Mark Moses, Director of the State Veteran Services, is aware of this issue. However, he is constrained by State budget problems. Give the veterans on Molokai the materials, and we will build the needed addition.

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1We acquired official property to build a veterans center.  
We a~~re~~ in the process. It is a simple building. Needless to  
say, 3we have been jumping through hoops with the County of Maui  
to g~~et~~ our permit. A 3-year process.

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My suggestion is from the top down give priority status to all veteran groups in this country that are advocating and helping in the advancement and the betterment of all veterans and their families. Many times just going through this

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process, I still think I am in the woods in Vietnam. We are still fighting.

3Senator, if you can find it in a little piggy bank stashed away, we can use \$20,000 to \$30,000 to furnish our veterans

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center.

2There are many veterans whose records have been lost from  
the Korea and Vietnam era for one reason or another. Some of  
them4have legitimate service-connected claims. There ought to

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be a system to give them the benefit of the doubt. Because of State budget woes, there was a mental health counselor position cut on Molokai. The counselor has over 100 clients, and some are veterans. What can we do to help them? Because of privacy

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issues, the VA can find out from the State and get them enrolled in the system if not already enrolled.

30 On Molokai, we have approximately 60 residents who have served in the Mideast conflicts. Some are still serving. Some

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are home now. There ought to be a method of alerting heads-up that these soldiers are returning home so they can be identified to be able to provide needed service before they have major problems. I personally have had three different late-night



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calls from parents concerned about erratic, threatening behavior from young vets that could have been very volatile. MahaBo to the VA, Dr. McNamara, and others who served these veterans immediately, and they are moving forward.

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1Another personal issue. My nephew served three tours in  
Iraq2 wanting to make a career in the army. His paternal  
grandmother, who raised him, died. He was denied to come home  
to her funeral. As the military says, "only immediate family."

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Suggestion: VA, work with the military on exceptions. My nephew left the army.

Molokai has 30 or more Native Hawaiian veterans. Many are disabled, service-connected, living on homestead land. There

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ought to be a more efficient process for Native Hawaiian veterans to refinance their homes through the VA or other loan people. The Department of Hawaiian Homes process is a hindrance. They ought not to be. Native Hawaiians served this

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country and deserve equal treatment. In my opinion, the system discriminates against qualified disabled Native Hawaiian veterans.

4Suggestion: The VA, first, in administrative services to

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veterans, if the State is involved with the State counselors for veterans, that they be required to use the criteria of the Federal VA standards. Many times it is redundant, time-consuming, and not cost-effective.

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1Veterans ought to have a veteran credit union. Easy to  
do, piggyback or a subsidiary like the Pentagon Credit Union.  
A veter3eran low fixed interest credit card, easy to do. Work with  
majo# credit cards--Visa, American Express, et cetera.

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Veterans set up the rules.

2 Again, on behalf of the Molokai veterans, to Senator Daniel Akaka and staff, mahalo for your kokua and your continued advocacy for all veterans. Veterans are the soul of America.



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There are citizens and there are veterans. Without veterans, there would be no citizens.

<sup>3</sup>Akua bless you. Mahalo.

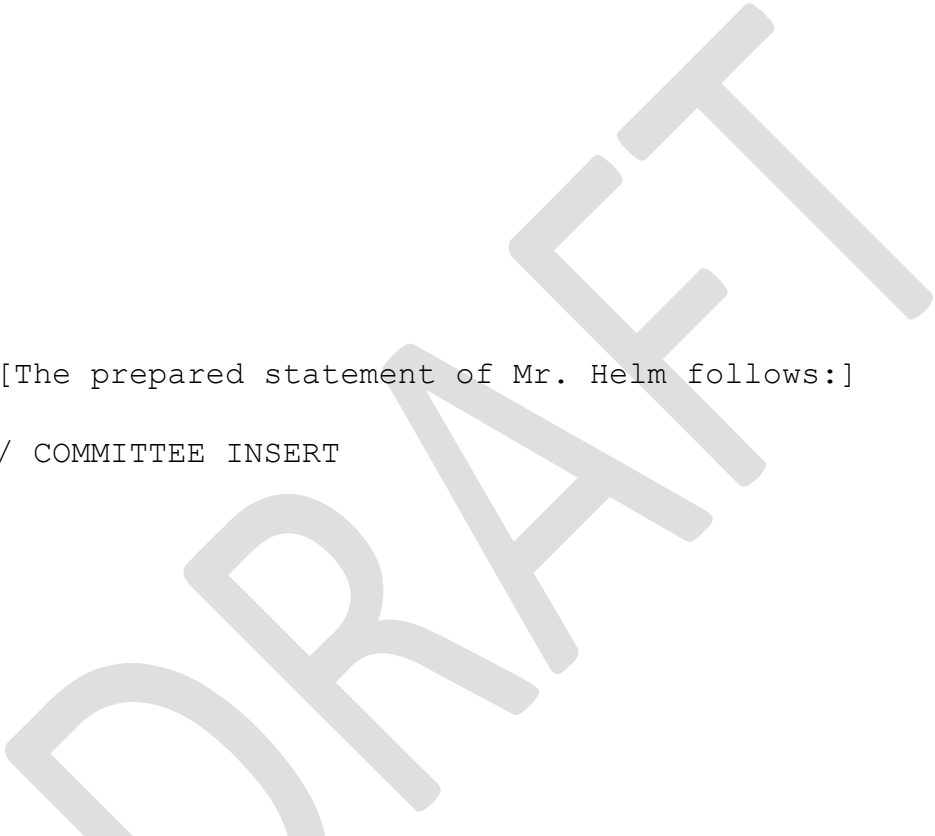
<sup>4</sup>[Applause.]

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1[The prepared statement of Mr. Helm follows:]

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1Chairman Akaka. Mahalo. Mahalo, Larry, for your  
testimony.

3And now I call on Clarence Kamai, Jr., for your testimony.

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1 STATEMENT OF CLARENCE KAMAI, JR., VA ADVISORY COUNCIL

2 MEMBER

3Mr. Kamai. Thank you, Senator. Now let me turn this  
thing on.

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10kay. There is no sound. Let's change mics.

20kay. Can you hear me?

3Participants. Yes.

4Mr. Kamai. Amen. Morning, Senator, Honolulu VA

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executives, staff of the State Veterans Office, Maui CBOC staff,  
members of panels one and two, and, most important, aloha and  
mahaʻalo to my fellow veterans and comrades.

4Chairman Akaka. Aloha.

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1Participants. Aloha.

2Mr. Kamai. Senator, I do concur with my fellow  
3constituents here, and I would just like to say thank you for  
4being here and for bringing a second round to us.

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1I would also like to make mention and really applaud Dr.  
Kath~~2~~ McNamara for her dedication and work.

3[Applause.]

4Mr. Kamai. I know Dr. McNamara is working with one of our



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veterans, this guy Rodney Ricken. He needs a lot of help. He has put in all of his paperwork, and so far to this date and time, we have not heard anything from anyone regarding his status. And he is looking for his disability and whatnot. So,

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prayerfully, something can happen for Mr. Ricken. Hopefully,  
we can get something going for him.

3But I would like to thank each and every one of you for  
helping us, and my question right now to the Senator is: What

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can we do to help you? How can we help you to help us to get what we need? Because we are here. We have been training as soldiers, and we will continue being soldiers. We will fight for you and become your soldiers. Tell us what you want,

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because we are telling you what we need, not what we want. God  
bles each and every one of you. Aloha. Thanks.

3[Applause.]

4[The prepared statement of Mr. Kamai follows:]

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1Chairman Akaka. Mahalo. Thank you very much, Mr. Kamai,  
for your statement, and I want to thank you again for your offer  
for us to work together. And that is the part. We have got  
to work together to try to get these things done. So mahalo.

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1And now we will hear from Mr. Kanahale for your testimony.  
Please proceed.

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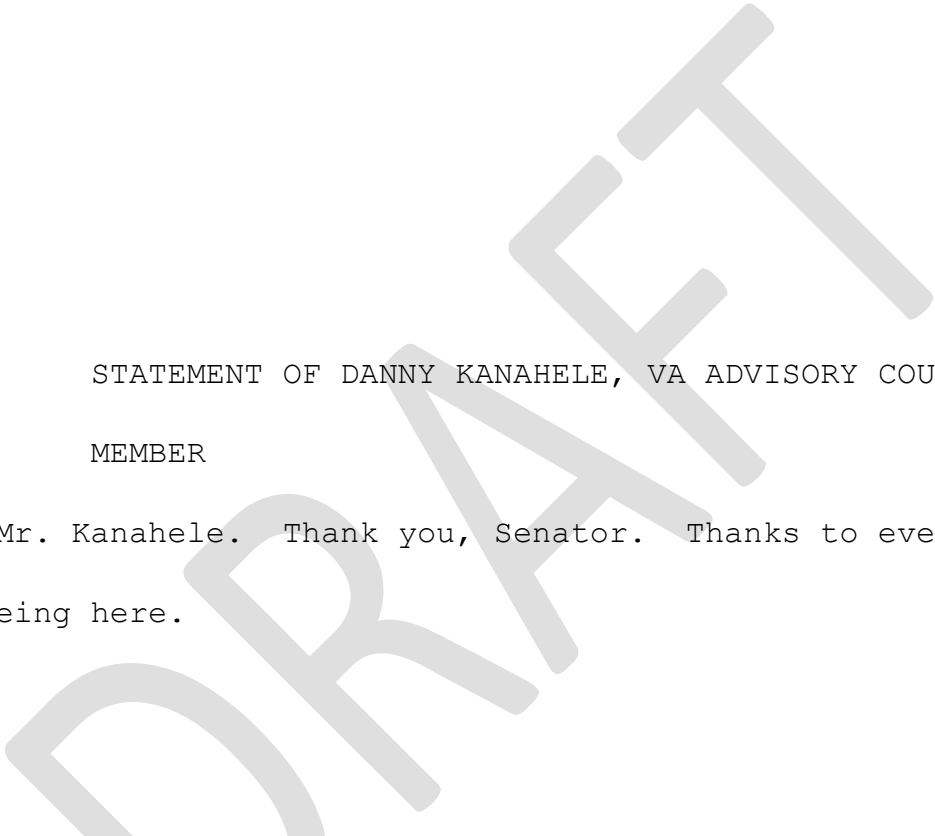


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1 STATEMENT OF DANNY KANAHELE, VA ADVISORY COUNCIL

2 MEMBER

3Mr. Kanahale. Thank you, Senator. Thanks to everybody  
for being here.





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1My testimony is slightly different. My testimony is about  
thank2ing everybody for what they do. Senator, I want to thank  
you 3and your professional team for the hard work they do, the  
time4they put in, the hours they sleep--which is not much.

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Senator, I also want to tell you about the staff at Spark  
Matsunaga Veterans Administration under the direction of Dr.  
Hastings. With his professional team, Dr. Hastings'  
administration and his direction that helped Maui get --. They

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do the best they can, and I am one of them who makes sure they do the best they can, because that is also my job. Thank you, General.

4Again, I would like to thank--again, Dr. Hastings, I want

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you to know your staff on Maui, under the hands of Kathy Hass and her professional team--again, doctors, nurses, administration, and their directors--for everything they do, and they share and put up with headaches, and sometimes hard

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times, and I am one of them at times. I am honest about that.

I would also like to thank Dr. McNamara for the Education and Independent Living Program, which I think is very much needed, and I have been on it. I love it and I am still doing

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it. 1I like that. I enjoy that.

2Again, I would like to thank Mr. Ernie Matsukawa for  
3everything he does with his counselors, family counseling,  
4individual counseling, group counseling. They have made

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advances over there, which I do once in a while, and he shares a lot of things with everybody that they can, and he shares that and more. But, again, you cannot please everybody.

4With this testimony, like I said, it is short, brief, and

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very direct. I thank you, Senator, Dr. Hastings, Kathy, Ernie,  
Tami<sup>2</sup>ko, you also. I want to thank everybody who puts in time  
and helps us today.

<sup>4</sup>Thank you.



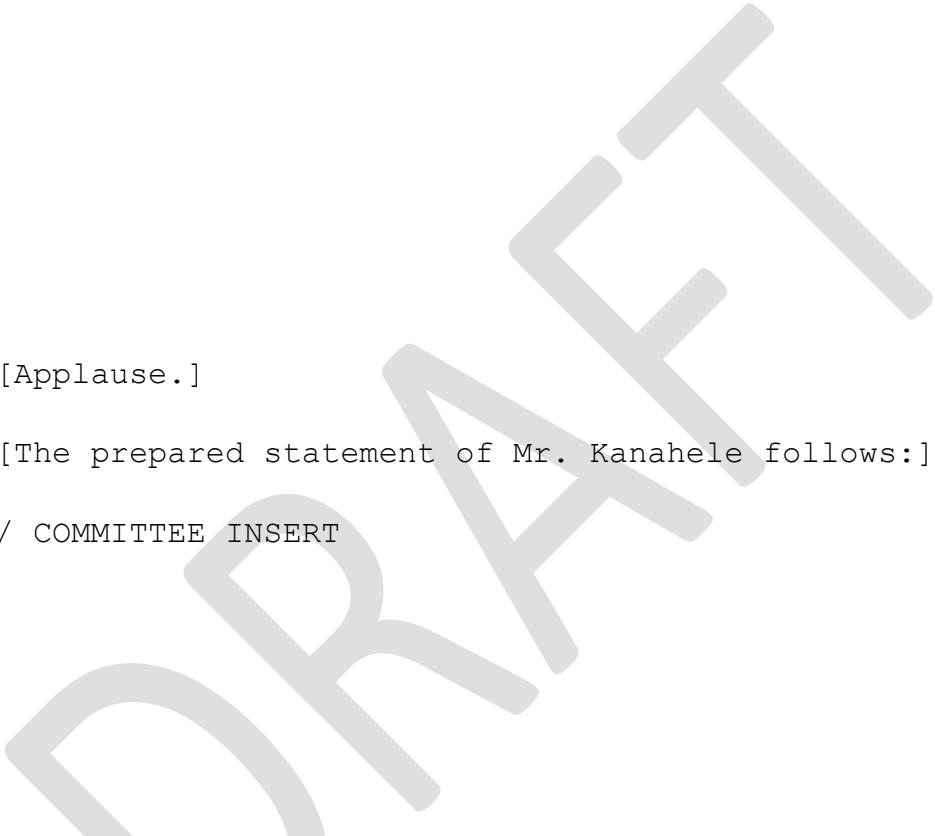
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1[Applause.]

2[The prepared statement of Mr. Kanahale follows:]

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1Chairman Akaka. Mahalo nui loa, Danny, for your gracious  
mahalos to those who have been working hard, and we really  
appreciate that.

4And now we are will hear the testimony of Paul Laub.

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Please proceed.

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1 STATEMENT OF PAUL LAUB, PRESIDENT, MAUI COUNTY

2 VETERANS COUNCIL

3Mr. Laub. Aloha auinala and aloha kakou.

4Chairman Akaka. Aloha.

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1Mr. Laub. I am Paul Laub, and I have the honor of being  
the President of the Maui County Veterans Council.

3First I would like to read a letter from County  
Councilmember Bill Kauakea Medeiros, who is or was here. It

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says<sup>1</sup>

<sup>2</sup>"I am writing this letter to you as a concerned veteran  
and <sup>3</sup>Maui County councilmember that feels that we veterans are  
not <sup>4</sup>receiving the most efficient and cost-effective facilities

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and services for the funds that the Veterans Administration spends on Maui. Our second proposal would be more efficient and cost-effective because it would bring all the veterans' services to one location rather than having the services at

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three different locations as it exists today. Currently, insufficient parking at all three locations is a problem. Additionally, confusion and frustration results when a veteran goes to the wrong location and needs to drive 20 or 30 minutes



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to another location. In the long term, the costs for VA would be substantially less than the total amount the VA will have paid for these three -- and will pay in the future."

4"The State of Hawaii's Departments of Defense and

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Education are also providing fair-share contributions to make this a reality. The VA will continue to own its facilities and be able to upgrade its facilities as technology and operational needs change. Being rent-free will result in substantial

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savings to the VA. This complex will benefit all of our  
veterans and, with proper coordination, provide immeasurable  
benefits to our students and our neighboring communities. As  
a faithful constituent and member of our local government

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legislative body, I humbly ask that you favorably consider the proposal and to initiate funding for that purpose. Mahalo for your kokua. Bill Kauakea Medeiros."

4I also happen to have a letter from Councilmember Jo Anne

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Johnson, who is the wife of a World War II veteran who is in  
difficult straits at this time. It says:

"As the wife of a veteran of World War II, as a member of  
the Aging with Aloha coalition, not to mention my public service

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as an elected official, I am acutely aware of the needs of our  
veterans here in Maui County. Partially due to our isolation,  
but also because of the increasing number of veterans who  
require services, we are facing a crisis here in our county.

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With funding being limited for programs that help support our veterans and their families at both the State and county levels, we face diminished services at a time when demand is on the rise. Programs that provide for the needs of veterans such as medical

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care, dental treatment, and mental health counseling are  
critical to our community. Also, rehabilitation for our  
disabled veterans, caregiver support services, reimbursement  
for relatives who care for loved ones, and educational



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retraining must be considered as key components of any health care delivery system for those who have served our country."

3"Our veterans trusted that while they were caring for our country that their families and themselves would be cared for

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in return. That assumption has proven over time to fall short of expectations of our vets and family members. Many servicemen and women cannot get simple counseling to find out what services are available to them and their families or what

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the requirements are for eligibility. We need to provide a one-stop service center that is accessible, that is -- and that is adequately staffed to support the needs of veterans and their loved ones."

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10 Our members, our veterans, who were once strong,  
reso2rceful, and independent men, the heroes of yesteryear,  
have3now found that they have aged. This aging has robbed them  
of th4eir strength, and many of their abilities have been

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diminished. Now these men are stooped with age and need the great services that our Government can offer to these warriors of our history.

The problem is that getting these services has been

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unnecessarily difficult due to the random locations of each service. It appears that this problem can be resolved by building a Veterans Campus on the 4-1/2 acres of land at Maui High School that has been offered to us by the State of Hawaii.

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Please give this possibility your soonest attention.

We now have no burial facilities in West Maui. The very generous Ka'anapali Land Company has offered us 15 acres of land for this purpose. May I urge you to assist in whatever way

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possible to ensure that we receive and properly utilize this great gift.

The Veterans Cemetery at Makawao is almost at full capacity. I understand that there is a proposal to expand it



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through purchase of neighboring property. May I also urge you to help effect this transaction.

We, the veterans of Maui County, greatly appreciate and wish to thank you for your many, many assistances to us.

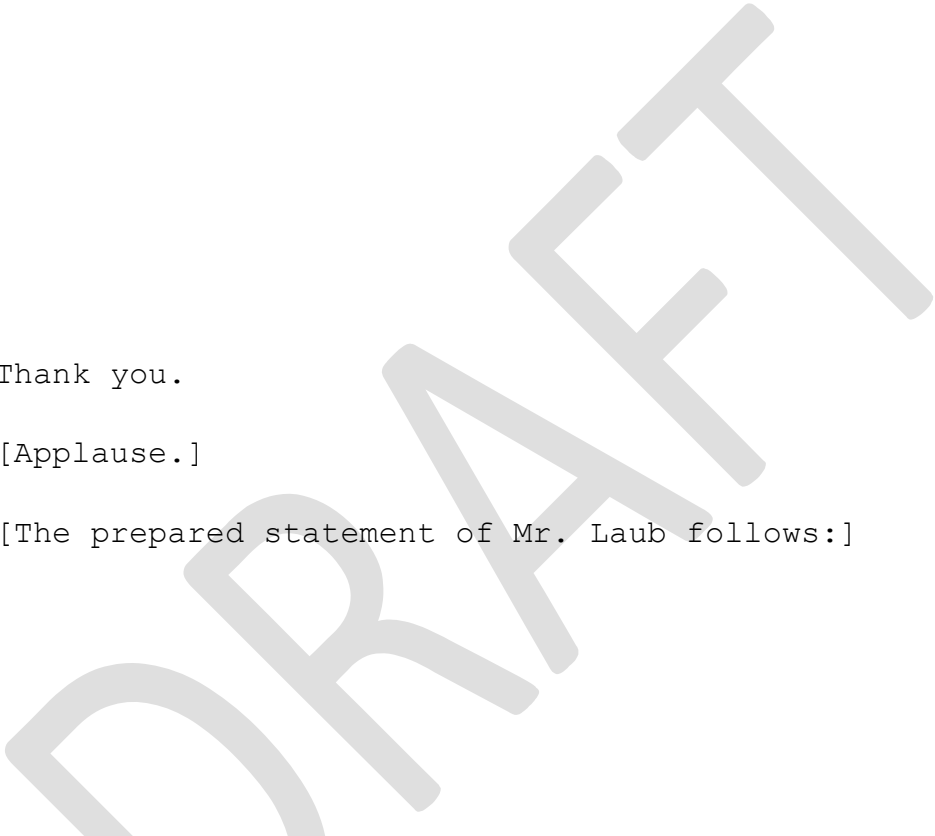
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1Thank you.

2[Applause.]

3[The prepared statement of Mr. Laub follows:]

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1Chairman Akaka. Thank you. Thank you very much, Mr.  
Laub<sup>2</sup> for your testimony and your idea of consolidation.

3And now we will hear from Ms. Poaipuni. Terry, will you  
please<sup>4</sup> proceed with your statement?

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1 STATEMENT OF TERRY POAIPUNI, WIFE OF VETERAN

2Ms. Poaipuni. Aloha, Senator Akaka and members of the  
3U.S. Senate Committee on Veterans' Affairs. My name is Terry  
4Lee Poaipuni, and I am a wife of a Vietnam veteran. I was born

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and raised on the east side of Maui in a place call Hana. I have worked for Maui's Native Hawaiian Healthcare System, Hui No Ke Ola Pono, for 19 years. I will refer to Hana as East Maui because the district encompasses a bigger area than Hana. The

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number of veterans in East Maui is 75-plus, and this is not counting the national and Coast Guard veterans. I am sure there are more veterans out there that I have missed.

Nearly 5 years ago, the State Office of Veterans Services

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would send William Staton to Hana once a month to assist the  
veterans living in East Maui. Ten years ago, a registered nurse  
from the Veteran Clinic used to come to Hana Medical Center to  
see veteran patients. Presently, the State Office of Veterans



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Services does not come to East Maui. I have spoken to our State representative, and due to the State economic constraints, services by the State Office of Veterans Services were cut. Tamiako Jackson, who has taken William Staton's place, is the

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only person employed by the State who is able to assist veterans from Maui, Molokai, and Lanai. Tamicko Jackson sees several of our East Maui veterans who drive out to Central Maui for their appointments, and I am not sure how long Tamicko Jackson will

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be there. The unfortunate thing is the veterans become familiar--or "ma'a," as we say in Hawaiian--to someone like Tamiako, and then she or he get replaced. This replacement only makes it harder and frustrating for the veterans.

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1The accessibility of services to East Maui veterans is a  
majo2 problem. Counselors Ernie Matsukawa and Ipo Messmore  
have3made the Veteran Center in Lunalilo Building a safe place  
for 4veterans wanting to gather and share experiences. Ernie

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and Ipo Messmore do an awesome job of counseling our veterans,  
and we need more people like them.

I find the veterans who gather there have a lot of knowledge  
and information that they are willing to share. This is what

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is missing in the system. That willingness to share with the veteran of his or her benefits without them guessing and feeling like they need to beg, maybe this is what the system is set up to do.

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Hui No Ke Ola Pono, the Native Hawaiian Healthcare System with an office in Central Maui and a satellite office in East Maui, has recently begun working with veterans on the island of Maui. Hui No Ke Ola Pono have included on our organization

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intake form a portion for the veteran to fill. This will  
identify the veteran and give us the opportunity to advocate  
for them. Clay Park, of Papa Ola Lokahi, has been instrumental  
for starting the veteran advocate services at Hui No Ke Ola Pono.



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Clay Park has been helping the veterans on Maui to explain how to fill out the Veterans Benefit Administration forms and applications, and Clay Park does come to Hana.

In closing, I would like to know how East Maui can get

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assistance from the Veteran Benefits Administration. My understanding is that Joseph Thompson can assist veterans with the application process. Can Joseph Thompson come to East Maui? Is there a way that a telecommunications site can be set

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up so1veterans can access services from East Maui? The veterans  
need2to feel like they are part of the system that they fought  
for and not a burden to it.

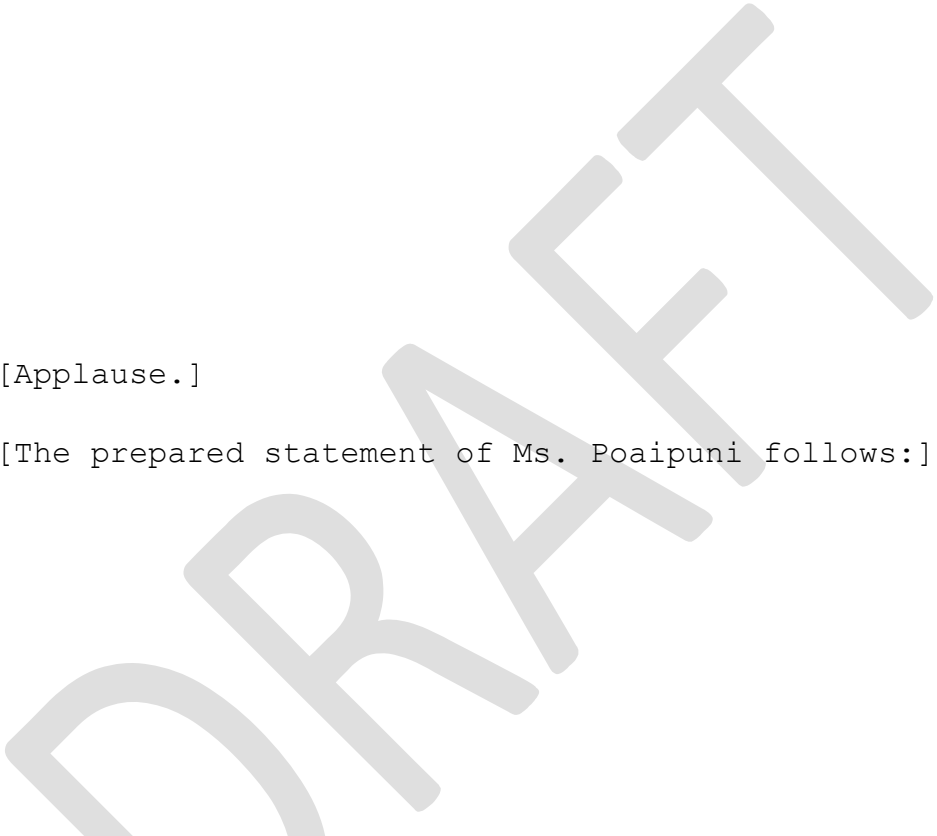
4Mahalo and thank you for your time.

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1[Applause.]

2[The prepared statement of Ms. Poaipuni follows:]

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1Chairman Akaka. Mahalo nui, Terry, for your testimony.

2And now we will receive the testimony of Mitch Skaggerberg,  
Pres3dent of the Vietnam Veterans Association.

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1 STATEMENT OF MITCH SKAGGERBERG, PRESIDENT, VIETNAM  
2 VETERANS OF MAUI COUNTY

3Mr. Skaggerberg. Daniel, thank you for coming. Your  
tireless work has really spawned a tremendous number of veterans

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herein Maui to step forward to represent the 12,000 veterans in Maui and Maui County. You continue to inspire us, and we are always amazed at the new benefits that you enact on our behalf and the budget increases for the VA to do their job more

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effectively. You are in our hearts always.

2The thing that I think has become apparent is how our families cherish what is going on in this community. They are probably--they have more benefit than we do because families



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are healing, children fall back in love with their fathers. So truly you represent the ohana of so many veterans, and we want you to know that. We never want to stop telling you that, so thank you.

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1Also, an overwhelming appreciation in the last 2 years  
since you have held--we had a pretty tumultuous meeting 2 years  
ago here. I want to give you and your staff credit for giving  
us the extra money, especially in terms of mental health care

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and additional doctors. It has improved the ability of our staff here, our doctors and our nurses, to provide us with good care—very good care overall. Now, there are some improvements that I will address in a minute, but like Danny and Clarence,

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there are a lot of good things to report because of what you have done, what our VA director has done. They have rolled up their sleeves. It is not easy when you hear criticism and to broaden your horizons, and we hope that they could do that again

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today.

2There are three areas that I am going to briefly make  
3recommendations on, and the first is voc rehab. I have been  
4privileged to be the first Voc Rehab Veteran of the Nation in

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19951 I remember you sent me a letter, and that has continued to follow through all these years with me, so I have a fond heart for that.

4Why has D.C. reinstated a policy to have all independent

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living programs go up to them for review? There has got to be a better way. It is hurting the veterans. I want them and I want you to really have them reevaluate that system. Many of the veterans are waiting 1-1/2 to 2 years. Now, these are

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veterans 60 years old. It is not like they are 30 or 40 and they have the time, and their families are waiting, too. There has got to be a better way to get things done like when you were going through it in the 90's - 6 months and get it approved.



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They have also reduced the limit, I understand, to 15,000 from 25,000. I am not quite clear why that is, especially with the cost here. So that--I mean, I know the system can be improved. It was -- for years, and I am not blaming those people from D.C.

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They probably had a good reason. But they have got to understand. They are hurting the veterans. They are not hurting any of the VA employees or whatever is going on. So that is one recommendation, and I know we have heard that from

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other people before. It is a huge problem, maybe not only here, maybe across the State. Ms. Joy Gavigan would know that.

The second area is the benefits counselor. We are recommending that the VA actually install a full-time benefits

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counselor in the Vet Center to do outreach to Hana, to Molokai. Joe Thompson is fantastic, but he can only get here once or twice a month. The reason I am saying that is the State has refused over the last 10 years to add another counselor through the State

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Office of Veterans Services, and they have burned out about  
three of those people on the neighbor islands because of it Pat  
Pava, Bill Staton, Manuel Brigadora on Kauai. They are not  
nurturing their people. They are wearing them out because we

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need more people on the neighbor islands.

Sparky Matsunaga is the one that got the Governor in 1987 to start the Office of Veterans Services for Hawaii. He understood the critical need. They have done nothing since,

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and the workload has gone up tremendously. So Maui sees the same number of veterans as Oahu. Oahu has three. So we have been trying to get it through the State for 10 years. It is on deaf ears. They give us less than \$1 million a year to

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service 125,000. The best tip that the veteran leader said let's get a full-time benefits counselor in Maui County, and outreach especially for the Iraq and Afghanistan vets coming home. We have got 900 to 1,000 in Maui that are going to be



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leaving their units or be back for good in the next year. So  
that is a high priority.

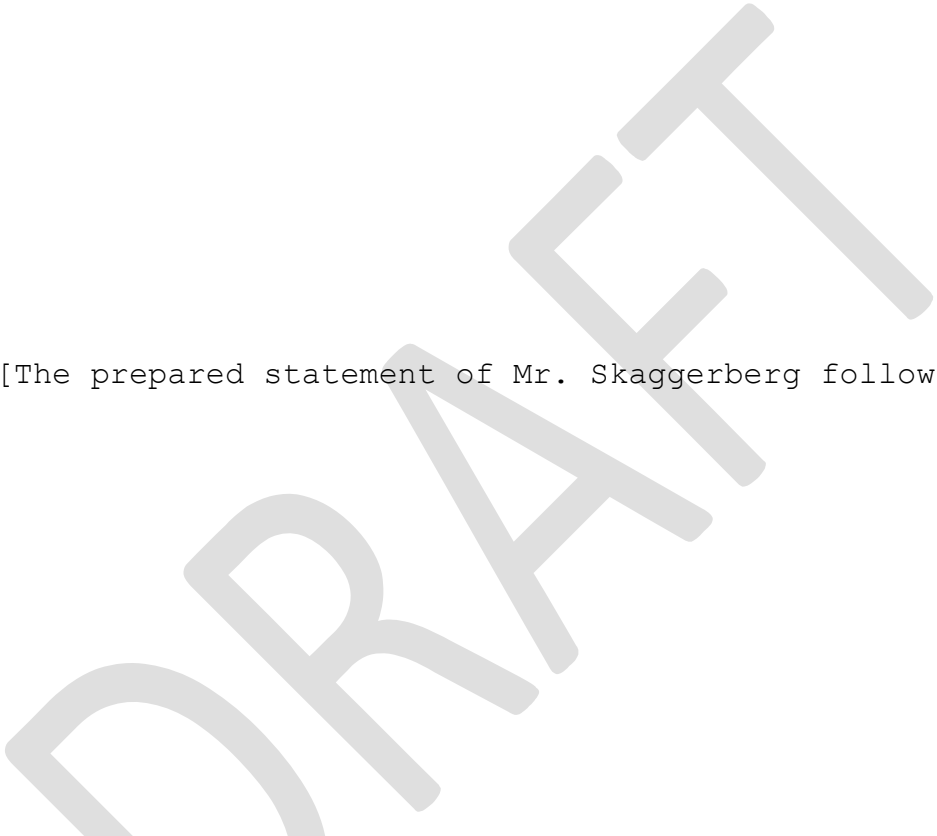
3The--stop? Okay, I want to say one thing real quick.

4[Recording cut off, resumes with another speaker.]

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1[The prepared statement of Mr. Skaggerberg follows:]

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1 STATEMENT OF LLOYD K. SODETANI, MAUI REPRESENTATIVE,  
2 HAWAII OFFICE OF VETERANS SERVICES

3Mr. Sodetani. [In progress] -- I would like to introduce  
individuals who were instrumental in assisting us as a team in

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planning, organizing, and directing this proposed project. I would like to begin with a person who represents the Department of Defense, State of Hawaii, Brigadier General Gary Ishikawa. If he would stand to be recognized, please.

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1[Applause.]

2Chairman Akaka. Welcome to our hearing, General.

3Mr. Sodeani. Representing the Department of Education  
is Maui High School Principal Randy Yamanuha. Randy.

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1[Applause.]

2Chairman Akaka. Thank you for being here, Randy.

3Mr. Sodeani. The architect who has done pro bono work  
throughout this period of time is Stanley Gima.

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1[Applause.]

2Chairman Akaka. Mahalo, Stanley.

3Mr. Sodeani. And through the generosity of Austin,  
4Tsutsumi & Associates, Ken Kurokawa, who is a Vietnam veteran,

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an engineer, and a cancer survivor, I would like to introduce  
the surveyor, Tim Lapp.

3[Applause.]

4Chairman Akaka. Mahalo.



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1Mr. Sodetani. This was all manuahi, okay? Above all, I  
would like to recognize the organizations within the community,  
including the veterans groups and veterans who are present here  
today, and I would like to thank all of them for all their kokua.

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1The Honorable Daniel K. Akaka, United States Senate, Dear  
Sena2or Akaka, regarding the proposed multi-service complex,  
subm3tted herewith is a copy of a survey--and I am submitting  
that4also--I have already submitted that--that was conducted

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by the Hawaii Health Systems Corporation on the island of  
Hawaii. The results of the survey indicate similar problems  
and challenges appearing in East Hawaii. It has shown that  
systemic problems exist relative to Hawaii, as it was voiced

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during your visit with the Hawaii veterans last August 2009,  
and this testimony is being presented today. In each  
geographical location, the consensus has been loud and clear  
that multi-service complexes as proposed are needed. It is the

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contention of the veteran advocates that continuing to provide services in the current manner would not be in the best interest of veterans, particularly since dissatisfaction continues to grow. Creating multi-service complexes would benefit all

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users, employees, and the community. By providing a user-friendly facility with ample parking in close proximity to all related services, it will be cost-effective, efficiently operated, and achieve greater satisfaction from veterans.

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It is with sincere appreciation that I express my gratitude to you for having this forum. You have provided an immense amount of projects and programs for Hawaii and Maui County. For those we are truly grateful. We continue to ask for your

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support in our endeavor to have a better quality of life for all veterans in Hawaii nei. Sincerely, Lloyd K. Sodetani, Colonel, United States Army (Retired).

4Thank you.

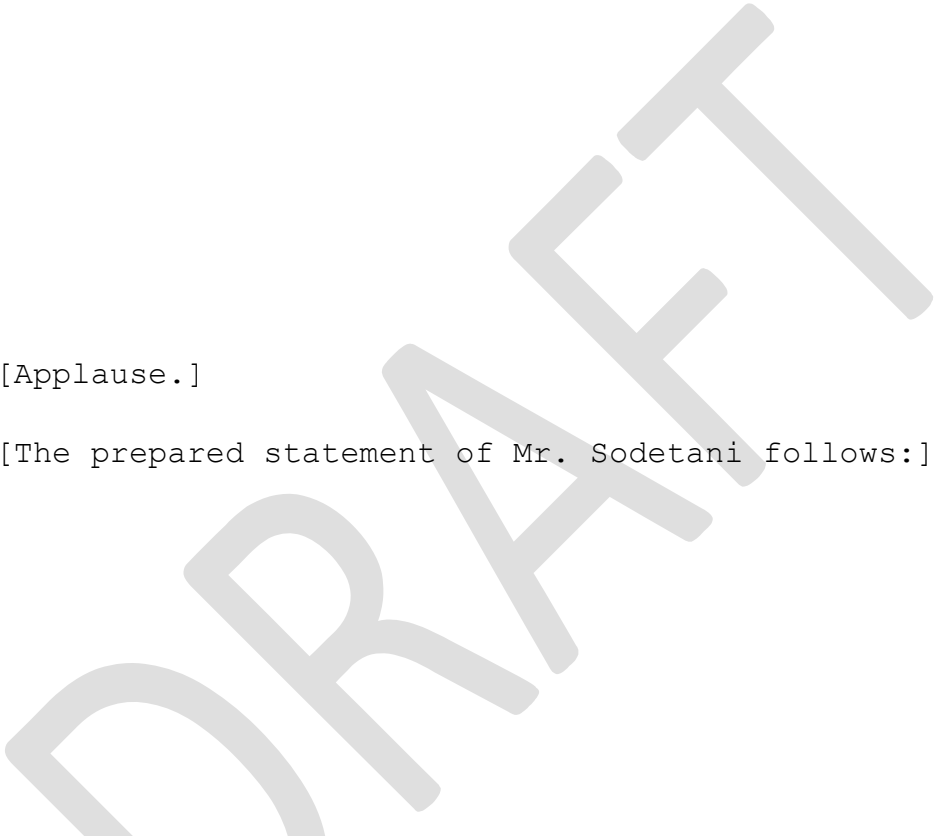


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1[Applause.]

2[The prepared statement of Mr. Sodehani follows:]

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1Chairman Akaka. Thank you very much, Lloyd, for your  
test2mony and your concerns as well as your offerings of how  
we cān help to improve the system.

4And now, as you know, this is the time for questions. I

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have a question here for all of the witnesses, so what I will do--you all do not have to answer. I will just go down the line. If you want to answer it, please do. And this has to do with the accessibility of service. Can you hear me?

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1Audience. We cannot hear.

2Chairman Akaka. Okay. This question has to do with the  
accesibility of service, and this is for all the witnesses  
here, and here is the question: Do you feel that VA services

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on Maui are readily available to all veterans? And then if not,  
what improvements do you feel are necessary to ensure access  
to services for all of Maui's veterans? That is the question.  
Maybe I will just open it to anyone who wants to start. Larry

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Helm?

2Mr. Helm. Mahalo, Senator Akaka. As far as here on Maui, there's probably could be some improvement, but in my opinion, 10, 15 years ago there was some. Today there is more. Molokai,

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10, 15 years ago, there was none. Today we have a lot thanks to you. Mahalo.

Of course, there is a lot more to do to improve, and that is why we are here, to try to--and if I sound sharp sometimes,

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E kala mai, but I am trying to find the right way and a right day to make it better for the veterans. I think dialoguing with guys that use the services and being more efficient, more effective, less time-consuming, finding ways to do that would



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improve accessibility and service to the veterans.

2Chairman Akaka. Mahalo.

3Anyone else?

4Ms. Poaipuni. I think I would like to answer some of those

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1Chairman Akaka. Terry Poaipuni.

2Ms. Poaipuni. --those questions. As far as  
3accessibility to East Maui--and I am saying East Maui because  
4that encompasses Kanaio too. It seems like we are on the flip

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side of Molokai. We used to have services, and I do not mean a lot of services. We had services. Now we don't have any. We have been working--I have been talking with Dr. McNamara and we met with Dr. McNamara and Clay Park. We have been talking

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about giving telecommunication and we try to find a solution  
if anything so we could begin to get more services--or get  
services into the community. Oftentimes, our veterans of many  
wars need to take off from their work time, and with the cutback

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of jobs and so forth, that is difficult. So what happens is they have got to come up to Central Maui for their appointments. So it would be nice if someone would come to East Maui or Hana or Keanae but if he could come there, it would be a lot easier.

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That way they could come in and do that for us, even via telecommunication.

You know, we have been without for so long, oftentimes in East Maui we feel like we are like Molokai - out of sight, out

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of mind - and we've gotten ma'a (used to it), but we do not want to be in that same state of mind. We want to be able to continue getting in because we have a lot of veterans and we need the services.

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1Chairman Akaka. Mahalo.

2Mr. Sodetani. Senator, may I comment on that, please?

3Chairman Akaka. Yes, Mr. Sodetani.

4Mr. Sodetani. In my recent testimony to you, I have



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addressed part of this, and I believe that by combining services or jointly providing services through the public health clinic, for example, and I believe General Shinseki also spoke about telemedicine, using telemed facilities to be able to do

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communications, among other things.

The Hana Clinic, for example, can be used as an initial examination station for veterans, and then rather than the veteran coming all the way out here to the clinic for initial

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visits or being sent to Tripler, for that matter, I believe that  
by having a veteran attend the facilities at Hana Clinic would  
make it more convenient to the veteran and also probably make  
it more efficient and cost-effective as well.

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I believe that Wailuku Clinic that just opened would also be another alternative facility for veterans to attend in the event the VA clinic here would not be able to support all of the needs of the veterans. I am sure they have a lot of

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specialists at the community health clinic that can provide additional services to our veterans before our veterans are being transported to Tripler. I think we should try to avoid that transportation matter as much as possible or try to provide

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a more convenient environment for our veterans so that it will be less stressful for them.

3But these are some of the things that I suggested in there, and it brought to my mind when I served my last tour at Camp

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Smith in a joint level, that we worked together with Army, Navy, Air Force, Marine Corps, and we had to pool our resources in order to ensure that we had the best experts and the most cost-effective way of operating our mission requirements.

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1So I would like to suggest that Public Health Service  
clin2cs could be an option for us to consider, especially in  
thes3 remote communities. Thank you.

4[Applause.]



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1Chairman Akaka. Thank you.

2Any other comments? Mitch? Mr. Skaggerberg?

3Mr. Skaggerberg. It is amazing how many calls the leaders  
get in the last few months, but one of the big things that we

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have been hearing is that many service-connected veterans are not getting the full range of services our VA doctors are prescribing, such as chiropractic, massage. There are a lot of inconsistencies. They are very frustrated. They need

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these services. And we do not know who it is, whether it is the Board of Utilization in Honolulu. I know I have gone through it before, and a lot of times they say, well, that is not really necessary. And they almost--I do not know if they

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use doctors there, but they take our doctors and they override us. I do not know if it is money or anything, but I know one thing. A lot of service-connected veterans are suffering because of that and they are angry, and a lot of these veterans

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have been serving Maui for 40 years.

So I would ask our VA reps and you to see if they can correct that because that denies them access to certain services their doctors want them to have, our doctors. Thank you.

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1[Applause.]

2Chairman Akaka. Mr. Laub?

3Mr. Laub. Thank you. I want to read part of a letter here  
that4came to me from Pastor Daniel Merritt, who is in the back

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with his father, and he wrote a letter to the editor because he could not get the services that he needed for his father.

3 "I want to just first say thank you for responding to my letter to the editor regarding care of my veteran father. It

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is very discouraging to have to write such letters, but it has become painfully apparent that things like this must be done. My name is Pastor Daniel Merritt. I am a pastor for the Salvation Army and the chaplain for Maui Community Correctional



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Center here on Maui. Over the past several months, I have noticed the lack of due care in the health practitioners for my father who did two tours in Vietnam in the United States Marine Corps. My Dad was diagnosed with Agent Orange exposure,

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and as a result, he has leukemia, non-Hodgkin's lymphoma, and diabetes, along with several other crippling diseases."

3 "I have called VA on several occasions with concerns regarding my Dad's health only to get treated with anything but

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respect. I followed up with them for over a month for a walker as h2s feet have become so bad he can barely walk. Only after this3letter to the editor was he offered a diabetes specialist which4 I have been requesting for months. I also asked for an

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increase of his pain medication, which has never been done. He had to go to a pain doctor as the VA would not supply him with adequate medication for his pain, which he had to pay for out of his pocket. He was prescribed pain patches, shower handles

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for his shower, and hand controls for his car, but I was told they were too expensive and the VA would not cover them. Can we put a price tag on the vets who fought to keep the country the United States of America? Have we lost the understanding

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that1without them we would be speaking another language?"

2"It saddens me to know that I have to call the VA and when  
I ask3who I am speaking to, I am told `RP 64.' As I was concerned  
with4all these issues, I called the patient advocate, Alma, and

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asked her help regarding the situation and was told, 'There is  
nothing to investigate.' I then called the Inspector General,  
who could only identify himself as 'RP 64,' and was told that  
there was nothing to the claim and they refused to investigate."

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1"Have we lost our system of checks and balances? These  
are the veterans of the United States military and need to be  
treated as such. On this day, my father is sitting at home,  
alone, in excruciating pain, with no pain pills because he



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cannot afford to keep purchasing them on his own and is waiting  
for another empty promise from the VA that his prescription is  
in the mail. Why can't they fill them at the VA pharmacy or  
local drug store? I don't understand. Today, as the son of

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a strong man who has been reduced to nothing for his country,  
I am humbly asking for your assistance. Pastor Daniel  
Merritt."

Chairman Akaka. Thank you very much, Paul, for your

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response here to the question.

2Any other responses? Rogelio Evangelista.

3Mr. Evangelista. Senator Akaka, due to the economic  
time4, we need to honor the veteran because they went out there

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to do what was needed, and if honoring the veteran is just a  
minute thing that we need, we need a VA hospital within the  
islands that will take some of the elevations(?) not just with  
Spark Matsunaga but some hospital itself. And the part is we

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need<sup>1</sup>to lift the restriction of the Millennium Act sending the  
vete<sup>2</sup>ans, although they are only 10 percent or whatever, send  
them<sup>3</sup>to get specialized medical care also.

<sup>4</sup>Thank you.

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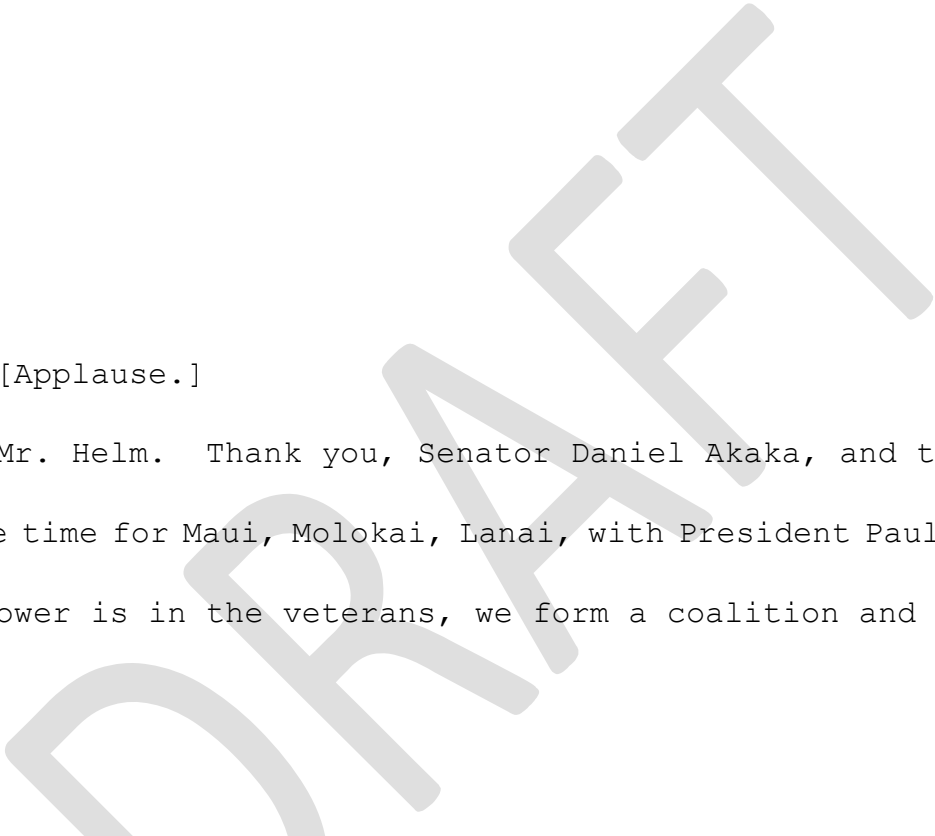
1Chairman Akaka. Thank you very much, Rogelio Evangelista.

3Are there any other further responses? Before we continue, I want to say mahalo to the veterans from Molokai.

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1[Applause.]

2Mr. Helm. Thank you, Senator Daniel Akaka, and this is  
3a fine time for Maui, Molokai, Lanai, with President Paul Laub.  
4The power is in the veterans, we form a coalition and get



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politically active. For those who are veteran friendly get them in, and those who are not get them out.

3[Laughter.]

4Audience Member. Imua!



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1Mr. Helm. And that is the direction. I think we have got  
enough numbers there. We have got 12,000. And although we are  
aware, Senator Akaka, we'll keep you posted. Thank you again.

4Chairman Akaka. Mahalo.

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1[Applause.]

2Mr. Helm. Thank you. I want to invite you guys over to  
MoloKai when we have our building dedication, okay?

4Chairman Akaka. Mahalo. Are there any other responses

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to that question? If not, let me go back particularly to Lloyd Sodezani, because you mentioned and there were some others who mentioned it, too. And let me say to Mr. Sodezani that I appreciate the efforts you have made to develop a plan to

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consolidate services for Maui veterans.

2[Applause.]

3Chairman Akaka. And so my question to you, Lloyd, is:  
How would this improve efficiencies and services for veterans?

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1Mr. Sodetani. Well, first of all, if you look at the  
current situation, the parking is inadequate at all three  
facilities. There is inadequate advertising or ability to  
locate the facilities. The signage is poor, and the locations

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are not in the best areas for and on behalf of veterans. So physically it becomes a burden for the veterans. There are inadequate handicapped stalls in every single--all three locations.

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1If you look at the clinic, it is a walk-up or it requires  
elevat<sup>o</sup>r services. It is not conducive to serving veterans,  
espe<sup>ci</sup>ally those who are handicapped. And for the greater  
majo<sup>r</sup>ity of them--a whole bunch of them are. And so we need

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to be aware that, you know, the ADA requirements should be even more pronounced. We need to be sure that our veterans are provided this type of care.

4By consolidating it to one location, we can have in the



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plan~~1~~-our plan shows 200 parking stalls, and it is all mostly  
locat~~2~~ed through the buildings so that they will be easily  
acce~~3~~ssible for the veterans. We have more than adequate  
hand~~4~~capped stalls. It is on a 4-1/2-acre campus that Maui High

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School is willing to give up so that they can also start a program for the students, a health care, social services, and community service type of internship that would be more acceptable to the student programs there.

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1We would also have everything on one level. I am sure  
2everyone, because it is so centralized, all of our veterans will  
3be able to locate that facility easily. It can be easily  
4identifiable. It can be advertised accordingly. But right

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now you advertise three different locations for veterans services. A guy goes to Wailuku, Ernie's place, and Ernie tells him, "No, you are at the wrong location. You have got to go down to Kahului." You know, that is demoralizing for the guy,

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for the veteran. And I think that having that one-stop service would eliminate that type of confusion. So these are some of the benefits that we would gain from having something like that.

4In addition to that, I know that I received a letter from

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you with regard to this matter early last year when I submitted  
it to you. The concern that you had was the ownership of the  
land. Well, the State owns the land here. The facility would  
be provided by VA, veterans' facilities, the clinic, Vet Center,

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et cetera, things that would--areas that would be occupied by  
VA. 20On the other hand, OVS would pay for their own structure  
or improvements.

4In the National Guard, there is not a problem with

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ownership of land. The State owns the land. The Federal  
Government pays for the armory. And if I recall correctly, and  
if this system has not changed over the years, the building  
remains under the ownership of the National Guard Bureau for



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27 years. Thereafter, if the National Guard Bureau wants to turn that building over, they say, "We have no further need for this structure," turns it over to the State, and just like here at Charlie Company Armory and Wailuku Armory, they were used

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for Wailuku Armory has been converted to part of -- school.  
Charlie Company Armory is now being used by Land and Natural  
Resources' Enforcement Division. So these are continuous  
government uses.

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1So the concern that has been expressed--and I believe  
Gene2al Shinseki also expressed that--with regard to the  
owne3ship of the land with a Federal structure on it should not  
be r4ally a concern because we have means of coming to an

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understanding. We have already submitted a draft between the  
Memorandum of Agreement between the Department of Defense, the  
State Office of Veterans Services, and the Department of  
Education to show that, you know, whatever VA needed--30-, 50-,

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100-year use of the land--would be accommodated. And it would be rent free. There would be no rent whatsoever.

I believe that we are prepared and committed to go forth with this project if we can receive the proper funding for it.

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And I believe that by what we have submitted so far to date, the phasing of it would be such that it would not require a total lump sum budgeted amount one time. It will be over a period of 3 or 4 years. I believe that we, the veterans, would be able

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to enjoy a facility more or better than what we have now.

2Thank you.

3Chairman Akaka. Thank you very much for that.

4[Applause.]

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1Mr. Laub. May I answer that, sir?

2Chairman Akaka. Paul Laub.

3Mr. Laub. Sir, we also need long-term elder care, and this  
property would provide us with space for that.



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1Chairman Akaka. Thank you.

2Any other comments on--Terry Poaipuni.

3Ms. Poaipuni. Senator, we talked about accessibility,  
and another one is, like I mentioned, the ability to fill out

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the applications, and oftentimes our vets go out to Ernie's  
thinking they can get the help. He just counsels, so he--and  
the only one that we know--and I just found that out--is Tamicko  
-- each one that does it. I just recently found out that Mr.

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Thompson does it, too. So we need that type of assistance for our vets to be put through that process and understand how the application and work with them at that point, because right now they are lost and they are confused. They do not know, and then

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when they get the reply, they think that--you know, they stop. It is all right for the veterans--I mean, the VA that they do stop, but I think they just do not have to and should not give up because they do not understand the system, the process of

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the application system.

2Chairman Akaka. Well, mahalo--oh, Mitch Skaggerberg.

3Mr. Skaggerberg. One of the things about having a  
cent#alized location for all the services is being able to

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attract a lot more veterans. It is going to give them a tremendous visibility in the community and a sense of confidence and comfort when they go there.

One of the things I think is going to happen, it is going

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to make life a lot easier on them, the VA nurses and doctors, Dr. Hastings, the director, is that when the veterans do want drugs, they leave the clinic denied, they feel, of services they are entitled to. With everything there, they have access to

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other people in there, like a counselor, and say, hey, I am never  
coming back to the VA. We hear this all the time. They can  
stay on the property and get other help. A patient advocate,  
a counselor solves their problem right there, where they go back



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to the family with some sense of comfort and peace.

The other thing that would be a rallying point for all the veteran organizations, it will be a place of honor in our community, and visibility, and that will help us get more

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services from the county and other places where veterans are.

2Thank you.

3Chairman Akaka. Well, mahalo.

4Mr. Sodetani. Senator, I would like to announce that--

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1Chairman Akaka. Mr. Sodetani.

2Mr. Sodetani. --if anyone would like to see the site plan  
and aerial photo of what has been done so far, please do not  
hesitate to consult with Mr. Stanley Gima. He has a blown-up

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aerial photo, I believe, and also the site plan of the proposal. If any others would like to discuss it with him or with any of the people that I mentioned, including Paul or those who have been involved in this project for the longest period of time,

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I am sure they are well versed on what we would like to do. And, please, by all means, I am sure that they would welcome your request, Senator.

4Thank you.

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1Chairman Akaka. Thank you very much, Lloyd.

2Now I would like to move to the next question. This  
ques#ion is to Mitch Skaggerberg. I have heard from many  
vete#ans across Hawaii that there is a need for a full-time

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veterans counselor at each Vet Center to help with, among many issues, the filing of claims for compensation. Mitch, why do you feel a full-time benefits counselor at the Maui Vet Center is important? And if he answers that, to the rest of the panel,

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do any of you have any thoughts or opinions on this issue after  
Mitch is finished with his response? Mitch.

Mr. Skaggerberg. Many Maui veterans--and we have 12,000  
-- but never apply for compensation, disability, or even the



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medical benefits. A benefits counselor who has outreach  
capability will be able to adequately let all our veterans know  
what their entitlements are and encourage them to apply for  
them

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I think the most important thing why we need a full-time benefits counselor is for years the State did that role, and they did it well. But we have quadrupled the number of veterans using veterans care now, which means we have quadrupled the

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number of people that have to fill out applications. They need counseling and they need coordination. Here is step one, step two, check into the clinic to see your doctor, step three. They cannot come close to doing that right now. Joe Thompson was

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a full-time member of our Vet Center for years, and he will be much more valuable, I think, in helping us --. He comes over, I believe, once a month. And so that is the reason why I believe -- need a full-time benefits counselor. Again, we tried to get

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another one through the State. Their attitude, by the way, is the VA--that is the VA's job. And they turned us down. I have heard that from the county mayor. I have heard that from the Governor's office, even the OVS, behind closed doors. Really,

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the VA needs to do that. So -- tremendous support in reaching all those veterans that we need to reach.

3Thank you.

4Chairman Akaka. Thank you very much.

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1Are there any other responses from the panel? Yes, Terry  
Poaipuni.

3Ms. Poaipuni. Let me say -- because I think that is  
exactly what we are trying to mention to you, Senator, because

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there is a great need. And I think when we say counselor, when you say counselor, maybe there should--it should be a counselor/application process officer, because right now we are looking at Ernie, and they are the ones that does the



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application, and other ones they are not. And so it is important, and I think a full-time person--because that is what we are doing right now. We are doing that job at home. So I think it is very important that the VA comes to all areas and

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not only Central or Lahaina, but should touch the tri-isle of these islands.

3Chairman Akaka. Are there any other responses to that question?

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1Mr. Sodemani. Yes, Senator. I would like to respond.

2Chairman Akaka. Yes, Lloyd Sodemani.

3Mr. Sodemani. You know, Tamicko has been a tireless  
worker, and it is a very thankless job, and she is overwhelmed.

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And we miss you, Terri. In any event, I wanted to state that, you know, one solution to this would be to fund it through VA, allocating the funds through another position to the State of Hawaii through the Department of Defense Office of Veterans

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Services, and mandating that that fund will be for another  
counselor here. And I think that might work. I am not sure  
how the whole politics of it would be, but I would think that  
if we could have that funding allocated specifically for that

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position, we would be able to create that position here. But  
it will be funded through the Federal Government providing  
assistance to Maui County. Hopefully that is the solution.

4Chairman Akaka. Fine. Well, mahalo nui loa. You know,

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I want to thank all of you on this panel very much for your testimony, for your responses, and without question, this is going to be helpful to what we are trying to do to improve the accessibility, the services, and the quality of care for

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veterans. And this is the reason we are having this hearing, and I have got to tell you at this point I am so glad we are having this hearing because we have learned a lot.

4So I want to say mahalo nui loa to all on this panel for



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what<sup>1</sup>you have added to our hearings and to the work that we need  
to do<sup>2</sup>. But I want to take some suggestions from you folks, too,  
that<sup>3</sup>this is something that we all have to work together to do,  
and <sup>4</sup> I really, really appreciate what you have said. But this

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does not end. You can continue to do this as we go along, as you have ideas about what we need to do. So I want to say mahalo nui loa to all of you again for being a member of this panel. Thank you.

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1[Applause.]

2Chairman Akaka. And now I would like to invite those who  
are standing, there are seats that are available, or maybe the  
panelists will be--and then I would like to welcome the second

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panel.

2First is Tracey Betts, Honolulu Regional Office Director.

3Next is Sheila Cullen, Director of the Veterans Integrated  
Service Network 21. She is accompanied by Dr. James Hastings,

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Director of the VA Pacific Islands Health Care System, and Dr. Darkens from VA as well.

Next we have Linda Halliday, Deputy Assistant Inspector General for Audits and Evaluations for VA's Office of Inspector

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General. Ms. Halliday is accompanied by Walter Stucky, who is an audit manager in the Seattle Audit Division.

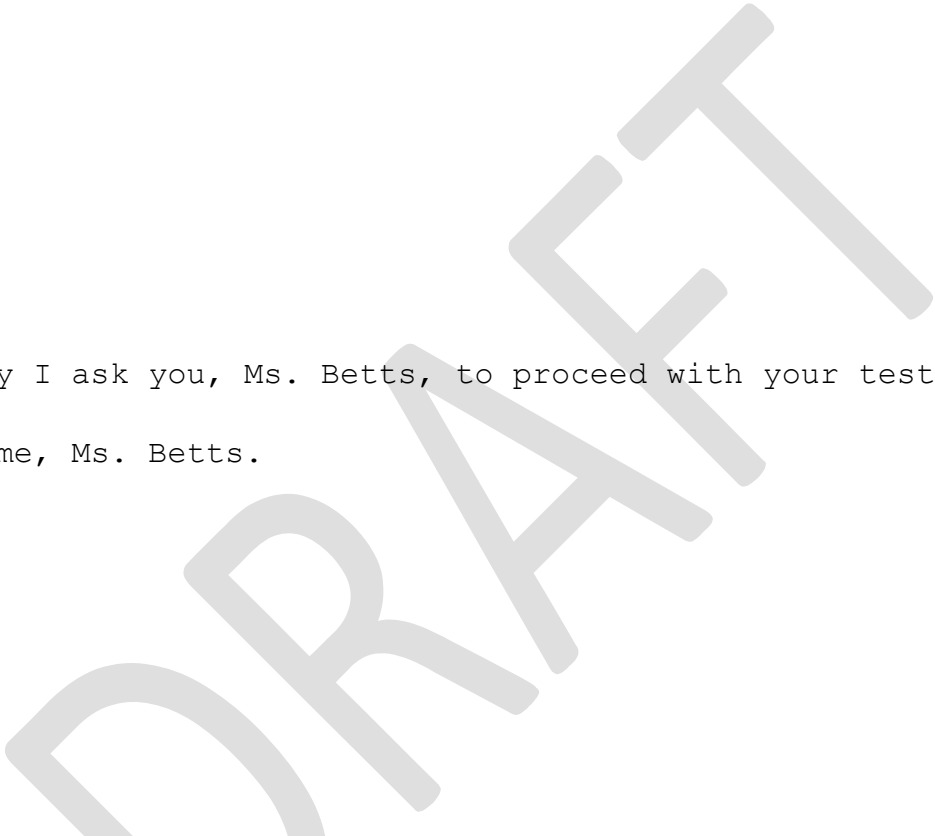
I want to thank our panelists for being here today, and your full testimony will, of course, appear in the record. And

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so may I ask you, Ms. Betts, to proceed with your testimony.

Welcome, Ms. Betts.

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1 STATEMENT OF TRACEY BETTS, DIRECTOR, HONOLULU VA  
2 REGIONAL OFFICE, U.S. DEPARTMENT OF VETERANS AFFAIRS

3Ms. Betts. Thank you, Chairman. Chairman Akaka, it is  
my pleasure to be here today to discuss our efforts to meet the



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needs of veterans residing in the Pacific Region. Today I will specifically discuss important benefits and outreach services provided to veterans living on Maui.

4The Honolulu Regional Office serves the veteran population

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in Hawaii and the Pacific Region. The Honolulu facility also provides outreach to veterans residing in the Insular Islands of the Republic of Palau, Federated States of Micronesia, and Republic of the Marshall Islands.

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1The Honolulu Regional Office administers the following  
bene2fits and services: disability compensation; vocational  
reha3bilitation and employment assistance; home loan guaranty,  
spec4ally adapted housing grants, and Native American direct

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home loans; and outreach for all veteran and survivor benefits. Our goal is to deliver these benefits and services in a timely, accurate, and compassionate manner. This is accomplished through the administration of comprehensive and diverse benefit

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programs.

2The Honolulu facility is responsible for delivering  
non-medical VA benefits and services to over 118,000 veterans  
and their families. Approximately 19,000 of these veterans

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receive disability compensation benefits from the Honolulu facility.

3In fiscal year 2009, Honolulu provided more than 5,400 veterans with decisions on their disability claims. The

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Honolulu office conducts an average of 3,000 telephone interviews and 1,300 personal interviews per month. In addition, the Honolulu RO conducted 171 Transitional Assistance Program briefings to approximately 5,000 servicemembers in

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Hawaii in fiscal year 2009.

The Maui Vet Center hosts a traveling veterans service representative from Honolulu to provide services to the veterans living on Maui. During fiscal year 2009, 132 veterans



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personally met with the traveling counselor to file claims and obtain information regarding benefits.

3In October 2009, we have implemented a program in which our decision review officer hearings are being conducted on all

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of the six Hawaiian Islands, which includes Maui. To date, the Honolulu facility has conducted two decision review officer hearings here in Maui, and as they are received, they will be conducting more in the future.

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1The Honolulu Regional Office also has a vocational  
rehabilitation counselor collocated in the Maui Community Based  
Outpatient Clinic. The vocational rehabilitation counselor  
provides educational and vocational counseling to

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servicemembers, veterans, and eligible dependents. The  
counselor met with 1,276 veterans in fiscal year 2009 and is  
currently working with over 100 veterans here on Maui. The  
counselor is also a member of the Maui Veterans Association and

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attends their regular meetings to provide general vocational  
rehabilitation and educational information.

3Veterans residing on Maui can receive assistance with  
their claims and benefits information through the nationwide

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toll-free number, which is answered by the Honolulu Regional Office employees. The Honolulu office and the State Office of Veterans Services here on Maui work as partners to ensure that the veterans on Maui receive access to all VA benefits for which

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they<sup>1</sup>are eligible.

2The Native American Direct Loan Program administered by  
VA is<sup>3</sup> very active on Maui, in part because of the temporary  
incre<sup>4</sup>ase in the maximum guaranty amount, as enacted by P.L.

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110-389. Another reason for this success is attributable to our ongoing partnership with the Department of Hawaiian HomeBands. The Department of Hawaiian Homelands serves as our partner in assisting with loan packaging, appraisals, and



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construction-related inspections, as well as providing crucial communication links between our staff and the veterans that we serve. A Honolulu Regional Office employee in the Loan Guaranty Division travels to Maui on a regular basis to assist

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in servicing Maui loans, meet with the Department of Hawaiian Home Lands, and conduct appraisals.

I myself am a member of various advisory councils, such as the Advisory Board on Veterans Services chaired by the

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Director of the State of Hawaii Office of Veterans Services and  
the VA Pacific Island Healthcare System Advisory Council.  
Board and council members are local veterans and advocates  
representing their communities from six of the Hawaiian

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Islands, to include Maui. During these meetings, board and council members express concerns, discuss veteran issues and receive general information on VA benefits.

The Honolulu Regional Office is and remains committed to

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providing timely benefits and services to the veteran  
population residing here on Maui.

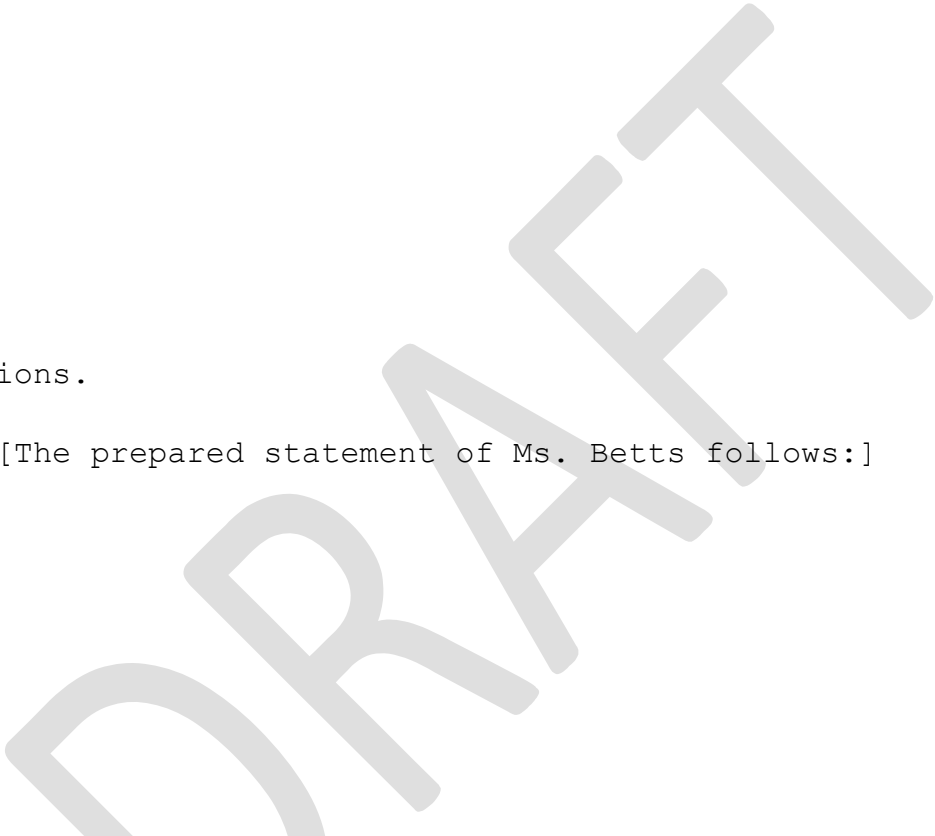
3Mr. Chairman, this concludes my testimony. I greatly  
appreciate being here today and look forward to answering your

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questions.

2[The prepared statement of Ms. Betts follows:]

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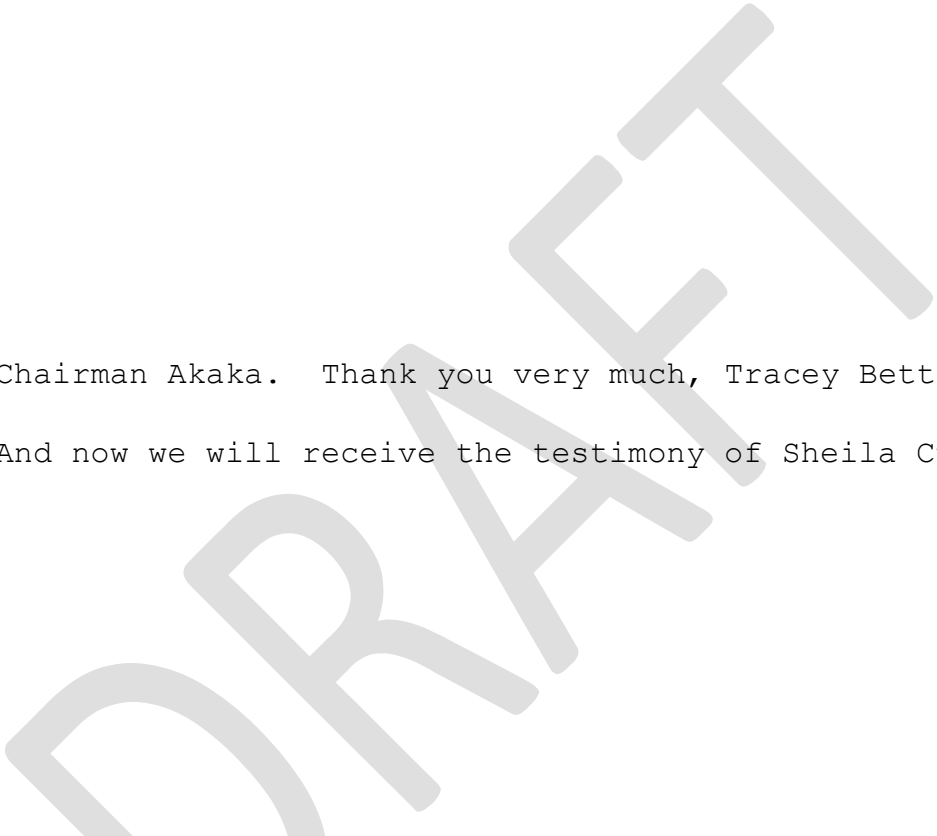


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1Chairman Akaka. Thank you very much, Tracey Betts.

2And now we will receive the testimony of Sheila Cullen.

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1 STATEMENT OF SHEILA CULLEN, DIRECTOR, VA SIERRA  
2 PACIFIC NETWORK (VISN 21), VETERANS HEALTH  
3 ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS  
4Ms. Cullen. Mr. Chairman, mahalo for the opportunity to



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appear before you today to discuss the state of VA health care in Maui.

3Chairman Akaka. Thank you for being here.

4Ms. Cullen. It is a privilege to be here in Maui to speak

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and answer any questions you may have pertaining to the services we provide veterans in Maui County.

First, Mr. Chairman, I would like to thank you for your leadership and advocacy on behalf of veterans. Your vision and

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support have led to an unprecedented level of health care services for veterans, construction of state-of-the-art facilities in Honolulu, and remarkable improvements in access to health care services for veterans residing on the Hawaiian

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neighbor islands, American Samoa and Guam.

My written statement, which I request be submitted for the record, reviews the VA Sierra Pacific Network; provides an overview of the VA Pacific Islands Health Care System; offers

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information regarding telehealth programs; and discusses the VA clinic in Maui, as well as issues of interest to veterans residing in Maui County. During my time before you today, I would like to focus on what VA is doing to improve services and

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care for Maui veterans.

2VA operates a community-based outpatient clinic located  
in Kahului and expanded the clinic space by an additional 4,400  
square feet during fiscal year 2008 to a total today of 9,700

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square feet. Since the hearing you held here 2 years ago, the Maui Clinic has recently increased its staffing and currently is authorized to have 28 staff at the clinic to provide a broad range of primary care and mental health services.

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In fiscal year 2008, the clinic implemented a home-based primary care program supported by a nurse practitioner and received over a quarter of a million dollars in VA rural health funding this fiscal year -- [blank spot in recording].



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1-- at the Maui Clinic. As you know, Mr. Chairman, Congress  
has provided several hundred million dollars to VA specifically  
to enhance mental health services. These funds have been used  
to hire about 35 new mental health staff in VA facilities across

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Hawaii and the Pacific Region, including seven staff here at the Maui Clinic. In addition, the Maui Vet Center also successfully recently recruited another psychologist.

4VA provides part-time outreach clinics on the islands of

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Molokai and Lanai, and VA Pacific Islands Health Care System is assessing options to increase and enhance services in both of those locations. The VA Clinic on Molokai is located in shared space near Molokai General Hospital and operates two

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half-day primary clinics per week. VA also sends mental health staff from the Maui Clinic to Molokai to provide care.

In addition, VA purchases non-VA care in the community for eligible veterans there. Veterans residing in Molokai also are

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seen<sup>1</sup>at DOD and VA facilities in other locations.

2Since June 2007, a VA primary care provider from Maui and  
more<sup>3</sup>recently since late fiscal year 2009 a mental health  
clin<sup>4</sup>ical nurse specialist travels to Lanai once a month to

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provide needed primary care and mental health services. VA has used space adjacent to the Lanai Community Hospital and last year finalized an agreement with the Straub Outpatient Clinic for visiting VA providers to use space and support the clinic

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there<sup>1</sup>. In addition, VA purchases non-VA care in the community and pays beneficiary travel for eligible veterans. VA is exploring other options to improve access, including adding an automated pharmacy dispensing machine and increasing

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telehealth capabilities.

In summary, with your support, Mr. Chairman, and with the support of other Members of Congress, VA is providing an unprecedented level of health care services to veterans



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residing in Hawaii and here in Maui. We look forward to a growth of new patients at the Maui Clinic, and we will meet the expectations of veterans for quality and timeliness of care.

4Again, Mr. Chairman, mahalo for the opportunity to testify

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at this hearing. My colleagues and I would be happy to address  
any questions that you may have for us. Thank you.

3[The prepared statement of Ms. Cullen follows:]

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1Chairman Akaka. Thank you very much, Ms. Cullen.

2And now we will hear from Linda Halliday, and please  
proceed with your testimony.

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1 STATEMENT OF LINDA HALLIDAY, DEPUTY ASSISTANT  
2 INSPECTOR GENERAL FOR AUDITS AND EVALUATIONS, OFFICE  
3 OF INSPECTOR GENERAL, U.S. DEPARTMENT OF VETERANS  
4 AFFAIRS

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1Ms. Halliday. Mr. Chairman, thank you for the opportunity  
2to testify on the results of our report, "Review of Availability  
3of Mental Health and Orthopedic Services at the VA Pacific  
4Islands Health Care System." Accompanying me today is Mr.

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Walter Stucky, Audit Manager, in our Seattle Audit and Evaluations Office in the OIG.

Veterans living on Maui and the other islands face similar issues as veterans living in rural communities in obtaining

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timely access to health care services, especially mental health services and specialty care such as orthopedics. Not only has the health care system faced difficulties in providing these services, they have also been limited by the short supply of

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community health providers.

2In early June 2009, we conducted on-site work at the health  
care3system's main ambulatory care center in Honolulu and the  
Maui4BOC. We found that since fiscal year 2006 the health care



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system has made significant strides in reducing wait times for elective orthopedic surgery procedures. Furthermore, although the health care system has experienced challenges in providing mental health services to veterans on Maui and other

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1 islands, it is effectively using VA's Mental Health Enhancement  
2 Initiative funding to recruit additional staff and expand  
3 telehealth services.

4 In 2006, the OIG assessed the timeliness of orthopedic

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surgeries at the health care system. We found that the average wait time for elective orthopedic procedures was 182 days with wait times for individual cases ranging between 14 to 379 days. I am happy to say our more recent work found significant

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improvement in elective surgery wait times. Both VA and Tripler orthopedic surgeons treat health care system patients who require orthopedic care, and the surgical procedures are performed at Tripler TAMC by VA and Tripler orthopedic surgeons

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under an interagency sharing agreement.

We reviewed 15 elective orthopedic surgeries performed at  
Tripler in April and May of 2009 and found that the time between  
the decision to operate and the surgery date ranged from 11 to

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210 days and averaged 82 days. We attribute the improvements in timeliness since 2006 to three factors:

3Since February 2007, the health care system has hired two orthopedic surgeons. Prior to this, it relied on surgeons from

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Tripler and other VA facilities in the continental United States.

Tripler dedicated one operating room day each week to VA orthopedic patients, in addition to its normal integrated

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scheduling of VA and Tripler patients for surgery.

2And, third, the health care system and Tripler have  
impr3ved their coordination of orthopedic surgery care.

4In 2007, the State of Hawaii task force reported community



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health resources in Maui were stretched to meet mental health needs resulting from veterans returning from Iraq and Afghanistan, an aging population, and prevalent drug use. The health care system has also been stretched by the scarcity of

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mental health resources on Maui. Mental health staff at the Maui2CBOC told us that they have been meeting emergency needs of patients, but they are challenged in ensuring the timely follow-up care due to staff shortages. For example, in May

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2009<sup>1</sup> the psychiatrist reported that his earliest available follow-up appointment was 7 weeks away.

<sup>3</sup>Despite these challenges, we found that the health care system<sup>4</sup> leadership has been proactive in securing funding

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through VA's Mental Health Enhancement Initiative to hire  
additional staff at the Maui CBOC and to expand telehealth  
capabilities to assist other CBOCs. In the past year, the  
health care system has received approximately \$4.7 million in

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Mental Health Enhancement Initiative funding and used a portion to hire additional staff. They expect to meet both the urgent and the follow-up mental health care needs of veterans served by the Maui Clinic.

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1In summary, Mr. Chairman, our review found that the health  
care2leadership continues to identify gaps and improve  
avai3ability of orthopedic and mental health services to  
vete4ans on Maui and other islands. However, as with any rural

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health care system, VA Pacific Islands Health Care System leadership must make difficult choices as to how to best use the resources to most effectively meet the needs of veterans in a large, geographically diverse area, while also addressing

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difficulties in recruiting qualified health care professionals.

Mr. Chairman, I thank you for the opportunity today. We would be pleased to answer any questions you have.



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1[The prepared statement of Ms. Halliday follows:]

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1Chairman Akaka. Thank you. Thank you very much for your  
test2mony. Again, I want to thank this panel for bringing us  
up t3 date and especially what we are anticipating to happen,  
provid4ing the sup\*ports come through.

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1Dr. Hastings, I want to pose the first question to you.  
What2is the status of the proposal to build a new veterans  
mult3-use building on the campus of the Maui High School? And  
what4is VA's role in this partnership? And have you heard from

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the State regarding this proposal?

2Dr. Hastings. Well, Mr. Chairman, first I want to thank  
you very much for coming out and having this hearing and  
providing all of us with an opportunity to review how we provide

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services to our veterans. This proposal that we heard so much  
about today we have heard of, and we have talked to several of  
the people that have worked on this proposal. The fundamental  
problem that we have is the issue of the Federal Government not

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being able to build on land that it does not own, and it seems that this is the core issue that we are faced with. And we certainly have talked to the capital assets managers of the VA about this proposal. We have looked at it, and we have worked with the

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Veterans Center that proposed this. But as we understand it right now, the issue is that the VA does not have the authority to build on land that it does not own. I think that that is the fundamental problem.

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1Chairman Akaka. Well, thank you for that technicality.  
But we, of course, need to look into that and see what we can  
do next on this, and I thank you very much for what you have  
been trying to do and get done, and even to the point of maybe



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making other suggestions. But thank you for your response.

2Ms. Betts, how often does the traveling veterans service  
representative from Honolulu provide services to veterans  
living on Maui? How often does that happen? How would you

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characterize that representative's schedule while on Maui? Do  
veterans seeking services from that representative receive them  
in a timely manner?

Ms. Betts. With regards to the traveling schedule of the

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counselor, currently we have a counselor who travels to every island once a month, and they do come on. It is a set schedule, the same day of the week every month. The Vet Center hosts the counselor, and they take--they actually take appointments, and

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so they know who they are coming to see, and they usually come  
in the morning, and they leave on the last flight out, and they  
see all of the people who are scheduled for appointments --  
walk-ins.

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We also have a program in which the counselor--and it is not always the same one, but a benefit counselor also goes to Molokai every other month, and they go to Maui--I mean, to Lanai apparently once a quarter. The counselor is able to assist and

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1 provide as much information as they can while they are here,  
2 and 2 they take the information back to Oahu.

3 We are currently working on outreach to all of the islands  
4 in collaboration with Dr. Hastings and myself. We are working

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on an outreach program to visit each of the islands with an outreach team because one of the issues we have, and that is, what is the need and what is the veteran population in the areas. What we are trying to do in this program--we started this month,

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in January--is to start to get the veterans who are residing in all of these rural remote areas to register. We need them to register with the health care system so that we can document how many veterans are there, and, therefore, we can provide the



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services for the veteran population. Currently, the  
populations who are registered are a lot less than the numbers  
that people keep putting out to us. Although the State has a  
number of veterans on this island, the number that are

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registered in the VA system are a lot less than what they are  
saying is actually residing.

3So what we are doing is, as far as access to a benefit  
counselor, I work collaboratively also with the State Office

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of Veterans Services, Mr. Moses, and we are looking at what is  
needed, and we are looking at the possibility of having a  
full-time counselor here on Maui, and that, again, is a  
collaborative effort with Dr. Hastings because he has--he had

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worked on a program where he would provide the actual space, and that would be in the CBOC. And we are working towards, as we say, the one-stop shop where all of the VA services are provided in one area. And right now we are working with the

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1 clinic to see when they come up with the space for us and we  
2 will put a full-time counselor there.

3 Currently, the Vet Center is hosting us. Again, it is an  
4 issue of space to put a permanent full-time person in.

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1Chairman Akaka. Ms. Betts, as you heard from the first  
pane~~l~~, some veterans believe that Vet Centers should be staffed  
with~~a~~ veterans service representative full-time. What is your  
opin~~ion~~ on this matter?

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Ms. Betts. Currently, where the veteran counselor sits, I do not have an opinion on that at this time. My issue is that we get a veteran counselor, and they need to be full-time out here on Maui. One of the clinical staff is receiving a lot of

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benefit -- so at this time, just from my exposure to everything, I would say it appears that it would be more beneficial to put a counselor into a CBOC. But whether it goes into a Vet Center or a CBOC, I don't have an opinion there. It is just getting



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the counselor out to --.

2Chairman Akaka. Thank you very much.

3Ms. Cullen, I understand that some veterans are able to  
receive specialty care through a telehealth link with Palo Alto

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in California. Are you providing incentives to providers in Palo Alto to provide those services to veterans in Hawaii? And if so, what are they?

Ms. Cullen. Over the last 2 to 3 years, we have moved away

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from the reliance that we had at one point of utilizing clinical providers from both the VA medical centers in Palo Alto and in San Francisco. Dr. Hastings has made significant inroads in hiring some specialists to be on staff at VA Pacific Islands

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Health Care System. As you heard from part of the IG report, having brought on two orthopedists who are now in place in Honolulu, I believe that they are now able to provide a lot of the specialty services via telehealth.

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I would like to look to Dr. Hastings just to see if we still have any regular services via telehealth from California, but I think that they are all provided from providers out of Honolulu, a combination of telehealth as well as those clinical

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providers traveling to the other islands, though I would turn  
to Dr. Hastings.

3Chairman Akaka. Dr. Hastings?

4Dr. Hastings. Senator, I would like to tell you that our

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contact with the other facilities in the VISN has been very,  
very supportive, and whenever we have needed something, they  
have been willing to come and help us.

The two areas that we are using them extensively right now

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is--I guess there are three areas that we use them. One is spinal cord injury patients, paraplegic patients, and we are using facilities at Palo Alto telemedicine support there. And then we are using tele dermatology where we get dermatology



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consultations from providers in California, and this is very  
helpful to us. And then the third area that I would tell you  
about is in electrocardiograms for cardiac patients, and we have  
been able to set up a relationship so that they--we have been

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able to get regions in California in that area.

Now, we are not going to have to use that in the future because we have been successfully hiring our own cardiologists, so we will not use that one. But as we identify areas that we

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1there is something that they can help us with, they have  
2s been very responsive to the needs that we identify.

3Thank you, Senator.

4Chairman Akaka. Thank you.

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1Ms. Cullen. If I can perhaps add, I had a few more thoughts since Dr. Hastings began to elaborate. Just to tell you of two developments within VA that will certainly benefit veterans in the Pacific Islands but will benefit them nationally as well.

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One is that within VA there is now a greater incentive to provide health care services via telehealth. At one point within VA, its own internal reimbursement mechanism did not recognize a cost transfer for services provided by telehealth,

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and that has been changed effective this fiscal year, so I anticipate that that will help increase telehealth services nationwide.

A second development that may be of interest to you is VA's

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National Teleradiology Program. That began in California, in Northern California, starting at the San Bruno Clinic, which is linked to the San Francisco VA Medical Center, and transitioning to a larger program at Palo Alto. They have now

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1 begun a second center here--or in Hawaii, in Honolulu, and have  
2 two to three radiologists on board who are available to read  
3 radiology films at the facilities that are experiencing either  
4 recruitment difficulty with radiologists or who might have a



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temporary problem.

2So they have already touched based with Dr. Hastings, and  
I am assured that he will have first availability of any services  
that they can provide should he have any need, but I think both

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of those developments will greatly help provide services to  
vete<sup>2</sup>ans throughout the country.

3Chairman Akaka. Thank you.

4Also, Dr. Darkins, this relates to you and your work in

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telemedicine. Please give us an update on how telemedicine is improving which might make getting on a plane less important.

3Dr. Darkins. Aloha, Chairman.

4Chairman Akaka. Aloha. Thank you for being here,

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Doct~~o~~r.

2Dr. Darkins. I would like again, like the others, thank  
you ~~for~~ the opportunity to be here. This meeting and also the  
one ~~back~~ in August really help highlight some of the importance

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of telehealth, so I thank you for that.

2VA really has shown over the last 7 or 8 years a sustained growth in telehealth, but we completed fiscal year 2009 with just over 260,000 cases nationally, which was up from just over

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230,000 the year before. Of those 260,000 cases, 58,000 were doing videoconferencing with VA medical centers and clinics, and 350,000 were providing teleretinal imaging, screening the eyes of veteran patients with diabetes and blindness. And as

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we sit here, some 41,000 veteran patients are currently managing to live in their own homes independently because of having telehealth devices in their homes.

We have looked at the benefits of this in terms of the

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reductions of admissions to hospital where the reductions are  
on the order of about 25 percent reductions in the need to go  
to the hospital. And we look across the board at the  
satisfaction of veteran patients because we are obviously



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concerned that with changing the location of care, this is indeed their preference. We have found very high levels of patient satisfaction. So I think it is good news to be able to report that we are seeing a systematic growth year on year,

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and we look forward to the same happening again.

We have some new programs which we anticipate coming online this year. One particularly notable one is going to be the use of the weight reduction program, the MOVE program that VA has.

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It is now possible to provide that by telehealth devices.

I was talking to Dr. Hastings before. This is something in preliminary discussions, but certainly it makes sense to be able to discuss its applicability out in the islands. We are

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looking at the use of Internet protocol video into the home to be able to reach out into the home more commonly to provide services. So we are really seeing, as I said, this kind of sustained growth.

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1We are piloting teledermatology. You have heard about its  
link2between Northern California and Hawaii. We are looking  
towa3ds--we have piloted it in seven VISNs and are looking  
towa4ds rolling that out more widely. So I hope to be able to

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report at the end of this next fiscal year further sustained growth.

The issue very much for telehealth, particularly with regard to rural and remote areas, such as--I welcome the

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1 opportunity to be here and to see myself many of the issues,  
2 though I have been here before as well.

3 The issue of telehealth, this is not just -- care in the  
4 remote areas that is important. It is also the access to care

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from urban areas --.

I would just like to finish by saying in the end it really comes down to peoples and communities. My ability back in August with others to go around and see Hawaii, especially on



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the Big Island, and just over yesterday to be here on Maui to see the enthusiasm of the staff involved, and I think there are some exemplary services. Having seen Dr. Pierce and what is taking place in telemedical health I think is really something

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we can work elsewhere.

2So I must say I think one can see certainly improvements  
in growth here and seeing the effects of both yourself and  
Secretary Shinseki really focusing on the importance of

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telehealth. I have had some very good discussions with Ms. Cullen and also Dr. Hastings, and we look forward to being able to serve more veterans in more timely ways in the future. That is really why I am here, and I look forward to being able to

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bring forth some of the ideas we have for that benefit.

2Chairman Akaka. Well, thank you very much, Dr. Darkins.

3Ms. Halliday, are other clinics in the health care system  
4encountering the same challenges that the Maui Clinic has

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encountered serving veterans with mental health care needs?

Ms. Halliday. We did not specifically review the staffing issues outside of Maui. However, we did talk with the health care system clinicians and staff and believe that the other

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CBOCs are experiencing similar issues. Some of the common problems include lack of community mental health resources, difficulty in recruiting medical providers, and the geographic separation from the main health care facility in Honolulu.

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1Chairman Akaka. Ms. Cullen, you are in charge of several large VA hospitals and clinics, mostly in California. Would it help if you had a Deputy Network Director here in Hawaii?

4Ms. Cullen. Well, funny you should ask because we will

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be getting a new Deputy Network Director, but that person will be based in Northern California. She will be arriving the beginning of February. And one of the things that we are doing is setting--while we are setting some goals for all of our



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facilities during the course of this year, we are also setting some goals for our home office, and one that we are assigning to ourselves is to ensure that our VISN staff get out to each element of our organization, that is, not just the large medical

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center but to each CBOC, at least--that at least one VISN staff person would be at each VA site, a VHA site, within the VISN annually. It is not quite the same as having a Deputy Network Director based in Hawaii, but I believe that--but sometimes I

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think that our Hawaii colleagues think they perhaps see a little more of us than they would like.

We do come--I come with Jeannie Daily, the quality manager who is with me and with our chief medical officer to have regular

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performance reviews with our facility in Hawaii. And thanks  
to your invitation to come in August to each, almost all of the  
islands, and the opportunity here today, we feel we see the value  
in having regular contact with each VA location. So while we

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do not have a staff person, a VISN staff person based here, I think, though you will have to ask them, that they perhaps get to see at least as much of us as they might like. But, again, I will leave that for them to respond to perhaps after they are

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on the official record.

2Chairman Akaka. Yes.

3[Laughter.]

4Chairman Akaka. Well, thank you very much for that. We

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look forward and anticipate the best happening here.

Ms. Betts, I am very pleased to hear that the Native American Direct Loan Program is very active on Maui. Will you please tell me approximately how many Maui veterans benefited

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from this program in 2009?

Ms. Betts. I do not have that number specifically for Maui. I do know that we had 121 Native American direct loans for the State of Hawaii.



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1Chairman Akaka. Well, you can provide that specific for  
the record.

3[The information follows:]

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1Chairman Akaka. Dr. Hastings, what barriers do you see  
to e2xpanding telehealth services on Maui? Any barriers,  
incl3ding potentially connecting VA to the community health  
clin4c in East Maui?

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1Dr. Hastings. Thank you, Senator. We have looked at the  
issu@ of East Maui and trying to connect with them, and our staff  
peopBe who view telehealth have been over to Maui, have been  
over4to Hana, and they have surveyed the equipment that was

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available over there, and facilities. At the moment we  
have<sup>2</sup>-we are unable to connect VA equipment with the existing  
equip<sup>3</sup>ment there.

4On the other hand, as we are continuing to explore the

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expansion of this technology in the Pacific, I believe that we will be able to try and figure out how to end up really providing better services there.

I can tell you that in the Pacific the challenges that we

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have had have been with connectivity growing. Look at American Samoa and more recently our expansion into Saipan. And, of course, the problem of getting into American Samoa was getting cable--getting bandwidth there. And a year ago, we--it has

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been<sup>1</sup>the past year, I believe, that we were able to get cable  
into<sup>2</sup>American Samoa. And what has now happened is we now have  
wide<sup>3</sup>bandwidth connectivity to our clinic there, and so we have  
been<sup>4</sup>able to expand our telehealth connectivity to that area,



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and we are doing it to support the Department of Defense in their  
TBI evaluations on our reservists that are in the area, as well  
as supporting our veterans.

I think that has not been a problem for us here in Hawaii.

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I think we have adequate bandwidth connectivity capabilities here<sup>2</sup>in our clinics, but we have had some problems with equipment, and I think we are going to be able to have all of those<sup>4</sup> soon.

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1 I think another--you asked about the things that prevent  
us from being able to exploit this technology. Part of it is  
just the very system that we work in. A lot of our providers,  
for instance in our fee-based system, they're people from the

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university, practitioners in the community, specialists, and we can set up a telemedicine capability where we can transmit with an individual, but we also have to have--on the other end of the connection, we have to have a provider who is trained,

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experienced, and willing to use the technology. And if that person does not work full-time for VA, then it becomes a little bit of a challenge.

4So I have been successful, we have been very successful

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in getting some of these people who are not as familiar with the technology to use it, but we are more successful when we have the specialists inside our own organization.

4Chairman Akaka. Ms. Halliday, for elective orthopedic

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surgeries, you stated that the wait time was decreased to an average of 82 days. This still seems excessive given that the time ranged from 11 to 210 days. What challenges does the health care system continue to encounter to ensure timely

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orthopedic surgeries?

Ms. Halliday. The 82-day average in our sample included three surgeries that were delayed because patients were not healthy enough for surgery to be completed. When you factored



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those three instances that the auditors found, the average time would come down to 62 days. That is approximately 2 months.

The main challenges that were brought to our attention were getting the patients ready for surgery, and sometimes their

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health issues, they have to have certain things cleared up before that. Now that they have a nurse, a VA nurse tracking the patients' needs, it is improving dramatically. I think it is just a matter of timing to see an even more significant

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improvement.

2Chairman Akaka. Thank you.

3Mr. Stucky, would you like to share more information about  
the waiting times?

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1Mr. Stucky. Sure. There are no real industry standards  
for the timeliness of elective orthopedic--I am sorry. There  
are no VHA or industry standards for timeliness of elective  
orthopedic surgeries. We found that the desired waiting time

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in scheduling the surgeries varies depending on the patient's medical condition and the patient's preferences, in addition to some cases where the surgery was scheduled within 60 days it was delayed either because of the patient's preference or

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because the patient was not ready for surgery.

Chairman Akaka. Ms. Betts, in his prepared testimony,  
Mitch Skaggerberg of the Vietnam Veterans of Maui County notes  
that requiring central office review and approval of

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applications for VA's Independent Living Services Program results in "major delays, many times up to 2 years." Would you please comment on this statement?

4Ms. Betts. Apparently, there was a time period when the

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requirement for the central office review, as he stated, was  
an outcome of a site visit, and it was more of an oversight of  
the program itself. That was conducted here in Hawaii.

4Since then, that requirement is no longer there.



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Currently, there are only four cases pending that have gone up into<sup>2</sup>-and the normal process for the Independent Living Program--this is for everyone--is that the counselor once determined through the group assessment that the individual is

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eligible and was put into the Independent Living Program, all  
of that information does go up into the Washington office, and  
it is in our vocational rehabilitation and employment service,  
and they actually do the final approvals on all of the cases.

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1So the counselor would not--what was happening before,  
where his statement came from is based on this site visit and  
an audit that was done previously, we were asking him to look  
at the independent living cases prior to the actual application

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and the submission of requirement, and I think that is where there is a discrepancy in the understanding of what actually transpired.

So, currently, there is no specific thing that we do any

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different from any other facility, and it does--and it is just the program itself. They do have an oversight, and that oversight does go up to--some once the counselor puts their program together and everyone concurs, I also see it and concur.

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We did send them up because the program reserves the right--and that is at the central office level--to approve and to review all independent living programs.

Chairman Akaka. Would you be able to tell me the national

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average time to approval for an application for independent living services and the average time for approvals in Maui?

Ms. Betts. Not at this time. Could I send you that information?

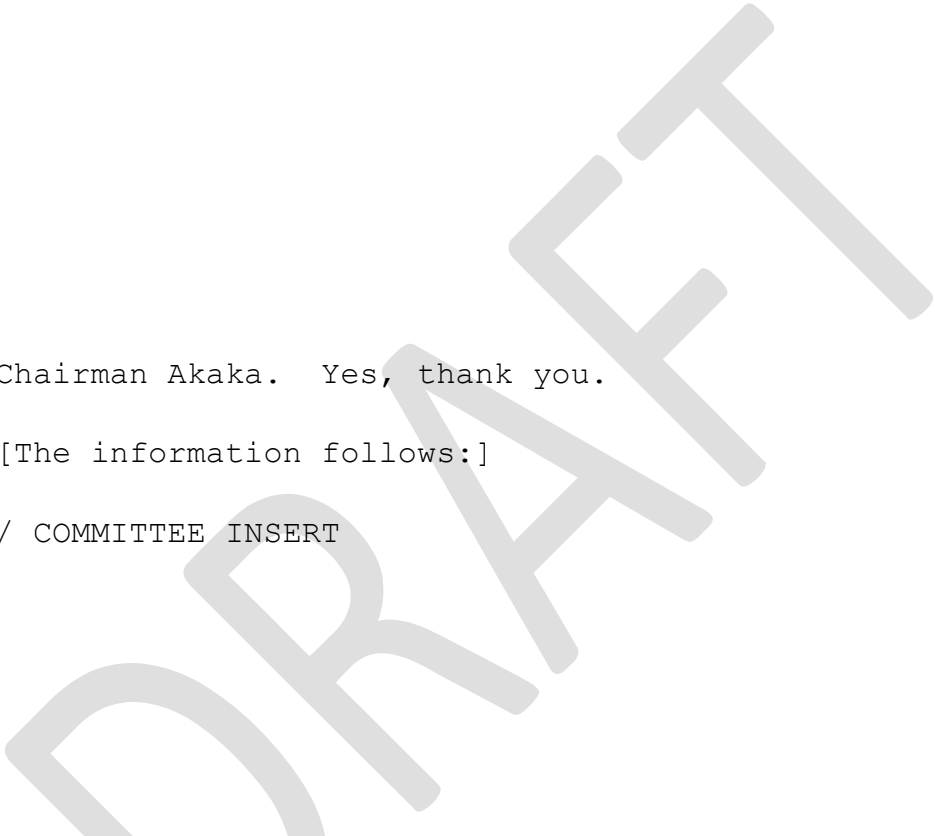
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1Chairman Akaka. Yes, thank you.

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1Chairman Akaka. Now, I have further questions, but I want  
to g<sup>2</sup>ve each of you a chance to give a summary or a statement  
that<sup>3</sup>you have got to give at this time about what you are doing.  
And <sup>4</sup>I, of course, want to thank you for your responses that you

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have<sup>1</sup>given. It will be helpful for the people of Maui to have heard<sup>2</sup> from you what you have done already and what we can probab<sup>3</sup>ly expect to be done. So if you have a statement you would like<sup>4</sup>to close with, I want to give you that opportunity to do

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that1

2Let me begin with Ms. Betts.

3Ms. Betts. Thank you, Chairman. What I would like to say  
4to the veterans of Maui is we do have--right now I am working

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on--basically I have three initiatives going. One of them is  
to increase the outreach. I have been hearing across the State  
and across the Pacific Region that--because my responsibilities  
are to deal with the benefits. I have been working

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collaboratively with Dr. Hastings from the medical side, and  
we also work with the Vet Centers as well as the Office of  
Veterans Services from all of Hawaii, American Samoa, and Guam.  
And what we are looking at is--one is to increase our outreach,

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appearances on every island, and the objective there is to do just that, to let the veterans know that we are here, to hear what it is that they need, as well as one of our focuses is going to be on getting them enrolled. It is very important and they

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need to understand that.

I heard the conversation about Hana, and we do not have a benefit counselor who goes to Hana. Those are the kinds of things that I need to know about. Those are the kinds of things

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we need to look into, and we are going to start by doing outreach.

2From January to June of this year, we will take an outreach  
team3to every island, and that is the kinds of things we are  
going4 to be looking at to address their concerns and to determine



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is the population there that requires not only the benefits but  
also the medical care. So we need to get everyone to register.  
It is very important that they register with the VA, and the  
registration is with the VA medical centers, the medical

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clinics. Once we get that, then we can then do our assessments and to put those people out there.

3Another thing is that in working in collaboration with Dr. Hastings and the medical centers, they are planning in their--as

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they are growing, they are planning to have space for a benefit counselor, and so with that commitment, as he grows and as he starts to--because currently in the facility they have, there is no extra space to put us. But once they do become available,

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we will be putting counselors in those areas.

In the meantime, what I'm looking at is we have a current counselor who comes once a month, and if it is determined because there is a need to have him go out more than once a month, we

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will do that. Right now I am trying to do assessments of what is the need, and this is for all of the islands and for all of the Pacific Region that we are responsible for. So that was one thing.

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1Another thing is I know there is a lot of conversation about  
the vocational rehabilitation and employment, particularly the  
2Independent Living Program. Just something for more of what  
3is the program itself. The Vocational Rehabilitation and  
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Employment Program offers benefits for preparing--rehabilitating vocationally veterans for employment, and there are some times when--they do have what we call five tracks, and independent living is just one of five

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tracks available to try to rehab the veteran for employment purposes. And in some instances, they are not employable, and, therefore, we work with them. Independent living is just that. It is a program that helps them become more independent in their



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daily life. And so it is a program out there. It has not gone away? I hear from time to time people saying why did it go away. It has not gone away. I heard a comment about the dollar value has been changed, and that has not happened either. It is an

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entitlement. It is a benefit. And the purpose of the vocational rehabilitation counselor, who works in conjunction with the medical folks, they make the determinations medically and psychologically, where does the veteran sit at that time,

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what is the best program for them. And, again, independent living is just one of many tracks of the rehab-to-employment program takes care of.

The last thing I would like to say is, again, you know,

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we are out here to service veterans, and the important thing is we need to know what--we need to hear from them, but we also need to know what is it that we need to do better, and we are working on that. As we are getting these, a lot of times it's

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just a thing to know. It does not happen overnight. Some things take time. Some things can happen instantaneously, but a lot of these particular issues we are working on. I am hearing them. I am committed to improve the services to the veterans.

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And, I again, I must keep saying as we do outreach, they must register with the VA system.

3Chairman Akaka. Thank you very much, Tracey.

4Dr. Darkins?

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1Dr. Darkins. Thank you very much, Mr. Chairman. It is  
2a privilege to work for the VA and to be able to serve veterans,  
3and that is not just as an entitlement, but also our way of life,  
4as we have heard, is dependent upon the service they have given

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to our country. Therefore, the ability to do that and to help  
serve veterans is a great privilege, not just for myself but  
everybody I work with.

I look forward--having heard distinctly some of the issues



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in terms of access to care, in terms of how timely that care is, and the trouble that will be avoided by telehealth, I think we have one of the solutions to some of the problems. I would not suggest that telemedicine is going to do everything, but

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I think there are ways it can appreciably enhance services here in Maui.

I look forward to working with Dr. Hastings, with his staff, and Ms. Cullen to see what we can do to be able to address

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some of the issues that we have heard and to deal with those  
and to come back in the future with what we have achieved and  
solutions and to hear that we have met some of these challenges  
and helped them.

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1Chairman Akaka. Thank you very much.

2Ms. Cullen?

3Ms. Cullen. Thank you, Mr. Chairman. I appreciate  
hearing today from veterans on the first panel their expression

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that<sup>1</sup>they have seen improvements in the services available to  
the ~~v~~eterans in Maui County over the course of the last 2 years.  
I am<sup>3</sup>very encouraged by their declarations to that effect.

<sup>4</sup>We have national programs in the VA that you are certainly

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very familiar with which will allow us to provide opportunities  
to further improve care for veterans in the Pacific Islands--the  
rural health initiative, the women's health initiative, the  
telehealth initiative, and Native Hawaiian initiatives. They

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are all priorities that Secretary Shinseki has identified, and our VISN staff will be working very closely with Dr. Hastings' staff to exploit--and I mean that in a very positive way--how those programs can further benefit veterans in the Pacific

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Islands.

I am also very impressed, as I come to each of the  
community-based outpatient clinics, and certainly here the last  
couple of days in Maui, with the dedication, the



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professionalism, the commitment, not to mention the enthusiasm of the VA staff here and their willingness to embrace more programs and more opportunities to serve the veterans that they have been caring for over the last few years. That dedication

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and enthusiasm is something that I think will help us further  
expand and include services.

In the future, we look forward to the Saipan outreach  
clinic this fiscal year, also the new expanded replacement

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clinic in Guam, and our own collaborations that Dr. Darkins referred to while here have identified some other potential areas for improvement that we need to do a little bit more work on, but we certainly look forward to reporting back to you at

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some point in the future with what those improvements will be.

So, once again, thank you for all of your support and your encouragement to all of us to not settle for improvements that we have made, but to realize that there is still a lot more to

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be done.

2Chairman Akaka. Thank you.

3Let me call on Ms. Halliday and call on Mr. Stucky and  
finally Dr. Hastings. Ms. Halliday?

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1Ms. Halliday. Well, thank you, Senator Akaka, for being  
so proactive and asking the OIG to look at certain accessibility  
and gaps that are occurring out on Maui.

4One of our main concerns was with the performance measure

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of mental health services in wait times to the initial and follow-up appointments. We have found that both the ambulatory care center in Honolulu and Maui were meeting this VHA performance measure. What we did see, though, is that the Maui

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CBOC was experiencing slippage in ensuring timely follow-up for current care.

3VHA does not track this performance. We would encourage VHA to track and collect this data so we can see it really truly



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measure whether improvements are happening in the future.

2Chairman Akaka. Thank you.

3Mr. Stucky?

4Mr. Stucky. Thank you, Senator. The main focus of our

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limited review of availability of services to the veterans in  
Hawaii was on mental health services. What was clear was that  
the mental health initiative funding has had a significant  
positive impact on the availability of services there.

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1Chairman Akaka. Thank you.

2Dr. Hastings?

3Dr. Hastings. Thank you, Senator. I think this  
theory--I think what you have all heard is that we have

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significantly--the VA has significantly improved its ability to deliver services to our veterans here on Maui and indeed throughout our system. We are not finished. This is a journey that we are on. We have come a long ways.

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1 I have to say that in large part it is support from you  
and 2 from your Committee and from our representatives that has  
allowe 3 d the VA to improve the quality of care and the access  
to our 4 veterans. We have a lot of challenges. Developing a

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complex health care system in the isolated areas that we face  
out here in the Pacific is a challenge, and I think that we have  
a long way to go. I think we do have some very, very dedicated  
individuals. Through -- we have been able to recruit more.

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But for us in isolated areas, we have been successful.

Now, there are areas that we need to improve, clearly. One of the ones that you heard today, we all heard today, is the East Maui issue. East Maui represents a small pocket of

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veterans who are in a very isolated area with limited resources for health care. We have other areas like that, and we have been able to begin to address those areas.

Now, I think we are doing it very successfully. I think



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you heard that today. We have been successful on Molokai. We have been successful on Lanai. We have been successful in American Samoa. We have been successful in Guam. We have been successful in Saipan. I think we can be successful in East Maui

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as well.

2It is not something we can do overnight. It is going to  
take3us awhile to work on the problem, but I think we can be  
succ4ssful. And we will use the technologies that we heard

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about. We will use telemedicine, and we will use partnerships  
with existing health care facilities. You know, those are the  
tools that we end up using. We need to use the tools and the  
people that we have.

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I think there are other areas that we are improving on that are not so available, they are not--they do not stand out. But we are improving the efficiency of our organization. One of them that I would mention is laboratory support. We have come

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a long way in being able to get laboratory support for our CBOCs throughout our system in our area, and we are going to continue to do that. That is going to improve the ability of our providers to make accurate and rapid decisions about our

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patients.

2That is not something you measure, but it is there. I saw  
it t3day in the clinic that I went to. And I remember going  
through4 that clinic 2 years ago, and we had a part-time person

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that was there one half or two half-days a week to draw blood,  
something like that. That was it. Today we have a full-time  
individual in nicely equipped, small laboratory, but able to  
do some functions right when the patient came in. That improves

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the quality of care for our patients. They were doing that kind of thing.

We started it with women's health. We have expanded our women's health clinic. We have brought on some more



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subspecialists into our system, and we will continue to do that. We will continue to build up that kind of support system that would support our whole thing.

4So I think with the continued support that you have given

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us and that we have gotten from the big VA and from our VISN,  
all the help that we have gotten--and we have gotten help when  
we have asked for it, when we have identified problems. We have  
been able to get support. We will continue to be able to improve

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access and quality of care for the veterans in Maui County and throughout the Pacific.

3Chairman Akaka. Thank you very much, Dr. Hastings.

4I want to thank our panelists. We know that there is much

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to be done in order to ensure that veterans on Maui receive VA benefits that they are entitled to. Given Hawaii's unique features, VA must implement its method of delivery of these services in a unique way. As Chairman, I am committed to

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overseeing that all veterans, especially those in my home State  
of Hawaii, receive the highest quality of care, and this is also  
for the rest of our country.

4Again, to all of you, thank you for being here, and at this

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time I would like to adjourn this hearing. This hearing is  
adjourned.

3 [Applause.]

4 [Whereupon, at 4:30 p.m., the Committee was adjourned.]