

1 THE LEGISLATIVE PRESENTATIONS OF
 2 FLEET RESERVE ASSOCIATION, THE RETIRED
 3 ENLISTED ASSOCIATION, NATIONAL ASSOCIATION
 4 OF STATE DIRECTORS OF VETERANS AFFAIRS,
 5 MILITARY OFFICERS ASSOCIATION OF AMERICA
 6 AIR FORCE SERGEANTS ASSOCIATION,
 7 AMERICAN EX-PRISONERS OF WAR,
 8 NON-COMMISSIONED OFFICERS ASSOCIATION,
 9 JEWISH WAR VETERANS, AND IRAQ AND
 10 AFGHANISTAN VETERANS OF AMERICA

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12 WEDNESDAY, MARCH 16, 2016

13 United States Senate,
 14 Committee on Veterans Affairs,
 15 Joint with the
 16 House of Representatives,
 17 Committee on Veterans Affairs,
 18 Washington, D.C.

19 The committees met, pursuant to notice, at 10:01 a.m.,
 20 in Room G50, Dirksen Senate Office Building, Hon. Johnny
 21 Isakson, chairman of the Senate Committee on Veterans
 22 Affairs, presiding.

23 Present: Senators Isakson, Boozman, Heller,
 24 Blumenthal, Brown, Tester, and Hirono. Representatives
 25 Miller, Roe, Coffman, Abraham, Zeldin, Costello, Brown,

1 Kuster, and Walz.

2 OPENING STATEMENT OF CHAIRMAN ISAKSON

3 Chairman Isakson. I call this joint meeting of the
4 Veterans Affairs Committees together and welcome our
5 distinguished veterans who are here today to testify from
6 the Veterans Service Organizations that are here.

7 I want to welcome all those who are here, served our
8 country in various capacities in the military. We would not
9 be here today behind this dais if you had not been out front
10 when your nation called, and we are grateful and appreciate
11 that.

12 With unanimous consent of the members, I am going to
13 waive all opening statements by the members. We are here to
14 hear from you, not ourselves. We have a very busy morning
15 this morning. The President is making an announcement at 11
16 o'clock and a number of members have to go to the White
17 House. We have other bills being marked up this morning.
18 So, attendance is going to be in and out. The quicker we
19 can get to your testimony, the more we can get it in. We
20 will make sure any member who has a statement that they wish
21 entered in the record will be entered into the record by
22 unanimous consent and may be submitted to the committee.

23 Without further adieu, I want to congratulate Chairman
24 Miller of the House. He announced this week his retirement.
25 I will regret his retirement because we will miss him, but

1 he has been a great public servant as the Chairman of the
2 Veterans Affairs Committee in the United States House and he
3 deserves a big round of applause.

4 Chairman Miller. Thank you very much.

5 [Applause.]

6 Chairman Isakson. That is probably just enough
7 encouragement to have him rethink his decision.

8 [Laughter.]

9 Chairman Isakson. We will miss you, Jeff, but you will
10 do a great job, and thanks for what you have done.

11 We have nine distinguished veterans of the United
12 States military here to testify on behalf of their various
13 Veterans Service Organizations. I will introduce all of
14 them by name now, then we will go and start and hear from
15 each one of you individually. If you will try and keep your
16 remarks to five minutes or less, then we will have a good
17 chance to get everybody's testimony totally in.

18 First, Mr. Virgil Courneya, National President, Fleet
19 Reserve Association.

20 Mr. Larry Hyland, National President of the Retired
21 Enlisted Association.

22 David Brasuell, President, Idaho, National Association
23 of State Directors of Veterans Affairs.

24 Rene Campos, Deputy Director, Government Relations,
25 Military Officers Association of America.

1 Mr. Rob Frank, CEO, the Air Force Sergeants
2 Association. I was an Air Force Sergeant, so I will pay my
3 dues before I leave, I promise.

4 [Laughter.]

5 Chairman Isakson. Mr. Charles Susino, Past National
6 Commander and Legislative Officer, American Ex-Prisoners of
7 War, who, by the way, is 93 years old and is here again for
8 how many years in a row?

9 [Applause.]

10 Mr. Susino. I am looking to make it 94.

11 Chairman Isakson. I have got a feeling you are going
12 to make 194, so do not worry.

13 [Laughter.]

14 Mr. Susino. I hope you are right alongside of me.

15 Chairman Isakson. I hope so, too. I do not know who
16 your captors were, but I am sure you gave them hell for a
17 long time.

18 [Laughter.]

19 Chairman Isakson. Sergeant Major Gene Overstreet,
20 President of the Non-Commissioned Officers Association.

21 Jerome Blum, National Commander, Jewish War Veterans.

22 And Paul Rieckhoff, Founder and CEO, Iraq and
23 Afghanistan Veterans of America.

24 We welcome all of you to the House and Senate joint
25 hearing today.

1 Mr. Courneya, we will start with your testimony.

1 STATEMENT OF VIRGIL COURNEYA, NATIONAL PRESIDENT,
2 FLEET RESERVE ASSOCIATION

3 Mr. Courneya. Chairman Miller, Chairman Isakson, and
4 members of the committee, good morning. My name is Virgil
5 Courneya. I am a retired Master Gunnery Sergeant in the
6 Marine Corps, a Vietnam veteran, and the National President
7 of Fleet Reserve Association. I am honored to represent and
8 express the concerns of the oldest sea service association
9 that has been around for over 91 years.

10 Since we are an enlisted sea service organization, we
11 are troubled by the lack of progress on the Agent Orange
12 Blue Water Navy issue. Past VA policy from 1991 to 2001
13 allows servicemembers to file claims if they received a
14 Vietnam Service Medal or Vietnam Campaign Medal. But in
15 2001, VA implemented a boots on the ground limitation on
16 obtaining an Agent Orange presumption.

17 FRA is grateful to the 14 Senators who sent a letter to
18 the VA requesting that the VA reconsider its ban on
19 presumption for anyone who did not serve on the ground of
20 the Republic of Vietnam because it is too restrictive. The
21 Association totally agrees with this letter.

22 The letter references a recent Gray v. McDonald
23 decision by the Court of Appeals for Veterans Claims that
24 found that VA's exclusion of Da Nang Harbor from definition
25 of inland waterways to be arbitrary and capricious. FRA is

1 disappointed, but not surprised, that the VA issued court
2 ordered clarified definition of inland waterways for
3 purposes of determining presumption for coverage still
4 excludes the Blue Water Vietnam veterans.

5 For the VA to state with such confidence that the toxin
6 Agent Orange could not cross from inland waterways and
7 harbors into open seas is to reject the laws of nature. It
8 is as if some imaginary line drawn across the mouth of any
9 river or bay had the ability to stop ocean currents.

10 FRA is supporting the Blue Water Navy Vietnam Veterans
11 Act that clarifies a presumption for filing disability
12 claims at the VA for ailments associated with exposure to
13 the Agent Orange herbicides during the Vietnam War. It
14 would reverse current policy so Blue Water veterans who only
15 served on ships off the coast and have health problems
16 currently associated with herbicide exposure will be
17 eligible for service-related VA medical and disability
18 benefits.

19 The Association was delighted when the Senate Veterans
20 Affairs Committee held a hearing on the Senate bill and
21 Chairman Isakson told the sponsors that the bill would be
22 marked up and voted out of committee. FRA thanks Chairman
23 Isakson for the pledge and commitment of these forgotten
24 veterans. The FRA wants to thank Senator Kirsten Gillibrand
25 for sponsoring the Senate bill. We want to thank

1 Representative Chris Gibson for sponsoring the House bill,
2 and we want to thank the more than 300 House cosponsors.

3 The Vietnam conflict was very unpopular, but those
4 veterans who served did so with honor, courage, and
5 commitment. Many of these veterans are now senior citizens
6 and the time to help them is now.

7 The VA recently confirmed that it failed to contact
8 tens of thousands of the more than 800,000 veterans who have
9 applications for health care pending, nearly 300,000 of whom
10 died before getting a resolution. VA is required by law to
11 notify veterans of incomplete applications that have not
12 been verified. This had been done in cases of 545,000
13 living veterans and 288,000 deceased veterans with pending
14 claims. FRA believes that this is just one of many scandals
15 that have eroded public and veterans' confidence in the VA.

16 FRA believes that the Choice program has merit, but
17 will require significant oversight by the committees to
18 ensure it is effective. VA must ensure that non-VA care
19 coordinated teams are adequately staffed and funded to be
20 capable of handling the workload. FRA sees this program as
21 a permanent part of VA, but more needs to be done.

22 If you believe the VA numbers, progress has been made
23 with the disability claims and backlog. While the backlog
24 may be down, the backlog at the appeals level has spiked.
25 FRA is supporting the Express Appeals Act as a first step in

1 fixing the appeals process that is woefully too long.
2 Someone once said, justice delayed is justice denied, and
3 that also holds true for disability claims.

4 FRA supports the efforts to create a women veterans
5 health care program. FRA believes this program should
6 include mental health and provide child care service for
7 women veterans who come to the VA for treatment of their
8 wounds and injuries. Further, VA should enhance its sexual
9 trauma and other gender-specific programs and continue to
10 improve services targeted to women and veterans in all VA
11 facilities.

12 Lastly, I would ask the caregiver program to be
13 extended to all veterans who are catastrophically disabled.
14 Currently, the program only applies to veterans disabled
15 after 9/11/2001.

16 Chairmen Miller and Isakson, we thank you again for
17 your leadership and direction on behalf of our veterans.

18 [The prepared statement of Mr. Courneya follows:]

- 1 Chairman Isakson. Thank you very much, Mr. Courneya.
- 2 Mr. Hyland, you are recognized.

1 STATEMENT OF LARRY HYLAND, NATIONAL PRESIDENT, THE
2 RETIRED ENLISTED ASSOCIATION

3 Mr. Hyland. Chairmen Isakson and Miller, Ranking
4 Members Blumenthal and Brown, and distinguished members of
5 the committees, good morning. I am honored to represent the
6 Retired Enlisted Association, a Congressionally chartered VSO
7 founded 53 years ago to ensure the voice of America's
8 enlisted men and women is heard in Washington. TREA is the
9 nation's largest association exclusively for enlisted
10 personnel from all the Armed Services. Thank you for the
11 opportunity to speak to you today.

12 Since I last had the honor to appear before you, the VA
13 has encountered a multitude of additional problems. There
14 are financial scandals involving questionable bonuses and
15 reimbursed expenses. Firings were reversed by the Merit
16 Systems Protection Board. The introduction of the Choice
17 program ran into many bumps in the road. And the ongoing
18 construction dilemmas were infuriating. I have addressed
19 those issues and others in my written testimony and I hope
20 you have a chance to review it.

21 Today, however, I would like to highlight our concern
22 about the Veterans Crisis Line, which some of you refer to
23 as the VA Suicide Hotline. Earlier this year, issues were
24 raised about the hotline, but my understanding was that
25 those issues had been resolved. However, a week ago this

1 Wednesday, I was attending a meeting of the Brevard County,
2 Florida Veterans Council and was informed by the Council's
3 Chaplain that two veterans recently experienced issues when
4 they called the Crisis Line.

5 Twice in 30 days, the Chaplain had received requests to
6 speak to veterans who may have been considering ending their
7 lives. The first was during the third week of February,
8 when he was contacted by a veteran from Cape Canaveral who
9 had lost his job and whose wife had left him. When the
10 Chaplain inquired if he had called the Crisis Hotline, he
11 said he tried but could not get through to a real human.
12 The Chaplain immediately acted to ensure the veteran would
13 be receiving appropriate help.

14 Then during the week of March 1, the Chaplain was
15 contacted by a veteran who was staying at a Motel 6 in Coco
16 Beach. This veteran said he tried the hotline, was put on
17 hold, which made him angry and resulted in him hanging up.
18 The veteran told the Chaplain that he just wanted to talk to
19 another combat veteran, someone who understood. The
20 Chaplain told me that their conversation lasted more than a
21 half hour, and afterward, the veteran said what he really
22 wanted to know was that there were others like himself and
23 he appreciated speaking to that Chaplain, someone who
24 understood.

25 I realize those are two examples only from my home

1 county of Brevard, but in how many counties and in how many
2 states does that occur? And when it does occur, is there
3 another source to turn to, such as this Chaplain? If not,
4 then we have failed the veteran and he or she may have ended
5 their life.

6 I did a little research on the Crisis Line and
7 discovered something I was not aware of. The National
8 Suicide Prevention Hotline and the Veterans Crisis Line have
9 the same 800 number. However, in the Veterans Crisis Line,
10 you have to press "one" after dialing the number. I assume
11 that pressing one immediately identifies a caller as a
12 veteran and, therefore, routes it to the appropriate people
13 at the VA. I wonder if that assumption is correct.

14 On the National Suicide Prevention Hotline website,
15 they explain what happens when someone calls the 800 number.
16 The caller is told that they are going to a crisis center in
17 the network closest to their location, that they will hear a
18 message stating they have reached the Suicide Prevention
19 Lifeline, and then they will hear hold music while their
20 call is routed and then they are helped by a skilled crisis
21 worker.

22 On the Veterans Crisis Line website, they inform that
23 Veterans Crisis Line connects veterans in crisis to
24 Department of Veterans Affairs responders. As with the
25 National Suicide Prevention, they are also informed that

1 calls are confidential and that they will need to press
2 "one." I assume that there is no mention of hearing hold
3 music while a call is routed because the VA has said they no
4 longer put anyone on hold. But, the examples I just gave
5 you raise a question about the accuracy of that claim.

6 I also wonder if veterans who do not press "one" are
7 rerouted to the veterans line. Certainly, the one example I
8 gave you points out the uniqueness of veterans in crisis and
9 the importance of getting them connected with the VA, whose
10 people are trained in dealing with veterans.

11 In the 2010 Census, there were 209 million people in
12 the U.S. who were 18 years of age and older, in other words,
13 people of military age. In that same census, there were
14 just under 22 million veterans, people who would be in the
15 same age bracket as the 209 million. From that data, we
16 know that approximately 10.5 percent of the population older
17 than 18 has shouldered the burden to protect this great
18 nation and the remaining 89.5 percent of its citizens from
19 harm. I believe those veterans should, at the very least,
20 be treated as equals. They should be able to reach that
21 human voice. They should not be placed on hold. And they
22 should be heard.

23 Most are involved in doing something that benefits
24 society overall and contributes to the betterment with time,
25 money, or both. Most, if not all, assimilated back into the

1 mainstream of society, are productive members, and inspire
2 others by the service they perform. It is true that there
3 are those who require a hand up, who did not transition
4 well, but they are not looking for a handout. There is a
5 difference. We should remember that all gave some; some
6 gave all.

7 Again, we have included several legislative goals we
8 hope you will consider in our written testimony. I would be
9 happy to try to answer any questions you may have. Thank
10 you for your time and consideration.

11 [The prepared statement of Mr. Hyland follows:]

1 Chairman Isakson. Mr. Hyland, thank you very much for
2 your testimony.

3 Mr. Brasuell, you are recognized.

1 STATEMENT OF DAVID BRASUELL, PRESIDENT, IDAHO,
2 NATIONAL ASSOCIATION OF STATE DIRECTORS OF
3 VETERANS AFFAIRS

4 Mr. Brasuell. Thank you, Mr. Chairman. Mr. Chairman
5 and distinguished members of the committee, my name is David
6 Brasuell, Administrator, Idaho Division of Veterans
7 Services, and President of the National Association of State
8 Directors of Veterans Affairs. NASDVA is comprised of the
9 State Directors over all 50 states, the District of
10 Columbia, and five territories, and I am honored to present
11 the collaborative views of our organization.

12 As government agencies, we are second only to the U.S.
13 Department of Veterans Affairs in caring for our veterans
14 and their families. We collectively contribute more than
15 \$10 billion each year to help with access to care and the
16 delivery of services, particularly long-term care, burial
17 services, processing millions of claims, and combating
18 homelessness.

19 The Memorandum of Agreement between the VA and a state
20 department, the State Directors of Veterans Affairs,
21 recognizes and enhances the common mission of our two
22 organizations and the desire to deliver improved care and
23 services. Through the MOA, the Pillars of Excellence Awards
24 was established to recognize states that have developed
25 effective programs to address VA's priority issues, access,

1 backlog, and homelessness, and other state innovative
2 programs.

3 We strongly support VA's overall budget submission and
4 we support the intent of the MyVA transformation initiatives
5 to improve the veterans' experience at the VA. We
6 appreciate being part of the team to make needed changes to
7 the claims appeal process, and we support the resources
8 needed to make the changes in this area.

9 The Veterans Choice Card short implementation timeline
10 without well-defined program criteria has continued to
11 create confusion, false expectations, and frustration. In
12 many parts of the country, there are less capacity or care
13 in local communities than within the VA itself. VA needs
14 funding flexibility within the Choice program to put
15 resources where they are most needed. In combining Choice
16 and purchased care, emergency care and the State Veterans
17 Home per diem program must remain unchanged.

18 Additionally, NASDVA strongly supports VA's request and
19 initiative to use provider agreements to extend care in the
20 community. Provider agreements were originally implemented
21 in the State Veterans Homes with P.L. 112-154 and have
22 proven extremely successful. Any future legislation must
23 consider and preserve provider agreements in State Homes as
24 they currently exist for 70 percent or greater service-
25 connected veterans.

1 State Veterans Homes provide over half of all the VA
2 authorized long-term care with over 32,000 beds for elderly
3 and disabled veterans with skilled nursing, domiciliary, and
4 adult day care services. There are 153 State Veterans Homes
5 operating in 50 states and Puerto Rico. This critical
6 partnership with VA is essential to meet the national demand
7 for veterans nursing care.

8 Congress should appropriate sufficient funding to keep
9 the existing backlog of projects in the construction grant
10 program at a manageable level. Funding should be increased
11 to around \$200 million.

12 We applaud the VA's efforts to address women's veterans
13 health care issues. The increased number of returning women
14 veterans warrants continued emphasis on their specific
15 needs. One area of legislative or policy change that is
16 needed to allow the design of prosthetics specifically for
17 women.

18 VA, with the assistance of the states and VSOs, have
19 made significant progress in eliminating the claims backlog.
20 However, adequate resources and focused leadership still
21 needs to be applied.

22 NASDVA strongly advocates reforming the VA
23 administrative appeals process. As front-line providers of
24 veterans claim service, in our work with the VSOs, we are
25 ideally positioned to work within the regional offices with

1 the Veterans Benefits Administration and with the Board of
2 Veterans Appeals to assist in transforming the process and
3 reduce the appeals inventory. By placing significant focus
4 on the process within VBA prior to appeals being sent to the
5 Board, due diligence and due process can be maintained while
6 creating an environment where appeals requiring adjudication
7 can be decided on on the merits of the original claim in a
8 timely manner. Procedures need to be streamlined and allow
9 for a seamless transition and to enhance the decisions.

10 We appreciate the National Cemetery Administration's
11 partnership through the Veterans Cemetery Grant Program with
12 state and tribal cemeteries, providing over 35,000 burials
13 last year. We recommend funding for that program to be
14 increased to \$60 million, including \$10 million to address
15 emergent and improvement needs. State improvement agencies
16 are currently underfunded. The proposed VA allocation model
17 has a \$4 million shortfall, creating an unstable funding
18 source in supporting veterans in the states.

19 NASDVA commends VA's continued work towards ending
20 homelessness among veterans and we appreciate the funding
21 for the homeless programs and the partnership with HUD.
22 Local and state governments have a vital role in this
23 endeavor.

24 Mr. Chairman and distinguished members of the Veterans
25 Affairs Committee, thank you for the important work that you

1 are doing to keep our promise to our nation's veterans and
2 their families. Thank you, sir.

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

1 Chairman Isakson. Thank you, Mr. Brasuell.

2 Ms. Campos, you are recognized.

1 STATEMENT OF RENE CAMPOS, DEPUTY DIRECTOR,
2 GOVERNMENT RELATIONS, MILITARY OFFICERS
3 ASSOCIATION OF AMERICA

4 Ms. Campos. Chairman Isakson, Chairman Miller, Ranking
5 Member Brown, and members of the committees, on behalf of
6 our 390,000 members, MOAA is grateful for the committee's
7 steadfast championing of veterans health and benefit issues
8 as a top national priority.

9 As a 30-year Navy service-connected disabled veteran
10 and user of VA health care and benefits, I personally want
11 to thank you for all that you have done to improve the
12 health and well-being of our veterans and our families. I
13 truly mean that.

14 Today, I want to focus my comments on three areas: VA
15 community care, women veterans health care, and benefit
16 system upgrades.

17 MOAA strongly supports reforming and consolidating
18 community care, including a new Veterans Choice program
19 strategy to better integrate purchased care into the broader
20 VA health care system. Thanks to the committee's passage of
21 two key bills, the Veterans Choice Act and the Veterans
22 Health Care Improvement Act, you paved the way for
23 fundamental reform of health and benefits across the system.
24 In our view, system reform should start with consolidating
25 all seven VHA community care programs. The Department's new

1 Veterans Choice Plan is a step in the right direction to do
2 so.

3 MOAA is confident that if we can collectively focus on
4 reforming and consolidating VA community care into a single
5 program, then further system reform will follow and will be
6 more effective. One idea we believe should be considered is
7 the IB's framework for VHA reform, which provides an
8 excellent strategy, in our opinion, of what a veterans
9 health system should look like. We also endorse the IB
10 recommendation to move away from the current federal access
11 standards to a clinically-based standard to simplify
12 eligibility and improve access.

13 But, along with health care reform, we must also look
14 at new and innovative ways to deliver important services,
15 especially mental health and suicide prevention, where the
16 demand is the greatest.

17 In the area of women's health care, VA has an excellent
18 strategy in place for improving medical services, and it
19 comes at a time when the proportion of women in the military
20 is the highest in history. I personally have seen progress
21 in the VA medical system at the VA Medical Center here in
22 D.C. The care I have gotten has been excellent. But, in
23 the Women's Pavilion, the customer service and the care has
24 been exceptional. But, there is more to do and women
25 veterans look to Congress to press VA to achieve its

1 strategic goals and eliminate all barriers preventing them
2 from accessing integrated comprehensive health care across
3 the system.

4 And, finally, in terms of the benefit system, MOAA
5 continues to support a comprehensive integrated strategy for
6 reforming and improving claims management with the primary
7 emphasis of quality decisions at the initial stage of the
8 process. We commend the committees and the VA for the
9 significant progress in reducing the initial claims process.

10 However, progress comes at a price, and as new claims
11 are processed more quickly, the appeals claim backlog has
12 exceeded over 400,000 cases. In broad terms, we believe
13 reform must include fixes at the front end when the initial
14 claims decision is made and at the back end where the
15 veteran disagrees with an initial decision. We look forward
16 to working with the committees and the VA to make essential
17 reforms in this critical area this year.

18 Additionally, MOAA thanks Senators Graham and Reed and
19 Representative Jones for reintroducing their bipartisan
20 bills on the Servicemembers Civil Relief Act, SCRA, on
21 forced arbitration, S. 2331 and H.R. 416. The Act would
22 guarantee our servicemembers can enforce the rights already
23 granted to them under SCRA. DOD has concluded that
24 servicemembers should maintain full legal recourse against
25 unscrupulous lenders and that loan contracts should not

1 include mandatory arbitration clauses, onerous notice
2 provisions, and should not require the servicemember to
3 waive his or her right of recourse. Congress banned forced
4 arbitration for disputes brought by auto dealers.
5 Certainly, our nation's servicemembers should be afforded
6 the same protections for other types of contracts. MOAA
7 also recommends the committees endorse legislation that
8 would upgrade other protections under SCRA as outlined in
9 our statement.

10 In conclusion, MOAA is grateful to the members of the
11 committee for all your support on these very important
12 issues, and I thank you and look forward to your questions.

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

- 1 Chairman Isakson. Thank you very much, Ms. Campos.
- 2 Mr. Frank, you are recognized.

1 STATEMENT OF ROB FRANK, CHIEF EXECUTIVE OFFICER,
2 AIR FORCE SERGEANTS ASSOCIATION

3 Mr. Frank. Thank you, Mr. Chairman. We are certainly
4 going to hold you to that dues commitment, so we will catch
5 you right after. Thanks.

6 [Laughter.]

7 Mr. Frank. But, Chairman Isakson, Chairman Miller,
8 Ranking Member Brown, members of these committees, I
9 appreciate the opportunity to present the views of the
10 100,000 members of the Air Force Sergeants Association.

11 Many veterans who have served prior to us and have gone
12 on to be productive members of society, and then those, that
13 sea of blue behind me who we must not ever forget, are
14 veterans in their own right. And, so, I speak on behalf of
15 all of these veterans on a variety of different issues.

16 We have submitted our written statement for the record.
17 I hope you have had a chance to review that. But, first, I
18 just want to talk about a couple of things to maybe tee up
19 some conversations we will have in a bit and some viewpoints
20 that we have as an association.

21 I would like to get to Chairman Miller's question he
22 asked a couple of weeks ago of a similar panel to us, and
23 you asked, can the culture of the VA change given the
24 current construct, and I will tell you, as we look at this,
25 it is a flat no. When you go to a VA--you have heard the

1 adage, is you go to one VA, you have been to one VA. And
2 until the bureaucratic piece of how the VA is structured is
3 changed, other things--like I agree with my colleague from
4 MOAA that talks about how to integrate purchased care to
5 make it better--until some of those changes come into place,
6 and until standardization comes into place for these VA
7 centers and accountability with that, you are not going to
8 see a culture change that we need to change for the
9 veterans.

10 And, we are talking about the seven percent of veterans
11 who have served their country more and sacrificed more than
12 anybody, arguably, maybe less than somebody who is giving
13 their life for their country, but we need to take care of
14 them. We need to take care of the seven percent, and the
15 less than one percent that serve today to keep us free. So,
16 we need to keep that in mind as we move forward.

17 So, I want to highlight a couple of issues, first and
18 foremost, talking about post-service educational benefits,
19 most notably, the G.I. Bill. I urge this committee and I
20 urge Congress to resist the need or the desire to cut
21 programs that affect the seven percent, or actually less,
22 that are under this program. Resist cuts to this program to
23 balance the budget. Resist those cuts. And, I will tell
24 you, it has our enlisted force concerned. There are a
25 variety of issues, but one of them is what was recently

1 passed in the House, the legislation to remove or cut the
2 stipend in half, 50 percent of the stipend when it is
3 transferred to our dependents.

4 And, you have got to keep in mind, we have been at war
5 for 14 years. In the Air Force, we have been deployed much
6 longer than that. In 1990, I went to the desert and we have
7 not come back from there, and our families have continued to
8 stay home and sacrifice on behalf of our servicemembers.
9 And a benefit that was created, a very generous one that you
10 all created and has gotten into work and has made our
11 dependents, who have sacrificed a lot, better members of
12 society, that we are now going to turn around and cut the
13 legs partially out from under them. I know the House has
14 passed theirs, but I urge the Senate not to take this
15 measure up.

16 As we move forward with the VA and health care, I in my
17 hand have our Choice Card, right. We talk about this
18 program, one of the options to get care. It really is not
19 worth a whole lot under the current construct. We urge, and
20 again, in agreement with MOAA along these lines, is to
21 better streamline these programs to give opportunities for
22 our veterans to get helped.

23 As a matter of fact, I said on--I have one of our
24 constituents, a veteran who is getting help at the VA
25 center, and he needed to call to work on one of his

1 appointments, and he was on hold--I sat with him--he was on
2 hold for an hour and 43 minutes--no, I am sorry, let me
3 correct that--three hours and 41 minutes. It is ridiculous.
4 Now, that is one example of many stories that are out there.
5 But, we have to work. And, I call my provider in TRICARE.
6 I certainly do not sit on that long period of call. We
7 should take care of our veterans just as well that are using
8 the VA health care.

9 Women veterans continue to be the largest growing
10 group. Congresswoman Brown, I know that that is a
11 particularly important issue to you. I know you talked a
12 little bit about some prosthetics with the last panel. But,
13 we do urge the VA and Congress to continue to fund those
14 programs to take care of our women veterans and the specific
15 needs and the unique needs in health care, in mental health.

16 And, of course, our caregivers, to get beyond helping
17 our caregivers beyond the Iraq, Iran, OIF/OEF conflicts and
18 get it to all the conflicts so our veterans can get taken
19 care of.

20 In closing, I would like to say that we have got to
21 keep faith with our veterans. They start here in uniform
22 and they come to be productive members of society. Whether
23 it is taking care of them for educational programs or an
24 integrated health care record--which I cannot believe we are
25 not there yet, right--no matter what, we have to keep faith

1 with that seven percent. You all have to give good policy,
2 and then you have to hold the VA accountable.

3 Thanks for your opportunity and I appreciate and look
4 forward to the conversation.

5 [The prepared statement of Mr. Frank follows:]

- 1 Chairman Isakson. Thank you very much, Mr. Frank.
- 2 Mr. Susino, you are recognized.

1 STATEMENT OF CHARLES SUSINO, JR., PAST NATIONAL
2 COMMANDER AND CHAIRMAN OF THE LEGISLATIVE
3 COMMITTEE, AMERICAN EX-PRISONERS OF WAR

4 Mr. Susino. Chairman and members of the House and
5 Senate Veterans Affairs Committee and guests, my name is
6 Charles Susino, Jr., Past National Commander, American Ex-
7 Prisoners of War, and Chairman of the Legislative Committee.
8 Thank you for the opportunity to express our comments.

9 Recently, the Secretary outlined his plan to transform
10 the VA into a high performance organization. While we
11 supported his efforts, another year has passed, another year
12 where long lines and lost appointments continue, a year
13 where the discussion at the top levels has changed but the
14 veteran's experience has not. We need a change at a quick
15 pace.

16 Women Air Force Service Pilots, known as WASPs, served
17 in World War II. Approximately 1,000 participated in
18 military operations, flying non-combat and training
19 missions. Since 1977, federal law granted WASPs veteran
20 status, and since 2002 have been eligible to have their
21 ashes placed in Arlington National Cemetery with military
22 honors. In 2015, former Army Secretary McHugh took action
23 to stop these benefits. It is despicable he would withdraw
24 an earned benefit and unacceptable for Congress to allow him
25 to deny these rights. I know you stand behind me and earned

1 veterans benefits. I ask for your assistance to correct
2 this gross wrongdoing.

3 Within the recently passed 2016 budget, a section gives
4 a financial windfall to all diplomats and civilian hostages
5 held in the 1979 Iraq diplomatic crisis. They are receiving
6 \$10,000 a day, while we are compensated--starved and
7 tortured World War II POWs--\$1.50 a day for being a
8 prisoner. Four million dollars issued to each hostage and
9 an additional \$600,000 to their spouse and children.
10 Members of the military community, especially prisoners of
11 war, are insulted by these actions. These monies should be
12 dedicated to veterans in need. Let us put this in
13 perspective. The hostages are receiving many times the
14 amount of money that a 100 percent disabled veteran would
15 receive over a 100-year lifetime. Someone needs to explain
16 to me that this makes any sense.

17 I have included in my written comments reference to
18 several bills. We ask for your support. Due to the limited
19 time, I will highlight only a few.

20 The amendment to the North Korean Sanction Act aims to
21 protect U.S. efforts to recover the remains of American
22 servicemen in Korea.

23 H.R. 1670, National POW/MIA Remembrance Act of 2015,
24 places a chair in the United States Capitol honoring
25 American ex-prisoners of war in action.

1 As I stated last year, aside from COLA, DIC has not
2 been increased in decades and we ask for your support to
3 correct this longstanding inequity.

4 Thank you for your time and consideration. God bless
5 our troops. God bless America and remember. Thank you.

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

1 Chairman Isakson. Well, thank you, Mr. Susino, and
2 thank you for your continuing service to the people of the
3 United States of America. You are a great example to all of
4 us and a great patriot and we appreciate you very much.

5 Mr. Susino. Thank you.

6 Chairman Isakson. Mr. Overstreet, you are recognized.

1 STATEMENT OF SERGEANT MAJOR GENE OVERSTREET,
2 PRESIDENT, NON-COMMISSIONED OFFICERS ASSOCIATION
3 Sergeant Major Overstreet. Thank you, Mr. Chairman,
4 Chairman Isakson, Chairman Miller, Ranking Member
5 Congressman Brown, and distinguished members of the Veterans
6 Committee. I would like to thank you today and appreciate
7 the opportunity for NCOA to present formally the
8 Association's legislative concerns and priorities for the
9 upcoming Congress.

10 Chairman Isakson, I would like to also thank you for
11 recognizing our members in uniform here today. That does
12 not go unnoticed or unappreciated, either.

13 And, to all of you that sit on this committee, I would
14 like to say, thank you for sitting on this committee. This
15 is very important to everyone out here and to all those
16 veterans that have served America, what you do and the
17 decisions that you make.

18 And, I am here today to ask you for your continued
19 support and your continued commitment. And when you give
20 that commitment, I would like for you to look at these folks
21 that are sitting behind us here in uniform and all those
22 folks that are serving in uniform around the world out
23 there, wherever they may be, what kind of commitment they
24 are making. And, I think our commitment to them should be
25 no less. So, I am asking your commitment in that today.

1 And, I know that is no easy challenge, particularly
2 when we look at the threat and the increased threat around
3 the world, the things that you have to do with economic
4 constraints and balancing a budget and those sorts of
5 things. I realize the challenge that you face doing that,
6 not to mention the management challenges and accountability
7 for the VA.

8 An old Sergeant Major told me one time, he said,
9 "Overstreet, don't expect, inspect," and I am going to
10 suggest as we move forward that is what it is going to take.
11 We are going to have to inspect everything that we want them
12 to do, or anybody else that we want them to do, if that is
13 going to happen.

14 I would also like to say that your deeds and acts have
15 not gone unnoticed or unappreciated. For example, H.R. 203,
16 H.R. 280, H.R. 294, and you know what those are as well as
17 all of us do, not to mention on the Senate side S. 1493 and
18 1203. Thank you. We know that you are busy, and sometimes
19 it just takes a long time to make those things happen.

20 But, if the VA is going to meet the task at hand here,
21 I think it is going to have to have some inner structure. I
22 think it is going to have to build a little bit. I think
23 they are going to have to have a full array of physical and
24 mental health demands.

25 And, as my counterparts down the table have said here

1 already, and that is to meet the challenges of women that we
2 have coming to the VA today, and not to forget the increased
3 expanded role that they are going to serve in combat. So,
4 once again, that is going to be a greater challenge. Health
5 care, PTSD, mental health, with special emphasis on rural
6 areas, those that we cannot reel into a catchment area to
7 get into the VA.

8 As one of my counterparts mentioned here, challenges
9 with the Choice Card to allow veterans to see private sector
10 specialists, those individuals that we do not have within
11 the VA, those specialists that we do not have within the VA
12 to take care of them.

13 And, all of that is going to have to be funded by
14 adequate funding, and I am going to say it needs to be
15 blocked off from sequestration. If we are talking about
16 veterans, we are talking about taking care of veterans, you
17 cannot say, well, our intentions were good and we are going
18 to go so far, but we are going to throw on the brakes when
19 we get here because we just really do not have the money.
20 Hey, they paid their price. Now, it is up to us to pay
21 ours.

22 A full implementation of caregivers. You know, thank
23 you for that a couple of years ago, and that is working
24 good. We probably need to expand that. That needs to go.

25 Assumption--I testified before the Assumption

1 Committee. Let me tell you what assumption is to us.
2 Assumption to every young man and woman that raises their
3 hand to come in the service, their assumption is that we are
4 going to give them the best training, the best equipment
5 that money can buy. We owe them no less. There is another
6 assumption, also. They are assuming that they are going to
7 get quality, timely health care. We owe them that, as well.

8 Adequate benefits, and a commitment--a commitment from
9 a grateful nation to take care of our veterans, a commitment
10 from a grateful nation in case one should fall and not come
11 back in battle, we are going to take care of their widows,
12 their orphan, their survivors. We are going to do that.

13 Ladies and gentlemen, thank you this morning for the
14 opportunity to appear before you. I look forward to your
15 questions. Thank you.

16 [The prepared statement of Sergeant Major Overstreet
17 follows:]

1 Chairman Isakson. Thank you, Mr. Overstreet.

2 Mr. Blum, you are recognized.

1 STATEMENT OF JEROME BLUM, NATIONAL COMMANDER,
2 JEWISH WAR VETERANS

3 Mr. Blum. Chairman Isakson, Chairman Miller, and
4 members of this esteemed committee, Jewish War Veterans
5 appreciates this committee's dedication to the needs of
6 America's veterans.

7 Mr. Chairman, I wish to expound on a few issues that
8 are near and dear to me personally. The first is the Blue
9 Water Agent Orange controversy. I served on a destroyer
10 escort in the South China Sea. We were temporarily
11 homeported in Sucat Bay, Philippines. I spent over two
12 years in Vietnam. While I was aboard the Vance, I worked
13 mainly below decks and was involved in the operation of the
14 fresh water evaporators. However, I remember hearing from
15 shipmates that went out to sea we had an oily substance on
16 the ship that had to be cleaned off. I have with me today a
17 book about the U.S.S. Vance if you wish to learn more.

18 Fortunately, my ship is on the list. I have a 60
19 percent disability due to Agent Orange. I ask these
20 questions. Can it be said that the chemicals sprayed from
21 airplanes did not carry in wind currents? Could this
22 chemical survive water distillation aboard ships? How did
23 Agent Orange arrive, by plane, by ships? Is it not possible
24 that the drums were used for target practice? And, lastly,
25 was there leakage during handling? I urge our government to

1 not let this issue linger until there are few left to
2 receive their just benefits. This is not strictly a
3 scientific study, it is also one of common sense.

4 Furthermore, please know that research is needed now
5 regarding descendant effect from Agent Orange. My wife,
6 Joanne, and I lost our daughter to pancreatic cancer.
7 Michelle was just 40, and she left behind two young
8 daughters and her husband. Never did it occur to me that I
9 might have been the cause of the cancer. But, studies have
10 revealed that Agent Orange might possibly be passed down.
11 Research must be furthered, not just for science or warfare,
12 but for the sake of our brave men and women and their
13 families.

14 My second subject, Mr. Chairman, is expanded mental
15 health treatment during and after their service. JWV
16 strongly requests that Congress fully fund the VA's PTSD/TBI
17 research as well as independent studies into the cost of
18 improved treatment methods. Unfortunately, there are men
19 and women who suffer from mental health conditions that
20 preclude them from accepting help. We owe it to these
21 warriors to find multiple paths and programs to get them the
22 psychiatric help they need.

23 Mental health and my next issue, chronic veteran
24 homelessness, are closely intertwined. Many homeless
25 veterans refuse help, thinking they might lose their

1 personal belongings, and often people with PTSD/TBI need
2 more help. But through partnerships between the VA,
3 community organizations, and state governments, services can
4 be delivered.

5 The great State of Connecticut was the first state to
6 officially end chronic homelessness among veterans through
7 its collaborative services. For example, Connecticut has a
8 yearly stand-down, a day for warriors and their families to
9 receive help, a one-day affair, but what is done is
10 tremendous. Medical, legal, cosmetic, clothing, and food,
11 and so much more are all part of the magic of the day. This
12 event, which was initiated in San Diego in 1988, has spread
13 into many states. I strongly recommend the national
14 government, perhaps through the VA system, expand the
15 program to every major city. This, as we know, would not
16 bring an end to chronic homelessness, but it is a rather
17 good start.

18 Next, JWV supports all of our veterans and advocates
19 for equal treatment, regardless of gender. Women's health
20 services must be available for all women veterans. Every VA
21 must provide the same standard of care. Therefore, I urge
22 Congress to hold the VA accountable for fair and equal
23 treatment.

24 Finally, Mr. Chairman, I would like to bring to the
25 attention of this esteemed committee Medal of Honor

1 recipient Tibor Rubin. I will not go into details at this
2 time, but I urge you to read up on this hero and sign on
3 with the great State of California to rename the VA Medical
4 Center-Long beach in his honor.

5 Yesterday, March 15, marked the 120th birthday of the
6 Jewish War Veterans. I do love the Jewish War Veterans and
7 the United States of America. And today, March 16, marks my
8 wife's birthday, and I love her even more. She is right
9 behind me.

10 [Applause.]

11 Mr. Blum. Thank you to the committee and thank you for
12 your attention. I am sorry I missed Senator Blumenthal. I
13 was going to give him a shout out. But, thank you so much.
14 I appreciate your attention to our matters.

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

1 Chairman Isakson. I think you just earned great
2 brownie points with your wife, so that is important.

3 [Laughter.]

4 Chairman Isakson. We are happy for you, and thank you
5 for your service.

6 Mr. Blum. Thank you, sir.

7 Chairman Isakson. Mr. Rieckhoff, you are recognized.

1 STATEMENT OF PAUL RIECKHOFF, FOUNDER AND CHIEF
2 EXECUTIVE OFFICER, IRAQ AND AFGHANISTAN VETERANS
3 OF AMERICA

4 Mr. Rieckhoff. Thank you, sir, and happy birthday,
5 ma'am.

6 Good morning, Chairman Isakson, Chairman Miller,
7 Ranking Members Blumenthal and Brown, and distinguished
8 members of the committee. On behalf of IAVA and over
9 450,000 members around the world, thank you for this
10 opportunity to share our policy priorities for 2016. I also
11 want to thank all the IAVA members who are tuned in online
12 and here with me today.

13 Our policy agenda is a blueprint for how we believe
14 America, not just Congress but all of America, can support
15 our new generation of veterans. We urge all of you to
16 download it online at IAVA.org. It is also on Twitter and
17 on Facebook.

18 I think that this panel underscores that we are
19 stronger together, and this committee has always been a
20 place that is stronger together, Republicans and Democrats
21 working together, and especially in an election year, I urge
22 you to continue that momentum and put our veterans first and
23 show folks that we are, indeed, stronger together.

24 But, Congress is only going to be in session for about
25 62 days before the election, so given this abbreviated

1 schedule, I would like to focus our priorities on what we
2 believe is necessary to defend the promise. That is going
3 to be our theme for 2016, and I am going to talk about four
4 priorities, our big four for 2016 that our members have said
5 they want you to focus on, they want America to focus on.

6 Number one is keeping the fight up to reduce veteran
7 suicide. As you know, this time last year, we celebrated
8 the passage of the Clay Hunt Suicide Prevention bill.
9 Despite the historic and bipartisan success, suicide among
10 veterans is still a crisis. A few months back, our rapid
11 response referral program got six calls in one day from
12 veterans who were facing suicide, six at one time. Our
13 intake guy literally had one in each hand. So, the threat
14 is real. An IAVA member survey shows that while more IAVA
15 members are seeking help for mental health injuries, there
16 are also a higher percentage who have thought about taking
17 their life.

18 To that end, Chairman Miller, you have indicated a
19 willingness to hold hearings on the implementation of the
20 Clay Hunt SAV Act and we hope that we can do that and defend
21 the promise to our veterans suffering with mental health
22 issues.

23 And, as you know, the VA recently announced its
24 intention to elevate and resource, further resource, the
25 Suicide Prevention Office. Currently, this office only has

1 two dedicated staff members and no directly allocated funds.
2 This is counter to the Suicide Prevention Office at the DOD,
3 which sits higher and has a dedicated staff and budget.

4 We are also very concerned that women veterans die at a
5 suicide rate nearly six times the rate of civilian women.
6 We call on Congress to pass the Female Suicide Prevention
7 Act recently approved unanimously by the House.

8 Over 125,000 post-9/11 veterans have received other
9 than honorable discharges, leaving this population without
10 access to VA service and benefits. These veterans face a
11 higher risk for suicide and homelessness and they need our
12 help. IAVA strongly supports the Fairness for Veterans Act,
13 H.R. 4683 and S. 1567, to ensure proper due process for
14 servicemembers whose conditions should have been diagnosed
15 and considered prior to discharge from the military. I want
16 to give a special thanks to Chris Goldsmith, an IAVA member
17 who has led on this fight, and his team.

18 Number two, invest in the success of women veterans.
19 Women veterans make up 20 percent of IAVA membership and
20 over 30 percent of our leadership. They are also the
21 fastest growing segment of the veterans' population. Yet, a
22 vast majority do not feel the American public even
23 recognizes their service. Less than ten percent of IAVA
24 women veterans who responded to our member survey felt the
25 general public understands the contribution of women in the

1 military. As a nation, we must do better.

2 Women veterans continue to have higher rates of
3 unemployment, and in our member survey, women were more
4 likely than men to have difficulty finding stable housing.
5 We must strengthen public awareness and defend the promise
6 to our women.

7 Currently, dedicated funds for women's health is not an
8 actual line item in the VA budget. In order to fully
9 support our women veterans, the budget should include a sub-
10 line item under primary care that allocates at least ten
11 percent of the budget to women veterans' care, which would
12 help support and fund the critical designated women's health
13 providers and their support staff. This should be coupled
14 with at least a 15 percent increase in the mental health
15 budget to have a sub-line for women veterans specifically.
16 Ensuring support for these women veterans is critical and
17 needs to include adequate budgetary support.

18 Number three, we have got to continue to reform the VA.
19 You all know about the scandal, and while a vast majority of
20 employees serve in an exemplary way, there are still those
21 who discredit the VA through underperformance and negligent
22 acts. We have got to be able to jettison employees in an
23 expedited manner which protects whistleblowers and will be
24 key to restoring morale and providing veterans with the
25 highest quality of care.

1 We support Secretary McDonald's recent endorsement of
2 Deputy Secretary Gibson's idea to amend Title 38, making
3 Department executives at will employees and providing the
4 Secretary with the tools to meet the salary requirements.
5 Additionally, we were an early supporter of Chairman
6 Miller's House-passed VA Accountability Act. We call on
7 Congress to bridge the partisan divide and work now to pass
8 a strong accountability bill that can be passed by the
9 Senate and signed into law. We were also encouraged by
10 Chairman Isakson's recent comments that he would like to
11 move a VA accountability bill to the end of March, and we
12 very much anticipate the final product.

13 Like you, we feel Secretary McDonald is the right man
14 to reform VA. He brings business acumen and a results
15 oriented approach. He brings IT modernization,
16 accountability, and under his tenure, VA has improved. But,
17 much more needs to be done. We knew this would be a long
18 road and we ask you to give him the funding and the
19 flexibility to continue the work he started.

20 Finally, number four, we must defend veteran and
21 military education benefits. Since 2009, over one million
22 veterans and their families have come to rely on the Post-
23 9/11 G.I. Bill. Among our members, 50 percent have used the
24 Post-9/11 G.I. Bill themselves or transferred it to their
25 dependents. Ignoring these facts, the House recently used

1 the G.I. Bill as a piggybank to fund other veterans'
2 programs.

3 This is a great concern to IAVA and, I think, most of
4 the other veterans groups here. You know, while there are
5 initiatives in the omnibus bill that we support, a 50
6 percent reduction in the housing allowance for veterans'
7 children who receive transferred G.I. Bill benefits is a
8 breach of trust. Congress must defend this promise. Do not
9 cut the G.I. Bill. We are in a time of war. Our community
10 is outraged that this is even an issue. So, we encourage
11 your committees to find alternative funding sources. If
12 not, we will continue to oppose this bill strongly.

13 Finally, Congress must close the 90/10 loophole that
14 reward for-profit schools that intentionally target
15 veterans. While not every school is a bad actor, closing
16 the 90/10 loophole is the only solution--is not the only
17 solution, but it is a significant step that Congress should
18 take to improve education outcomes.

19 Finally, Chairman Miller, I want to take this
20 opportunity to thank you for your leadership. You have been
21 a true public servant and IAVA members have committed to be
22 bodyguards for life if you need them. We will have your
23 back like you have had ours.

24 And, I will leave you with this thought. Veterans are
25 not a charity, they are an investment and they should be

1 empowered. Given the challenges of legislating in an
2 election year, Congress must stay focused on continuing that
3 investment. In an election year, we actually can get along.
4 This committee, these committees can be a place where we can
5 be unified and inspire America.

6 So, thank you for the opportunity to share IAVA's
7 priorities with you here today and we look forward to
8 getting as much done as possible for our members and for our
9 country. Thank you.

10 [The prepared statement of Mr. Rieckhoff follows:]

1 Chairman Isakson. Thank you, Mr. Rieckhoff.

2 And, following up on your statement, I am going to go
3 ahead and introduce Chairman Miller, because he has a
4 meeting to go to in the Intelligence Committee.

5 But, as I do, I want to assure all of you that
6 yesterday, the Senate committee moved forward on our goal of
7 coming together with an omnibus VA accountability bill by
8 April, so we can respond to the leadership of Jeff Miller
9 and Corrine Brown and the House of Representatives that have
10 already taken that action, work out our differences, so by
11 Memorial Day of this year, the Congress of the United States
12 and, hopefully, the executive branch, will come together to
13 enact the most substantial VA accountability bill and reform
14 bill in the history of this Congress, and I look forward to
15 being a part of that and appreciate very much the leadership
16 of Chairman Miller.

17 Chairman Miller, you are recognized.

18 OPENING STATEMENT OF CHAIRMAN MILLER

19 Chairman Miller. Thank you very much, Senator.

20 It is an honor to be here. I apologize that I am going
21 to have to depart in just a minute. I appreciate the
22 Senator's words as it relates to accountability and the
23 veteran omnibus bill that we are working on now. We have
24 been working diligently with both sides of the Capitol
25 complex and with both political parties in trying to piece

1 together the bills that have already passed the House.
2 There are 27 bills that we passed last year that we are
3 trying to find ways to put them into this bill.

4 Obviously, accountability is something that we are all
5 committed to doing. I think that is the thing that the VA,
6 as many of you have already stated, has been lacking in the
7 past. Even yesterday, the Department announced that it was
8 going to have accountability imposed on three members of the
9 Phoenix, Arizona team. The interesting thing is, this is
10 two years later than it was actually discovered, and the
11 unfortunate thing is given what I see are the arcane civil
12 service laws and rules out there today, these individuals
13 will remain on the payroll today for many, many months to
14 come before they, in fact, will receive whatever discipline
15 will be meted out.

16 So, we are all trying to work, bearing in mind that
17 there are questions as it relates to employees' rights to
18 appeal, employees' rights that have been ingrained in the
19 legislature for a long time. So, it is not easy, but it has
20 to be done, and it has to be done in a bipartisan way.

21 I also want to say as a status update to my good friend
22 from IAVA, we have a hearing scheduled on May 12 that is
23 specific to mental health issues and suicide, and, of
24 course, the Clay Hunt SAV Act will be a large part of that
25 hearing. It is already scheduled, so we will be having that

1 within the next 60 days.

2 I also--Mr. Blum, you had talked about Agent Orange
3 toxic exposure. We have passed out of our committee the
4 Toxics Exposure Research Act and it has passed out of the
5 full committee and we are waiting on House passage now.
6 Again, as we work on the omnibus bill, we are very hopeful
7 that we will be able to find resolution to that, as well.

8 So, I end at this session by saying thank you to
9 everybody at this table, many of you who I have seen many,
10 many times, and your commitment is unquestioned. It has
11 been an honor to serve alongside of you in support of your
12 organizations. I have got nine months more, lots of time to
13 create mayhem, if necessary, to bring attention to some of
14 the issues that are so important to you, the veterans of
15 this country, that have worn the cloth of this nation. So,
16 I thank you for that and I yield back.

17 Chairman Isakson. Thank you, Chairman Miller.

18 Ranking Member Brown.

19 OPENING STATEMENT OF REPRESENTATIVE BROWN

20 Ms. Brown. Thank you. First of all, let me tell my
21 home person that, you know, it was hard hearing that you
22 were leaving me in the news, but I would like us to give him
23 a hand. It has been wonderful working with him, Chairman
24 Miller. He is just great.

25 [Applause.]

1 Ms. Brown. Thank you. Thank you. And, I was in
2 Pensacola when I heard the news, which was devastating to
3 everybody in your area.

4 Let me just say that there are four people from Florida
5 here, Riley, Robinson, Lewis, and Fredrickson. They are
6 with the Air Force personnel. Will you please stand, the
7 people from Florida. We have got to go back home. Let us
8 give them a hand. Thank you.

9 [Applause.]

10 Ms. Brown. Thank you. And, I want to say God has
11 blessed America with all of your service, everybody in this
12 room.

13 I want to be real quick, because--let me just say one
14 other thing. The bill that you were talking about
15 pertaining to--will be on the floor Monday about the WASPs
16 issue, and we will pass it out of the House, making sure
17 that the women are able to continue to be buried at the
18 Arlington Cemetery. And, in fact, I did have a bill that
19 passed the committee pertaining to making sure that we get
20 additional space and start planning for the future, because
21 I think we only have about 400,000 additional spaces there.
22 So, that is something that is already on the agenda.

23 Women, I have a real concern about women, because, yes,
24 they are not taking advantage of the services. And, I guess
25 when they come out, they do not feel like we are a part of

1 it, and I am interested in your comments about what
2 additional things that we have to do pertaining to making
3 sure that women, who have contributed so much from the very
4 beginning, feel that they should take advantage, because
5 they leave their G.I. Bill and other benefits on the table.
6 That is the first question.

7 And the second one pertains to are there any Vietnam
8 veterans in the room?

9 [Show of hands.]

10 Ms. Brown. Let us give them a hand.

11 [Applause.]

12 Ms. Brown. Now, when we think about suicides, most of
13 them are from the Vietnam era, and out of the people that
14 commit suicide, only three of them are in the VA system.
15 So, they are not a part of the system and we have got to
16 figure out how to get them into the system. And, of course,
17 once we get them in the system, we have got to make sure
18 that we take care of them, and so those are my two questions
19 that I am very interested in.

20 You just need to know--and last, my statement--86
21 percent increase in VA funding from this President Barack
22 Obama. I know we will never see that on Fox News, but it is
23 a fact. But, also, we need to understand that even though
24 we have forward budget for VA, let us say VA is not affected
25 by some of the stuff that goes on up here, but everything

1 else is, let us say your educational benefits, or let us say
2 your housing benefits. So, we are all in this together and
3 we have got to make sure that we have a functional Congress,
4 that we are moving the entire country forward.

5 So, with that, I would like responses on those two
6 areas, veteran suicide and how to get additional women to be
7 a part of the VA system.

8 Ms. Campos. Ma'am, I would like to take that question.

9 Ms. Brown. Ms. Campos, yes.

10 Ms. Campos. First of all, I would like to give a shout
11 out to Dr. Patty Hayes in the VA, Chief, Women's Medical,
12 and she has, and their team there has really, as I
13 mentioned, has a great strategy in place. The challenge is
14 getting what is in the pipeline. As she testified several
15 months ago, there are a lot of things in the pipeline that
16 need to get moving, and that includes training for
17 sensitivity to providers and so on.

18 So, I know of a number of veterans--I happen to be one
19 of them--that have entered the VA and was not very happy
20 with my experience there. But, I believe that what they
21 have in place needs to be ratcheted up and be--you know,
22 they are already behind the power curve right now and they
23 need to get those things in place.

24 In terms of mental health and in suicide prevention, I
25 would just like to say that one of the things that I think

1 is very important, and it is in my statement, is that the
2 collaboration between the Department of Defense and VA is
3 very, very important. And, there are too many people
4 leaving the military service that are not getting that warm
5 hand-off that are at high risk, that need to be followed
6 through, not just given a number, not just given a website,
7 but they really do need to be, you know, that really help
8 get them into the system, navigate it, and get them to where
9 they have that warm hand-off.

10 Ms. Brown. Let me just say that I have been on this
11 committee for 23 years and the most difficult part is
12 getting the Department of Defense and VA to work together.
13 You go to basic training for how many weeks. When you come
14 out, you should have some exit training. So, I mean, that
15 is something that we have to continue to work together on as
16 we move forward.

17 Thank you all for your service.

18 Mr. Rieckhoff. Yes, ma'am. I just want to follow up
19 on that. IAVA is really trying to lead the fight for our
20 women veterans and it starts with the understanding that,
21 you know, despite the recent changes in the Department of
22 Defense, women have been in combat, have been fighting and
23 dying for now almost two decades. So, it starts with a
24 basic level of understanding, and we need you and the
25 President and everyone else to help pass that message

1 forward.

2 We have got an entire section in our policy agenda that
3 folks can download at IAVA.org. I will not go through all
4 of it. We have got to improve the care and benefits. We
5 have got to improve employment, housing, and child care
6 benefits, strengthen public awareness, and research is a
7 critical component here, and improve the evaluation and
8 research of all these related pieces.

9 Two legislative items that I noted in particular is the
10 Female Suicide Prevention Act. We need everyone's support
11 on that, H.R. 2915 and S. 2487, and the Women Veterans
12 Access to Quality Care Act, H.R. 1356 and S. 471. We need
13 to make women veterans an issue in the same way we did
14 suicide last year. We all worked together, we made it a
15 focus, we passed historic legislation with the Clay Hunt
16 bill. We can do the same on women veterans, but we all need
17 to stick together and make it a priority.

18 Ms. Brown. Let me just say one thing I want to correct
19 you on, and I know that is very hard for me to do, to
20 correct you, because you are the champion, but--

21 Mr. Rieckhoff. No, you have done it before, ma'am.

22 Ms. Brown. Women have been involved not for two
23 decades. They have been involved from the very beginning.

24 Mr. Rieckhoff. Yes, ma'am.

25 Ms. Brown. And that is the problem. People do not

1 know the service that women have made--

2 Mr. Rieckhoff. That is absolutely true.

3 Ms. Brown. --and contributions. Many times, they had
4 to go in there--

5 [Applause.]

6 Ms. Brown. --and act as if they were a man. Women
7 have been involved--

8 Mr. Rieckhoff. Absolutely.

9 Ms. Brown. --in defending this country from the first
10 war.

11 Mr. Rieckhoff. That is absolutely true.

12 Ms. Brown. All right.

13 Mr. Rieckhoff. Absolutely true. Go on Fox News and
14 say that, ma'am, everywhere else you can.

15 [Laughter.]

16 Mr. Rieckhoff. We are with you.

17 Chairman Isakson. To quote my wife, if it was not for
18 women, there would not be no men, so--

19 [Laughter.]

20 Chairman Isakson. I am going to thank--I am going to
21 have to excuse myself. The Senate has a pending vote on
22 cloture in just a second, which is the reason all the
23 members of the Senate have had to excuse themselves. I am
24 going to ask Dr. Abraham to complete the rest of this
25 meeting in terms of presiding and also recognize him for his

1 turn to ask questions. But, God bless all of you and thank
2 you for your service to America.

3 Dr. Abraham. [Presiding.] Thank you, Senator.

4 Again, thanks for being here. I am looking out across
5 the audience and I certainly see our young men and women in
6 uniform. I see our middle-aged, and then I see our upper-
7 middle-aged that are representative, too. So, much
8 appreciate it here.

9 Mr. Susino, I appreciate your wisdom and maturity for
10 continuing the fight, sir, so my hat is off to you, Mr.
11 Susino. I am very impressed and it makes me very proud to
12 be part of this country when I see leadership like yours.
13 So, again, I just thank you.

14 What I hear and what we on the committee hear all the
15 time are the same problems that come up over and over and
16 over, and there is usually probably a top ten, and just like
17 all the committee members, and as you have all eloquently
18 espoused today, it is mental health, it is women's issues,
19 it is suicide and those types of things, the VA culture.

20 So, the good news is, Mr. Rieckhoff said that you are
21 stronger together than alone, and that is a very, very true
22 statement. When we see here on the committee such a
23 coalition of groups, VSOs and others that we have heard, and
24 you tell us that these issues are continuing to come up over
25 and over, that raises our antennas and it certainly gets our

1 attention.

2 The good news is, with the leadership of Chairman
3 Isakson and Chairman Miller and Ranking Member Brown, good
4 things are happening and will continue to happen, and like
5 Mr. Rieckhoff said, it is somewhat of a shortened year as
6 far as session in Congress. But, we will move things,
7 hopefully, very efficiently and very rapidly to address
8 these issues.

9 So, just that being said, again, thanks, and I really
10 have no questions. I just wanted to make that comment. So,
11 we appreciate your attendance and we appreciate you being
12 here.

13 Mr. Walz, I will recognize you now, sir.

14 Mr. Walz. Thank you, sir.

15 Thank you all for being here. As I said, it is always
16 encouraging to the democracy to look out and see you all
17 come here to make the case for what needs to be done, to
18 have elected officials then hear it, and you hear, my
19 colleagues, this is how things get done.

20 But, I do have to say that this is one of those issues
21 we cannot get wrong. This is national security and this is
22 those that are willing to put themselves forward to get
23 that. In a time of an unsettled world, how we conduct
24 ourselves, and as I have said, the world is watching us, not
25 just people here, on how we treat our veterans and those who

1 are willing to serve.

2 So, this issue that keeps coming back, I hear trust and
3 talk about respect. It is critical. The trust issue is
4 critical, the trust between this nation and their veterans
5 and between veterans and their Congress. And that is why I
6 think we need to be as transparent as possible. We need to
7 be as open as possible. And, I think many of you mentioned
8 it, Mr. Rieckhoff said it, we need to make sure that
9 politics does not interfere with what we are getting done.

10 I make no bones about it. I am incredibly frustrated
11 by several things. The Agent Orange Act's expiration last
12 fall, unacceptable, uncalled for. We had the opportunity to
13 extend that on for 25 years. The argument being made is the
14 research was not yet done. We asked for five years, and
15 then we asked, can we at least extend it until March when
16 the National Academy of Sciences comes out with their
17 Congressionally mandated report on what the research is
18 showing and we did not do it.

19 Well, last Thursday, squeaking out under the headlines,
20 they released their report, and you know what they said?
21 There is a connection now to bladder cancer and thyroid
22 issues. And what I am saying is, is you think that that is
23 the last thing that is going to come out of the research?
24 Do you think that was the final one that we said we did not
25 need anymore?

1 And, I do not understand, as a Congress, why we are
2 willing to give all of the power to the executive branch,
3 because they come to us and say, well, we do not need you to
4 do this. We can make those presumptive determinations on
5 our own. Yes, and you can not make them, too. That is why
6 we make things that said, not that you shall, but you will
7 do these things.

8 And, so, those of you mentioning this and whatever, I
9 feel our push on Blue Water Navy was set back by not
10 reauthorizing the Agent Orange Act and there is no reason we
11 cannot bring that up again and further it, because I agree
12 with the toxic wounds. I agree with this Gulf War issue.
13 It is going to be depleted uranium and everything else.
14 But, the landmark piece of legislation was the Agent Orange
15 Act that whimpered away last September, and I do not know
16 why that would have hurt.

17 And, I bring this up for a reason that I make no bones
18 about it with all of you, and it may be the enlisted chip on
19 my shoulder, but whenever we talk about budget reforms or
20 whatever, that usually means reductions to benefits to
21 troops. And if that is a decision that needs to be made,
22 then let us not do it on a Monday afternoon. Let us not do
23 it--because I ask all of my colleagues, there are a whole
24 bunch of folks sitting out there in blue uniforms--when they
25 signed up, they signed with a benefit package. As of a

1 while ago, that benefit package was altered and it was
2 altered on the piece on the housing allowance.

3 And, I would just like one of you--Paul, you might be
4 closest to this because of your members in there. Tell me
5 in real life what this means, because I bring this up from
6 the sense that they said, well, it was overly generous. I
7 do not care if it was a ridiculous thing that was put in
8 there. It was put in there and promised. It is no longer
9 there if we go forward with this.

10 Mr. Rieckhoff. Thank you, sir, and I just want to
11 start by saying, you know, and underscoring how we can be
12 stronger together is the issue of Agent Orange and burn
13 pits--

14 Mr. Walz. Yes.

15 Mr. Rieckhoff. --and toxin exposures of all kind,
16 because it unites all of us across generations. You know,
17 burn pits may be our generation's Agent Orange. Our members
18 are extremely concerned. So, we are united on that and we
19 will stand with our brothers and sisters who came before us.

20 The bottom line here is the G.I. Bill is not a
21 piggybank. It is a compact. It is extremely effective. It
22 is the best investment, arguably, this government has ever
23 made in its own future. We see tremendous results. But,
24 this would be a breach of trust with the military while
25 folks are at war. Our members cannot even believe this is

1 actually being considered. They think it must be some kind
2 of a misreporting. No, it is true. Congress is moving to
3 cut parts of the G.I. Bill. And it is outrageous. It is
4 unconscionable. It will also impact recruiting, retention,
5 and everything else that we consider important in a time of
6 war.

7 But, let me break it down in dollar terms, because the
8 monthly housing allowance benefit in towns close to the
9 Chairman and Ranking Members of our committee would be
10 slashed significantly. For Chairman Miller, it would be
11 about \$600 in Pensacola, Florida. For Chairman Isakson,
12 \$700 in Atlanta, Georgia. Ma'am, in Jacksonville, Florida,
13 it would be about \$750. For Mr. Blumenthal in Hartford,
14 Connecticut, \$900. So, many military families are making
15 significant family financial decisions based off this
16 benefit.

17 Stay away from the G.I. Bill. That is what veterans
18 around this country are going to say, and the more who hear
19 about it, the more you will hear about it. They just have
20 not really heard, and hopefully today will be a really good
21 way to communicate that to them.

22 Mr. Walz. This is why we need to work together, need
23 to have the courage to ask us up here. My taxpayers are not
24 afraid of paying taxes, and we have to pay for what we get,
25 and if that means cutting elsewhere, we should do that. But

1 this was a case of there is nowhere else in the federal
2 government that we could do to beef up these programs than
3 to go to the G.I. Bill and take those back.

4 I reject that. I think you need to speak loudly that
5 we reject that. And, that does not make you fiscally
6 irresponsible. It makes you building trust with the
7 veterans.

8 I yield back.

9 Mr. Frank. Real quick, can I add onto that, and this
10 is the day and age of an all-volunteer force. And, you
11 know, as the economy continues to get better, and it will,
12 what are you going to be faced with down the road when you
13 have withered away? We already have nearly a ten percent
14 pay gap. If you look back at the cuts that have already
15 happened to those in uniform, those AFSA members you see
16 here, what has whittled away, and then you are whittling
17 away again at another piece and another piece, the
18 cumulative effect of the changes you are making to save a
19 dollar today will have a hard time on us getting our all-
20 volunteer force to do what we need to do.

21 Just look back at what changes happened in the 1980s
22 and the result in the 1990s. We do not want to repeat
23 history. You need to think closer, or a lot more, about
24 these kinds of cuts, and again, urge you not to take this up
25 in the Senate.

1 Sergeant Major Overstreet. I know before, in the
2 1980s, as he suggested, in Texas, veteran organizations put
3 signs up on billboards that said, "Don't join because they
4 don't keep their promise." That was the basic line. And, I
5 tell you, recruiting went right through the tube. I mean,
6 we did not make our numbers. And now that we do have an
7 all-volunteer force, I think that will be significant as we
8 move forward.

9 Dr. Abraham. Thank you, gentlemen.

10 Mr. Coffman.

11 Mr. Coffman. Thank you, Mr. Chairman.

12 And, I want to thank you all for what you do on behalf
13 of the veterans of this country. I left for my first
14 deployment in 1972 as an enlisted soldier in the United
15 States Army, returned from my last deployment in 2006 with
16 the United States Marine Corps from Iraq.

17 Would all those folks from Colorado please stand up.
18 Who have we got here today? I know, TREA, you are based in
19 my district. Thank you so much for being here today. I
20 appreciate it.

21 [Applause.]

22 Mr. Coffman. One thing that I have been concerned
23 about is the, particularly in the United States Army, but I
24 think it is in the other services, too, that normally,
25 historically, when there has been a reduction in force, and

1 usually on the junior enlisted side, it is denying somebody
2 the ability to reenlist, and now they have been discharging
3 people right in the middle of their enlistment, and
4 oftentimes people coming back from Iraq and Afghanistan who
5 served in combat deployments who have been diagnosed at some
6 level with PTSD or TBI and who are being discharged with
7 other than honorable conditions, denying them the ability to
8 receive particularly mental health care through the Veterans
9 Administration.

10 And, so, I think that is wrong and we have got two
11 bills moving forward, both bipartisan, I think. Mr. Walz
12 has worked on this with me. One bill that would upgrade
13 discharges for people that have had PTSD, that there would
14 be a presumption of the ability to upgrade their discharge
15 if, in fact, they had any documentation of PTSD, to bring it
16 from other than honorable up to honorable.

17 And the other one is, irrespective of discharge, to
18 give people access into the VA mental health system. I
19 mean, if they served this country, even if it is under other
20 than honorable discharge, and they, in fact, are a combat
21 veteran, they ought to have access to at least mental health
22 care, and this bill will provide for that.

23 I want to thank those on this committee that are
24 cosponsors on that bill, as well. But, I think it is
25 important to move those issues forward. I think when we

1 look at the issues of veteran suicide today, I think--and we
2 want to bring that down--we ought to be providing mental
3 health care for all of our veterans, not just those with
4 honorable discharges, but particularly for all of our combat
5 veterans, irrespective of their discharge.

6 And, so, I am concerned. I have gone through a couple
7 RIFs in my military career and this one--you know, the
8 reality is, I think they are trying to do a reduction in
9 force by other means and I think it is inappropriate.

10 So, I again want to thank you for all you do for all
11 the veterans on behalf of this country. I am afraid I have
12 to get back to the Armed Services Committee. Unfortunately,
13 at the same time that you are doing this hearing, we have
14 got a hearing at the Armed Services Committee, and I am on
15 the Armed Services and the Veterans Committee, and it is all
16 the service chiefs of our military and all the Secretaries
17 for each branch of service, and so I am afraid I have got to
18 get back there. But, I just wanted to come here and thank
19 you for all you do. God bless you.

20 Dr. Abraham. Thank you, Mr. Coffman.

21 [Applause.]

22 Dr. Abraham. Ms. Kuster.

23 Ms. Kuster. Thank you very much, Chairman.

24 And before he leaves, I want to give a shout out to my
25 colleague, Mr. Coffman, for hosting an event in New

1 Hampshire. The Subcommittee on Oversight and Investigations
2 had a regional field hearing a week or so ago on the opiate
3 crisis that we are facing. We have a terrible heroin
4 epidemic, and we have started a bipartisan task force to
5 combat the heroin epidemic in Congress. We now have over 70
6 members of Congress that have joined this in the past two
7 months, so it is a national issue. New Hampshire is
8 particularly hard hit.

9 And, in the interest of a glimmer of good news from the
10 VA, we were very pleased to hear testimony from the White
11 River Junction, Vermont VA and the Manchester, New Hampshire
12 VA on steps that they have taken to reduce opiate
13 prescriptions for chronic pain among veterans. The veterans
14 were hit earlier with this heroin epidemic than our civilian
15 population, and over the past several years, they have been
16 using alternative pain management techniques, including
17 acupuncture and physical therapy, mental health therapy,
18 exercise, wellness, mindfulness, yoga, everything that they
19 can to help veterans that deal with very real issues around
20 pain. They are having tremendous success, and they have had
21 a 50 percent reduction in the use of opiate prescriptions
22 for pain management among their chronic pain--veterans
23 coping with chronic pain.

24 So, it was a great hearing. I was able to have a
25 hundred or so people in the audience from the civilian side

1 to learn from the VA on what they are able to accomplish.
2 And, this will mean that fewer people will get addicted to
3 opiates and will end up on this path of heroin.

4 So, I want to thank all of you for your service and for
5 everything you are doing and just echo the words of my
6 colleagues, and particularly Mr. Walz, the discussion that
7 we had yesterday in our subcommittee on toxic exposures and
8 burn pits, and I want to thank you, the IAVA and all the
9 rest of you, for your testimony. This is something that our
10 committee in a bipartisan way is going to take on. We are
11 not going to let this one go. It just feels like deja vu
12 all over again from the Agent Orange to what is coming down
13 the pike.

14 And to you, sir, I am so sorry about the loss of your
15 daughter. The idea that we do not have any idea what these
16 exposures, we do not even know half the time what is in the
17 burn pits, to say nothing of what the impact of the smoke,
18 the inhalation. I was saying yesterday I had a personal
19 experience with a pretty severe lung problem from being in
20 Alaska during a volcano, and it is crushed glass and it
21 turns out that I ingested it and had a long-term problem
22 that luckily has been resolved. But, I can understand this
23 feeling that you do not even know what is happening to you
24 and the types of injuries and illnesses and symptoms that we
25 are seeing.

1 And, it is, from my point of view, absolutely wrong to
2 be telling these veterans who served us so well that,
3 somehow, this is a mental health issue, that they--or worse
4 yet, some of the testimony that people have been told they
5 are malingerers because they are not able to work through
6 these symptoms.

7 So, thank you very much for all that you are doing.
8 And, you know, it is a shortened session, but I agree with
9 my colleagues. This is a very productive committee and I am
10 proud to serve on it. It is the most bipartisan committee
11 in Congress, and to see us here today, House and Senate,
12 this is very rare. So, in terms of the four corners, we are
13 working well together and we are here. You have served us
14 and we are here to serve you, and I thank you and just want
15 to welcome anyone from New Hampshire in the room. We are
16 proud of you and thank you for your service.

17 I yield back.

18 Mr. Blum. Thank you. If I may add, Ms. Kuster, thank
19 you very much for that. And, I just want to say that I have
20 personally lost quite a few of my shipmates to different
21 types of cancers, different types of illnesses that I say a
22 generation ago was very uncommon. I worry about my
23 grandchildren. I lost my daughter, like you said. I
24 appreciate that very much. And, we all here together know
25 that the chemical warfare is still going on. It has gone on

1 for a long time and we just need to realize the
2 repercussions of it.

3 And, when the fields in 'Nam were sprayed, it uncovered
4 the fields, uncovered our enemies, but it also hit our own
5 forces. And, the same thing with the Blue Water Navy that
6 was out there. There is just no doubt that they were
7 carried on air currents and in so many ways.

8 So, I appreciate your attention to this, and this Blue
9 Water Navy is very important. If not for the fact that the
10 ship I was on went into one port one time, I would have not
11 been on the list at this time. So, thank you again.

12 Ms. Kuster. And thank you for being with us. We just
13 have to continue the research, because we do not even know
14 what we do not know at this point.

15 Mr. Blum. Exactly.

16 Ms. Kuster. And, the other thing, and I just want to
17 add, in addition to my concern for the veterans and their
18 families and the generational toll, I am concerned for our
19 troops. I am concerned for our troops and our volunteers
20 who have yet to get into--we were just--the sitting Chair
21 and a number of us were in Afghanistan over Thanksgiving
22 together, and it was a great honor to spend the holidays
23 with our troops and to see the great work that they do for
24 us. But, listen, we do not know what they are exposed to.
25 So, I want this to be research that DOD is attentive to, as

1 well. Maybe these burn pits are not the best practice and
2 let us ask the difficult questions. So, thank you.

3 Dr. Abraham. Thank you, Ms. Kuster.

4 Dr. Roe.

5 Dr. Roe. Thank you, Mr. Chairman, and I thank all of
6 you all for being here.

7 I once again, Sergeant Major Overstreet, want to stand
8 and show that my gig line is straight, okay.

9 Sergeant Major Overstreet. Duly noted, sir.

10 [Laughter.]

11 Dr. Roe. Yes, sir, they do, and I appreciate all of
12 you all's service.

13 Just to carry on with what Ms. Kuster was talking
14 about, since I have been in Congress, I have been on the
15 Veterans Affairs Committee and I certainly have appreciated
16 the opportunity to do that, serve veterans. I got out of
17 the military 42 years--hard to believe--42 years ago, and a
18 lot has changed since then. I think we have a much better
19 military. I know that I was on the same trip--as a matter
20 of fact, most of us on this dais were on that trip to
21 Afghanistan.

22 The thing that I want to do with the VA, and with my
23 background as a physician, is to provide access for
24 veterans. It does not matter how good you are if you cannot
25 get in. And, if you cannot get in the system, or you cannot

1 get served by the system, I do not care. The ones that are
2 in there may be getting good care, but if you are on the
3 outside, it does not do you any good.

4 A year and a half ago, soon to be two years ago, we
5 passed the Veterans Choice Act, and this was to increase
6 access, and quite frankly, only the VA could make something
7 more complicated than putting the Space Shuttle up than
8 getting an appointment with a Choice Card. I mean, it is
9 amazing to me, when I look at it. The simplest thing I ever
10 did in my practice was to get somebody an appointment to see
11 a doctor. I did not wait up, stay up at night worrying
12 about it and sweating about it and having 50 steps. I
13 walked out front, handed it to the clerk out front, and the
14 appointment got made. That needs to happen at the VA.

15 I mean, I listened yesterday, or two days ago, to a
16 case of a gentleman who ended up with colon cancer who
17 started in March or April of last year, in August finally
18 got in to need the appointment for the colonoscopy. I will
19 not go through all the steps, but the colonoscopy did not
20 get done until January. That is ridiculous.

21 So, what we are going to do with Choice--I am going to
22 make this pledge to you. I am going to make every effort I
23 can to put the veteran in charge of that, not the VA, so the
24 veteran gets to choose, and I think their doctor and the
25 veteran sitting down together. That should be easy and

1 solvable, and we are going to do that. I am going to push
2 the Secretary to do that.

3 A couple of things you all probably are not aware of is
4 that there is a physician shortage around the country and
5 the VA is having a hard time accessing doctors. And, so,
6 what we have recommended--what we have done is we have put
7 in the Veterans Choice Act 1,500 Graduate Medical Education
8 slots, residency slots at VA hospitals, a great place to
9 train. I did part of my training at a VA. And, we are in
10 the process through the Doctors' Caucus, which I co-chair on
11 the House side, in implementing that.

12 So, we know that if you train at a hospital, you are
13 more likely to stay around that hospital. And this is, Mr.
14 Rieckhoff, for future generations, probably not for my
15 generation and for the Sergeant Major's generation, but for
16 future generations. We will train these young doctors and
17 hopefully they will be able to stay at the VA where they
18 trained.

19 I think on the--just to talk about the burn pits,
20 Sergeant Major Walz was there yesterday. I introduced
21 legislation to continue to study that. It is ridiculous to
22 stop these things when these are lifetime events. This
23 should be open-ended, how long we keep these registries and
24 study them. I think it makes no sense to just--look, we had
25 the Framingham Heart Study in Framingham, Massachusetts, has

1 been going on since 1952. And, so, we should take our
2 troops and study them throughout their lifetime, and I think
3 we are going to push, and I believe Congress is going to
4 insist that that be done.

5 If there are any Tennesseans here today, I wish you
6 would stand. I would like to recognize you if you are. He
7 may not be from Tennessee, but he stood. We can clap for
8 him. Thank you.

9 [Applause.]

10 Dr. Roe. I appreciate what you do, and we are here to
11 serve you. Most of us up here are veterans, so we get it
12 and we understand what your issues are and we are here
13 trying to address them.

14 And with that, I yield back.

15 Dr. Abraham. Thank you, Dr. Roe.

16 Mr. Boozman.

17 Senator Boozman. Thank you, Mr. Chairman.

18 And thank all of you so much for being here and all
19 that you represent. We appreciate your service, not only in
20 the past, in the military, but also now your service to
21 veterans and trying to push things forward. As you all
22 know, nothing does that better than looking out and seeing
23 big numbers out there in the audience, you know, that are
24 very, very concerned. So, thank you to the audience, also,
25 for the part that you play, because the grassroots are the

1 ways to get these things done.

2 I would like to talk about, in a little different way,
3 many of us served with Tom Osborne when he was here, the
4 great coach from Nebraska that was a Congressman for several
5 years, and people would come up to him and say, "Coach, tell
6 us about winning. How do you do that?" And he would say,
7 "Well, you know, we never talked about winning. What we
8 talked a lot about was doing the little things. You know,
9 if you do the little things, then everything falls into
10 place."

11 And the thing that I am concerned about that I would
12 like for you to comment, and we will start with you, Coach
13 Rieckhoff, in the sense that kind of fits, but what--

14 Mr. Rieckhoff. I was a football coach, so I am okay
15 with that, sir.

16 Senator Boozman. That is what I say. I know you were.

17 But, one of the little things I think that is a big
18 thing is the fact that in Arkansas, many of your states as
19 you sit out there, the key positions are not filled. We
20 have acting directors in both of our VA hospitals, and
21 acting assistant directors. That is a huge problem. You
22 know, that is something that we have to address. Those are
23 things that we do not talk enough about.

24 Tell me, if you would, if you have got some little
25 things that we need to be doing along those lines as far as

1 the structure, you know--

2 Mr. Rieckhoff. Well, I think you are hitting onto
3 something very important, sir, which is we want to encourage
4 people to be a part of the solution, but the VA scandal in
5 the last couple months has not encouraged folks to do that,
6 and I think there is a concern in our community that there
7 is no continuity.

8 Senator Boozman. Sure.

9 Mr. Rieckhoff. I think it is very important that
10 Chairman Isakson and Chairman Miller said publicly they
11 would support Secretary McDonald staying on into a new
12 Presidency, and we have called on all the Presidential
13 candidates from both parties to commit to that, to create
14 some degree of continuity, like we had with Secretary Gates
15 at the Department of Defense during a critical time. So, I
16 think that message alone would tell people there is going to
17 be stable leadership. He has issued a number of calls to
18 try to encourage folks to come. That was a part of the Clay
19 Hunt SAV Act. We need incentives. We need the process to
20 be smoother.

21 Post-9/11 veterans in particular are standing by to
22 serve. They want to be a part of the solution at VA. They
23 are continuing to become social workers and doctors and
24 everything else we need, and we think they can be the
25 cavalry for themselves on some level. But, we need to break

1 down those barriers and make them smoother.

2 And, on a very basic level, too, do not cut the G.I.
3 Bill, because folks want to get educated and they want to go
4 into these fields and others, and that sends a terrible
5 message if we cut their children's housing allowance in
6 half.

7 Senator Boozman. Very good.

8 Anybody else? Mr. Overstreet.

9 Sergeant Major Overstreet. Sir, when I got to San
10 Antonio, I moved down there and the VA had a great
11 reputation, and that did not last very long. Pretty soon, I
12 am hearing from all these veterans that their reputation is
13 going right in the tube. So, they changed directors. I go
14 over and see the new director. I knew who he was. He just
15 happened to be a Marine. And, so, I told him what the
16 malfunctions were and what we were hearing. That did not
17 last very long and they got their reputation up.

18 And, I know working in the greater Dallas area, we have
19 a good connection with veterans and when we see that. I
20 think we have to have a closer connection with our local VA,
21 the people that actually participate there, the people that
22 actually go there. They do not need to hear just all the
23 bad things. They need to hear everything, because they do
24 do a lot of good things, you know--

25 Senator Boozman. Right.

1 Sergeant Major Overstreet. --but it is normally
2 overshadowed by what does not happen, or they do not get
3 appointments, or they do not get in to see the doctor, or
4 one of those other things.

5 So, I think it is important that we have access to get
6 right in there, whether it is going to be a town hall
7 meeting or whether it is going to be whatever. And I know
8 there in San Antonio, at one time, we were holding a town
9 hall meeting every month, and all the Veterans Service
10 Organizations would go there and say what they like and what
11 they do not like and we got things fixed like that.

12 Senator Boozman. Very good.

13 Mr. Frank, and then Ms. Campos.

14 Mr. Frank. So, you are right, it is the little things
15 sometimes that make all the difference in the world, and one
16 thing that drives me crazy is, you know, coming from a
17 military background and the Air Force, you have
18 standardization. You have a benchmark and you have things
19 like that. And to find a VA system that does not do that--
20 you have a great VA hospital here and a--well, I almost used
21 the wrong word--a not-so-good one over here. Why do they
22 not benchmark? Why do they not collaborate? Why is there
23 not an inspection system? I asked the VA Secretary that
24 some time ago and his answer was--different Secretary--was,
25 well, we allow them the freedom to do the things to serve

1 their community. Well, look where we are at now.

2 So, number one, I think it is benchmarking,
3 collaboration, and inspection.

4 And the second thing is, you know, back to what IAVA
5 was talking about is if you cannot deliver, you have got to
6 be honest with it, and then this Choice Act, I think Dr. Roe
7 talked about why is this so daggone complicated? This is
8 not hard. Look at what we have in--you know, I am a retiree
9 and I use TRICARE, and I could use the VA for some things
10 and TRICARE for others. I would use this TRICARE twice on
11 Sunday before I ever did anything necessary with the VA
12 unless I had to. It is great care, but you cannot get in.
13 You sit on hold forever, what have you.

14 So, uncomplicate in the small ways this Choice Act and
15 allow people to go downtown to care for veterans, you know,
16 will go a long way.

17 Senator Boozman. Can I, with your--Ms. Campos, I think
18 you had your hand up.

19 Ms. Campos. One other thing I would like to add to my
20 colleagues' comments is that one of the things that VA can
21 do is just look within the system at the people that are
22 already in the--that are already serving in the system, and
23 that is leveraging their medical professionals and
24 leveraging their experience to a much greater extent.

25 For instance, we believe that, like the recent RAND

1 report for the Independent Assessment talked about granting
2 independent practice authority to advanced practice nurses,
3 to use those kinds of resources and leverage them to the
4 max, using your employees to the maximum extent possible.

5 Senator Boozman. Very good.

6 Sergeant Major Overstreet. I would also say that I
7 believe that Secretary McDonald is probably the right guy,
8 and I like to see that continuity continue longer. He has
9 just been there long enough to kind of figure out where the
10 land mines are and to get them fixed and I think it will go
11 a long ways in keeping him there. And, I think he is asking
12 the right questions, because when veterans tell him that we
13 have got a malfunction and there is something wrong with it,
14 he says, tell me who, tell me where. Do not talk in general
15 terms here. I need to know specifics.

16 Senator Boozman. Right.

17 Sergeant Major Overstreet. And, he is drilling it
18 down.

19 Senator Boozman. One more, or the Chairman is going to
20 hit me on the head with the gavel.

21 Mr. Hyland. Yes, sir. I will try to keep it brief.

22 Senator Boozman. No.

23 Mr. Hyland. But, I would like to say, I think one of
24 the issues, and I believe the committee is quite aware of it
25 as well as my esteemed colleagues sitting here at the table,

1 is that in today's current world, there should be a
2 seamless, absolutely seamless transition for the current day
3 folks that we have in uniform--

4 Senator Boozman. Right.

5 Mr. Hyland. --when they transition out to civilian
6 life and into the VA. I understand back in my day--I left
7 in 1988 after Korea--a lot of different things. Yeah, I may
8 have to go re-register, or whatever. But, in my post-
9 military career, my wife and I have gone all over this
10 country and basically all over the globe in assignments for
11 employment. Every time we have come back--I started out in
12 Texas, registered there. We moved to Florida. I had to re-
13 register within the VA there like I was a new person. We go
14 to Europe, same thing. We come back to Virginia. Guess
15 what, re-register again. We do not know you.

16 My wife has been on active duty. She spent 14 years in
17 the Air Force and then 13 years additionally in the Air
18 Force Reserve, and on top of that, she is an immigrant to
19 this country. But, we look at that and we say, where is the
20 failure here? We just cannot imagine it. It just seems to
21 us that when we got registered once, if we want to utilize
22 the facility, whether we are in Timbuktu or Casper, Wyoming,
23 we should be able to show that card and be given what we
24 need at that given point in time.

25 And the other piece is the crisis line really needs to

1 have a look at. Any veteran who dies because they were put
2 on hold, I am sorry, bad on us.

3 We need to get down to the local level. We need to be
4 able to, as our colleagues were just saying here, the VA
5 needs to cooperate locally, maybe town hall meetings or
6 whatever. The Brevard Veterans Council where I come from,
7 out of Brevard, Florida, it is a composite of not only
8 profits and nonprofit entities, and NSOs and VSOs, and if we
9 had the VA connection in there, possibly, we could help
10 eliminate some of the problems.

11 Thank you, sir.

12 Senator Boozman. Thank you. Thank you, Mr. Chairman,
13 very much.

14 Dr. Abraham. Thank you.

15 Mr. Walz, you had something else you wanted to say.

16 Mr. Walz. Yes, just a quick follow-up. This trust
17 issue keeps coming back. There are three things I think we
18 can do. We have a short session, we have all heard that,
19 but we can get it done.

20 First is, is use your clout on this. Do not allow this
21 cutting of benefits to existing promises. That is a bad
22 precedent. It is horrific in the impact it will have and
23 undermining the trust. So, those of you who are out here,
24 this is an important one to push on.

25 Secondly, I want to just--this issue on less than

1 honorable discharges, I just want to be clear on what we are
2 asking for here. The young sergeant that I was working with
3 had five years in, deployed to Iraq. Now, keep in mind,
4 this is a troop that was enlisted, did everything he was
5 asked, went through basic, went through AIT, went through
6 the promotions, deployed, came back. She was then diagnosed
7 with a preexisting condition, a personality/adjustment
8 disorder. It may have had something to do with that she was
9 raped and that she was having a difficult time readjusting.
10 The military then took the step of discharging her from
11 service, giving her a less than honorable, cutting off all
12 of her benefits to be able to go back and get something.

13 We are not talking about the bad apple here who could
14 not get through basic training. We are talking about the
15 warrior who, either through PTSD or through some other
16 trauma was kicked out, and the military themselves admits
17 it, that it was a preexisting condition. That is on them,
18 then. They should never have enlisted them. But, they did
19 enlist them. Then it is on us.

20 So, I want to be clear what we are talking about here
21 of why there is outrage on this, because it is an incredible
22 breach of trust to use someone, and then when it came time
23 to try and help them, you booted them out the door. So, I
24 appreciate the advocacy that is going on on that.

25 And, if someone wants to take it, the last thing I

1 would say, too, is that this is a simple thing, but it is
2 about trust. We have got a vet status bill. You could
3 serve in the National Guard for 20 years honorably, train up
4 troops, and if you never deployed on Title 10, it does not
5 mean you did not fight fires, it does not mean you did not
6 deploy in the old days for 179 days and then come back,
7 where you did not get the 180th day. Those folks cannot
8 call themselves veterans. There is no added bonus. There
9 are no added benefits. They get everything, whatever. But,
10 if they want to go buy a hat that says, "I am a Veteran,"
11 they feel bad about it because they are not officially
12 there. And, for whatever reason, the VA is dragging their
13 dang feet and they keep pushing. We should pass that bill.

14 So, if anybody has got any comments, those are three
15 easy things that could be--they could be done this week.

16 Mr. Rieckhoff. Yes, sir. Yeah, I mentioned in my
17 testimony, with the Fairness to Veterans Act, H.R. 4683, S.
18 1567, I mentioned Chris Goldsmith and the team, that I am
19 working hard on that. Not everybody on this committee is
20 currently a cosponsor. So, if you are not, you should be.
21 Everybody in the Senate should be, as well, and I know my
22 colleagues here on the committee stand with that, as well.
23 It is an issue we have been trying to raise for, really, a
24 decade.

25 Mr. Walz. Yes.

1 Mr. Rieckhoff. And, it has come to the forefront now,
2 and that is points on the board. We can get that done in
3 this short session.

4 I just want to touch on another problem that is sort of
5 related, which is when the VA has challenges, that demand
6 does not just evaporate. It overflows into us.

7 Mr. Walz. Yes.

8 Mr. Rieckhoff. And, there is a very important report
9 by Phil Carter at CNAS that analyzes the sea of goodwill.
10 And, the big takeaway is that in the veterans space, demand
11 is way up and supply is dropping. Except for VA,
12 philanthropic support, corporate support, despite all the
13 commercials you see, the actual dollars going into the space
14 are down. And, we have continued to issue an urgent call
15 for all Americans to step up and support these groups that
16 fill that space.

17 About a quarter of our referrals into our rapid
18 response referral line actually go to the VA. Often, we are
19 a better face for the VA than they are and we can do a
20 bounce pass into them. But, when the shutdown happens, when
21 there are disruptions in service, those veterans go to
22 places they trust, and they often trust us.

23 And, the VA has got a branding problem. I know they
24 are trying to fix it, but in some ways, they are like
25 Chipotle. They are out there trying to say, hey, you know,

1 we are doing good stuff, but they have got a major problem
2 and folks do not believe them. So, we are trying to work
3 with VA to overcome that. We are trying to back up the
4 employees who are doing it. But, Bob McDonald also needs
5 more support from the President. The President can do more
6 here, and Bob cannot succeed if he is an army of one. He
7 needs you all on the ground and needs the President in the
8 air.

9 There is another quote from a great coach that supports
10 us, sir, Bill Cowher, who won the Super Bowl. And he tells
11 me everything is a team game. He says, "Football is a team
12 game. America is a team game." And we need to back-up our
13 quarterback, Bob McDonald, who is trying to do this.

14 Dr. Abraham. Thank you, Mr. Rieckhoff.

15 Mr. Walz. Well said. I thank the Chairman.

16 Dr. Abraham. Well, again--Mr. Susino.

17 Mr. Susino. If I could--

18 Dr. Abraham. Yes, sir. You have the podium.

19 Mr. Susino. Can you hear me now?

20 Dr. Abraham. Yes, sir. I can.

21 Mr. Susino. I hear a lot of conversation going on
22 here, and I do not hear a point where someone says, I have a
23 regional director who listens to our veterans by having
24 meetings with commanders, stakeholders, et cetera. And, it
25 seems to work in Jersey, because even though we are not 100

1 percent, usually, when something is mentioned to do, it is
2 done.

3 Now, I think the problem lies up in the regional--up in
4 the office itself, because I think probably the person in
5 charge is sitting up in the castle there, but he has to do
6 what any other CEO has to do, walk around, listen, do
7 something there. But, I have not heard it here. I have not
8 heard anybody say that their regional director has meetings
9 with commanders and anyone else that would like to talk to
10 him.

11 This key, and you have to bear with me, because I have
12 hypothermia and you guys have got that air conditioning
13 blasting away. So, I will try to get these icicles out of
14 here.

15 [Laughter.]

16 Mr. Susino. As I was saying, the key is, if the
17 veteran does not speak up, get up to the regional director's
18 office and get him out of the doggone office to look around
19 to see what is flowing there. And if it is not bright, he
20 has to correct it. But, I do not hear anybody saying they
21 are going to the director's office. That is a simple
22 problem.

23 But, our guys there, they say, well, you know, I did
24 not like the way this doctor treated me. He said that I
25 think it is your imagination. This is supposition, of

1 course. And, I said, you do not need to stay with that
2 doctor. He is supposed to be working for you. If this is
3 not working with you with the doctor, get another doctor.
4 These things happen and no one wants to move and exercise
5 their tongue and tell them what is going on.

6 I say, go to the head, and we are not doing that, and
7 if we are not using what we are supposed to be using, our
8 clout, because we the veteran are the ones and you are
9 working for us, period. And, I cannot get that across to
10 many people. This is not charity. This is a done deal that
11 we have been doing, but we do.

12 I am sorry, I will have to--this hypothermia is nuts.

13 If you do not speak up, you are going to lose it, and
14 if you are going to sit around and say, well, help me with
15 H.R. 52 or H.R. 25 or H.R. 62, read it and do it and get it
16 over with. Things are taking too long, and I said it in my
17 comments, that things are--so, I said that things are going
18 on upstairs. They are making changes upstairs, but they are
19 not doing things downstairs. They say, well, we are going
20 to do this, and then downstairs the veteran does not know
21 what the heck is going on. And, it is a fact. The veteran
22 does not know what is going on. He is not a professional.
23 He cannot help himself.

24 So, if you find that you need help, go to the
25 director's office or go to an NSO. That is the way to move

1 things. And, gentlemen, things are moving too slow, because
2 when we have a particular operation or something done, it
3 should be done the next day. The recall to see how the
4 thing goes or how your operation went, it takes a month, and
5 by that time, he could be dead, and I do not understand
6 that. It is sad.

7 We need to voice our opinion when a doctor does not
8 give you a recall. And on my cataracts, I had to wait a
9 month for them to look at it. Again, I could have went
10 blind.

11 So, speak up. Do not talk so much here. Push it.
12 Push it. If you do not push it--I am an old-timer back from
13 the 38s and 40s. Push it.

14 Thank you very much.

15 Dr. Abraham. Thank you, Mr. Susino. I appreciate the
16 wisdom.

17 [Applause.]

18 Dr. Abraham. We very much appreciate that heartfelt
19 testimony. Thank you so much for that.

20 Mr. Susino. Has anybody got a cup of coffee?

21 [Laughter.]

22 Dr. Abraham. Hey, we can find you one. We can find
23 you one.

24 Again, thank you all for being here. I know it took
25 time and treasure to come here, and as Chairman Isakson

1 said, the complete written statements of today's witnesses
2 will be entered into the hearing record.

3 I ask unanimous consent that all members have five
4 legislative days to revise and extend their remarks and
5 include extraneous material. Hearing no objection, so
6 ordered.

7 This hearing is now adjourned.

8 [Whereupon, at 11:49 a.m., the committees were
9 adjourned.]