

Thank you, Chairmen Sanders and Miller and Ranking Members Michaud and Burr.

For the first time since the Veterans Millennium Health Care and Benefits Act in 1999, the House and Senate Veterans Affairs Committees will be negotiating a conference agreement. I am pleased to be a part of this conference.

This wait-list issue has brought up many issues these committees need to address in the larger VA healthcare universe.

My 22 years of serving on this committee and meeting with veterans has opened my

eyes to the many services the VA provides for our veterans.

I have sent a letter to my colleagues asking their thoughts on how we can best be helping our veterans. I look forward to bringing their suggestions to you as this conference moves forward.

One issue that I was recently exposed to was tele-health and tele-medicine. I was prepared to dislike remote controlled health care. How could a veteran receive care in his home? But I was pleasantly surprised to find out the care was equivalent to going to the VA clinic, but not having to travel all that way.

And the veteran loved it! VA medical staff reviewed the information and advised the veteran on what actions to take. Emergency personnel would be called if that was deemed necessary. I thank Mr. Michaud for making tele-health a priority for the VA.

I also want to talk about our veterans and their ability to discuss all avenues of treatment with their doctors. Just last month the House voted to not allow VA doctors to prescribe medical marijuana if the state they reside in allows its use. This is the problem we have with the VA- our veterans are restricted in the care the VA can offer them.

This brings me to my main point. Veterans love VA care. However, there is not enough

VA to go around. For the first time in 15 years, the VA is building hospitals around the country. They have lost the experience in building, but are working to bring VA to the veteran.

The VA operates 1,700 sites of care, and conducts approximately 85 million appointments each year, which comes to 236,000 health care appointments each day.

The latest American Customer Satisfaction Index, an independent customer service survey, ranks VA customer satisfaction among Veteran patients among the best in the nation and equal to or better than ratings for private sector hospitals.

It is not necessary to get veterans to a VA facility to get VA quality care. The VA is an admitted leader in treating the issues veterans suffer from: TBI, PTSD, prosthetics and Agent Orange maladies.

If we bring community organizations into VA care, veterans could get care where they live. Allowing private practice doctors to treat veterans would not be fair to the veteran or the doctor. If there is no follow up on the care, who is responsible?

However, if community non-profit health providers are contracted with the VA, that follow up can be tracked. In addition, the VA could open an office or a wing in the community facility which would bring VA care to the veteran also.

Thank you for your attention to these issues. It is important to monitor the VA system and bring the right amount of oversight while continuing the state of the art care we have come to expect from the VA.

I look forward to working with you on this conference.