

LEGISLATIVE PRESENTATIONS BY AMERICAN EX-PRISONERS OF
WAR,
BLINDED VETERANS OF AMERICA, GOLD STAR WIVES OF
AMERICA,
IRAQ AND AFGHANISTAN VETERANS OF AMERICA, JEWISH WAR
VETERANS OF THE UNITED STATES OF AMERICA, PARALYZED
VETERANS OF AMERICA, AND WOUNDED WARRIOR PROJECT

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THURSDAY, MARCH 5, 2009

United States

Senate,

Committee on Veterans'

Affairs,

United States House of

Representatives,

Committee on Veterans'

Affairs,

Washington,

D.C.

The Committees met, pursuant to notice, at 9:40
a.m.,
in Room SD-106, Dirksen Senate Office Building,
Hon. Daniel K. Akaka, Chairman of the Committee,
presiding.

Present: Senators Akaka, Begich, Burris, and Burr.
Representatives Filner, Teague, Walz, Kirkpatrick, Buyer,
Lamborn, and Roe.

OPENING STATEMENT OF CHAIRMAN AKAKA

Chairman Akaka. This hearing of the Committee on
Veterans' Affairs, the joint hearing of Veterans'
Affairs,
will come to order.

Good morning, everyone. Aloha, aloha, and welcome.

I

am pleased to join the leaders of the Senate and the
House
Veterans' Affairs Committees in welcoming all of you this

morning.

I note the presence of the Wounded Warrior Project
and
the IAVA for their first legislative presentations, and I
was glad to meet you out there in the audience.

Also, I am delighted to welcome Dr. Roy Kekahuna of
the

of Blinded Veterans Association, who is from my home state
Hawaii.

craft These forums are very valuable, as you know, to hear
your views on the important issues and to help us to
craft an appropriate budget for VA.

in All of the organizations testifying today have proud
traditions of working on behalf of those who have served
in our Armed Forces. I applaud each of the organizations
for all that you do to better the lives of those who are
serving or have served the nation in uniform and also their
families.

highest As Chairman of the Senate Committee on Veterans'
Affairs, I am resolute that the veterans receive the
highest quality benefits and services. Caring for troops when
they return home is a solemn responsibility. Part of our
responsibility is providing the best health care and
rehabilitation. Another part is fairly compensating
of veterans for their injuries, including invisible wounds
with TBI and PTSD. We must, in this time of war, equip VA
and the resources necessary to carry out these missions, now
into the future.

I have said this time and time again and I will keep
saying it. Veterans' benefits and services are a cost of
war and must be understood and funded as such.

this I am pleased that President Obama, who served on
view. Committee just last year, understands and shares that

as The Senate Committee is working right now on
recommendations for VA. The new Administration has sent
forward its own budget and recommendations and we are
reviewing it. I look forward to working with all of you
as we move through this process.

Last month, I reintroduced bipartisan legislation to secure the timely funding of veterans' health care through advanced appropriations.

As you know, too often, this budget is subject to delay and uncertainty. That hampers planning and threatens health care quality. Without question, this situation must end. We have done much work on disability compensation.

Timely and accurate processing of claims and appeals remains problematic, and we have more work to do.

The comprehensive restructuring of the disability compensation system, including consideration for the loss and quality of the cause by injury, will also be an important issue in this Congress.

As one who knows the value of the GI Bill firsthand and

who worked to secure passage of the new post-9/11 GI Bill into law, I am now working to make certain that the new GI Bill is put into service in a timely fashion and as smoothly as possible.

I know you share my commitment to providing a seamless transition from military to civilian life for the newest veterans. VA must be an active partner with the Department of Defense to ensure these veterans are taken care of when they return home.

Prompted by a letter that Senator Burr and I sent earlier this month on the alarming rise in soldier suicides, the secretaries met last week to discuss this important issue. I will continue to monitor actions taken to address

this very serious issue as we move forward. Assisting families is a critical part of reintegrating veterans into their communities. Steps have been taken to reach out to

still these families in recent years, but, again, much work remains.

their In closing, I, again, thank each of the national organizations represented here this morning and all of their members for their service and dedication to our nation and its veterans.

Thank you very much.

House Now, I would like to call on the chairman of the Committee, Representative Filner, for his statement.

OPENING STATEMENT OF CHAIRMAN FILNER

Chairman Filner. Thank you, Mr. Chairman. Good morning. It has been a great pleasure to work with you, Mr. Chairman, as we do the job that this country must do.

is It is great to have you all here in Washington. It have an exciting time. I think you can almost feel it. We have a new Administration. We have a new Secretary of the VA. soldier General Shinseki was always called a soldier's will when he was in the Army. I think you will see that he that be called a veteran's veteran as he undertakes the job you is tough, but I think he is well prepared to do it. And are going to see some great gains, I think, for our veterans.

of In fact, the first budget that they submitted, which Senator Akaka mentioned, is the first time in the history

time the independent budget, which many of your organizations have been involved in formulating it, it is the first

in that the President's budget actually was higher than the independent budget. That is a good sign from an Administration that they understand the needs of veterans

our this nation. So we are proud that that is going to be

starting point. In the last session of Congress, we were able to add over \$17 billion worth of new money to the VA, care unprecedented, almost 40 percent increase in the health budget, and we hope to build on that in the coming years.

So we do have a big job. I know we have looked at your testimony and have talked to you over the years. Let me just touch briefly on what I know are some of your priorities.

As Senator Akaka said, we are going to try to get forward funding for the Veterans' Administration in this session of Congress. You just cannot run a health care system when you do not know how much money you are going to have. And out of the last 22 budgets, 19 of them were late.

How do you hire staff? How do you make sure you all have appointments? How do you buy the equipment that you need?

So all this, we hope, will come out of a reform on advance or forward funding.

In addition, I do not have to tell you all that the claims system has broken down, which is an insult to all of you who have served our nation. However you count it, there are over 600,000, maybe more, backlog cases in the claims system.

Senator Akaka, again, referred to looking at a whole new way of structuring that. But we have got to clear these 600,000, 700,000 or 800,000 claims off the books, it seems to me, before we even talk about restructuring, and I think we should do that in a very quick manner.

How many of you served in Vietnam, in the audience? Good percentage of you. You know the frustration of dealing

with Agent Orange claims. The bureaucracy surrounding that makes you crazy. And for 20-30 years, people have been fighting for their claims. Sometimes they think VA means "veterans' adversary" instead of veterans' advocate.

I do not care whether you put your boots on the ground in Vietnam, whether you were in the blue waters off the coast or the blue skies up above, whether you were in Thailand, Laos, Cambodia or Guam, you were affected by

Agent Orange. And if you were there, we should care. We should honor all those claims and get them off the books right now.

We should just honor the Agent Orange claims as a nation.

In addition, just as the IRS gets back to you if you file your 1040 and you have a refund coming, you get a check in three weeks. This is what was once the most dysfunctional agency in our nation.

Well, it seems to me that we can build a similar claims system. If you put your claim together with the help of a certified veteran service officer, which all of your organizations have, we should accept the claim, but, like the IRS, subject to audit. Send back the check. Let us start reimbursing those who have paid a price, their price, for defending our nation. Let us get their benefits back to them immediately. So we need to sweep off those hundreds of thousands of claims, I think, in a new way of looking at it.

Senator Akaka also mentioned the incredible rise in suicide recently. It is back to where it was with the Vietnam era vets. In January, there were more deaths by suicide of our Armed Forces than combat deaths on the battlefield in Iraq and Afghanistan. That is a horrible, horrible statistic and it shows we have not done our job, especially for mental health.

We have got to do a better job. We have got to make

sure that every one of our troops that are engaged in
combat
or come back out of active duty have a mandatory medical
evaluation for both PTSD and traumatic brain injury,
because
too many of these young men and women want to get home
very
rapidly, which we understand. There is a stigma in
coming
to grips with mental illness. There should not be. It
is
as harmful as physical illness, and just like physical
illness, we can heal PTSD. But there has to be a
recognition of it and there has to be the resources in
place
and there has to be timely both evaluation and treatment.
We can do this. We can do this as a nation. As
Mr. Akaka said, this is a responsibility that we have as
a
nation. These are our children. Some of you are a
little
older, but you are still our children, the nation's
children, and it is our job, that you served us, we have
to
serve you. And we need to take care of you and we are
going
to make sure we do the best job possible.
Thanks so much for being here today.

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

Now I would like to call on our ranking member, one
that I have enjoyed working with, who has served the
veterans, Richard Burr.

Senator Burr?

OPENING STATEMENT OF SENATOR BURR

Senator Burr. Aloha, Mr. Chairman.

Chairman Akaka. Aloha.

Senator Burr. Thank you. Welcome to all of our
witnesses. Welcome to Chairman Filner and our House
colleagues. We appreciate them making the sacrifice of
coming over to the Senate and, clearly, we are delighted
at
the interest that we have in this hearing today.

I am, more importantly, pleased that you are willing to

come and share your legislative priorities. Many of you have traveled long distances to be here and I think that underscores to us the commitment that each of you have to the issues that are burning for today's veterans.

I often hear from VSOs of North Carolina and the challenges that veterans face in my home state. Your testimony today will complement the local perspectives my colleagues and I hear from constituents at home.

Together, these local and broader views will help guide us as we work in Congress to assure we are meeting and

exceeding the needs of veterans today and their loved ones across this country.

I would be remiss if I did not extend a warm welcome to my fellow North Carolinians who are here. I have not had an opportunity to see all of you. I always value their concerns and I thank them for their work on behalf of veterans' issues.

I share your commitment to our nation's veterans and I look forward to working with each and every one of your organizations as we strive for solutions. Our nation's veterans have sacrificed greatly for our freedom. Caring for him who shall have borne the battle and for his widow and orphan is not a partisan issue, and I look forward to continuing to work with my colleagues on both sides of

the aisle and both sides of the Hill to fulfill this promise.

Looking through the testimony today, I see some common threads and themes. First, I could not agree more that

we must provide VA with a timely, predictable, sufficient budget. It is simply unacceptable that too often,

funding for the VA health care system has fallen victim to politics

as usual in Washington, D.C. Our veterans deserve better.

I am pleased to be an original cosponsor with the Chairman of the Veterans' Health Care Budget Reform Transparency Act. Not only will this bill allow the Veterans' Health Administration to plan its budget in

two-year cycles through advanced appropriation, it will also lend new transparency to the budget process, which is desperately needed.

Improving the quality and timeliness of the disability claims process is another common theme. I am fully committed to this goal and I look forward to hearing from today's witnesses about how we can address the unacceptably long delays that veterans are facing.

But ladies and gentlemen that are here today, successful delivery of health care, processing disability claims, is not just a function of funding. It is reliant on Congress' willingness and successfulness to address things that are broken and actually fix them.

Providing therapies and services for our veterans that our veterans do not take the opportunity to go to those appointments is not a function of not enough creativity or funding. It is the fact that we are not listening to those individuals who we are committed to make sure, as they enter a door, they come out the other side better off than when they went in. We can say a lot of things that give you great comfort that the commitment is strong, but it is the actions of what we do. It is our willingness to begin to fix.

I have got tremendous confidence, as well, in General Shinseki. I treasure having someone with that level of

commitment in office, just like I did Secretary Peake before

him, who had a long and distinguished service. And we
are
blessed as members of this Committee to have had
individuals
of that caliber chosen to lead this agency.
But that is not enough. If we as a legislative body
are not willing to do the things that it takes to make
sure
that these services actually are converted to changing
the
lives of our veterans in a positive way and, I might add,
in
a way that is expected from today's OIF and OEF veterans
Ensuring that our nation's service members
experience a
seamless transition from active duty to civilian status
is
also another shared goal. I look forward to working with
each of my colleagues in this Congress to address the
challenges that remain in ensuring a continuum of quality
of
care for our nation's wounded veterans. I am confident
that
we can come together to find common sense and innovative
solutions to the challenges that face our nation's
veterans,
but, more importantly, their loved ones.
Mr. Chairman, I want to thank you, once again, and I
want to thank our witnesses for sharing your thoughts and
your time with us. I look forward to hearing the
testimony
of each and every one of you to learn how we can help
them
on behalf of our nation's veterans and their loved ones
to
make sure that we fulfill the promises and commitments
that
we have made.

Thank you, Mr. Chairman.
Chairman Akaka. Thank you very much, Senator Burr,
our
ranking member.

Now I would like to call on Mr. Lamborn for a
statement.

OPENING STATEMENT OF REPRESENTATIVE LAMBORN

Mr. Lamborn. Thank you, Mr. Chairman, and good morning, everybody. It is a pleasure to welcome so many members of our veterans' service organizations who are here with us today, including those of you who might be here from my state of Colorado.

This distinguished collection of organizations includes many heroes who have made great sacrifices on behalf of our country and the liberty we cherish. It is heartening to see that the dedication and spirit of helping veterans and members of the Armed Forces is alive and well.

Commanders, directors and presidents, I look forward to your testimony and recommendations and working with your organizations to improve veterans' health care and benefits throughout the 111th Congress. I also want to recognize your auxiliary leaders and members and thank you for all you do on behalf of our nation's veterans and their families.

VA faces a number of critical challenges, especially with thousands of service members returning from Iraq and Afghanistan. Clearly, we can all agree that the claims backlog problem must be addressed. VA must get a foothold on its claims processing system and, also, adjudicate claims in an accurate and timely manner.

Last year, I developed legislation, which was later enacted, requiring VA to develop and implement comprehensive information technology upgrades to support claims processing capabilities. We made a lot of progress in the last Congress toward modernizing and improving the VA claims processing system. It is my hope that the reforms we put into place in Public Law 110-389 will help reduce the unacceptable backlog as well as the number of claims that are appealed.

I would also like to thank my House and Senate colleagues for endorsing the idea to require VA to move toward a paperless, rules-based adjudication system.

Such
that
the

technological improvements, along with a VA workforce has been increased by 2,000 people, should begin turning tide on the claims backlog.

Other measures enacted last year will enhance VA's substance use disorder and mental health programs and also establish a pilot program to allow veterans in certain highly rural areas to obtain health care from their local community providers.

This veteran-centric approach to the delivery of care, gives the veteran patient flexibility, without diminishing

VA's specialized services, which include treatment for combat-related injuries, such as TBI, spinal cord injury, blind rehabilitation, PTSD, and prosthetic care.

Careful oversight is critical to ensure that the treatment of our wounded warriors continues to improve. Veteran's service organizations are essential partners in this role of ensuring that we meet our obligation to the men

and women who have safeguarded our way of life.

In addition to meeting veterans' immediate needs, we must envision ways to best service tomorrow's veterans and ensure VA remains viable well into the future.

Again, I look forward to your testimony and working with your organizations in the coming months to strengthen their the network of support for our nation's veterans and families.

Thank you, Mr. Chairman, and I yield back.

Chairman Akaka. Thank you. Thank you very much, Representative Lamborn, for your statement.

Now, I will introduce our panel of witnesses. We will

begin with Dr. Norman Jones, the National President of
the Blinded Veterans Association.

We will also hear from Dr. Charles Stenger. He is
the Legislative Consultant for the American Ex-Prisoners of
War.

Ms. Kathryn Witt, Co-Chair of the Government
Committee of the Gold Star Wives of America.

Welcome to Patrick Campbell, a familiar face to all
of us, who is the Chief Legislative Counsel of the Iraq and
Afghanistan Veterans of America.

We have Ira Novoselsky, the National Commander of
the Jewish War Veterans of the United States of America.

Randy Pleva, the National President of the Paralyzed
Veterans of America. He has been a long-time advocate
for veterans with SCI.

Finally, we will hear from Dawn Halfaker, Vice
President of the Board of Directors of the Wounded
Warrior Project.

A warm welcome to you and with much aloha.

Dr. Jones, will you please begin? And then we will
move down the table in the order you were introduced.

And I ask each of you to keep your testimony to five minutes.
Your prepared remarks will, of course, be made part of

the hearing record.

Dr. Jones?

STATEMENT OF NORMAN JONES, PhD, NATIONAL
PRESIDENT, BLINDED VETERANS OF AMERICA

Mr. Jones. Thank you. Mr. Chairman, members of
the Committee on Veterans' Affairs, we consider it an honor
to be here today. On behalf of the Blinded Veterans
Association, we are glad to be here today to voice our

legislative priorities.

calls It is all right to send e-mails to you and phone
and faxes, but sitting here before you face-to-face and
eye-to-eye--wait.

Did I say eye-to-eye? Scratch that from the record
there.

It is a pleasure to be here today to give this to
you.

I made a mistake on that one.

of It appears that the Committee has been reading some
already my Braille notes because many of the items you have
that mentioned are in my notes here. So we are glad to see
were you are moving in the right direction here. But there
now. a couple items that I shall take time to mention right
now.

will I cannot see the light, but my partner next to me
let me know when the light comes on.

positions One problem we are having at the blind centers,
Mr. Chairman and members of the Committee, is that
funding, are still open and when positions are open due to
means that means beds are open. And when beds are open, it
means

and veterans are sitting at home waiting for rehabilitation
when they wait too long, they get nervous and then they
decide not to even go.

to Another issue here, we have private agencies trying
might convince Congress that they can do a better job. They
They can do a cheaper job, but they cannot do a better job.
doing cannot do it. The Veterans' Administration has been
success. it now for 60 years, with nothing but progress and
success.

We are looking at replacing these positions. So you brought

in on the 110th Congress 35 new specialists under the scholarship program. We are thankful for that also.

Another problem that has not been mentioned is the co-payments for veterans who do not qualify for all the benefits. We are asking that you please eliminate these co-payments. An average stay at the blind center many times

exceeds \$1,600, plus travel. Many times our state regional group has to try to help these veterans get to the centers.

Another problem we are having is research. Research is

very important. On last year, \$4 million was given and we

were not able to complete six projects. The BVA is suggesting at least \$10 million for this one.

Mr. Chairman and members of the Committee, as we look

at research, it is very important. The first reading machine that we as blind veterans used was as large as a home freezer, the big freezer chest in our kitchen. I am

taking training on one right now and when I get back home to

complete it, on a reading machine that fits in the palm of

my hand, can fit in my top shirt pocket. So we are thankful

for that kind of research and it should keep going on and on

and on.

The NDAA, the National Defense Authorization Act, was

enacted some 13 months ago in an effort to get a vision center of excellence and eye trauma register. To this

date,

that same, same bill has been sitting and sitting and sitting and sitting. We need your push on this to let

DoD

know that it is time to have this. When we notified DoD, they told us that, "Well, we are in a war right now; we

do

not have time, or we do not have the funding." We are hoping that when these warriors come home wounded, this center will be ready for them and not have them stand in line to wait for it.

has
and
your
mind as it is in ours already.

for
the
price."

[The prepared statement of Mr. Jones follows:]

Chairman Akaka. Thank you very much, Dr. Jones. Now, we will hear from Dr. Charles Stenger.

LEGISLATIVE

Ranking
Our
representing

Members Burr and Buyer, and distinguished members of the Committee, and the audience, I am delighted to be here.

national commander was unable to do so, so I am representing him.

II.

He was captured, shot down before D Day in World War II.

to
do
have served our country.

We have very little to complain about today, but I want to let you know that from World War II until the

beginning of the Vietnam War, prisoners of war, World War II, were an unknown group. There were so many veterans who returned after World War II that the prisoners of war just faded back into the public without any awareness. And they were so happy to be free, they would not complain about anything.

But I want to express my deep appreciation for the many important steps your committees have taken on behalf of former prisoners of war. Your actions, in addition to those

administratively taken by the VA, have enabled POWs to obtain benefits resulting from the long-term effects of

the captive experience. The presumptives you have established have made the difference. You have covered almost all of the things that prisoners of war require.

The latest you approved was osteoporosis and that was very helpful. We are only asking for one now, and that is for diabetes. The extreme deprivations of the prisoner of war has damaged the coping structure of that individual and they are more at risk for diabetes than other things.

But anyhow, we would urge that.

The largest group of prisoners of war is still those from World War II, of which I am one, as I said. There were over 100,000 to begin with. There are less than 17,000 now and that number is dropping rapidly because our average age is 87. Including all groups of prisoners of war, Vietnam, Korea, et cetera, there are 19,000 prisoners of war alive as

of this time, but by January of next year, that will be
down to 17,000.

As a result of all your efforts, POWs have become a
high priority service group for the VA, and we typically
receive prompt and efficient care. We really cannot
complain. They know who we are as a group and they are
very responsive. Diabetes, as I said, is the only group that
we feel should be added to the presumptives as prisoners of

war. We have submitted definitive information to
Representative Bilirakis and others detailing the reason
why.

We want to very strongly support the proposal of
Dr. John Hall, Subcommittee Chairman John Hall, which
would establish the concept of theater operations. As our
later veterans all know, when you are in Afghanistan or so-and-
so, it does not matter whether you are in a combat outfit,
you are under great stress and danger, and they should change
that definition to include those individuals. A
diagnosis of PTSD coming back in one of those veterans, they should
not have to prove that they were in a combat status
because they were in a dangerous situation.

We were listing some 800,000 backlogged people
waiting for disability, primarily for PTSD. And we want to also
endorse the importance of H.R. 819, introduced by
Representative Tim Holden.

When Public Law 156 became introduced about ten
years ago, what it did was it said that the widow of a Veteran
who died of a service-connected condition or was 100 percent
service-connected was entitled to disability benefits as
the widow. And this has been extremely helpful. The problem
is

that the law did not include widows of veterans who died before that date, and this law, I think, is to correct that kind of error.

VA We have been very pleased with everything that the and your committees have done and I want to say that what you have done has made a major difference in the lives of prisoners of war. They now are receiving what they do need in terms of help and medical care.

I have appended a list of original numbers of prisoner of war needs, sir. I do not need to go into it now, except to say that in 1980, your committee established a Prisoner of War Advisory Committee to the Veterans' Administration and that committee is still operating today. Tom McNish of the Vietnam group is the chairman of that and I am on that committee.

But what the committee does, it checks every region of the country to find out if they are fulfilling their responsibility, and they stay right on top. They are meeting next month here in Washington. But they, following your approval of their establishment, have made a major difference, also, by being on top of what happens.

I think that is all I need to say at this point. I thank you very much.

[The prepared statement of Mr. Stenger follows:]

Chairman Akaka. Thank you. Thank you very much, Dr. Stenger.

Now, we will hear from Ms. Kathryn Witt.

GOVERNMENT STATEMENT OF KATHRYN A. WITT, CO-CHAIR,
RELATIONS COMMITTEE, GOLD STAR WIVES OF AMERICA

Ms. Witt. Distinguished Chairman and members of the Committees, GSW is pleased to be here today and grateful for the privilege of testifying.

Gold Star Wives of America was founded in 1945 by the Widows of World War II. It is a congressionally-chartered veterans' service organization for the surviving spouses of military service members who died while on active duty or as the result of a service-connected illness or injury.

We are grateful to Representative John Hall for chairing last year's Survivor Roundtable and for the resulting legislation that created the VA Office of Survivors' Assistance.

Linda Piquet, the acting director, has already reviewed established programs that assist survivors, and she has asked for our participation in a focus group and in designing their website.

Gold Star Wives is also very grateful to Representative Solomon Ortiz and Representative Henry Brown for introducing H.R. 775 that would repeal the dependency and indemnity compensation offset to the survivor benefit plan. This bill currently has 136 cosponsors.

We are also very grateful to Senator Bill Nelson for all the years that he has supported legislation to repeal the DIC offset to SBP. We understand that he plans to introduce legislation in the 111th Congress to repeal this offset. If a surviving spouse is eligible for both SBP and DIC, the SBP that is received is reduced dollar-for-dollar by the amount of the DIC received.

There are three different categories of surviving spouses who suffer this offset. It is the surviving spouses

of military retired personnel, who are also disabled. They purchase SBP at retirement to support their surviving spouse and they pay premiums of about 6.5 percent, 6.5 percent of their retirement pay.

The surviving spouse in this instance receives a partial refund that is taxable as a lump sum, which runs the rate way up, the tax rate way up, and it is repaid without any interest, even though they may have been contributing to that fund for 20 or 30 years.

Surviving spouses of those who died on active duty and were retirement eligible between the years of 1972 and 2001 are also eligible for both SBP and DIC. And surviving spouses of those who died on active duty after 2001 are eligible for SBP and DIC.

There are approximately 54,000 widows and widowers eligible for SBP and DIC. Approximately 7 percent of those widows and widowers are military service members who died on active duty. These service members paid for the benefit with their lives and they all died believing that their surviving spouses and children would receive this benefit and this support.

Logically, the DIC offset to SBP should have been removed at the same time that the 100 percent disabled service-connected retired service members began receiving both VA compensation and retirement pay. The Veterans' Disability Benefits Commission, created by Congress to review disabled benefits, decided to recommend the elimination of the DIC offset to SBP.

Gold Star Wives is also very grateful to Representative Steve Buyer and Representative Walz for legislation that they plan to introduce to increase the amount of DIC that survivors receive. We feel a basic amount of DIC needs to

be increased to 55 percent of the VA compensation received by veterans rated at 100 percent disability. DIC is currently 43 percent of veterans' compensation received by the service-connected 100 percent disabled.

Most other Federal survivor programs provide 55 percent of the retirement pay for service member or Federal employee to the surviving spouse. Calculating DIC at 55 percent of the VA compensation received by veterans who are rated at 100 percent service-connected disability would increase DIC by approximately \$300 per month.

Many of these women are living on very low incomes, and

we have had many complaints and instances of where they cannot afford both the food and the utilities, with recent things. This really needs to be helped. This really needs to be fixed.

Thank you.

[The prepared statement of Ms. Witt follows:]

Chairman Akaka. Thank you very much, Kathryn Witt. Now, we will hear from Patrick Campbell.

LEGISLATIVE AMERICA
STATEMENT OF PATRICK CAMPBELL, CHIEF COUNSEL, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

Ranking Member, Mr. Ranking Member, members of these Committees, thank you for this opportunity to be here on behalf of

the Iraq and Afghanistan Veterans of America.

Chairman Akaka, you said it best. I feel like we are

at the big kids' table now. Does that mean I get an extra helping of turkey or something like that? This is a lot of fun. I will just make sure I bring a lot more vets next time.

My mission here is, first, to thank the 110th Congress and the 111th Congress for showing, both in your words and your actions, that you truly care for veterans. Last year, you put your money where your mouth was and fully funded the VA for the first time in 77 years, and, not that it is something I care about, you passed the post-9/11 GI Bill, which renewed our social contract with our men and women in uniform, and we will be sending them to the college of their choice, ensuring that this generation will be the next greatest generation. I think a lot of times, we come here and tell you what we need, but I want to extend a heartfelt gratitude and say thank you. It means a lot to our veterans.

What you have done is built a solid foundation over the

last two years for what is to come. And if you remember one thing from what I am about to tell you, please remember this. We surged into Iraq. We are surging into Afghanistan. The surge home is coming and we need to be prepared for it.

President Obama recently announced that he plans to draw down all troops out of Iraq by 2011. That is 140,000 troops who are going to be coming home. When you run the numbers, 1.7 million Iraq and Afghanistan veterans. More than half of them are still on active duty and only a third of those who have gotten off of active duty have actually

we accessed care at the VA. That means that every day that
the are still fighting these two wars, the pressure behind
even dam is building, and we are starting to see the leaks,
before it is over.

there We can see the leaks with the skyrocketing number of
not suicides, divorces, and substance abuse cases. I know
of is not veteran here from Iraq and Afghanistan who does
which know someone who has committed suicide. I have lost two
was the person who got me home safe.

Now, as I said, you have laid the solid foundation.
What can we do to prepare for the surge home? And I am
everything sitting here thinking that you have already said
that that we need to do. We need to advance fund the VA so
that

where they can prepare for the surge home. We cannot be in a
care situation where we are going to have to ration care,
to veterans are not going to be able to access the health
given that they need. We need to give the VA the opportunity
do what they can with the money that you have already
them.

mental That is going to mean, for veterans like Rey Leal in
like southwest Texas, who--the closest clinic that offers
got health services, that is over a five-hour drive from his
the house, is only open two days a week. And it is kind of
Ticketmaster. On the first day of the month, you have
to call and call and call and hope that you get through
the busy signal, and you are able to get an appointment that

month or you are going to have wait until the next month.
If the VA is able to squeeze a little bit more out
of
their money, they might be able to open it for a third or
fourth day. That right there is going to make a
difference
for every veteran in southwest Texas.

The second thing we need to do is we need to end the
passive VA system. The VA can no longer wait for the
veterans to ask for help. Part of this is mandatory
mental
health counseling, and that is a DoD issue. But this is
about the VA launching a nationwide de-stigmatization
campaign that says, "It is okay to get help. These are
normal reactions to abnormal circumstances."

No longer can we accept situations like Brian
LaGuardia
from New York, where his unit made anyone who went to
sick
hall carry a gigantic teddy bear across base because they
wanted to embarrass people who were asking for help.
This is not a way to maintain a force. We must
start--
and I will say this. If a Marine starts going to get
care
for mental health problems, the whole country is going to
rethink their views on what is happening with mental
health
issues.

Obviously, something I care very passionately about,
and that is the correct and timely implementation of the
post-9/11 GI Bill. I appreciate that these committees
have
been actively engaged in overseeing that.

You passed the largest increase in benefits since
World
War II and I implore you to continue to look in every
step
of the way, because if we do not see this across the
finish
line, it is less than a 150 days from today--I have one
of
those clocks on my desk. It is 149 days from today that
over half a million veterans, family members and children

will be going to get their future paid for.

that
care
weeks
and

The last thing I am going to say with my time is we need to make a considerable effort to improve health care for female veterans. When we had our group here two weeks ago, I had a veteran from Arizona who said that when she went to the clinic and she sat down, she heard catcalls

time
she

she saw people looking at her. And this was the first time that she ever wanted to admit that she needed help, and she got up and left and has never gotten back.

because
to
You
for

So we need to make sure that our clinics are female friendly, are offering the services that they need, this is a new generation of veterans that is only going to be increasing as time comes on. We need to be ready. You have laid the solid foundation. And thank you very much for the opportunity to be at the big kids' table.

[The prepared statement of Mr. Campbell follows:]

Chairman Akaka. Thank you, Patrick Campbell.
Now, we will hear from Ira Novoselsky.

COMMANDER,

STATEMENT OF IRA NOVOSELSKY, NATIONAL
JEWISH WAR VETERANS OF THE UNITED STATES OF
AMERICA

Mr. Novoselsky. Mr. Chairman Akaka, aloha.
Chairman Akaka. Aloha.

Mr. Novoselsky. Chairman Filner, members of the Committee on Veterans' Affairs, my fellow veterans and friends, shalom.

I am Ira Novoselsky, the National Commander of the Jewish War Veterans of the United States of America. JWV
is

a congressionally-chartered organization and also provides counseling and assistance to members encountering problems dealing with the Department of Defense and the VA, and also other government agencies.

JWV is an active participant in the Military Coalition, a selective group of over 30 military associations and veterans' organizations, representing over 5 million active duty, Reserve, and retired uniformed service personnel, veterans and survivors, on Capitol Hill.

In the audience today, I am accompanied by several of our leadership, the chairman of our Coordinating Committee, past National Commander Robert Zweiman, who also is our international liaison officer.

We have the president of our National Museum of American-Jewish Military History, past National Commander

David Magidson.

We also have the president of the Ladies Auxiliary, JoAnn Lifshitz; the chairman of our National Executive Committee, PNC Monroe Mayer; and our national executive director, Colonel Herbert Rosenbleeth. And also we have

in the audience our JWV members, who are here to meet their senators and representatives as part of JWV's Capitol Hill

Action Day.

I would also take this time to welcome and thank the members of other organizations for their service to our country and for their support of all of our veterans' benefits and issues. And I would also like to thank Chairman Akaka for pronouncing my name correctly.

You must have stayed up all night practicing.

Members of the Committee, it was a singular honor

for me to present the JWV Medal of Merit to the Honorable Debbie

Wasserman Schultz from Florida at our congressional reception yesterday evening in recognition of her truly

outstanding work for America's veterans. It was equally rewarding to JWV to have so many of you attend with us at this reception, and, again, I thank you.

JWV
active
We
Mr. Chairman and members, next week, on March 15, will celebrate its 113th birthday. We are the oldest veterans' organization in the United States of America. We pride ourselves in being in the forefront of our nation's

we
civic and veterans' groups in supporting the well earned rights of veterans and promoting American democratic principles in defending universal Jewish causes and in vigorously opposing bigotry, antisemitism, and terrorism both here and abroad. Today, even more than ever before, we stand for these principles.

the
on
for
As the national commander of JWV, I thank you for the opportunity to present the views of our 100,000 members on issues under the jurisdiction of your committees. At the conclusion of the JWV's 113th national convention in Pittsburgh, our convention delegates adopted resolutions for the 111th Congress. These mandates establish the legislative agenda for JWV during my national commander year.

have
to
compensation
as
Mr. Chairman, regarding the VA budget, I know we have all spoken about that already and it is a difficult issue to discuss. For many, many years, the veterans' service organizations have asked for just benefits and compensation for all veterans. Now, the Congress has approved the American Recovery and Reinvestment Act, originally known as H.R. 1, the largest spending bill in the history of our nation.

JWV
asks that access to care, VA medical research, disability
JWV asks that veterans' needs be fully addressed.

benefits, long-term care for veterans, and many, many other

genuine needs to be addressed.

Regarding mandatory funding, the JWV applauds the newly introduced Veterans' Health Care Budget Reform and Transparency Act of 2009, authorizing advanced funding for

the VA as the first step towards the ultimate goal of mandatory funding.

This is an important first step towards mandatory funding for the Department, which would ensure that not only

is the funding available when it is needed, but what is available is sufficient for the needs of all those wounded

veterans who so desperately need medical services for injuries received in the service to our country.

Our country has a sacred obligation to those who have served and defended our nation to provide for their needs as they return from battle. The VA must know what resources they will have in advance to provide the best possible care for these patients.

We applaud the introduction of this bill and hope for its speedy passage. We look forward to working with our colleagues in the Partnership for Veterans' Health Care Budget Reform after the passage of this bill to continue the fight for mandatory funding for the VA.

And, of course, we deal with PTSD. The Jewish War Veterans ask Congress to mandate that the Department of Defense and the VA cooperate and coordinate a program to

aggressively counsel every member of the military, regardless of where he or she is serving or had served,

on the signs of PTSD and to require that there be no negative

implication or comments made on the records of someone
who
either exhibits the signs of PTSD and seeks professional
counseling to assist he or she facing the war
experiences.

Then we have increase long-term care facilities. We
believe that the VA should take its responsibility to the
aging American veteran seriously and provide the care
mandated by Congress. Congress should do its part and
provide adequate funding to VA and implement its
mandates.

Mr. Chairman, I am a retired staff sergeant from the
Massachusetts National Guard, with 26 years of military
service, and, therefore, I have a very special interest
in
the National Guard and Reserve personnel.

Since 2011, more than 675,000 Guard and Reserve
service
men and women have been called to active Federal duty and
more than 150,000 have served multiple deployments. This
should be reduced. We have the increased VA disability
claims system. We ask that you hire more people and have
the VA do their job more efficiently as we stated before.

My last item that I would like to mention is the
windfall elimination provision and government pension
offset. Many people, including veterans, who paid into
the
Social Security system during their working careers also

worked for a government agency and now receive a
government
pension, and they cannot receive any or part of their
Social
Security they paid into the system during their working
life. We ask that you either rescind it or adjust it.

Then, of course, we have preventing homeless among
the
veterans. I live in Boston, and 33 percent of our
homeless
are veterans. And when we do our counts, we are very
disturbed by that and, for some reason, they will not ask
for any help. They are too proud. So we ask for support
in
helping that.

In conclusion, Chairman Akaka and Chairman Filner,
on behalf of the Jewish War Veterans of the USA, we
sincerely thank you for scheduling our presentation at this time
when our National Executive Committee members are in
Washington for meetings with us.

We are sending thousands of brave men and women off
to war in Iraq and Afghanistan. Our country must,
therefore, pay for the costs involved. At our annual conventions,
our members work diligently to have legislative priorities.
When our resolutions are finalized, they become our
legislative priorities for the coming year. We thank you
very much for the opportunity to present them to you
today.

Thank you.

[The prepared statement of Mr. Novoselsky follows:]

Chairman Akaka. Thank you. Thank you for your
statement, Mr. Novoselsky.

Now, we will hear from Randy Pleva.

STATEMENT OF RANDY PLEVA, NATIONAL PRESIDENT,
PARALYZED VETERANS OF AMERICA

Mr. Pleva. Good morning, Mr. Chairman and members
of the Committee. This is my fifth and last time to be in
front of you as president of PVA.

You know me, I do not go much with scripts or
things, and I am thankful that our organization has written
testimony. But, you know, Mr. Chairman, hearing the
things I have heard this morning, I am thankful. I am glad that
Congress stepped up to the plate, knocked a home run last
years to do that.

But I guess I do not understand things like that. I

mean, I do not understand how veterans come so low on the totem pole. Just listen to the Gold Star Wives there.

You

have got people that lost their loved ones and they cannot

afford to pay their utilities. I mean, I do not understand that.

I know I am supposed to be talking about paralyzed veterans, but I have said this to this committee a thousand times over the last five years, a veteran is a veteran is a veteran. Just that simple.

Mr. Chairman, right now, I know people that have to be legally--legally--separated to continue on getting their non-service-connected pension. I do not understand that

one. And people say, "Well, they are non-service-connected, they do not deserve it." The hell they do not. The only way you can get a non-service-connected pension is if you are a wartime veteran. And you are going to tell me a wartime veteran does not deserve something? Maybe not.

But

to me, he most certainly does or she most certainly does.

Again, I am not trying to bash you. I am just saying

maybe you all can explain it to me. I know we only have five minutes, but I have asked these questions and I am

not

getting too many answers. I am really not.

I am thankful, again, that, for once, the veteran is starting to get a little bit of piece of the pie after

all

these years, because if it was not for the veteran, I do not

think any of us would be sitting here right now.

I guess, Mr. Chairman, that is where I get confused. With a table of plenty, it seems like veterans get a

little

bit of crumbs, and, hopefully, now that will change. And

I

of am not saying any of you members, but I think all members
of Congress, one day, I challenge you, go to your local VA.

Do not tell the director you are coming. Just put on an old
pair of blue jeans and a tee shirt, sit in the smoking
rooms, even though you do not smoke, sit in the waiting
rooms, and there is where you will get the truth of where
Congress is going with the veteran. Just listen. Just
listen to what these veterans have to say.

or Listen to the families, when they sit there for five
or six hours at a time. Just like you said, Senator Burr,
it is good to put all this money in there, but if the
programs are not working, what good are they? Really, they are
not.

really That is why I say we have a long ways to go; we
do. Just think about it. Twenty-two years it took to
get where we are at right now, and I pray to the good Lord
above that it do not take another 22 years.

trying But just think, we have got more things to do. Just
like with spinal cord injury people right now, I am

the to get the real numbers of nurses that actually work on
the ward. I am getting fought from the VA not to give those
numbers. I do not think you can count part-time nurses,

I do not think you can count nurses that is on light duty
as

numbers nurses actually doing the work. We need to know the
of the actual nurses that are turning the bodies, they

are doing the bowel care and the bladder care. But for some
odd

reason, we cannot get these numbers. We are getting
fought

because some people do not want to lose a position or

whatever.

Again, I did not mean to rattle on. I thank you for what you do. Believe me, I have the highest respect for your offices, I really do, and I know times are tough in America right now, but, believe me, the veteran has been carrying this load for over 70 years.

Thank you, Mr. Chairman.

[The prepared statement of Mr. Pleva follows:]

Chairman Akaka. Thank you. Thank you, Randy Pleva. Now, we will hear from Dawn Halfaker.

STATEMENT OF DAWN HALFAKER, VICE PRESIDENT,
BOARD
OF DIRECTORS, WOUNDED WARRIOR PROJECT
Ms. Halfaker. Thank you, Chairman Akaka, Chairman Filner, Ranking Members Burr and Buyer, and all members of the Committee, for allowing Wounded Warrior Project to share our legislative and policy priorities with you.
My name is Dawn Halfaker and I am a wounded warrior who was injured in Baqubah, Iraq in 2004. Today, I am honored to serve as vice president of the Board of Directors for the Wounded Warrior Project, a nonprofit organization that played an essential role in my recovery, as well as the recovery of the thousands of my wounded brothers and sisters.
Wounded Warrior Project was founded in 2003 and is an organization whose mission is to honor and empower wounded warriors. It is our goal to assist this generation of wounded men and women in becoming the most successful and well adjusted group of veterans in our nation's history.
We aim to achieve this goal by providing unique and direct programs and services to meet the needs of wounded warriors, helping wounded warriors aid and assist each

aid other, and raising awareness and enlisting the public's
for the needs of severely injured service men and women.

Wounded Warrior Project is now recognized by the
Department of Veterans' Affairs as a national veterans'

service organization, authorized to prepare, present and
prosecute claims for veterans' benefits. We have a staff
throughout the country assisting wounded warriors on a
daily basis.

As a result of this direct daily contact with
wounded warriors like me, Wounded Warrior Project has a very
unique perspective on our needs and the obstacles we face as we
attempt to reintegrate back into our homes and establish
a new sense of purpose in our communities across America.

I am here today to discuss Wounded Warrior Project's
overall policy agenda, but due to time constraints, I
will concentrate on one key issue. It is our highest
priority,
and should be one of this Congress' highest priorities as
well, assistance to family care-givers of severely
wounded veterans.

Across the nation, hundreds of newly wounded
warriors
and their families are learning to live with severe
injuries, like traumatic brain injuries, burns,
blindness,
and spinal cord injuries. Many of these warriors are now
dependent on their families for vital services that will
enable them to stay in their homes and out of an
institutional setting.

I would like to recognize and highlight four of my
fellow wounded warriors living with these costs of war.
Sergeant Ted Wade, Staff Sergeant Matthew Keil,
Specialist

Evan Mettie, and Sergeant Eric Edmundson, all friends of

mine. All these heroes have incurred severe life-altering injuries while in service to their nation and are today reliant on family members to provide them with care-giving services.

For Ted, Matthew, Evan and Eric, as well as hundreds of other severely wounded warriors across the country, family care-giving means the difference between living with their families and loved ones or being placed in an institution, away from the love and the support that can be best provided at home. They are sons and daughters, husbands and wives, brothers and sisters, and mothers and fathers, such as Sarah Wade, Tracy Keil, Denise Mettie, and Ed Edmundson.

These men and women are examples of family care-givers who have put their own lives on hold, often sacrificing their own careers and well being, to care for their wounded warrior. Primary care-givers and wounded warriors face a changed reality. It is a new normal.

These family care-givers shoulder enormous responsibilities. They may be forced to take extended leave or permanent leave from their jobs, losing retirement plans, health insurance, savings plans and benefits in the process.

The loss of a job and benefits to care for a loved one leaves family care-givers in an extremely difficult financial position.

Financial stress is not the only challenge family care-givers face. In many cases, the wounded warrior requires daily, round-the-clock personal assistance, which the care-giver is neither trained nor emotionally prepared

to handle. These care-givers have virtually no nationwide support network, no health care coverage, no institutional access to training, and no means to replace this lost income.

The responsibilities thrust upon these families lead to extreme stress, depression, and other illness. Such a downward spiral threatens the breakdown of the family unit, which has a long-term damaging effect on the veteran's well-being and results in greater dependency on government assistance and institutional care.

Wounded Warrior Project and other service organizations want to see this issue addressed immediately. We propose that Congress enact legislation establishing a comprehensive program through which a family member of a severely wounded veteran can receive VA training, certification, and an array of ongoing support services needed to sustain daily care-giving. Such needed support services include counseling, respite, a family allowance, and health care coverage. It must be a systemwide approach.

Families like Matt and Tracy Keil, Ted and Sarah Wade, Eric and Ed Edmundson, and Evan and Denise Mettie, and

hundreds of others like them have been waiting for meaningful legislation. Please do not make them wait any longer.

Thank you, and I am happy to answer any questions.
[The prepared statement of Ms. Halfaker follows:]

Chairman Akaka. Thank you very much, Ms. Halfaker. And I want to thank all of you for your testimony.

I will not ask any questions at this time so that other members may have the opportunity to make opening statements.

I want to ask Ranking Member Buyer for your statement, if you have one.

OPENING STATEMENT OF REPRESENTATIVE BUYER

Mr. Buyer. Thank you, Mr. Chairman.

Thank you very much, to all of you, for your testimony

here today. And I would also like to thank those of you whom had supported my request to then President-elect Obama

back in December--I appreciated the tone which he was setting for the country as he was putting together the economic recovery package. I then had directed in December-

-I know it took a lot of time away from family, but my staff

poured through a lot of the VA major and minor construction

projects, and I sought to include veterans in the economic recovery package.

Thank you. The real applause should go to the staff right here. They really took a lot of time throughout the

holidays. And what we did is we poured through, and I wanted to know what are all the shovel-ready and what advanced timelines we could make with regard to all this major and minor construction.

We came up with about 950 million. It has been pretty

personal to myself and some of the members of the Committee,

the National Shrine Program, and I think it says a lot about

a nation of how we care for the individuals and whom we honor that have gone before us.

I am really disappointed in that we really have three

standards with regard to cemeteries. It has not even

been discussed here today, so let me just take a moment and say

this.

When you visit a battlefield, under the supervision of

the Battle Monuments Commission, I think it is extraordinary

they set the standard. Then comes the VA cemeteries.

The

next level are the cemeteries administered by the Department

of Interior, and I am on their case. There are two cemeteries that are still active under the Department of Interior in which veterans are buried. One is in

Tennessee,

the other one is in Andersonville in Georgia.

We have raised the standards with regard to Andersonville, but I can assure you that if they do not bring these cemeteries up to the standards in which I believe they should be, the VA should take them over from the Department of Interior.

The other thing I would like to say is what I had sought to do when I made this request with regard to construction and the 50 million we put for VA cemeteries

for

the Shrine Program, I also had asked for a billion dollars

to re-institute the Small Business Loan Guarantee Program that had expired in 1986.

That was not picked up in the economic recovery package

and I was disappointed about that. I had also asked for 357 million to increase job training and job placement

and

10 million for homeless veterans, women veterans, and

these

women who also had children. That was also not picked

up.

So what I did is I went ahead and reintroduced all three

of

those as standalone bills.

I also have introduced a number of separate bills, initiatives that I refer to as the Noble Warrior

Initiative

agenda. In particular, it is a bill which Senator Burr

and

I had worked on. His bill is a little different from mine, but it is very similar, and that deals with the Armed Forces disability retirement enhancement issues. And we are trying to help simplify the military disability retirement systems.

It would ensure that those found unable to serve would automatically receive military retirement benefits based on rank and years of service. This would end the offset between military retirement pay and VA disability compensation, which I know is a key issue of many of the individuals who are here.

I am also delighted that, soon, Sergeant Major Walz and I will be introducing the bill which Ms. Witt referred to, to eliminate the offset between DIC and SBP.

Also, I just had a good conversation here with Senator Burr, ma'am, when you were testifying, that we--when I look at this--and I still get to wear the uniform. So a few weeks ago, I am still in the Army Reserves, I put on my uniform and, I can tell you, it was a pretty good feeling.

Then I thought about our widows, the widows of our comrades. And we like to talk about it, we like to think that we are really supporting them. I listen to a lot of groups who come and advocate for positions before the Committee, but I do not hear a lot of those groups advocating for the widows and the children, and I wish that more would. And I think I will confess my guilt.

In the years, I probably should have fought stronger for you and I want to make that up to you. When I think about the fact that a Federal civilian employee, who is working side-by-side, could be at a depot, right next to that active duty personnel, and they get injured and they die in the workplace, and the fact that that widow gets paid

at 55 percent, but your husband, when he died, now you
get paid at a lesser rate. It is just not right, and that is
an inequity and I think we need to cure it.

The other is an issue that I think all of us are
going to embrace and it is an issue that deals with the energy
issues.

There are issues which all of us work on, I call
them

maintenance issues. They are not glamorous. They do not
get the headlines. But we work on issues to make greater
efficiencies and try to make the operations work.

So to my dear friend from the PVA, these are things
which you have focused on for a very long time. So

whether it is trying to go from a decentralized IT architecture
to a

centralized system and how do we get to a new operating
system, none of these things are glamorous. It takes a

lot of hard work to try to perfect these types of things.

When we talk about seamless transition between DoD and VA,
some

basic things have to occur.

So on the energy issues, we are working hard to
build

new hospitals, but we should be building them and look at
the building envelope to ensure that these hospitals are
also energy efficient. The fact that we are building

this new hospital in Las Vegas and we are not even putting
solar,

photovoltaic on the top of it, what are we doing?

So there are some basic things that we do that are
maintenance issues that do not get your attention. But I
want you to know that I work hard with my colleagues here

on the Committee and everyone is truly dedicated. So it is
okay to beat us up. All of our goals are the same. It

is how we can make it better for our comrades and the widows

and the children, and we are going to do that.

just We can agree at times and we can disagree, but I

want you to know, from my perspective, I enjoy working
with every member of this Committee, because the goal is also
your goal.

Okay? Thank you.

Chairman Akaka. Thank you. Thank you.

Thank you, Representative Buyer.

Before we get to questions, I am going to ask for
opening statements from Senator Begich and
Representative Walz and Representative Kirkpatrick.

So, Senator Begich?

OPENING STATEMENT OF SENATOR BEGICH

Senator Begich. Thank you very much, Mr. Chairman.

I am going to be brief because I do have questions that I
would love to get to.

But I just want to say thank you all very much for
being here. Thank you to all the folks in the audience
that

are here, also. I come from Alaska as the new Senator

Is it Pleva or Pleva?

Mr. Pleva. Pleva.

Senator Begich. Pleva. I am like you. I am
nine-and-a-half weeks here, and you have been here a lot
longer. So I am new to the process. But like you, it is
an

interesting system when you think about all the issues
over the years.

My father-in-law is a retired colonel who worked his

way up through the rank-and-file to become a colonel.

And before I came down here as a U.S. Senator, he was quick
to

give me, out of every magazine that he receives from
every organization related to the vets, every priority they
had.

He made sure I had a packet before I came here. He is my

father-in-law and he is going to make sure I do right.

But, also, just to give you a perspective, and then

I

am going to stop, because, again, I have several questions

for many of you, Alaska, about 11 percent of our population

are veterans. So it is a fairly significant amount.

We have a huge impact when you talk about medical services and how to deliver medical services. When people

talk they have to drive maybe a couple hundred miles, we do

not have roads in some areas. You have to fly, if you are

lucky, to get to a place. In some of our areas, we have no

veterans' hospital in Alaska. We have many deficiencies in

our health care system, but we have, I think, some innovative approaches to ensure delivery of health care.

I will end on this, and again, because I have some questions. I spent about two weeks ago in Alaska traveling,

meeting with veterans. Your point was a very good point. It is not about sitting here. It is about talking to veterans and hearing exactly what their issues are and feeling from them what struggles they go through.

I am a former mayor of Anchorage, Alaska and I describe

myself here, I am a mayor that happens to be a senator, because a mayor never forgets the details of the work

that

has to be done and has to continue to not only pass legislation but work every single day to implement them

and

know the effect, because you can pass a lot of laws, but

if

they are not working, it is irrelevant.

So your message is a clear one. I know I heard it very

clearly back in Alaska. But the most important part that

I

thought of was a gentleman who was a recruiter for many,

many years. And he brought me a brochure, probably 30 years old, maybe older, he brought me. And he was talking about the benefits that veterans receive. And his comment was to me, "Quit calling them benefits. It is a promise and a promise that should be kept, because let me show you the brochure." And the brochure was so telling because it was about health care for a lifetime, not partial, not a reimbursement, but a full.

But he was someone that I--as I sat there, he was very emotional about it because of how many individuals he recruited, and yet the promise that he thought he was giving was not kept.

So your message is clear. I am anxious to ask some questions. So thank you all very much for being here.

Chairman Akaka. Thank you very much, Senator Begich.
Representative Walz?

OPENING STATEMENT OF REPRESENTATIVE WALZ
Mr. Walz. Thank you, Mr. Chairman and Chairman

Filner and to Ranking Members Burr and Buyer for your time.

I will have to say, a senator said he was going to be short and followed through. He is new. He is new.

Thank you all so very much. To each and every one of you who are here to testify, thank you not for only your years in service and your years as part of military families, but your countless years where you could have gone home, you could have done something else, but you chose to stand up and continue to try and force us forward to fulfill that moral obligation that we as a nation have to our veterans.

Mr. Campbell and Ms. Halfaker, I, too, am very glad to

see you at this table and, as Randy said, a veteran is a
veteran is a veteran. You are in a long line of people
who stand right alongside you from prisoners of war of World
War II to yourselves, from our current conflicts. So thank
you.

To my friends out there from Minnesota, I know the
Chairman always welcomes his people with an aloha, and I
always say spring is almost here. So welcome, welcome.

It is getting warmer.

Each and every one of you came out here and made
this trip. I know it takes work and you are getting on planes
and you are taking away time from family and you are
pulling

yourself in here and you are waiting in the lines out
there and you get in here. But once you get here, you realize
the strength of our democracy lies in this room. We are
citizen legislators elected from the people. You come here to
speak for those who are willing to serve this nation.

This building and that Capitol were built by
veterans, built on their blood, sweat, lives, and their families.
So it is a true pleasure.

I always see this a little different. I see myself
as testifying in front of you and I think it is a good way
to perceive this. And when General Shinseki sat where you
are sitting, when he took over and started talking about what
he was going to do in the VA, I asked him to turn around and
look behind him, because those were his strongest
supporters

sitting behind him--it was you--plus, they are going to
be

his strongest critics. We have to get this right.

Now, while we have made progress, all of us in this room know that this battle is never going to be over. We are going to have to continue to strive and strive and strive to get this right because it is a zero sum game.

If

one veteran or one family member slips through the crack, that is one too many, and we have to strive for perfection.

Will we ever get there? I do not know. And I would also say, and echo some of the thoughts of my colleagues, while increasing funding has come, we have a sacred

obligation to realize that that is not all. I know
Senator

Burr said that. Oversight of these precious dollars has got to be a priority, making sure that they are targeted to make a big difference.

I will tell you I believe that--and I know that Dr. Jones said it--DoD, that they see themselves as warfighters and they are the best in the world at it, we all know that. But we also have to kind of bridge the gap where they do not see warriors as pieces of equipment, that when their shelf life is used up, they are somebody else's problem. We have got to start caring for our veterans from day one and move them through.

That part of the seamless transition that we are working on, you have all heard it for decades, let's get it done. Let's get them enrolled on day one when they raise their hand. Let's get their medical records and all of their paperwork on electronic medical records and let's seamlessly move them in so that, once again, we cut down on that backlog, we treat them fairly, and we no longer put the onus of proving their service on the veteran, but it is right there for them to show, and that is what we can get done doing that.

You are going to hear some questions, but each of you are bringing up some very good points on this seamless transition. The questions are going to be asked on how we

implement that.

I am very glad to see the Wounded Warrior Project here, because one of the things is no soldier--he or she never deploys alone, their family deploys. And I have many in my district where the husband and wife or the mothers and fathers are the primary care-givers of these wounded warriors and I have heard the heartbreaking stories of losing their jobs and cutting back on things that they were going to do, cancelling their careers, out of love and care for their son or daughter, their husband or wife, but that burden should not fall solely on their shoulders. And in this time of economic crisis, we are all going to have to make hard decisions. But one decision that I am absolutely convinced we cannot make is we cannot balance this budget on the backs of veterans. We have a responsibility to care for them.

So the last thing I would leave you with, and Dr. Stenger brought it to my attention, if you realize how important this is, the care for our veterans, and what it means, what our veterans do--Dr. Stenger said he was at the Battle of the Bulge. I had the unique opportunity and honor to be in Bastone on the 60th anniversary of the battle and I walked through the streets of Bastone, where literally tens of thousands of Europeans, Belgium, from all over, lined the streets with American flags waving at them as some of our

former veterans walked down the street. This was just a couple of years ago.

forget No one has forgot that sacrifice. We should not that sacrifice, and filling this obligation has to be our priority. So thank you all for being here.

Chairman Akaka. Thank you very much, Representative Walz.

Representative Kirkpatrick?

OPENING STATEMENT OF REPRESENTATIVE KIRKPATRICK

Ms. Kirkpatrick. Chairman Akaka, Chairman Filner, Ranking Members Buyer and Burr, thank you very much for having this hearing.

and I really appreciate all of the veterans being here your service organizations, and thank you, all of the witnesses, for your testimony.

came I especially want to acknowledge the Arizonans who a long distance to be here today. I know there is at least one representative, Art Hardy, Sr., who is here. I met with Art and his son in my office yesterday.

for And, Art, I just want to thank you so much for your service, for your service to your fellow veterans, and we letting me know what we are doing right, but, also, what are doing wrong, what we should be doing, and we want to continue those conversations.

lack I am especially moved by the testimony about the

of mental health services and respite for families.

Those are top priorities of mine. I was at the Veterans' Hospital in Prescott on Saturday, talking with patients there; also, went over to the American Legion afterwards. And it is clear to me that with this war, we have more PTSD, more

care mental health problems, more TBI that require long-term

and that we need to be able to address those problems.

when I am very concerned about the surge home, 140,000 returning veterans, soon. We have an opportunity now to prepare for that rather than to have to react in crisis

it happens. So thank you for bringing that to our attention.

to Dr. Jones, I wrote down your 14 words. I am going post them above my desk to remember that "We must fight for veterans with all our might, for they have already paid the price."

Thank you.

Mr. Jones. Thank you very much.

Chairman Akaka. Thank you very much, Representative Kirkpatrick.

Now, we will have questions to the panel.

about, My first question is one for you to really think and this was alluded to, and this has to do with our competing needs in the whole population of veterans.

do For each of you on the panel, the question is what

you believe VA needs to do to balance the needs of the larger population of aging veterans throughout the years with the complex and immediate needs of the nation's

newest generations of veterans? And that population of the

newest veterans, of course, is increasing. Their needs are increasing right now, and yet we have the older

population that still have needs.

needs My question, of course, is what do you believe VA to do to balance this?

Let me do it in order.

Dr. Jones?

with Mr. Jones. Sir, I believe that the VA is working

an antiquated system right now and the system needs to be changed. There is no reason to have a backlog of claims like we have now, if we change that system to an up-to-date system. We need a 21st century to deal with these problems.

Chairman Akaka. Thank you very much.

Dr. Stenger?

Mr. Stenger. I was an employee of the VA for 30-some years. I feel very proud of the Veterans' Administration.

The people in it are very committed, in most cases. The agency is not perfect, but when you go into a VA hospital now, you are very often treated very friendly by almost everybody that comes by. They welcome you.

The VA does need to change its system a great deal.

The disability compensation thing has been, I think, in need of replacement all the time I--20-30 years ago, the attitude was not, "How can we help this person," it was, "How can we avoid spending any money," and I think that has changed now.

But I am still concerned, I represent prisoners of war before the Board of Veterans' Appeals, that too much of the focus is on finding some legal or technical basis to not do what we know in our heart needs to be done. And I think the

VA system very much needs to get back to a basic feeling, "This individual served his country and it is our job to help him and do it right away."

I was recently involved with a case that has been before the Board of Veterans' Appeals five years. They are just starting on it, just starting, five years later.

And I do not know whether it was World War II or what, but there is no excuse for that. I think we need a seamless system between the disability planning in each hospital and the

Board of Veterans' Appeals. It is not working very well
in my mind.

Chairman Akaka. Thank you. Thank you, Dr. Stenger.
Ms. Witt?

Ms. Witt. I think that the most important thing at
the moment is that they get an IT system up and running for
processing claims and for scanning the claims in. I
think

it is going to be almost mandatory to scan the claims in
so

they cannot be placed in a desk drawer or shredded. Just
do not give them a "delete" button.

I also agree with Representative Filner that we
should

perhaps go ahead and just process the claims for Agent
Orange. Most of them have been there a long, long time.

Chairman Akaka. May I interrupt at this point?

House members are facing a vote on the House side.

So

let me then come back to this question that I just asked.
And I would like to now call for any questions on the

House

side.

Chairman Filner. I was going to yield to Senator
Begich, actually.

Is that okay?

Mr. Buyer. Mr. Chairman, you do not mind if we--if
we

we

are going to have to go, I do not mind if you go ahead

and

continue here with the Senate side. Mr. Filner and I
probably are going to have to go.

Chairman Akaka. Let me call on Representative Buyer
for your questions.

Mr. Buyer. No. I will waive my questions. I just
want to let you know that we are probably going to have

to

leave to go to this vote. But we have no objection for

you

to carry on, sir.

Chairman Akaka. Thank you.

Senator Begich. Mr. Chairman, thank you very much.

do
Again, as a freshman, I am watching to make sure I
not--I do not want the Chairman upset, so I want to make
sure I am doing the right thing here.

order.
But I do like, Mr. Jones, your style of getting

As a freshman, you do not get a gavel for anything until
many years down the road. But I like the idea of the

shoe.
For those in the back who could not see that, that is
what
he used to

Mr. Jones. Thank you very much.

Senator Begich. You are welcome.

I have a couple of quick questions, if I could.

One, I
guess, for Mr. Campbell, if I could. You brought up an
interesting question. You talked about the Iraq surge

and
the Afghanistan surge, but the real surge, and I have
talked
about this, where we are going to see a lot of veterans
coming back.

This may be a better question for the VA. But I am
wondering if there is a way to determine who--how many
are
coming back, obviously, we know that, but where they may
end
up in this country.

The reason I ask that, it would be an interesting
question if you figure out where a majority of them are
going to end up and then what service levels are
available
in those communities.

Do you think there has been anything by the VA to

understand that? In other words, kind of pre-planning
rather than just let everyone come back and then go to a
community where there are no services available or
limited,
because you talked about some of the services have two
days

a week and so forth.

But are you aware of anything like that where the VA has kind of looked out two, three, four, five years and said, "Okay, we know this many are coming back to California, to Arizona," and then done a cross-check and

see

what kind of service levels they have?

Mr. Campbell. I actually can feel the people in VA sitting behind me going, "Of course, we do something like that," and I know the other veterans' service

organizations

are going, "Yes, they do it, but I do not know how well

they

do it."

What you are talking about is a comprehensive needs analysis, projecting.

What I am telling you now is that there has not been this preparedness for 2011, the idea of the surge, coming home. We have been building a foundation, trying to

catch

up for the last seven years, and now we need to get

ahead.

And that is this Congress' work for the next couple of years. I do not think the VA--not for lack of trying,

but I

do not think they are ready.

Senator Begich. Thank you very much.

Kathryn, you had a comment which I really appreciate in

regards to the widows.

Can you give me any thoughts? Does Gold Star have recommendations regarding the full family? I know you

made

some very specific recommendations, which I think are fantastic. But as you know, there are some times--I know

a

lot of work I did as mayor was with families in total, because I think a veteran or the widower, there is so

much

other elements.

Do you have recommendations in regard to what more

we

can do with families in total that you could share with

us

now or later?

Ms. Witt. I would be happy to share with you later.

I

am a retired care-giver.

Senator Begich. Good.

Ms. Witt. I would be happy to share those concerns with you later.

Senator Begich. Great, if you would not mind, and I will have my staff kind of connect with you on the way

out

of here today. But I would love to see some other additional thoughts that you might have with regards to

full

family needs.

Thank you.

I am trying to watch the clock here. If I do not pronounce your name right, Ira, I apologize.

Is it Novoselsky?

Mr. Novoselsky: Yes, sir.

Senator Begich. You mentioned homeless veterans,

which

is a growing problem, a significant growing problem. I

know

in Anchorage, Alaska, we do a stand-down program, very successful. We do one in the winter, which you have to

put

it all in perspective. This is mild here today.

Actually,

spring is here, the way I look at it.

But we do a lot of work with our stand-down program, also, job training program and dealing with substance

abuse

and many others.

Do you have any thoughts and more very specific

things

that we could be more focused on in regards to homeless vets? Because I do believe that is going to be a growing problem.

Mr. Novoselsky. Thank you, sir. It is a very, very difficult situation. As I said, I was from Boston and 33 percent of our homeless people are vets. And we do a count in town every year when it gets down to zero to see how many are out there and bring them into local

shelters.

not
a
might

But a lot of them do not want to be helped. We do
have the answer. We try to bring them in. We give them
food. We give them a place to live for a couple days or
week, and they just get up and leave.
So I do not know what the answer is.

country--

Senator Begich. Do you think there is--again, I
ask this to the VA, but I want to talk to folks that are
touching veterans every day that are not there.
But do you think there is anything around the
and maybe anyone could answer this--that might be a pilot
that is successful?
I know we are doing some very unique things. I
mean,
literally, in Alaska, we have people going out into--
veterans-to-veteran. We are not having the VA, we are
having veterans-to-veterans doing it.
Mr. Novoselsky. We have a veterans' shelter, a
homeless shelter, and it is very active. They teach,
they
retrain, they try to get them some--you have probably got
maybe 5 or 10 percent that will really take what is being
taught. Other than that, you do the best you can with
them.

happened

I tell a little story about a gentleman that
to work in Boston when I did, and we were working on a
Saturday and we saw this gentleman lying on a planter and
there was \$5 on the ground. I see him there, so I want
to
give him the \$5. He says, "No, thank you. I am a
veteran."
He goes, "I do not want it."
Senator Begich. But clearly needed services.
Mr. Novoselsky. Absolutely, absolutely. I said,
"Do
you want to go over to the shelter?" He said, "No, sir.
I
just want to be left alone."

Senator Begich. Thank you very much for that comment.

I was intrigued by your family care-giver issue. I have a nephew that--I know exactly the experiences of having a family, have to take care of someone who has spina bifida, and a lot of intensive care, especially early on.

Give me a sense, from your perspective--and I will go back to kind of Mr. Campbell's comment and that is that the surge that might and will occur, as it moves forward.

Do you see--and I think this is an easy answer. I mean, that is going to expand rapidly and the pressures within the families.

Are there other things--I know you talked specifically about support, training, so forth. But are there other things with regards to our community effort that you have seen help and work, other than the specifics you talked about? Are there things that you have seen in other communities that might--I am just thinking from a community perspective, what can we do, also, to support that individual or those efforts?

Ms. Halfaker. Sure, thank you.

I think that one of the things that we have seen in Wounded Warrior Project that is really had a lot of success and sort of taken hold at the grassroots level is family care-giver outreach and family care-giver summits, specifically.

What we do is one of our programs--and I think that this is something that could go on at the local and community-based level--is to bring care-givers together and give them a weekend of respite care, hear what the needs and concerns are, listen to the stories about how a mother now is changing the diapers of her 19-year-old Marine, and things like that.

Senator Begich. Like a support group.

Ms. Halfaker. Exactly. Support groups allow them to talk to each other, and I think that getting those groups started at the community level would be a great first step.

Other than the program we have, I am sure that there are some programs out there, but we would have to look more into that.

Senator Begich. My time is up, but I appreciate, again, all of you testifying and giving some good information. Thank you very much.

Chairman Akaka. Thank you very much.

Thank you, Senator Begich.

Now, we will call on our ranking member for his questions.

Senator Burr?

Senator Burr. Thank you, Mr. Chairman.

Dawn, I agree with you that care-givers are absolutely essential to many of the veterans that come back today.

Currently, we have a structure at VA and I think we both agree that it is insufficient as currently designed.

Are there parts of it, though, that you recognize that work today that we should be particularly careful, as we reconstruct some legislation that addresses an expansion of the care-giver role?

Ms. Halfaker. Thank you. I think in terms of care-givers, I sit on a committee and we go out to recommend different best practices to the secretary of the VA, and we go out into the local communities. We have gone to probably ten different cities in the United States, and there is not a lot out there for family care-givers, and I really do not think that it is an issue that the VA has really addressed at all.

VA I think that in some areas that we have gone to, the
has done a good job of bringing in nonprofit
organizations,
partnering with other organizations that provide daycare
services and things like that, but those are very
specific
to different VAs and VISNs that are not--it is not a
comprehensive program, by any means. I think as far as
family care-giver support, there is just a tremendous
amount
of work to be done.

task, Senator Burr. We are going to take that on as a
I will assure you.
I will come to you, Ms. Witt.

2010 It concerns me, as I look at the Administration's
budget in the private sector health care and we are
basically slashing home health services for the American
people. This is not a good sign, to me, that we are
focused
on how we deliver care for individuals either in-home or
by
family members, and I hope I am misreading what the
intent
is.

Did you want to add something?
Ms. Witt. I wanted to say that these care-giver
support groups need to focus on the care-giver. Many
times,
when you have a so-called support group, you go to the
support group and they tell you, "Well, you can do so
much
more for this guy and you should do this for him and you
should do that for him." These care-giver support groups
need to focus on the problems the care-giver is having.

point Senator Burr. You have raised a very important
that I think only care-givers can share with us.
Let me turn to the seamless transition just real
quick.

We continue to strive to perfect this and many of your
organizations have firsthand experiences.

not
the
create

In your view, what are the challenges that we have anticipated in a seamless transition? We are looking at seamless transition of medical records, of electronic medical records, hopefully, in the future.

But what is it we have not identified that will

hurdles for us on this transition from active to the VA system?

Randy?

to
he
get

Mr. Pleva. Well, seriously, the DoD and the VA need to talk. There is a block there somewhere. To me, that is where I have seen a lot of it is, "Is he discharged? Is he not discharged? When can we get the paperwork or can we get the paperwork?"

need

So, again--and, matter of fact, we testified to this about two years ago, where the DoD and the VA are just passing each other like two ships in the dark, and they need to get better clarification on that or just plain old communication.

we

Senator Burr. We are dealing with the military, are we not?

Mr. Pleva. Sir, we are.

Senator Burr. I think we have made tremendous progress, by the way, in the last 18 months with the open line of communication between the VA and DoD, and I have every reason to believe that is going to be continued by Secretary Shinseki.

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of
Affairs

Mr. Campbell. I just also wanted to add that this is the time where we need to modernize USERRA and Service Members Civil Relief Act protections. I know it is one of those interesting things the Committee of Veterans' Affairs

duty
in
is
hiring
needs

has got jurisdiction over, an issue that affects active members. But many service members are coming home, and in this tough economy, when you have to weigh a veteran who is getting deployed one year out of every two or three, them or hiring someone else who is going to be able to be employed for full-time, veterans are being discriminated against, and we need to give USERRA the teeth that it needs to be implemented correctly.

enlightened
heads
and,
how

Senator Burr. I think this Committee was when we found out that the biggest abuser was Federal agencies, that we did absolutely no education of the of those agencies about the responsibilities they had and, if anything, the private sector may be getting an A on how they handled it and the Federal Government got an F. To some of us, that is not a surprise.

In conclusion, let me say to you, Ira, that we have attempted, and I think we will in a bipartisan way, to address homelessness.

and
are
this
to

Until we accept the responsibility to treat homelessness in a holistic way, it is not just a culture over somebody's head, it is not just a program to go out and pull somebody off the street, it is a commitment to bring them in and provide them the array of services that they are faced with, with the recognition that, in many cases, this really stems from a mental health issue that was never treated or never treated successfully and it has led now to substance abuse and to all sorts of other things.

take

We have to be prepared and committed to bring in the treatment for all of it, if, in fact, we want this to

just
lives
permanently. And I think that should be our goal, not
what we do temporarily, but to permanently change the
of these individuals who are caught in this trap.

Thank you.

Chairman Akaka. Thank you very much, Senator Burr.
Now, Senator Burris?

Senator Burris. Thank you very much, Mr. Chairman.
And to our distinguished panel, I will only make my
statement, because questions have been raised and I have
read your testimony, and I just want to let you all know
where I stand on this most important issue.

of
The panel here today and the organizations they
represent are one of the Committee's most important
resources in gathering information on the current state

of
ground
veterans' affairs. You are the eyes and ears on the

priorities
for us. I want to let you know about a few of my
for this Committee.

of
Number one, I am committed to reducing the backlog

some
disabled claims. We have had hearings already about this
issue in the past month and I think we are formulating

sound ideas for how to deal with this disgraceful problem

that has been perpetrated on our veterans.

Freeport,
I had a veteran in with me the other day from

unconscionable
Illinois. He has spent four years trying to get his hip
replacement documents through. That is just

the
to have to go through that. And he tells me that if he
complains in Chicago, that the paperwork will then go to

that,
the
bottom of the pile. If we find out who is ever doing

then that person certainly ought to be dealt with. That
person allowed that person to be able to have a job in

the
there
freedom of this country, because that veteran was out

committed to allowing us to do what we do.

I am getting a little emotional, but do not--number two, I am working to ensure a seamless transition between the DoD and the VA for our active and our veterans. For far too long, our veterans have not received the benefits they are entitled to because either they do not know about the availability or they do not really want to be hassled by the organization.

I was up at the Great Lakes Naval Hospital for veterans in my state and saw the seamless transition that is taking place now between DoD and the VA, with the medical services that are now being provided for the naval base that is there, Great Lakes Naval Base, and for the veterans, and that is the way we must go.

It is the only project that is taking place medically

in the country right now and we are doing it up at the Great Lakes Veterans' Hospital, and we hope that that will set the tone for the nation so that we can have that seamless transition of medical services for those active duty personnel and for the veterans.

Number three, I am looking forward to imminent progress on the issue of advanced funding, what we just heard the Chairman mention. The VA, as an institution, cannot progress and grow to meet the needs of veterans if its services are constantly interrupted and constrained by the appropriation process.

Again, God bless each and every one of you who have allowed us to be here in this land of the free and the so-called home of the brave. You are the brave. You have been there. You protected us, and we in this Congress must

do no less than protect you. God bless you, and thank
you
all for your services.

Chairman Akaka. Thank you very much, Senator
Burris.

Now, let me get back to my question to the panel on
how
do we balance the needs of aging veterans with the
complex
and immediate needs of the newest generation of veterans.

So let me, at this point, ask Mr. Campbell.

Mr. Campbell. I appreciate the opportunity to come
back to this question.

Two of our issues cut across both new generation and

older generation veterans, and, that is, advanced funding
the VA will help Iraq and Afghanistan veterans, but it
will
also help veterans of all generations. This will help
make
the money that you are allocating be more efficiently
spent
for all veterans.

Number two, disability claims. This is an issue,
again, that cuts across all generations and it must be
dealt
with not for just our veterans, but for all veterans.

Now, when you are balancing, I am not going to tell
you
program-by-program, but what I can say is value, that we
must place value, when you are doing the budgeting
process,
in things that are preventative, things that will get
ahead
of the problem, because we know what happens if we do not
start treating people for mental health issues before
they
become substance abuse issues, before they become
homelessness, before they become suicides.

So when you are evaluating a program that is
directed
just towards our generation of veterans, we want to make
sure that it is preventative.

Obama had shovel-ready; we have preventative. And
this

is something that you must be asking yourself every time
you go through the budget, "Is this going to save us money
down the line?"

Chairman Akaka. Thank you very much for that
response.

Now, let me call on Mr. Novoselsky.

Mr. Novoselsky. You are getting better, Senator.
Thank you.

Well, I think the magic word is money, money, money.
And, included in that money, we have to update training
for everybody, to bring everything into the 21st century.

When I go to the VA hospitals in Massachusetts,
which we have five, in different districts, a lot of things are
falling apart. Computers are not working, telephones are
not working, major equipment is not working. I think it
is important that some of this money has to go into this new
technology.

Then we get into staffing, the amount of personnel
needed to operate a VA facility. And in order to get the
staffing, again, we come into the money factor again, we
have to pay the nurses, the doctors, the technicians
equally to private hospitals.

We are not getting--and I am not saying that the
people who are working there are not quality, but what I am
saying is they have to get the same pay that everybody else gets
and I think we will get more people coming that want to
come into the system instead of just trying to get into a
private hospital, in my case, like Mass. General Hospital, Beth
Israel, any of those hospitals there. But I think the
equal pay for equal work is very, very important, for males and
females.

Thank you.

Chairman Akaka. Thank you very much.

Mr. Pleva?

Mr. Pleva. Yes, sir. If my memory serves me right,

I

know that PVA did a thing called Strategy 2000 and, also, back in 2000, Senator Rockefeller, I think, sponsored a bill for long-term care, which was never--it passed, but it was never funded.

It covered all this as far as aging veterans, things of this nature. And I think that happens a lot, some of these things get passed, but know down deep in their heart that they are never going to fund it; so what the heck, we will just vote for it.

But, also, with our adjudicators, looking at it, that is a problem. We kind of discussed this yesterday with another committee that you were present with. We have had, since September of 2008, 497 AOS cases. And now those cases, right now, 40 of those people have passed on because of the backlog or red tape or saying, "We need this, we need that." Again, we have got to train these people.

Again, like Senator Burr--I hate to keep mentioning his name, but he said it right. We can hire 50,000 people, but if they do not know what the hell they are doing, it is not going to help nobody.

So, again, we have got to have the right training for

everyone. And so, again, though, long-term care was something that was going to address these problems, but, again, it was never funded.

Chairman Akaka. Ms. Halfaker?

Ms. Halfaker. Thank you. The Wounded Warrior Project definitely believes that all generations of veterans are equal and that should certainly be reflected in any approach that VA takes. However, our mission at the Wounded Warrior Project is to ensure that this generation of veterans is the most successful and well adjusted generation in the nation's history.

So with that, I think that there are two issues that really cut across this that I think the VA should focus on, which is advanced funding and the claims processing issue.

Getting veterans into the system sooner with that seamless transition is going to alleviate a lot of the long-term problems that I think the older generation of veterans are suffering from right now. And rather than certain funds having to be diverted and decisions being made as to who is a priority, all veterans should be equal and should be equal priority.

I also think that the VA needs to be innovative in its technology approaches and outreach methodologies to ensure that they are able to communicate with all generations of veterans by the means that they wish to be communicated

with. Obviously, there are a lot of new, advanced technologies that I think would be useful in communicating with the newer generation of veterans.

Thank you.

Chairman Akaka. Thank you very much, Ms. Halfaker. This has been mentioned and alluded to as a need.

Many of your organizations have focused on the need to improve the timeliness of VA compensation claims processing.

So I want to focus on claims processing. Besides additional funding for more staffing and training, and this was mentioned by you, do you have any other suggestions for ways in which improvements might be made, improvements might be made to the system?

So I will let you volunteer your responses to this question.

Ms. Halfaker?

Ms. Halfaker. I will go ahead, Mr. Chairman.

I think the Wounded Warrior Project is very excited about the work that is been done with the DES pilot system and we would very much like to advocate that that system gets expanded as soon as possible and unveiled in other locations throughout the country.

Chairman Akaka. Thank you.

Mr. Campbell?

Mr. Campbell. We believe that, like some of the panelists here have said, that making it more efficient is going to help all veterans. We need the proper training and that training needs to be focused on what that region is doing wrong. Right now, if one of the regional offices is making the same mistakes over and over again, the retraining are that they receive is what the entire nation's mistakes are going to be. So having localized training in those facilities that allows those people to grow, creating a work credit system that does not encourage people to shuffle paper, but, in fact, actually get the claims processed correctly.

When you file a claim, at this point, it is six to seven months that you might even see a check. But if you are one of the unlucky 10 percent that gets kicked back for any reason, you are looking at two years. And they have done studies now, that 90 percent of those 10 percent are

then later adjudicated in favor of the veteran.

So we need to develop a system that is more efficient, that trains those people correctly, so that veterans are getting the benefits that they deserve.

Chairman Akaka. Mr. Novoselsky?

Mr. Novoselsky. Thank you, sir. As I stated in our package, we have to do a comprehensive long-term strategy claims management program, with training upgrades, reduced power, turnover at entry level, IT support, and quality

control.

I work for the unemployment office. Now, that is probably the second largest, next to the VA, of claims and input and people needing funding immediately. In this case, they need to be addressed on their claims and their benefits. And the unemployment office has gone all telephone and computer. Everything is online. And if they cannot do it at home, they go, in this case, to the career centers that we know about that are in every state and they can use their computers there to do it.

Now, if they have this type of program in the VA, where someone can go into a VA clinic--it does not have to be into a major hospital, it can be the local clinics, where there is a computer available to them and someone to assist them to get the initial paperwork in and do the processing from there.

Chairman Akaka. Well, thank you for your responses. Let me ask for further questions.

Senator Burris, then Senator Begich.

Senator Burris. Mr. Chairman, I am fine. I yield my time.

Chairman Akaka. Senator Begich?

Senator Begich. I just have one. But first, Ms. Halfaker, thank you very much, that is the DES system. We have one in Alaska. We are one of the pilots and there

are like 12 or 13 in the nation.

That was going to be my question, for anyone that is familiar with it, do you see that as a success, and you have kind of answered the question.

Expanding that, you have seen already success with it; so why pilot it, just get on with it.

Is that kind of the sense you are giving here?

Ms. Halfaker. Yes, sir. That is the sense from our organization, that with, obviously, I think, proper oversight and quality control, it is a very effective system that we have seen a lot of results with early on. You see veterans really--you see the seamless transition really kind of taking hold when they have that disability rating the day they are discharged from service.

Senator Begich. That is good to hear, because I did get a good report while I was up there, but I was just curious, from a larger--so you have answered that question.

For anyone who wants to answer, this is an idea and-- again, I give you the setup. Alaska is very unique in how we have to deliver health care. We do not have a veterans' hospital. If you live, for example, in a village like Kwethluk, to get to the nearest hospital will take you a plane ride or a snow machine ride in the winter, and then you will have to go to the hub and then fly to the big city.

And by the time you get there, because we do not have the facilities for VA in the sense of just a clinic and some

others, you may end up in Seattle. So by the time you are done, you may have spent \$1,500 in travel costs and a variety of other things.

So the idea that I have laid out as a pilot potential is what I call the Heroes Health Card. The idea of it is that same individual who is in a village like that, we have a network of incredible native hospitals that deliver health care, as well as regional hospitals. The idea would be that they could take this card, go to their nearest regional hospital, whoever provides the care, go in there, get the service, present the card, and the VA reimburses them.

The idea would be, for remote areas, so you do not degrade the VA system in the sense of putting them next

door to hospitals that exist today, but where it is very difficult to get to, because the concern I have is not

only because of the direct effort you need, but the longer you take people away from their families in treatment and rehabilitation creates another problem for long term.

So I guess I am interested, if a program was designed, in very remote areas, that they could use existing health care systems nearby and that VA then would reimburse.

What are your thoughts on that? Randy?

You jumped right at it. I saw you; you grabbed that mic.

Mr. Pleva. I know, I am about ready to bust here, because

Senator Begich. Is that good or bad?

Mr. Pleva. That is bad, because no more than eight months ago, VISN-19, out in Denver, they tried this. The VA was so set about taking specialized care, just giving everybody a card and go on the outside.

They even did it so much that they even got our attention on VISN-19 and they went to Salisbury, North Carolina and tried to do the same thing, and I am glad--

Senator Begich. I do not consider those remote, but

that is okay.

the
do
VA is going to interpret to, "Well, shoot, fire; we can do that here. We can do that here."

If there was a law--of course, that does not mean anything either nowadays. But there has to be something Senator Begich. I wanted to build some faith in

you. I
want you be positive here.

going
He
Mr. Pleva. But I am just telling you, and I am to say this. I talked with Secretary Peake about this.

saying
and I am awful concerned about it, but just be very careful.
He said, "Randy, you have got to get out of the 1940s thinking." Again, I understand exactly what you are

That is all I ask.

Senator Begich. Good advice. In Alaska, the way we describe remote is roadless and then there is some very defined definition.

to
is
That is a problem. If you have never been to Alaska and move from a village and you have to go--you have got to fly on a four-seater first, four-seater plane, and that is an experience in itself.

you
But the definition is the critical thing, is what are saying, and if it is remote, roadless, some other strong--and there is no VA clinic or hospital within a certain range.

the
My issue is with the GPs, general practitioners. We have so many that I just worry that they are not getting care because they are not going to leave their family.

Ira?

what
Mr. Novoselsky. The magic word was "reimbursement." The concept is great. Unfortunately, what they charge, the GP may charge or the hospital may charge out in that

remote area is not what the VA is willing to reimburse
them

at, and that is one of the big things. We get it with
Medicare people, we get it with TRICARE people.

Senator Begich. TRICARE.

Mr. Novoselsky. Even with your own basic insurance,
the doctors are not getting the amount of money
reimbursed
to them that they maybe entitled to, depending on the
type

of coverage that they have. So I think the reimbursement
has to be addressed if you want to go that way.

Senator Begich. Good point.

I am out of time, but at a later time, probably
individually, we may contact you from our offices to get
some more feedback.

I know, Mr. Chairman, we are probably 20 minutes
away
from a vote, but thank you for, again, doing this
hearing.

It has been very, very informative for me. Thank you.

Chairman Akaka. Thank you very much.

This has been a good hearing. I want to thank all
of

our witnesses for appearing before this Committee today.
Without question, your testimony has given us a better
understanding of your organizations' very diverse
legislative priorities, and this is what we are looking

for

to help us set up our agenda for this Congress. I hope

we

will continue to work together to better the lives of all
veterans and their survivors. Many of these needs have

been

raised here in priority, and, again, I thank you for

this.

Without question, I think what we are looking at is
to

see how we can improve the quality, the quality of
service

in benefits and in health for our veterans. And we
certainly will work hard at this and continue to look to

you

for your advice as we move along here. We have made

wonderful gains in the last Congress, but we look forward
to

continued improvements in our service and benefits and
health care for our veterans.

With that, I ask that this hearing for the
Committees
of Veterans' Affairs of the U.S. Senate and U.S. House be
adjourned.

[Whereupon, at 11:48 a.m., the Committees were
adjourned.]