

FIELD HEARING ON VA OUTREACH
TO RETURNING GUARD UNITS

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TUESDAY, AUGUST 25, 2009

United States Senate,
Committee on Veterans Affairs,
Honolulu, HI

The committee met, pursuant to notice, at 10:30 a.m., at the Oahu Veterans Center, 1298 Kukila Street, Honolulu, Hawaii, Hon. Daniel K. Akaka, chairman of the committee, presiding.

Present: Senator Akaka.

OPENING STATEMENT OF CHAIRMAN AKAKA

Chairman Akaka. Aloha.

Audience. Aloha.

Chairman Akaka. A big welcome to all of you, and thank you very much for your patience here, and welcome to today's hearing of the Senate Committee on Veterans Affairs.

This is the first of two field hearings that I am chairing here in the State this week. Today's hearing will focus on the benefits and services provided to returning Guard units and related transition issues. We held several hearings in the State before, and most recently held a hearing on the same topic last year in Washington, D.C. Much has improved in recent years, for which I am grateful,

and it is important for the committee to understand the remaining challenges, and this is why we are here.

I applaud the efforts of VA employees in Hawaii. These men and women work hard to help the veterans who seek their assistance. There are many things that VA does well in Hawaii. However, there is always room for improvement and we certainly want the employees of our VA to have the feeling that we are here to help veterans and do our best to do that.

Indeed, our unique geography, our diversity, and our way of life require that VA develop a unique strategy to care for our island's veterans, including Hawaii veterans of the Guard and also of the Reserves. I want to hear what tools VA needs to make a difference in the lives of these men and women of the Hawaii National Guard.

Back in Washington, we have worked hard to ensure that VA has the resources to provide the best possible care. In my first two years as Chairman, 2007 and 2008, Congress provided record-breaking funding increases to VA. This year, we are working to get VA the funding it needs for next year. We are also hard at work on fixing the broken way that VA's health care system is funded.

I introduced legislation to fund VA health care one year ahead of the current budget process, which will allow VA health care dollars to go further for veterans and

taxpayers. I am pleased to tell you that this bill, the Veterans Health Care Budget Reform and Transparency Act, passed the Senate just before the August break.

We have also been focusing on finding ways to improve how VA and the Department of Defense work together to improve the transition process for service members and veterans. We are working hard on part of our goal, which is seamless transition between the active service and the civilian veterans part. Given the existing relationship between VA and Tripler Army Hospital, Hawaii should be-- should be in the forefront of the national efforts to have the two Departments work more closely together, and we will explore that issue today.

Here in Hawaii, more than 5,000 members of the Guard and Reserve have been deployed. The Hawaii National Guard has recently returned from its second deployment and over 85 percent of those mobilized were already combat veterans. It is important that these soldiers, and indeed all of those who have been sent into harm's way, know that VA will be there for them when they return home.

After years of war, we appreciate that there are distinct challenges facing the reintegration of these citizen service members. Unlike their active duty counterparts, Guard veterans must transition from their civilian life and employment to active military service and

back again. Despite VA's best efforts to conduct outreach to this population, it seems clear that some are still unaware of all that VA has to offer and how to access those services and benefits, and this is something that we also need to work on, to provide the information that they need. More work needs to be done and more needs to be done on that.

I hope that both of our panels will shed some light on why we continue to hear from veterans that they just did not know about their eligibility for VA benefits and services. We need to know how VA and the Congress can help bridge this information gap. This is particularly important for those who suffer from the invisible wounds of this war and need more help readjusting to their civilian lives.

I appreciate the Department of Labor and Hawaii National Guard's participation in today's hearing, as they both have important roles in the transition process.

Finally, I note that there are many veterans here today who would like to testify. While we cannot accommodate everyone's request to speak, we do want to hear your views. The committee is accepting written testimony, which will be reviewed and made part of the record of today's hearing. If you have brought written testimony with you, please give it to the committee staff who are located here in the room. And if you do not have written testimony but would like to

submit something, committee staff will assist you. In addition, the committee staff is joined by VA staff, who can respond to the questions, concerns, and comments that you raise.

And so at this point, let me ask my staff members to please raise your hand. So if you want to talk to one of them, please do that.

Let me ask the VA staff who are here to raise your hands. Wow, okay. So these are folks that you can talk to if you have any questions and want to make any statements.

I hope today's witnesses will provide us with a real sense of what the next steps are so that no member of the Guard, or indeed any service member is unaware of their eligibility and the benefits available to them.

Thank you very much again, and now, I would like to introduce our first panel. We have First Lieutenant Tulsi Gabbard Tamayo, Hawaii Army National Guard; Sergeant First Class Sualauvi Tuimalealiifano III from the U.S. Army; and also Clay Park, who is here who is Veterans Program Director from Papa Ola Lokahi.

We are waiting for the Sergeant to return, but in the meantime, I am going to move along here and ask Lieutenant Tamayo to please proceed with her statement. Welcome.

STATEMENT OF FIRST LIEUTENANT TULSI GABBARD
TAMAYO, HAWAII ARMY NATIONAL GUARD

Lieutenant Tamayo. Thank you, Senator. Good morning, Chairman Akaka, everyone gathered here. Thank you for the opportunity to speak here today regarding the VA's outreach and services to Guard and Reserve service members.

By way of introduction, I am a First Lieutenant, a Military Police Officer in the Hawaii Army National Guard. I enlisted in 2003, earned my commission in 2007, and have just returned from my second deployment overseas. My statement today reflects only my personal opinions and experiences as an individual.

As you are well aware, since September 11, the VA has begun to see a new kind of clientele. Veterans are younger, a new generation who grew up in a different culture and face new challenges. The Reserve component of the military has taken a role front and center like never before. The VA is now faced with hundreds of thousands of customers who are young combat veterans, but who also still actively serve in the National Guard or Reserves.

My underlying message to you today, bottom line up front, is that the DOD and the VA need to work together to think outside the box and find comprehensive strategies to reach, educate, and serve Guard and Reserve veterans.

The VA's presence in our redeployment process, from

point of reentry back to the U.S. to being released from active duty, has improved since 2006, when I returned from my first deployment. About a week and a half ago, as we went through demobilization at Fort Hood, Texas, we received about a two-hour briefing from the local VA rep on the various benefits available to us as veterans. He ensured that all 400 of us in the briefing tent filled out enrollment papers to join the VA or be registered in the VA and assisted those and encouraged soldiers to fill out disability claims, applications, as well as talked about the VA Home Loan Guarantee. It was a lot of information packed into a short period of time, but it was informative and I walked away learning a few new things about the VA. However, this should not be the end of the story.

I understand that the VA and DOD are two very separate agencies. However, for Guard and Reserve soldiers, the idea of a clean and complete transition between the DOD and VA is not a reality. The Reserve component has hundreds of thousands of service members who are dual members of both agencies, eligible for benefits from both. It is highly likely, as you mentioned, that a service member will transition between Reserve and active status multiple times throughout his or her career.

A short personal example, which I know is not an isolated incident, is I was attempting to take advantage of

my G.I. Bill benefits while deployed and took a few classes. It took seven months, and I am still waiting for the VA to get confirmation from DOD that I am actually eligible for this G.I. Bill benefit. I called once a month, and every time I called was told that it takes a long time for the VA to get information from the DOD and to call back next month. I was also told that as a member of the National Guard, it takes even longer.

As members of the Reserve component, there are specific limits to what benefits we are eligible for as well as special benefits that we are entitled to. However, the outreach in my experience and the education of Reservists and National Guard members has not been focused and comprehensive. Upon our redeployment, we don't have the luxury of time, unlike the active component. Like I said, in Texas, we were there for five days and we received one briefing from the VA.

Therefore, connecting with this group of veterans and ensuring education and access to all that the VA has to offer requires a different strategy. One thing I noticed is that under the VA website, there is not easily found a section that caters specifically to Reservists, National Guard members, of the VA. There are a lot of questions, as throughout my deployment, I have talked to soldiers who I worked with and members of my command and there is not

knowledge and understanding about what benefits are available to us. I know of a lot of things from my work with you, but this is not known by the mass Guard population. I think if there was an easy way to get on the website with focused information about medical benefits, education benefits, that target specifically the Reserve component, that that would be helpful.

Regarding VA outreach at the local level in each State, I think it is really about developing relationships between the local VA and the local Reserve units and commands. Because access to Guard and Reserve soldiers is sparse and spread out, the local VA developing a partnership with the local Guard and Reserve leadership so that they can coordinate and integrate the Guard schedule with VA outreach would also provide a lot more access and direct access to the soldiers from the VA. To me, this partnership should not be short-term, but rather a continuous conversation. By doing this, the VA would provide a face and names to these soldiers and their families before, during, and after deployments, to include the break between deployments, which would greatly improve availability and access. It would take away the common view that the VA is a big bureaucratic organization that is not user friendly.

The best counselors are veterans themselves. I have talked to soldiers during my deployment who would like to

help other soldiers upon returning from deployments and feel that they have the gift and the need to help other soldiers, but they don't have the training, the official training or the degree or the background to do so. If there is a way that the VA could channel those interested, those veterans interested into a training program where they could have the official training and certification, possibly along with a commitment from the veteran to work for the VA, both sides would be served well.

I also think there should be mandatory counseling, both one-on-one and in groups, for returning Guard and Reserve veterans. As many of us know, soldiers may be too proud to seek assistance or seek help or know where to go to get it. These one-on-one counseling sessions would provide that opportunity for a soldier to speak freely.

Also, these counselors should be trained to ask the right questions, be personable, develop a relationship, and know what the unique challenges that Reserve veterans face with reintegrating back into their civilian life. This would also provide the soldier the opportunity to enroll in the VA system, provide focused information, as well as a face, a name, and a phone number that the soldier can follow up for any additional care.

There are other concerns and issues that exist, as well as those that we have not discovered yet. But by working

together and being creative in finding solutions, progress can be made.

Thank you for the opportunity to share my experiences and thoughts.

[The prepared statement of Lieutenant Tamayo follows:]

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Chairman Akaka. Mahalo and thank you very much, Lieutenant Tamayo. We certainly are grateful to hear your personal challenges, and this will certainly help us to restructure our system so that we can provide services that are needed by our veterans.

I would like to call now on Sergeant Sualauvi Tuimalealiifano. Thank you so much for being here. At this time, we would like to receive your statement.

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STATEMENT OF SERGEANT FIRST CLASS SUALAUVI
TUIMALEALIIFANO III, HAWAII

Sergeant Tuimalealiifano. Good morning, Senator Akaka.
Chairman Akaka. Good morning.

Sergeant Tuimalealiifano. I want to thank you for the
privilege, honor, and opportunity to testify before you
today. I am Sergeant First Class Sualauvi Malua
Tuimalealiifano III of the 96th Civil Affairs Battalion,
Airborne, Fort Bragg, North Carolina. I am processing
through the Bravo Company Warrior Transition Unit of Tripler
Army Medical Center.

My 13-year career brought me to Fort Bragg, North
Carolina, with two tours in Iraq, Operation Iraqi Freedom,
and a third in Afghanistan, Operation Enduring Freedom, as
part of the proud and legendary All-American 82nd Airborne
Division and the USA Special Operations Command, Civil
Affairs with Third and Seventh Special Forces Group,
Airborne. The results of a mission in mid-July 2007 in
South Afghanistan brought me here today and to my home of
Hawaii.

After 11 months as an inpatient through four different
hospitals in three different States, I have come to know of
many challenges related to injuries and recovery. Because
of what happened on the day I was injured, I am here before
you today. Just as a rock tossed into the water will have a

ripple effect that continues on, the day that I was injured has caused ripple effects that still continue. I believe this is also true for others who are wounded in the service of their country. Today, I hope to represent not just myself, but other injured service members, whether their injuries are physical, like mine, or within.

My testimony will focus on what I can offer this committee, honest answers based on the experiences I have had in the service of my country. I will not focus on studies, promises, or the ideas of others. My strength is that I can speak firsthand of what a wounded soldier has experienced and what I have seen others go through.

Senator Akaka, I have with me additional points of issues that I wanted to bring before yourself and the committee. A lack of confidence in therapists and limited time with therapy, not according to a group overall but individually to that soldier's will and his injury, his or her injury.

Acupuncture, but not massages--would allow skin-piercing needles with jolts of electricity but not manual body/muscle stimulation to body and nerves, as well.

According to a soldier, or patient, I have a story of a National Guard Texas soldier who was left with no unit support while in the care of James Haley Veterans Affairs Hospital in Tampa, Florida. I was unaware of any soldier

not having any connection or ties with their unit or the unit that they were mobilized with. With this individual soldier, he was a young soldier at 23 years old, just got married before he deployed, amputee, both legs above the knee. And we met at the Fisher House.

The soldier, after we spoke and got together, the wives and myself found out that he has had no connection with any of his unit members back at his unit. I was very upset, very upset to later on find out the unit's information and discussed it with the person on the other side. But his wife and the messages we sent through the families were unaware of the way the military works. His wife was very bitter, and I understood why. She didn't see any help. According to them, they didn't see any help in any way. Maybe sending a soldier of the unit there periodically, maybe once a month to check up on them. But there were no ties of any kind. I was told they probably demobilized, and I don't know what else became of that, but from what I could have done, I did. I just hope from being there that no other soldier, injured or not, returning home would have to go through that.

I also have listed here Special Operations. We have an organization that we call the Care Coalition, and throughout the time in the hospital, the Care Coalition is very informative, very supportive to, it is sad, but it is to the

Special Operations soldiers and families.

There were things and events that were accessible, funded and looked after by this Care Coalition. I spoke with them and they are--this is in 2007, shortly after the War Transition Units were started to stand up--and they are working their way in sharing the ideas and ways of standing up an organization or program to support all soldiers, regardless of National Guard, Reserves, or active duty. I think that there are citizen soldiers that were sent overseas to do what we can do to keep home safe, and when we return, I think we should all have a similar status of whatever care and help that we can get.

The other one I had here is Fisher House. It provides a great service but could be more family friendly. It is a nice museum. Everything is beautiful and top-notch funds, I guess, but they are not friendly towards the kids, the children. I think the main purpose for that house was to house the wives, the husbands, they come there with their children to support their loved ones. The Fisher House I have been through hasn't been. They have a very nice parlor, but no child-friendly room to play with, something like the Ronald McDonald House towards the family, towards the children.

And the last one, sir, is the G.I. Bill. I believe it is earned and should be used as desired. The question is,

for seminary or church classes. You are not allowed to use it towards theology without getting the State involved or the--the point with that I am trying to make is I tried to take classes throughout my church school or any Christian events, courses, but I am not allowed to use the G.I. Bill for that and I just want to know why, or if we are looking into it.

But that is all and I would like to thank you for your time, for hearing me out and for letting me come by and testify. Thank you, sir.

[The prepared statement of Sergeant Tuimalealiifano follows:]

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Chairman Akaka. Thank you very much, Sergeant Tuimalealiifano, for our testimony.

Now, we will hear from Clay Park, who is Veterans Program Director, Papa Ola Lokahi. Clay, will you please proceed with your testimony.

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STATEMENT OF CLAY PARK, VETERANS PROGRAM DIRECTOR,
PAPA OLA LOKAHI

Mr. Park. Good morning, Mr. Chairman and members of the U.S. Senate Committee on Veterans Affairs. My name is William Clayton Sam Park. I am of Native Hawaiian ancestry, a disabled veteran who served as a combat medic during the Vietnam War, and a retired Master Sergeant with three years active duty with the U.S. Army and 21 years of service with the Hawaii Army National Guard. I am presently the Veterans Program Director with Papa Ola Lokahi. Thank you for the opportunity to address the Senate Veterans Affairs Committee. My comments today are based on my experiences in that role, and in particular with regard to situations faced by our returning OEF/OIF National Guard and Reserve troops as they transition from the military to veteran status and back to their lives in the community.

Though the impact of this current war will be my focus, my work on a recent day in which a veteran I served included an 88-year-old World War II veteran from Guam and a 19-year-old Oahu Iraqi war veteran reminds me to emphasize the message of General Shinseki during his confirmation hearing for the position of Secretary of the Department of Veterans Affairs. We must care for all of our veterans. We cannot allow those who have served their country at any time, in any role, to be neglected.

Having worked with the community agencies for the past several years in outreach efforts to our veterans, it is evident to me that the challenges faced by our newest warriors and their families remain great. As I have done in testimony before this committee in prior years, I would like to use the stories of those who come to me to provide you with the human side of the statistics reported to you by officials of the military or the VA.

Let me start with the experience of a full-time National Guard soldier activated in Iraq and wounded during that deployment. This individual was medically boarded with a disability rating and then discharged from the National Guard. Since his full-time position with the Guard was his employment and being a member of the Guard is required for that employment, this veteran is now without a job, without adequate income to maintain his former standard of living, and without health benefits for his family.

Next, consider the young man activated with his Reserve unit for a second tour in Iraq and sent to the mainland for training, despite the unit knowing he had a medical condition likely to limit his performance. He was returned to Hawaii because he was not able to complete assigned functions. His unit was deployed to Iraq without him. He is now in limbo. He hears from the VA that they cannot help him because he is still an active duty soldier. The

military tells him he is not truly on active duty, since his unit is overseas and he is here. Consequently, he has no income and no access to health care.

A young Reservist's wife from a State on the mainland contacted me after reading an airplane article about the community outreach work in Hawaii. Her husband, a medic, was being deployed for the fourth time and she was fearful for his physical and emotional well-being but did not know where to turn for help. She believed if she spoke with anyone in his command about her fears or if word got to command from any other source she might share her fears with, this would reflect badly on her husband's career.

I hear from other wives of physical and verbal abuse by the returning husbands. They are fearful for their children, contemplating divorce, and yet knowing the person they loved before he was deployed is still there somewhere, desperate to find him again but not knowing how to do that or where to go for help.

In another situation, during a briefing with a Reserve unit about our community outreach efforts, I could see two young women soldiers in the audience, one with the 1,000-yard stare. After the briefing, she asked to speak with me off-line about her experience while deployed in Iraq. This young woman reminded me of one of my own daughters, and while she cried while telling me of being raped in Iraq by a

fellow soldier, I knew I was limited in what I could do. She was fearful that she would be booted out of her unit and possibly even lose her full-time Federal job if she told anyone what happened. She felt she could certainly not trust that the other soldiers in her unit would be supportive and anticipated revenge instead of support.

One can only wonder how many other women face this situation alone. I am so thankful that she had the courage to trust me and that I have a network of people and organizations in this community available as resources in such situations. In other situations where the individual is eligible for VA care, I do everything possible to bridge the trust and get the person to see one of our caring VA providers.

Since I last testified in this committee in 2007, I have seen changes in the VA, such as more emphasis on outreach, more visible service for women veterans. But as General Shinseki stated, we must care for all of our veterans. There are still those who do not reach the safety net of the VA through established channels or who are frustrated in attempts to seek help by bureaucratic obstacles. Transitioning home still is not easy. Senator Akaka's comments in 2007 still hold true. More can be done to assist veterans and their families in the reintegration of the wounded or injured veterans into their community.

Mahalo nui loa for allowing me the time to share my statement with you today. Mr. Chairman, I will be pleased to answer questions you or your members of your committee have for me at this time.

[The prepared statement of Mr. Park follows:]

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Chairman Akaka. Thank you very much, Mr. Park, for your testimony, and I thank all of you for your testimonies.

I have a question here for each of you, so I will call on you starting with Lieutenant Tamayo. This question is to you, because you each bring your unique perspectives to today's discussion. It is clear that if we cannot reach veterans, their needs will go unmet. So the question is, what can VA do to improve the effectiveness of our outreach efforts--our outreach efforts? Nothing is off the table and we are looking for creative solutions and you folks have been there.

So we are looking to you for, let me put it this way, the latest challenges and needs, because over the years that I have been with VA, one of the structuring goals is we want to change the structure from World War II to Iraq and Afghanistan, meaning to update what we are doing and to try to restructure VA so that we can deliver the necessary services to those veterans today.

So with that, let me call on Lieutenant Tamayo for your response.

Lieutenant Tamayo. I think the most important piece to answer that question is about building relationships and making veterans and service members feel comfortable and feel that we have access to the local VA. I think it is easy--you know, the common perception is that the VA is just

a big, huge government organization that is out there somewhere. Maybe we have access, maybe we don't. We have to wait in long lines, wait forever to get benefits.

But by the local VA office or representatives developing relationships with these Guard and Reserve commands and the units and having that access and availability there where you have a name, you have a face, and you know that if you have any questions, you can talk to them, and making that level of comfort be present at all levels so that the leaders in the Guard, from the platoon leaders to the company commanders, the battalion commanders, they feel comfortable so they know when they have a soldier who they are concerned about or a soldier who is seeking help, that relationship is there and it is not just calling an 800 number and not knowing who you are going to get at the other end of the line.

It is developing that relationship and comfort not only with the units, but I think that is where it starts, because from there, you have the families. And I know something that is changing now that is different from our last deployment is the Family Readiness Groups are trying to remain active and not shutting down now that we are home. They are trying to stay active for each other and continue the support between the family members, but also the support that they experienced while we were gone. So that is

another way for the VA to also develop relationships with the spouses and with the families and see what kind of care they are looking for and concerns they may have about their returning service member.

Another thing is, you know, a lot of times those of us in the military, we say, okay, you have to go to this briefing or that briefing. You have to go to a suicide prevention briefing or an anger management briefing, you know, get ready to come home. Too often, these become kind of check-the-block. Here is a 30-slide PowerPoint. Okay, you saw it. Sign your name. You are good to go. There is a difference between that and actually talking to someone or hearing from someone who is able to reach us.

We had a briefing from a Major from Wyoming in Kuwait right before we came back, and he just--he is a social worker in his civilian job. He is a National Guard soldier. And he said, you know, this is called an anger management briefing, but I am here to talk to you about basically how to deal with yourself, how to deal with the experiences you have had, how to deal with your family. He talked a lot about himself, but it was a personal conversation. There were about 150 of us in the room, but I know each of us felt touched by his message and what he had to tell us because it was practical. It was real. It wasn't just going through the motions.

So I think the more we can try to push that, and again, it falls in the same thing about developing relationships and having local support and local access.

Chairman Akaka. Thank you very much.

Let me now call on Sergeant Tuimalealiifano.

Sergeant Tuimalealiifano. Thank you, Senator Akaka. I think, amongst many things and many ways, I think the best thing we could do is maybe soldiers that have returned that are willing to help and assist those who are still there and still sitting in the same positions, depressions that they were in, if we can take those veterans, train them, whether it by certifying them or not, but to train them maybe with people skills or talking from their own personal experience, we take those veterans, train them up if that is what they desire to do, like myself.

That is what I would love to do, is to get back into the field that I just left, which is the field of depression. There is a lot of field that comes with depression and a lot of things that different soldiers and injuries, whether they come back fully physically able, they might not be within themselves.

I think if we take those soldiers that have recovered to a certain extent, that have the desire to go back into those areas, that way, I think, when they are talking to those soldiers and helping them out, they come from the

same--they have been there. They have done that. They have shared that. They know how it feels. They know how it was. I think if we take those veterans and train them and put them back in that field, if that would be desired, to better help those that are coming in.

The VA, I think, like the Lieutenant said, is a lot of what the relationship. There are soldiers like Mr. Clay here shared that had the courage to come up and speak about rape. And there are many others that probably turned away because the information is not out there, not sharing the opening up to everyone to see that the VA is available, that there are organizations and programs available.

But I think relationships, as the Lieutenant mentioned, with soldiers that are coming and going, I think the VA can do that, and then just putting themselves out and to reaching them, whether they want to be heard or not, I think. That is all I have, sir.

Chairman Akaka. Thank you very much, Sergeant.

Mr. Park?

Mr. Park. Thank you, Mr. Chairman. That is a tough question, you know.

Chairman Akaka. Yes. Your response to the question?

Mr. Park. One of the things when I look at it is the predeployment briefing. I have never heard of the VA doing a predeployment briefing. I have done a predeployment

briefing with the Hawaii Army National Guard, the 29th Brigade. And what I tell these people is that when you become Title X, when you are activated, keep all your documents because documentation is the key. You know, if you are in country and you are standing next to a sign that says, "Welcome to Iraq," take a picture, because if the VA comes back and says, we have no evidence that you were in country, guess what. Here it is.

Look for LODs. Make sure you get your LODs if you got hurt while you were in the military. And again, I go back. Documentation is the key. So these young men and women need to understand that they need all these documents. They need their orders. They need to know that the people they go with in country can write a buddy letter for them when they come back. So they need to understand that they can work with these people to help them with their application process, as well.

An open door policy--the VA has an open door policy, that if a veteran is having difficulty with talking to someone, maybe he can go up the chain and talk to somebody else.

You know, we go education and training. That is the key, education and training, as well.

The biggest thing is connecting with the community, connecting with community organizations. Hawaii is very

unique. The people in Hawaii, we are so diverse, different ethnic backgrounds, the different way they think. When you go to a community--I am going to pick a place like Hana. If you go to Hana to talk to the people in Hana, the first thing you need to do is you need to seek out the elders out there. Go talk to the Kuchuna, because they are the ones that can give you guidance on where all these people are, where they are in the bush. They are the ones that can help you. So make that connection with the community. Thank you.

Chairman Akaka. Mahalo. Thank you very much, the three of you. As I said, we want to be creative in thinking of maybe other ways that are not being used now to try to deal with these needs that our veterans have, so thank you for that.

Tulsi, as the veteran of several deployments, can you talk about improvements, improvements that have been made since your last assignment overseas? What challenges remain?

Lieutenant Tamayo. Like I mentioned before, my return from my last deployment in 2006, the outreach and the process just in that short demobilization period from where we are returned to the U.S. and released from active duty, the VA had a bigger presence this time and it was more focused solely on benefits.

I don't know if this is how it is everywhere, but the VA rep who spoke to us was very encouraging and, I want to say, forceful in a good way in getting all soldiers to enroll in the VA and all soldiers to make sure they got a paper talking about the VA Home Guarantee. People were timid in the beginning. Like I said, there were over 400, 500 of us in the tent, but he made sure and he said, hey, you need to get one of these forms, or you need to fill this out. First, people weren't raising their hands, and he got basically almost everyone in the whole tent to raise their hands saying that they were interested and made himself available afterwards.

So that, to me, that was a big improvement from the last time we returned, where I was not left with an impression of the VA. The bottom line is, I didn't come back feeling that I had some big connection with the VA or something that I could take away.

Six months after we return home, we go through a post-deployment health reassessment, and at that time, the VA was also available to us and provided one-on-one counseling to those who requested it, but it was not a front and center piece in that PDHRA process. We will see in six months and see how things have changed this time around.

Personally, I know that there has been a lot of development from the VA about benefits for Guard and Reserve

soldiers and there is a lot more available to us now than there was previously. But again, it comes down to having that focused outreach to Guard and Reserves saying, this is what is available to you, this is what you are eligible for, rather than kind of getting a big, fat book of, hey, this is what the VA has to offer to everyone and trying to sift through it and say, okay, what actually applies to me or my family?

Chairman Akaka. Thank you very much.

Sergeant, will you describe your experiences with the Warrior Transition Battalion?

Sergeant Tuimalealiifano. With the Warrior Transition Battalion, or War Transition Unit, my experience is not much. I have been through Fort Bragg's WTU. They were just standing it up. It was fairly new. My interactions with WT there was not much. I was still an active duty soldier, so I was still returning back to the unit, to and from, because I was from Fort Bragg.

I came here to Hawaii and have been with Tripler's WTU, which the intentions are good, still need more work. And there is a lot of--because the Guard, I believe they work with the active duty and I think with the Reserves, they don't really hold the same authority over each other. I am still trying to figure out where in there I might be able to fit in if I was to go to COAD [ph.].

But as far as the WTU, Senator Akaka, the way they are moving, I think the way they are moving is progressing. They are getting better in what they are supposed to be doing and in what they are doing. Like anything else, a new program that you stand up, you run into obstacles you learn to adapt to overcome or change routes or routines.

My experience with the one here, I have been with the WTU here since January. They have been very supportive out there to really get you involved in activities and events, going out for a walk type deals or going to the beach and stuff like that. I would rather be doing therapy myself, but they have a lot of good intentions, a lot of good events for soldiers in regards to their active duty, National Guard, Reserves. They provide a lot of events. They provide courses and classes for those who can come to if they need help with depression, if they feel suicidal.

I think they are going in the right way, the right route, direction, with what they are trying to provide soldiers. But with the wars now, you have got a lot of us young guys, young gals, a lot of new and different ways of looking at things. Some guys, we got our chest out too high or too far and chin up so high that we forget that on the inside it is always turning and it needs to be checked up or checked out every once in a while.

But I think that the WTU is doing a great job, still

progressing, still young, still new.

Chairman Akaka. Thank you very much, Sergeant.

Mr. Park, in your testimony, you state that trust must be established in order for service members and veterans to be successfully served. My question to you is, how should VA go about building this trust?

Mr. Park. One of the things that we established was we call our Uncles Program, and I am happy to say that I have a few of my uncles in here right now. It is disabled veterans that help the veterans navigate the system in getting the application, going through the application process.

And what happens with this is that when the veteran calls and needs somebody to talk to, these are the uncles that talk to these veterans. You know, in Hawaii, that is who you turn to. You turn to your uncle, and then your uncle helps you with whatever problems, whatever you have. Because the VA is a government organization and because the soldiers are asking if the command doesn't take care of them, the NCOs don't take care of them, they are looking at a government organization. They come right out and they go right back to another government organization. So the trust that you need to establish with the soldier is to be straight up front and tell them, this is how it is. This is what you have got.

I will give you an example. My PHD tells me 10, 10, 30

adds up to 50, and my PHD is my public high school diploma.
[Laughter.]

Mr. Park. Well, when a veteran comes up with 10, 10, 30 on his disability and they give him 40, he is going to start thinking, you know, my PHD tells me 10, 10, 30 is 50, it is not 40. You need to explain to these guys, we have a formula here. That is why you got 40, you didn't get 50. So the VA needs to be up front in telling these soldiers, these young soldiers and these veterans that this is what we have and they need to educate these people on how to get the information across to them, because local guys, if you tell them no, that is it. They are out the door. They give up. You can't let them give up. We can't. I have got no time to sit back and let these guys give up, and I don't. And my uncles, they don't let them give up, either. And I have a young uncle right there in that uniform. He just started, came back from Iraq.

I think what the VA needs to do is they need to make that connection. They need to get that trust from the veterans. They need to go to the units, the National Guard units and the Reserve units and talk to the commander, talk to the First Sergeant, talk to the NCOs. That is where it all begins. Thank you.

Chairman Akaka. Thank you very much, Clay. When you say uncles, I am sure you also mean aunties.

Mr. Park. That, too.

[Laughter.]

Mr. Park. There is a Dr. McNamara [ph.] who does a women's group in Maui. I think she is the only one that I know who does a women's group in Maui, and she does it in the evenings. I think there is a women's group here on Oahu. I am not sure there is, but I think there is one at the VA here in Oahu. But with my counterpart, Babette Golan [ph.] standing there, we are trying to establish an aunties group, as well.

Chairman Akaka. Thank you. But the base of this is the relationship between the two people, and in this particular case, with VA.

Mr. Park. Yes, sir.

Chairman Akaka. Well, thank you very much.

Let me ask this question for all members of the panel. In your experiences, and I want to focus on families, how families have been affected by the reintegration process. I know this is a very sensitive question, but this committee would appreciate your candor so we can gain insight into the nature, or the true nature of this happy and sometimes difficult process of reintegration. I want you to know that our committee has been focusing on families, as well, because the families support the soldiers who are out there and they are important to the support of that soldier.

So, again, the question is how families have been affected by the reintegration process. Let me first call on Sergeant Tuimalealiifano.

Mrs. Tamayo. Excuse me, Senator, for barging in here.

Chairman Akaka. Will you please identify yourself?

Mrs. Tuimalealiifano. My name is Shannon Tuimalealiifano, and I am Sergeant Tui's wife. Very briefly, before I speak on your question, let me say who I am. My mother was in the Vietnam era as an active duty Army soldier. My father, as well, was a Vietnam veteran of 24 years. He retired. And he spent the majority of his time at Fort Bragg, the Mighty Mighty Fort Bragg, North Carolina. So I am very familiar with the military, having also joined the military and being a ten-year veteran myself.

After 9/11, I was activated. My husband and I got married. I left active duty service after six years and was reactivated twice after 9/11. So I am familiar with the Reserve component and its difficulties, also the active duty component and its novelties, and families of all types and sorts, growing up from a Vietnam veteran family, having been a member, and having not only dealt with deployment issues, but traumatic deployment issues.

So I just want to say that to let people know that when I speak, I am speaking from a broad array of experiences, and I am so thankful, Senator, that you are asking for

ideas, creative, on how to make a difference. I would like to say that the biggest reason that my husband and I came home after he was injured, the military gave us permission, because we knew without the shadow of a doubt that even though initially his neck was broken and he could not function from the neck down, we knew that God is good all the time and that the best healing comes at home. So we requested for a transfer. We were granted that transfer.

The reason we came was because, as Mr. Park has said, Hawaii is different from the entire rest of the United States. Where the majority of the United States has had a breakdown in family components, there is still ohana here. You will still find uncles and aunties and grandmas and grandpas in the family, helping. In the mainland especially and in the military, you are disseminated throughout the United States. You are very far from any kind of support. And if your command is not strong and the wives of that command are not strong enough to understand that their role is to mentorship the young wives coming in, then there is a lack of family connection.

And the Lieutenant is very right. The main thing that we can do to help veterans, families, and all of the issues sprouting from the war and being military, period, is relationship.

We have three children. The youngest was born when he

deployed. He was injured two weeks before coming home, so the baby was one. The number one thing, sir, that I can say that would assist families, when people come home, they need to reconnect. When they come home not the way they left, injured in any capacity, it is traumatizing. It is a wonderful focus on the outreach of the veterans to take care of them, but if the families are not cared for, then you are not caring for the veteran, because the brunt of the burden of the care will fall on that family, because after business hours, when everybody shuts down, the therapist, the counselors, the family will take over, weekends, holidays.

So the thing that I would say, sir, would be that programs such as child care so that the couple can seek counseling, or even can simply get together and reconnect in an informal atmosphere, of going on a date and simply talking--there were so many things that my husband could not speak to me on, but he could speak to fellow veterans, and I understood that. I gave them their time to connect and console each other so that healing could come. Even just talking is wonderful. Programs with child care, programs in the VA that reach out to the community for the family.

I received so many helpful people who would give me websites and numbers to call, applications to fill out. With three small children, one an infant, and my husband unable to function, if you give me a website, you might as

well not give me information. I don't have the time.

The VA would do well to have an organization, and I model this after the Care Coalition because they were our salvation when he was hurt. We were so overwhelmed with the future and the prospects of our entire lives. They banded around us. They poured love on us. They poured out information in pamphlets, but they also contacted organizations for us. They saw the need. They went to the community for us because I didn't have time to leave the hospital to go ask these people for help.

And they came back with gift cards and gas cards for me driving back and forth to hospitals. I think many people are aware of Hero Miles, where they give free tickets for the families to help, gas cards and food, grocery cards, because we were living out of the Fisher House. We needed groceries. We needed all these things that normally we would have at home. But it was an expense out of our pocket with a sudden loss of income because, of course, I could not continue working.

So if the VA could form a group where their purpose is to reach out to the community for these families, connect them to these groups, connect them to the families of their local environment, get things like gas cards or grocery cards or free child care tickets or things that just would take the pressure off of the couple trying to juggle their

lives in the middle of the chaos while they are still trying to plan their future, these are the kind of programs and groups.

And as I said, the Care Coalition, I do believe, is working with active duty components to attempt to form some groups, and they are doing the same thing. They are trying to draft some of these young soldiers who do not feel that they can continue in the military so that they don't have the bleak outlook of, I don't have a future. They ask them, would you like to reach out to other soldiers? Join our organization, be on staff, come talk to other soldiers in the hospital so that they don't give up on life because they don't see what can happen after, if they lose limbs, if they lose families from the stress.

And the children, most importantly, we were blessed because my family lived nearby, and being Vietnam veterans understood. When he got hurt, my parents took the children. I went to the hospital. My children didn't have the traumatic, watching me break down and cry, watching--they were allowed to remain children because there was an environment to care for them. But without relationship, without a trusting back-up plan, I would have had to take them and they would have had to see every sordid detail of him coming off the plane, being connected to wires, tubes, neck braces. That was not something I wished for my

children. But had those programs not been in place, I wouldn't have had a choice.

So again, I say, it can be traumatic if there is not someone there to take the pressure off of the soldier and the spouse so that families can heal slowly instead of trying to put a pressure dressing immediately and keep it there while you are trying to figure out everything. So thank you for letting me speak.

Chairman Akaka. Mahalo. Thank you so much for that.

[Applause.]

Chairman Akaka. Lieutenant, do you have a response to that?

Lieutenant Tamayo. Just very briefly to touch on something you mentioned earlier and that you mentioned regarding soldiers not coming home the same way that they left. This comes in many shapes and forms. There is the physical aspect of it, but I know you have worked and you have talked a lot about the invisible wounds. My mom had actually asked me about PTSD the other day and asked me, how do they figure out who has PTSD and who doesn't, and that is the thing.

Coming back from these experiences, there is no cut-and-dry, you had this many bullets shot at you or you went through this many explosions, therefore, you are or you have or qualify or whatever. The baseline of--I can only speak

from a Guard-Reservist perspective, but the baseline of leaving home, putting life on pause, and being away from your family is a stress in and of itself on a good day, but when you put together all the things that happen to a majority of us, not only the stresses of the mission but also being aware of and knowing things that are going on at home, things that are not going on at home that should be, and knowing that you can't do anything about it and you are powerless and have no control, you can't go home and save the day, you can't take care of things, there is a lot of stress in that and different people deal with it in different ways.

The important thing is that when we come home, that the support that was there for the families while we were gone continues for the families and us as we come home. I know for our unit, and this is, I think, a testament to the Guard leadership here, there was quite a bit of family support. Families had a lot of gatherings. They had a lot of meetings. They had a lot of information and things that were available. But I think it is definitely important that that continues now that we are home and we are trying to put all the pieces back together.

Chairman Akaka. Thank you very much.

Let me call on Clay Park for your response.

Mr. Park. Well, Senator, after four children and 13

grandchildren, four great-grandchildren, I have come a long way.

When I came back from Vietnam, I was angry. When I was told that I had PTSD, I said, no, I don't. And they said, well, then why do you sleep with a loaded pistol under your pillow? How do you know that?

One day, my son got angry at me and he was going to throw something at me, and I still remember this in my mind right now. I was going to kill him, because I remembered that I had seen this young kid throw a grenade in the helicopter, and at that time, I thought my son was a young VC. My wife didn't yell at me. I would have ran him over.

I see a lot of spouses that go through with their husbands self-medicating themselves, they are drinking, they are doing drugs, and the wives are getting hit at night. They don't know what to do. The families are getting pretty much beat up, and the reason for that is because they aren't getting no help from nobody. They are doing it on their own. And I know the VA is now trying to help the families, as well, but that is my personal experience with PTSD. Maybe I have got a traumatic brain injury, too, I don't know, but I have come a long way, so after 35 years married to my wife, I have got a long way to go yet. Thank you, Senator.

Chairman Akaka. Thank you for your personal

experience, Mr. Park.

I just wanted to mention that--and it comes down to families. I just want you to know that we have passed legislation on home care. That is just in committee now, and in the Senate, we need to pass there. And hopefully we can pass it finally in September when we get back.

But this, again, is coming down to the family units and helping the family help the soldier. It will be in terms of training, training members of the family to do that, as well as providing some stipends that will help the family help the soldier. So we hope this can finally be done in September, and it will help this cause of having the family directly support the soldier.

This has been a great panel, and thank you so much for your personal experiences. And without question, your responses will help us be more creative in trying to find services that can help you and your families and your future. So mahalo nui loa and I want to thank the first panel very much.

[Applause.]

Chairman Akaka. I want to welcome our second panel. Our first witness is Tracey Betts. She is the Honolulu Regional Office Director.

Also, Sheila Cullen, who is Director of the Veterans Integrated Service Network 21 at the Veterans Health

Administration. She is accompanied by Dr. James Hastings, Director of the VA Pacific Islands Health Care System, and Adam Darkins, who is the Chief Consultant for Care Coordination in the Office of Patient Services.

And we have Brigadier General Gary Ishikawa, Deputy Adjutant General for the State of Hawaii.

Our final witness is the Honorable Ray Jefferson, and I want to welcome him home, Assistant Secretary, Veterans Employment and Training at the Department of Labor.

I want to thank all of you on the second panel for being here this morning. Your full testimony will be, of course, printed in the record.

Ms. Betts, will you please begin with your statement.

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STATEMENT OF TRACEY BETTS, HONOLULU REGIONAL
OFFICE DIRECTOR, VETERANS BENEFITS ADMINISTRATION,
U.S. DEPARTMENT OF VETERANS AFFAIRS

Ms. Betts. Chairman Akaka, it is my pleasure to be here today to discuss our efforts to meet the needs of veterans residing in the Pacific Region. The Honolulu Regional Office is responsible for delivering non-medical VA benefits and services to veterans and their families through the administration of comprehensive and diverse benefit programs. Today, I will specifically discuss important outreach and services provided to members of the National Guard and Reserves here in Hawaii.

The Honolulu Regional Office serves the veteran population in Hawaii and the Pacific region, including Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. The Honolulu RO is also responsible for outreach to the veterans residing in the insular islands of the Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands.

The Honolulu RO administers the following benefits and services: Disability compensation, vocational rehabilitation and employment assistant, the Home Loan Guarantee, specially adaptive housing grants, and Native American Direct Home Loan programs, outreach for all veterans, and survivor benefits.

Over 118,000 veterans live in the jurisdiction served by the dedicated employees of the Honolulu RO. Of these veterans, approximately 19,200 currently receive disability compensation benefits.

The Honolulu RO has two dedicated Military Service Coordinators who perform many of the outreach functions provided to returning service members. The MSCs conduct regular briefings covering the full range of VA benefits as part of the Military Transition Assistance Program, referred to as TAP, at various military installations. Service members are informed of the array of VA benefits and services available, instructed how to properly complete VA application forms, and advised of the evidence needed to support their claims. Since the beginning of the fiscal year, the Honolulu RO has conducted 171 TAP briefings to approximately 5,100 service members in Hawaii. Claims submitted by seriously injured veterans of the Operation Enduring Freedom or Operation Iraqi Freedom receive priority processing through case management.

The Honolulu RO has a Veterans Service Representative that travels throughout Hawaii to provide monthly benefit counseling to veterans residing in Kona, Hilo, Maui, Kauai, with bimonthly services to veterans on Molokai and semi-annual services to veterans on Lanai. Veterans Service Representatives travel to provide benefit briefings, answer

questions, and accept the benefit claims. Outreach to the insular islands is scheduled to occur on a quarterly basis.

In fiscal year 2009, the Honolulu Loan Guarantee Division closed 47 Native American Direct Loans totaling \$8.3 million. The success of this program is attributed to the Loan Guarantee staff's promotion of the NADL program through weekly outreach with the Department of Hawaiian Homelands.

We have expanded our outreach programs for National Guard and Reserve components, our participation in the OEF/OIF community events, and other information dissemination activities to ensure that benefit briefings are conducted when local National Guard and Reserve units return from deployment.

In September 2009, the MSCs and our other Honolulu RO employees will be participating in the Hawaii Beyond the Yellow Ribbon Exposition at the convention center, where it is expected that over 3,000 soldiers and their families are expected to attend.

The Honolulu RO is also working with the Department of Defense to expand its role in their military pre-separation process. Specifically, we are working to place our MSCs on the grounds of the military treatment facility to expedite the delivery of consistent service to the wounded, ill, and injured service members and veterans. Relocation of the

MSCs will enable service members and members of the National Guard and Reserve to file pre-separation claims, receive benefit briefings, and participate in personal interviews.

Our vocational rehabilitation and education counselors have a presence in the Wounded Warrior battalions located at the Schofield Barracks and the Kaneohe Marine Corps Base. In fiscal year 2009, our counselors completed 20 briefings, provided education and vocational counseling to approximately 1,200 service members.

Claims with a known discharge date between 60 and 180 days can also be processed as benefits delivery at discharge. The Honolulu RO is a BDD intake site and is responsible for taking and developing claims received from the eight military installations within its jurisdiction, to include Camp Smith, Fort Shafter, Hickham Air Force Base, Marine Corps Base, Pearl Harbor, San Island Coast Guard, Schofield Barracks, and Tripler Army Medical Center. Upon receipt of an application, the Honolulu RO coordinates with the Honolulu VA Medical Center to provide the separating service member with a VA examination.

When the claim is fully developed, the claim is sent to the Rating Activity Site, located in Salt Lake City, Utah. The Honolulu RO refers an average of 14 BDD claims per week to the RAS, which prepares rating decisions for all VA BDD intake claims for veterans separating in Honolulu. On an

average, claims are completed by the RAS in less than 90 days.

Claims received from service members with a known discharge date of less than 60 days are categorized as quick-start claims. At the time of filing a quick-start claim, the service member is advised of the full array of VA benefits, to include disability compensation, health care, insurance, vocational rehabilitation, loan guarantees, specially adaptive housing, and education benefits. The Honolulu RO receives an average of ten quick-start claims per week. Upon receipt, medical examinations are ordered and the claim is sent to San Diego for expedited processing. The San Diego Regional Office has 100 employees dedicated specifically to processing quick-start claims.

The Honolulu Regional Office works diligently to provide services to the veteran population residing here in the Pacific region.

Mr. Chairman, this concludes my testimony.

[The prepared statement of Ms. Betts follows:]

Chairman Akaka. Thank you very much, Tracey Betts.
Now, Sheila Cullen, we will please proceed with your
statement.

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STATEMENT OF SHEILA CULLEN, DIRECTOR, VETERANS
INTEGRATED SERVICE NETWORK 21; ACCOMPANIED BY
JAMES HASTINGS, M.D., DIRECTOR, VA PACIFIC ISLANDS
HEALTH CARE SYSTEM; AND ADAM W. DARKINS, M.D.,
CHIEF CONSULTANT FOR CARE COORDINATION, VETERANS
HEALTH ADMINISTRATION

Ms. Cullen. Mr. Chairman, mahalo for the opportunity to appear before you today to discuss the Department of Veterans Affairs health care in Hawaii and the Pacific Region. It is a privilege to be here on Oahu to speak and to answer questions about VA health care issues that are important to veterans residing in Hawaii.

First, Mr. Chairman, I would like to thank you for your leadership and advocacy on behalf of veterans. Your vision and support have led to an unprecedented level of health care services for veterans, construction of state-of-the-art facilities here in Honolulu, and remarkable improvements in access to health care services for veterans residing on the Hawaiian neighbor islands, American Samoa and Guam.

My written testimony, which I ask be submitted for the record, describes the VA Sierra Pacific Health Care Network. It provides an overview of the VA Pacific Islands Health Care System and the VA facilities here on Oahu. It discusses national and local telehealth programs, and it highlights outreach and seamless transition activities

between the VA Pacific Islands Health Care System and the State of Hawaii National Guard.

In the few minutes I have now, I would like to tell you about some recent expansions of care and services on the islands and to describe our outreach efforts to members of the Reserves and National Guard.

VA Pacific Islands Health Care System currently provides care in ten locations, with two more soon to be added. The two planned facilities include a new interim community-based outpatient clinic to serve Leeward Oahu veterans with an expected opening in fiscal year 2010, and a new outreach clinic in Saipan set to open this fall.

An inpatient post-traumatic stress disorder residential rehabilitation unit is in its interim location on the Tripler campus, pending construction and activation of a new VA-funded facility during fiscal year 2011.

VA Pacific Islands Health Care System also received approval for a VA-funded project, just under \$7 million, to build a joint VA-DOD ambulatory surgery facility on the grounds of Tripler. The project is nearing design completion and is scheduled for construction and activation in fiscal year 2011.

VA Pacific Islands Health Care System is also constructing a new replacement community-based outpatient clinic in Guam that will offer expanded capacity. It will

be located along the perimeter of the Guam Naval Hospital, and expect it to open in March of 2010.

VA Pacific Islands Health Care System has served the needs of almost 3,400 total Operation Enduring Freedom/Operation Iraqi Freedom, or as we more often refer to them, OEF/OIF veterans through July of 2009, including 1,089 Hawaii National Guard members. Our experience to date has shown that about one in four OEF/OIF veterans avail themselves of VA enrollment and health care.

VA Pacific Islands Health Care System has a dynamic OEF/OIF program led by a program manager who, along with three staff, which includes two care managers and one Transition Patient Advocate, partner effectively with the Hawaii National Guard, the Army Reserve, and active duty military to serve the veterans' health care needs related to these organizations.

These program staff members coordinate care and services for OIF/OEF veterans and their families throughout the VA Pacific Islands Health Care System by ensuring that comprehensive, preventive, mental and physical health examinations are performed. They also provide outreach services to veterans who are not currently VA users and assist in the case management of severely injured veterans who require complex care.

VA Pacific Islands Health Care System OIF/OEF staff

members meet and communicate frequently with Hawaii National Guard leadership and exchange data and information about troop status, including force deployment and return. VA is presently anticipating the health care needs from an estimated 1,158 returning members of the Guard this month. The program is also decentralizing its staff and locating them on a full- and part-time basis, as appropriate, to work on military bases on Oahu, including Fort Shafter, Kaneohe Marine Air Station, Schofield Barracks, and with the Hawaii National Guard at Kalaeloa. We expect that integrating VA staff with these military units will increase the visibility and level of service VA provides to individuals within these units and supports continued seamless transition activities between the organizations.

In addition, VA program staff members regularly attend and participate in Guard post-deployment health assessment screenings and Yellow Ribbon events organized for service members and their families.

In summary, because of the support of this committee and the Hawaiian Congressional delegation, VA is providing an unprecedented level of health care services to veterans residing in Hawaii and the Pacific region. VA Pacific Islands Health Care System still faces several challenges, including timely access to health care services, an aging veteran population, and the special needs of our newest

veterans. And VA Pacific Islands Health Care System will meet these challenges by working with DOD and community partners, activating an ambulatory surgical center, utilizing telehealth technologies, and opening new clinics, as necessary. I am proud of what VA has accomplished in Hawaii and the Pacific Islands region and look forward to future endeavors on behalf of veterans.

Again, Mr. Chairman, mahalo for the opportunity to testify at this hearing, and my colleagues and I would be delighted to address any questions you may have for us.

[The prepared statement of Ms. Cullen follows:]

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Chairman Akaka. Thank you. Thank you very much, Sheila Cullen, for your testimony.

And now, I will call on General Ishikawa for his statement.

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STATEMENT OF BRIGADIER GENERAL GARY M. ISHIKAWA,
DEPUTY ADJUTANT GENERAL, STATE OF HAWAII

General Ishikawa. Chairman Akaka, mahalo and aloha.
Chairman Akaka. Aloha.

General Ishikawa. I appreciate this opportunity to testify. I am Brigadier General Gary Ishikawa, the Deputy Adjutant General for the State of Hawaii. I bring you greetings from Major General Bob Lee, of course.

You should have my written testimony submitted earlier, so as such, I would just like to summarize and just share with you an observation and an event that I just experienced, both of which I believe are relevant.

Before I get into that, I would also like to enter into the record--I have here the testimony of Mark Moses, who is the Director of the State Office of Veterans Services. They are a very important partner with all the agencies in the outreach, as we have counselors in every county, including periodic visits to Molokai and Lanai. So I think his testimony--I ask that it be entered into the record.

Chairman Akaka. Thank you very much. It will be included in the record, without objection.

[The prepared statement of Mr. Moses follows:]

/ COMMITTEE INSERT

General Ishikawa. Mahalo. The first and most important are the services to our veterans, especially on the neighbor islands and our Pacific Island veterans from Tinian, Rota, and Saipan. I know that on August 14, Secretary Shinseki announced that 28 additional vet centers will be established next year. This is in addition to the existing 232 community-based centers across the 50 States. I further note that two of the additional centers will be in Western Oahu. I think they mean Leeward Coast and American Samoa. After listening to Secretary Shinseki during his most recent visit, I am extremely optimistic that we will be seeing marked improvements in our care to veterans.

It is also a great pleasure of mine to share with a former fellow Deputy Director, the Secretary Ray Jefferson, and I welcome him back to Hawaii.

The key, I feel, to a lot of these good things that are going on in what I call remote locations is collaboration and partnerships. All too often, we get into our silos. We are the State, so we only work with State. We are the Federal, so we only work with Federal. If we are going to really address the problem of remote locations for service to our veterans, then we really need to get together and sit down and have a good discussion how Federal, State, county, and even non-government organizations can somehow partner. We have got a lot of smart lawyers. I am certain that we

can get there if that is what we are determined to do.

Then an event I would like to share with you, Senator. Early this month--actually, I left on August 11--I had the opportunity to welcome back to the United States Hawaii's own 29th Brigade Combat Team, including Lieutenant Tamayo. During my briefing about the demobilization, or what we call Reverse SRP, or Reverse Soldier Readiness Program, I was pleasantly surprised--and this is in Fort Hood, Texas--to learn that two new stations had been added to the demobilization. I am not sure this is occurring nationwide, but it did occur in Fort Hood. They were dental and hearing.

When I asked the doctors there why they were doing this, they were very clear to me how difficult it was for Reserve soldiers in remote locations to get those type of services. I was really happy to hear that kind of thinking in the demobilization station. When I inquired how they defined remote locations, however, they answered, places like Saipan, Tinian, Rota, and American Samoa. While this is a giant step to addressing care to our veterans in remote locations, this type of thinking has to be extended, and we will figure out how to do this within the Department of Defense to all remote locations, because as we know, soldiers from locations like Molokai and Keaau on Hawaii Island fits what I would define as remote locations.

So I am pleased that the conversation has started. We will continue to push that conversation to all remote locations, even within the continental United States. I think this is very important. You have to get to where the veterans are. It has to be grass roots. And I like these two things, hopefully as indicators that things are moving in the right direction.

Senator, thank you again for your attention, and I will be available for questions after.

[The prepared statement of General Ishikawa follows:]

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Chairman Akaka. Thank you very much, General Ishikawa.
Now, we will receive the statement of our friend and
welcome home the Honorable Raymond Jefferson.

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STATEMENT OF RAYMOND JEFFERSON, ASSISTANT
SECRETARY, VETERANS EMPLOYMENT AND TRAINING, U.S.
DEPARTMENT OF LABOR

Mr. Jefferson. Aloha.

Chairman Akaka. Aloha.

Mr. Jefferson. Chairman Akaka, brethren, just distinguished members in the room today who serve the veterans community, it is an honor, it is a pleasure to be back home. Let me just share a few thoughts.

I am a veteran. I was injured in October 1995 with Special Forces, lost my hand in the line of duty. I was med-evaced here to Tripler, Hawaii, and through the support of Hawaii, of the Department of Veterans Affairs, the Vocational Rehabilitation Program, all of those partnerships allowed me to get my life back and to move forward and to ultimately today have the privilege of serving our veterans through the Department of Labor's Veterans Employment and Training Service.

Senator, we have the mission of helping veterans and transitioning service members have the best possible services and resources to succeed in the 21st century workforce. We have five aspirations that we are aiming to achieve that.

The first is serving as a national focal point for veterans employment and training. That will involve

increasing awareness, access, and participation in all of our programs, and improving the employment outcomes for those participants.

Second, convening, collaborating, and communicating with all of our stakeholders so that we can work seamlessly together.

And third from that first aspiration is ensuring that we serve all of those populations with special needs, especially homeless veterans, women veterans, veterans in rural areas, and veterans who have been ill or injured. And during this week here in Hawaii, we are also, Senator, going to be reaching out to Maui and the big island and spending time with the veterans populations there.

We also want to further engage with the private sector, make sure they are involved with our programs and processes because they have the jobs. We want to work with them, and we are going to meet with private sector leaders tomorrow here on Oahu and on Thursday and Friday with private sector leaders on the big island of Maui.

We also want to boost USERRA's impact and the commitment to USERRA. We are very pleased that right now, Hawaii has a very low rate of USERRA incidents, only four in 2007 and four in 2008.

We also want to help transitioning service members to transition seamlessly and to meaningful employment and

careers, and to have a particular emphasis on what we call green jobs and jobs of the future.

And finally, we want to invest in our people. I believe that the rising tide lifts all boats. We want to help each of our team members achieve his or her potential and also improve their ability to better serve our veterans.

Thank you, Senator, and we look forward to your questions.

[The prepared statement of Mr. Jefferson follows:]

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Chairman Akaka. Thank you very much, Ray. We are so happy to have you here. As you can tell, we are moving in other directions to try to help our veterans.

I have a question for all the members of the panel. How do you currently communicate at the local level with one another about how to meet the needs of returning service members? How do you communicate with one another? And so let me first call on Tracey Betts for your response.

Ms. Betts. Here in Honolulu, we regularly meet, myself and Dr. Hastings, as well as other folks that are--on a regular basis or even sometimes on a case-by-case basis, but we meet to discuss issues. A lot of times, the discussion starts with what can we do or what can we improve upon.

I meet with the folks in the community. We have our service organizations who are in the facility with us. We meet with them regularly. Basically, the door keeps--it is a revolving door, and as a need comes up, we address them as they come. But on a regular basis.

We have a lot of, what I would consider, we do a lot of collaboration. We meet with not only the medical side, we have the benefit side. We also work with the vet centers.

One of the issues, of course, that is coming up here in this hearing today is outreach, and we have created a coordinator who in the VBA side who is starting to network and to develop the communication with everyone out there in

the community to let us know when are we needed for outreach, where are we needed, and then we schedule. And what we do is we communicate internally with everyone to participate and to ensure that the presence of the VA is there during the session or event in which we attend.

Chairman Akaka. Is there a regular schedule for meetings, like on Lanai, in a year?

Ms. Betts. When dealing with outreach, currently, the State of Hawaii has representatives who are out there every month. Mark Moses's group goes out and meets with veterans and does counseling. With the VA, for the benefits, when I came out, they were doing it twice a year, and we are looking at increasing that time element. On the medical side, they do--can I defer to Dr. Hastings?

Chairman Akaka. Yes, you may. Let me say that we are accompanied here by Dr. Hastings, as well, so we are glad to hear from you, Dr. Hastings.

Dr. Hastings. Thank you, Senator. Again, I want to thank you very much for all the support you have given to us and to our veterans here over a many-year period of time.

We have, I think, a very sophisticated informal communication system between the groups that support veterans here on Oahu and in the Pacific Islands. We are fortunate in being all co-located on the Tripler campus. Very importantly, we have developed many lines of

communication between the VA, the VHA, and Tripler, and they provide us inpatient services and outpatient services, but we also are involved with any servicemen who are coming back who are going to go into the Warrior Transition Unit. As you heard, we now have representatives from our organization located in the Warrior Transition Unit, both at Schofield Barracks and at Kaneohe. So we have developed a very good communication system.

Also, very importantly, Tracey mentioned, we work collaboratively, and Tracey is essentially a member of our staff and we are a member of her staff. That is the way it works. And so she can work with me, but she also can work with other members of my staff if the issue is something that they have more--they are more conversant in. And then also with Mark Moses. He is right downstairs, and we also have open communication with him.

We also are very fortunate in that the Veterans Service Organizations are also housed in our complex, and so they have open communication with us, as well.

So I think we are doing very, very nicely. We have regular meetings together, and we have a Veterans Advisory Council, and Both Mark and Tracey sit on our Veterans Advisory Council. So we have a lot of open communication with them.

Now, you asked specifically about the question of the

sort of meeting that you witnessed yesterday in Lanai. I have to tell you that we have not had an open forum meeting like that with them in some time. But it is clear as I listened to that meeting yesterday that this is something we are going to have to start doing, and we do have plans to do regular town halls, open town halls, on the other islands and we will include Lanai in that plan. So we will open up communications with the veterans. So that is where we sort of stand today.

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

The other member I wanted to pose this to is Sheila Cullen. Do you have any further comments to make on this question?

Ms. Cullen. Thank you, Senator. Just a few. There is not much to add to what you have already heard from Dr. Hastings and from Tracey Betts. I would reemphasize the enormous benefit of having VHA, VBA, and DOD co-located here in Honolulu. That affords them the opportunity not only to have formal meetings to discuss common issues, but to readily have informal sessions, as well.

Dr. Hastings and Tracey Betts have resolved together that when the opportunity presents itself in the future, they will be looking to locate some component of VBA along with any expansions that we might have for any of our community-based outpatient clinics.

I would also add that some of the outreach efforts that you have heard about are joint outreach efforts, and I had seen that firsthand last Friday at the convention center for the 50th commemoration of Statehood. One of the booths was an outreach effort manned by VHA and VBA staff and they worked together very, very well answering the questions that came from some people in the military as well as some civilians and jointly able to pass out information about eligibility and to refer some questions each to the other whenever one might have more specialized knowledge.

It is not just at that outreach effort, but at the many other Yellow Ribbon and welcome home events that we have joint participation from the VA to assure a common understanding of what the issues are that we face.

Chairman Akaka. Thank you very much, Sheila.

Let me ask General Ishikawa to respond to that question. General Ishikawa?

General Ishikawa. If I understand the question correctly, it is how we communicate with our veterans. Actually, we have a family support group and we have a full-timer. Any information that we need to move to the spouses or the family members, really, we pass it through them. Just because I was curious with a personal reason, I joined the Family Support Group for Bravo Troop First of the 299th. There was a commander, his name was Captain with the same

last name as mine, Ishikawa, so I saw it from two sides. The group that said that we should try to maintain that Family Support Group Network, I think it has it spot-on.

We put information on the top and I caught it coming back at me. There are a lot of volunteers out there, and constant e-mail traffic flowing. That is a very strong method of communications with the grassroots that I would like to say that we relied upon a lot.

One of the things that was real clear to me, and that is why we are really pushing hard for what we call the Yellow Ribbon Reintegration, while it is not mandatory, it is a 30-, 60-, 90-day program where, again, we will talk to not so much the veterans themselves but the families. Because they demobilized in Fort Hood, Texas, the families were not with them. It is actually the families, the spouses and the grandpas, like that, they are the ones that are really curious. They are the ones that pick up all that information. Talking to the soldiers themselves, basically, no matter how much we tell them to pay attention, they just want to get back to L&L and have a plate lunch.

[Laughter.]

General Ishikawa. So we found that getting to the families and using the Family Support Network is probably going to be the key to the future for us, anyway, for especially our veterans in a remote location.

Thank you, sir, for the opportunity to respond.

Chairman Akaka. Thank you very much for that. Since your troops have been returning as of last week, this becomes very, very important. I do understand that when they do come home, they want to just rest and do what they want to do and not worry about whether they are having any problems at this time. You are correct that the family is the one that can really help them at this point. But we still need to develop these relationships between the different units of the National Guard and Reserves as well as the Veterans Administration for services.

Let me ask Ray for any comments he may have in this particular area. I know we just confirmed you a few weeks ago in your position and you have been working hard and you have been working creatively in trying to set up services for our veterans across the nation and we are looking forward to working with you on that, as well.

Mr. Jefferson. Yes, Senator. Well, thank you. So in terms of coordination at the local level, let me touch on a few of the areas there. I want to thank my friend here and colleague, General Ishikawa, from our time in service, because in the Transition Assistance Program, we meet quarterly with the Department of Defense representative, the Veterans Affairs representative, and also with the State of Hawaii National Guard representative, and so that is a very

effective collaboration at the transition assistance and program level for that resource and service.

Also, our State Director, who is here today, Tom Rosenswike, is co-located at the Department of Labor Industrial Relations on Punchbowl, and we are very grateful to the support we get from DLIR, the Director and the Deputy Director there. So we have a very close relationship and that co-location is very helpful in that.

We also partner, Senator, with the Department of Veterans Affairs in our Homeless Veterans Reintegration Program. I would like to talk more about that later, if it would be helpful. And also for the Vocational Rehabilitation Program.

We additionally have a Real Lifelines Program, and we actually have a Disabled Veteran Outreach Program Specialist located right at Tripler Army Medical Center, and that individual works with the veteran when he or she is on active duty and helps them develop a plan for their life and to have a seamless transition as they transition from active duty to their status as a veteran, whether they remain in Hawaii or whether they were to go on to the mainland.

And finally, our State Director participates in a variety of forums and councils, such as the Oahu Veterans Council, is very involved with the VSOs here, and I am very thankful for the support that the Department of Labor's

Veterans Employment and Training Service gets from the VSOs. I just want to particularly acknowledge the American Legion and the Navy League.

So there is a tremendous amount of cooperation and communication that takes place and that assures we provide the most effective service possible to veterans and transitioning service members. At the same time, I am down here to look at how things can be further improved.

Chairman Akaka. Thank you very much for that, Ray Jefferson. I would like for you to expound on what you just suggested.

But let me ask this question to General Ishikawa. I am concerned that the efforts of commands to identify and help those who may be suffering from psychological trauma may not be entirely focused. The approach seems to be one of providing information to a large gathering rather than working to identify those in need so as to reach them in a more appropriate setting, which could be down to one-to-one. I would add that sometimes these sweeping approaches can hurt overall morale while still not reaching those in need. A unit's tempo and elements of the military culture create a wall that is hard for service members to breach.

And so my question to you is, what can be done to create an open and private environment in which service members will be able to ask for help?

General Ishikawa. That is a very double-sided, double-edged question, because we work in a macho environment where we have to be strong. I think we have done a lot of work with education for our soldiers. I do see some breakthroughs. The last mission which the brigade just came back from, basically, two of the units, the 100th and the First of the 299th, had convoy duty into Iraq. It was normal policy when any of the units encountered an IED or something like that, they would automatically send the whole group to a resident mental health specialist.

I think those types of positive things which the 29th Brigade did, I think will play well into the future. So what happened was that it doesn't become stigmatized. You had an IED. Your whole team goes there. It is to help you. If you catch it right after the incident occurs and follow it through--because we know who they are now--it should be easier to keep it from being stigmatized and easier for us to find it.

Now, I think it starts right there on the battlefield. If we can start it there for all units, I think it will pay big dividends. I think it is going to be time before we can get the cultural mindset, but we have just got to keep on our education programs. It is okay. It doesn't show weakness. We can help you.

I don't have a magic bullet, Senator. These are just

some ideas and techniques I think that possibly could lead down the road to the ultimate solution. Thank you.

Chairman Akaka. Thank you very much. What the General is referring to, as you said, you can talk to families, but when it comes to the troops, they are looking at when they are going to eat--

[Laughter.]

Chairman Akaka. --and that is true. That is true. But we need to use that thinking in trying to get the help to them. And so I am glad to hear that--and you are correct. It starts where it happened, on the field. That will certainly make a difference to the troops.

Ms. Betts and Ms. Cullen, access to health care and other benefits and services are ongoing challenges for veterans in Hawaii and Guam. I am especially concerned that when our National Guard members turn to VA, that the appropriate services are easily accessible when needed. What advances have been made to reduce the burden on veterans as they seek VA health care and benefits in areas served by the Pacific Islands Health Care System and the Honolulu Regional Office? Ms. Betts?

Ms. Betts. Yes, Senator. In developing and improving access, one of the road maps that we developed is to--one is to increase our presence and attend more outreach, as well as to utilize the structure. Right now, as we had alluded

to earlier, or discussed earlier, was the putting a benefit person where the medical assistance is in all of the CBOCs. The medical facilities are growing and they are relocating to easier access to the veterans, and with that we have worked out, or they have committed to us to allow for space because that is always an issue, is we can put people out there, but it is the space that they will occupy. So we have been looking towards that.

The challenge for us is obviously the geography of the jurisdiction that we have, such as places in Guam, Tinian, Rota, American Samoa, particularly here in the islands. All of the outer islands, we have those kind of challenges.

The discussion came up yesterday of when do you--what are the requirements to have a full-time person sitting there in a chair eight hours a day? The reality of it is, when there is a need, when the veterans are present, and so the outreach approach is to try to identify--get them to identify themselves and tell us where they are at. Once we know where they are at, we can then provide those services and reach out to them, whether it is through periodic visits and/or if we need to be there on a more permanent basis.

So what we are doing right now is looking--we are working on a very collaborative effort in understanding where these veterans are, what their needs are, and how we can together provide full, comprehensive services for them

both on the benefits as well as the medical side.

As far as getting information out there, of course, everybody assumes that now that we are online, it is easier for people to apply for their benefits. The part that is missing is the veterans, or what we call the end users, don't all have computers or access to that, and so we are trying to look at that part of it, the technology side of how can we better improve access for them. Although we have the methodology, we need to look at the actual veterans and where they are at and see how can we help them. Ideally, the non-government entities or the service organizations or the other veterans and volunteer folks can help us to determine how can we get those people access to the structure that we placed out there.

Chairman Akaka. Thank you.

Ms. Cullen?

Ms. Cullen. Thank you, Senator Akaka. What we have done, we have made improvements in bringing health care to the veterans in remote areas, such as American Samoa and Guam. In late 2007, we opened a new CBOC on American Samoa and that has been very well received by veterans. I don't have the numbers in front of me of how many veterans we have seen there, but the numbers have increased very dramatically from the numbers who had been seen when we had a part-time presence on the island.

In Guam, we will be replacing the current CBOC on Guam with an expanded clinic and it will be located on the perimeter of the Naval Hospital in Guam, which we think will be an improvement for veterans. Right now, they need to go through the security process at the Naval Hospital in order to access the clinic, which is within the hospital there. So in March of next year, we will have an expansion of services in Guam.

We have both primary care and mental health services available at both clinics. As Tracey Betts referenced, we are looking to accommodate benefits counselors in both locations, as well. With those great distances and the challenge it presents, we are hoping to expand our utilization of telehealth and tele-mental health services, and we look forward to providing you with a demonstration of how we utilize that technical capability later on this week at the hearing on Friday.

Chairman Akaka. Thank you for that.

Let me just ask Dr. Darkins whether you have any comments to make.

Dr. Darkins. Thank you, Mr. Chairman. Telehealth uses information communication technologies to make health care accessible. Certainly, the distances involved and the services required in Hawaii and the Pacific Islands lend themselves very much to the use of telehealth. It has been

an area in the Pacific Islands which has been really an innovator and a leader in developing telehealth in the partnerships with the military and also with links across to the mainland.

I think that the services here are really poised to take advantage of many new things in the future. The real challenge, I think, is to go from what are called point-to-point connections to develop a network of care, and to do that, there are various issues that need to be addressed.

Firstly, there are telecommunications issues to be able to ensure there is that connectivity.

Secondly, it is necessary to have the culture. We heard earlier about really the importance of relationships. Despite using technology, it doesn't work unless it fosters those kind of relationships. So visiting some of the clinics, which I have had the opportunity to do this week, shows just some of the ways in which that needs to take place.

I certainly commend what is being done here and look forward to seeing the growth of telemedicine further as a way to deliver the kind of services which we are hearing are required.

Chairman Akaka. Thank you, Dr. Darkins.

This name has been mentioned here, and I want to take the time to mention Mark Moses here, for you all to know,

and I am sure you do, that he is with the Office of Veterans Services, Department of Defense, for the State of Hawaii, and he is available to veterans for veterans services. He is another one that veterans can call on for particular help, Mark Moses.

Ray, I am delighted that you could be here on what must be one of your first engagements since becoming Assistant Secretary for Veterans Employment and Training at the Department of Labor.

Mr. Jefferson. My first one.

[Laughter.]

Chairman Akaka. Very good. As a disabled veteran who has utilized VA services and who is now in a position to make positive contributions to those who have worn this nation's uniform, can you please share some areas in which you believe that transition services can be improved, as well as some things that DOD, VA, and Labor are doing right, and expand on what you had suggested that you would do.

Mr. Jefferson. Thank you. Senator, let me first just share maybe a picture of the journey for how the Department of Labor's Veterans Employment and Training Service can help service members and veterans.

When the active duty service member, to include National Guard and Reserve who were mobilized and now are being demobilized, when they are transitioning out, we have

the Transition Assistance Program, which is conducted in collaboration with the Department of Defense, Department of Veterans Affairs, and the Department of Homeland Security. So we provide a two-and-a-half-day employment workshop through that Transition Assistance Program. So that is the first service and resource that we can provide to service members.

Second, when they return, either when they have been mobilized and they are being demobilized, if they come back and realize that their job or employment has been given away as a result of that employment, we have the USERRA program that helps guarantee their rights and we go ahead and we work to ensure that those rights are maintained, and if there is a situation of employment discrimination, we investigate that and work to resolve that. So that is the second area and service that we can provide for service members and veterans.

Third, once a service member has transitioned to being a veteran, we have what we call our Disabled Veterans Outreach Program Specialists, or DVOPS. It is a long phrase, but a very important role. We also have our LVERS, Local Veterans Employment Representative Services. Here is the bottom line. These people work with veterans one-on-one to get them jobs. For our Disabled Veteran Outreach Program Specialists, we have one here on Oahu, one on the big

island, and one on Maui, and I will be meeting with them this week to get their insights on how things can be further improved.

We also have four local Veterans Employment Representatives, one on Oahu--excuse me, three on Oahu, one on Kauai, and one of the ones on Oahu is co-located at Tripler to help the seriously disabled and injured veterans there.

There are two more areas in which we can help veterans. One, we have a Homeless Veterans Reintegration Program. We have on this island a rural location that I was out at yesterday, Kalaeloa, and we have an urban location where I will be this afternoon called Network Enterprises, and Rene Berthuaume is here today and I am very appreciative of his support and we are looking forward to spending time together. We are getting very good feedback on the impact these are having to help homeless veterans get back on their feet and to get jobs.

And finally, for those service members who are seriously, seriously injured, we have a Real Lifelines program where we help them develop a life map to move from being injured in the military to going through whatever retraining is necessary to create a meaningful life and career. There are things which are working well. There are also things that can be improved, and if you would like me

to comment on those, I would be very willing and eager to do so.

Chairman Akaka. Thank you very much, Ray, for that. It is good for Hawaii to know what you are doing here and the set-up that is here to help veterans. Thank you.

Mr. Jefferson. Thank you, Senator.

Chairman Akaka. Ms. Betts, your testimony touches on the Hawaii Beyond the Yellow Ribbon Exposition that the Military Services Coordinators and other Honolulu Regional Office employees will participate in during September. Can you expand on the information that will be provided at this exposition and detail any other efforts that are underway to inform Guard members of benefits and services for which they are eligible?

Ms. Betts. The function itself, what will happen is the VA, the Department of Veterans Affairs, will have a booth there, and in there we will have representation from all of the components, and those components are from the medical staff, from the benefits staff, as well as the Vet Center staff. And the expectation is that all information that we have for them will be available and will be provided at that time. We will have brochures for all the different benefit programs. We will have representatives from the different benefit programs, such as loan guarantee representative, the voc rehab representative, as well as the

compensation-pension program. What we plan to do is be there to answer questions, to take inquiries, and if necessary, to take claims.

As far as what else are we doing out there is we have been involved with the Yellow Ribbon Program that the Guard has and the Reserves. As I had indicated earlier, we have a program, Outreach Program Coordinator, and their job is to get into the network of the needs of both veterans, those in the Guard as well as in the Reserve, and even in the active service, anyone out there who needs to know about benefits, about VA and what we have to offer. We have been trying to get the word out there, contact that individual and let them know and it will be on our schedule.

Right now, we participate in the Guard's 30-, 60-, 90-day reintegration program. We have counselors who go in for every one of those. Of course, we have the normal TAP briefings. But right now, it is if you call, we will come, and so we have been trying to get out there to get the word out and to find out what information and how to better improve our presence as well as the access that they have to benefits.

Chairman Akaka. Thank you very much, Ms. Betts.

General Ishikawa and Ms. Betts, one issue that we hear of time and time again from VA and service members is the difficulty VA has in gathering Guard and Reserve records.

This is on records, records for the claims process. Obviously, this impedes the timeliness of receiving compensation.

My question is, what can be done to improve this particular process? General Ishikawa, followed by Ms. Betts.

General Ishikawa. I think right now, and even in the really difficult times that we are having in the State of Hawaii economically, Mark Moses and his folks are on the tip of the spear. They meet with the veterans out there, especially more so in our remote locations, and they actually help them fill out the forms. And Mark can probably talk a lot more about this, but I think when I talk about partnerships and collaborations, I think all the agencies need to get together, the VA clinics, the Veterans Centers, and all of that, because we are servicing the same folks in these remote locations.

So I cannot see why we cannot take the meetings and communications we do here on that one campus to the neighbor islands where we have the services. I challenge Director Moses to start collaborating with the various agencies out there. I think if we start pushing that more and more, I think we will see a lot better input, and I think that is the key. A lot of times, we see the records, applications go in and they get returned, missing this, missing that, and

that is where Mark and his great team steps in, actually sits down with the veterans and help them fill out the forms. I think more work on collaboration, I think, and partnerships is the ultimate answer.

Ms. Betts. One thing I can say is here in Hawaii, we do not have the same or similar issues that you see in other stations, and that is access to the records. I do know that what we have started to do is we have started the conversation with the Guard in how to get better access or how to better secure.

One of the things, what we found out in this conversation was that they do centralize their records here in Hawaii, which makes it a little bit easier for us. So what we have done is one of my staff has entered conversation with the records manager and discussed about access to points of contact. So we have set up a structure and we have managed--as he said, the collaboration of the agencies and finding the right people and continuing the conversation has improved the process, but it also is not as--this issue here is not as prevalent as it is other places because of this. And I think it will definitely improve just because we have started that conversation.

Chairman Akaka. Thank you very much, Ms. Betts.

I want to ask Ray--

General Ishikawa. Senator, if I could, my apologies--

Chairman Akaka. Oh, sorry. General Ishikawa?

General Ishikawa. In my written testimony, and I apologize for not mentioning this, the National Guard Bureau recently authorized the Army and the Air National Guard to release medical records to the Department of Veterans Affairs without the veterans' signature. So if that is the medical records we need, then we have that authority to do that now.

Chairman Akaka. Thank you very much for that. Thank you, General.

Ray, you understand the unique needs of Hawaii and Hawaii's veterans. You did mention what you are doing now. I just want to give you an opportunity to expound on any other programs that you may have to provide to veterans as they return home to the islands, given Hawaii's unique geographical challenges that we have.

Mr. Jefferson. Sure. Well, Senator, let me first begin by thanking Lieutenant Tamayo for your comments and Sergeant First Class Tuimalealiifano, my fellow Special Forces man, because one of the things that was very important for me, and we discussed this at my confirmation hearing, is to get out of Washington, get out into the field, and also to get out of the urban areas and into the rural areas and to see what is really happening with the veterans.

So, Senator, there are some things working very well. There is tremendous interagency cooperation among the Federal agencies and the State agencies. Everyone cares deeply and is tremendously committed. The TAP Council, where we meet four times a year, has a significant impact to improve that program for the participants. The Homeless Veterans Reintegration Program brings a lot of best practices to help homeless veterans make that journey to employment and to deal with the issues that can prevent employment, such as substance abuse and addiction.

But there is additional room for improvement. I don't have all the answers, and so one of the reasons I am here and one of the things we are going to do this week is to get out to the different islands to talk to the veterans, to talk to the Veterans Service Organizations to find out specifically what their needs are and how they would like to see the programs improved.

But let me share two thoughts. First is we have the responsibility to provide coverage to all veterans throughout Asia Pacific--Guam, Saipan, Tinian, Palau, Federated States of Micronesia. We presently don't have any Disabled Veterans Outreach Program Specialists or local veterans employment representatives in those areas. So that is something I need to look at, to find how we provide adequate coverage for them.

Senator, I also want to share briefly with you a story and ask for help from you and from the other members who are in the room today. Yesterday, I had the chance to go out to Kalaeloa. We have a Homeless Veterans Reintegration Program out there called U.S. Vets. They are doing fantastic work. They have about 98 veterans out there right now. I met with the veterans alone, without any staff around, and was really impressed by the tremendous feedback they had on how successful they felt the program was. It was helping them deal with addiction, break those cycles of dependency, help them to create meaningful lives for themselves, and to find employment.

But here is the challenge I learned about. There is a one-mile distance from where the site is located to the nearest city and county public transportation, and evidently the ridership level is not a significant amount to change that. I believe that if nonprofit, private sector leaders work creatively in Hawaii, we might be able to help those 45 to 50 veterans who are out there to find some kind of shuttle service to span that one-mile distance.

I was really surprised to learn that this has been a challenge ongoing for about five years. Now, I know that we can send these men and women thousands of miles away to put themselves in danger for the benefit of our nation. I believe that, collectively and creatively, we can find a way

to span a distance of one mile and get them a shuttle so these 50 veterans who found jobs can actually get to their jobs.

So I am here asking for help. Tom, raise your hand, please. This is my State Director. If anyone has ideas, if anyone would like to be part of the solution, there are 50 veterans who found jobs and can't get to them. More importantly, something that really annoyed me, Senator, some of these veterans have actually been attacked and assaulted going or coming on that one-mile walk. So I think that is something that we can do a much better job at and it is just one of those things that if I stayed in my office in Washington, I wouldn't have known about it. But I have full confidence that with the aloha spirit here, we can find a solution to help those veterans. Thank you.

Chairman Akaka. Thank you very much, Ray.

I want to thank the second panel. But before I call it closed for the day, I just want to invite those on the panel, in case anyone has any final comments to make about today's hearing or what they have in their hearts that they want to mention, I want to give you that opportunity. So I will begin from that side of the room, since the microphone is there, and ask each of you to make any final statements you may want to make.

Mr. Jefferson. Senator, I was reflecting this morning

on a quote by a tremendous leader, an inspirational figure, Eleanor Roosevelt, and she said that the future belongs to those who believe in the beauty of their dreams. And when our service members come back, each of them has unique dreams, unique aspirations, unique needs. I just believe that by working together, we can do everything we can to help Lieutenant Tamayo and Sergeant First Class Tuimalealiifano make sure that they achieve their dreams and their aspirations, and thank you for your service.

[Applause.]

Chairman Akaka. General?

General Ishikawa. In closing, I want to quote what I consider to be a great patriot, and that is General Shinseki when he talked about the G.I. Bill, which thank you so much for passing. Lightning will strike twice, and I firmly believe that when I go and I talk to our soldiers, our airmen, our Marines, I see the next great generation. So thank you for all the work you do and thank you to all the veterans in the audience.

Chairman Akaka. Yes?

Dr. Darkins. Could I make a quick comment, which is also to quote from General Shinseki. He mentioned a few days ago his belief in telehealth, telemedicine as part of the solution to the challenges. With his support and with the support of Congress, I see it as one of the solutions

and look forward to a future in which we will provide solutions to the challenges we have heard today.

Chairman Akaka. Ms. Cullen?

Ms. Cullen. Thank you, Mr. Chairman. I would say that we in the VA appreciate your longstanding support for veterans and we count on your future support for veterans. We also thank you for coming out here and having this panel where you hold us personally accountable for taking care of the needs of, as Abraham Lincoln said, he who has borne the battle. So thank you for that and thank you for coming here with Secretary Shinseki last week to also hold us accountable.

Chairman Akaka. Thank you.

Dr. Hastings?

Dr. Hastings. Thank you, Mr. Chairman. It is very important, I think, for the VA to recognize the low-density populations that they have responsibility for, that we have responsibility for, in the islands and the Pacific. We have low density, so we don't have the big numbers, but this is home. And as we heard today, all of us want to be taken care of as near home as we can, and certainly when we are stressed and have significant challenges in life, we want to be near our homes, and that is where we can get the best cures, and we have ample evidence that that is the case.

At the VA, we have heard now that the VA is changing

its focus and putting resources into care in low-density, in rural and very rural areas, and so I think the VA is taking on a new role in its obligation to care for veterans, and that is the world that we live in. You saw some of it yesterday on Lanai, but I can tell you that I have been to Tinian and I have sat with a veterans' group in Tinian and talked to them about their frustrations with health care, and I have talked to the veterans in Saipan, and on our next trip, we are going to Rota, where the concentration is even smaller.

But I think these are veterans who have been underserved by the VA and I think I am very proud to be in an organization that is recognizing this obligation and building in a direction using all of the modern technology and all the modern science that we know, we have learned, to deliver care to veterans who earned the care in their home. Thank you.

Chairman Akaka. Ms. Betts?

Ms. Betts. Yes, Senator. I would like to make a general statement on my behalf that I am committed, and with the position that I have here, is to ensure that the employees that work under me start to look and take advantage of what we refer to as opportunities, and each opportunity that occurs every day is when a veteran walks into our door. The way I would like to see it develop over

time is that they recognize it is an opportunity when a veteran comes to us, an opportunity to help to improve their life and to just experience and discuss or be a part of the moment in time that we are part of for them.

What we are working on, as I know you had discussed with me when I first met you, what you had told me was you would like to see the VA have a motto, and I said, yes, sir, I will work on that motto, and I am still working on it. But I do know that one thing that comes to mind, and that is that every employee who works at the VA when a veteran walks in the door or when the veteran calls on the phone, it is the first thing they should think about is what we can do, and that might be my motto if I work on it hard enough.

But it is. It is something that we need to get back to realize, that the reason we are here is for the veteran, and we need to remember what we can do when they walk in that door and ask for our assistance and expect the services that they do, because a lot of it has to do--in our outreach program right now, my goal and objective is to help change the perspective of the individuals we visit as their perspective of what the VA is.

As I had heard the three witnesses earlier, their perspective of the VA out there as a service member, as a veteran, whether it is a Vietnam veteran, World War II, or even the latest OEF/OIF veteran, is not very good. It is

not a very good picture that they paint of us. But I am sure that we can improve on it. Just as they said, the communications, developing those relationships, and here in Hawaii, being Hawaiian, I believe it is a place where it can start. The ohana is definitely a part of the daily relationships and the building of those relationships to bring more grayness to those lines of the bureaucracy and the services that we provide.

But I do want you to know that the commitment is here to help to improve and to develop that thought process of what we as VA employees can do for those veterans that we service, and I thank you very much for the time.

Chairman Akaka. Well, thank you. I think you have said much there in closing.

Let me say, I want to thank all of our witnesses for being here, for your responses. No question, it is going to be helpful to what we are trying to do. We know there is much to be done in order to improve the effectiveness of VA's outreach to service members returning from overseas. Members of the Guard and Reserve that we are focusing on today face unique challenges. It is necessary that VA recognize and overcome those obstacles so that these veterans receive the highest quality of care. This is our challenge today. As was mentioned, we exist, really, as VA to help the veterans.

So I want to thank all of you again for being here today. This hearing is adjourned.
[Whereupon, at 1:00 p.m., the committee was adjourned.]

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