

THE LEGISLATIVE PRESENTATION OF
AIR FORCE SERGEANTS ASSOCIATION, MILITARY
ORDER OF THE PURPLE HEART, PARALYZED VETERANS
OF AMERICA, NATIONAL ASSOCIATION OF
STATE DIRECTORS OF VETERANS AFFAIRS, WOUNDED
WARRIOR PROJECT, VIETNAM VETERANS OF AMERICA,
THE RETIRED ENLISTED ASSOCIATION, AND
AMERICAN EX-PRISONERS OF WAR

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WEDNESDAY, MARCH 30, 2011

United States Senate,
Committee on Veterans' Affairs,
Joint with the
House of Representatives,
Committee on Veterans' Affairs,
Washington, D.C.

The Committees met, pursuant to notice, at 10:36 a.m., in Room 106, Dirksen Senate Office Building, Hon. Patty Murray, Chairman of the Senate Committee on Veterans' Affairs, presiding.

Present: Senators Murray, Begich, Burr, Brown of Massachusetts, and Boozman. Representatives Miller, Bilirakis, Filner, Walz, Barrow, Sanchez, and Braley.

OPENING STATEMENT OF CHAIRMAN MURRAY

Chairman Murray. Good morning. Welcome to this joint hearing of the Senate and House Veterans' Affairs Committees. Today, we will hear from several of our dedicated veterans service organizations about their legislative priorities for this Congress.

This morning we will hear from the Air Force Sergeants Association, the American Ex-Prisoners of War, the Military Order of the Purple Heart, the National Association of State Directors of Veterans Affairs, the Paralyzed Veterans of America, the Retired Enlisted Association, the Vietnam Veterans of America, and the Wounded Warrior Project. Thank you all very much for being here today to share your perspectives.

I also want to welcome back to the Senate side Congressman Miller and Congressman Filner and the other members of the House Veterans' Affairs Committee who are joining us over here this morning. We have had some very productive hearings so far, and I look forward to continuing our work this morning.

As I said many times, as the daughter of a World War II veteran and a member of this Committee for over 16 years, I have a very deep and personal connection for helping our veterans meet the challenges that they face. As you know well, there are many challenges that must be met. When the nation makes a decision to go to war, it also makes a commitment to care for the men and women in uniform

while they are in service, through their transition from the military, while they are veterans, and after they have passed on. But all too often, our veterans are coming home from battle only to fight against a system that should be working for them and should be their biggest advocate.

Last month, as I have shared before, I sat down with many veterans whose lives are impacted by the decisions that we make here in Washington, D.C. At a small veterans hall in my home State, I heard from a woman veteran from Iraq who told me what I have heard too often: that when she calls the VA, she gets asked if she is calling for her husband. I heard a tragic story from a Vietnam veteran who is still suffering PTSD who told me that his son was a National Guard member who recently committed suicide after returning from battle with PTSD himself. I heard from veterans with stories about claims backlogs and poor access to care and holes in their education benefits and barriers to employment and much more.

I know I do not have to tell any of you about the struggles our veterans face, or about the fact that all they are looking for is what was simply promised to them. I know that each of your organizations are in our communities every day working with these same veterans, their families, and their loved ones to make sure they are heard, and I know that is why you are all here today, to be a voice for individual veterans who do not have a seat at the table when decisions affecting them are made, and to make real change on issues that impact real veterans. So I am looking forward to hearing from all of you today.

But before we do that, I want to mention a few of the challenges that I will be tackling, ones that I am pleased to say many of you also want to take on. First, I saw many of you point to the need to help our veterans find meaningful employment when they return home as a top concern. I have to tell you that I could not agree more, and I believe it is time to act. Earlier this month, we saw annual unemployment numbers that tell the story of the challenge we face on this issue: young veterans aged 18 to 24 coming home from Iraq and Afghanistan today have an unemployment rate of nearly 22 percent, and Reserve and National Guard members have an unemployment rate of 14 percent. Unbelievably, I have had veterans tell me they no longer put the fact that they are a veteran on their resume because they feel there is a stigma attached.

One of my top priorities in this Congress is going to be improving outreach to and services for our veterans and businesses to address this problem. I introduced legislation in the last Congress focusing on vocational, apprenticeship, and on-the-job training opportunities that

became part of the new G.I. Bill. I am now preparing a new measure for introduction in the very near future that will help provide additional outreach and assistance to put our veterans to work. I will need all of your help and input on this measure, and I look forward to working closely with all of you on this.

Another major concern we all share are the devastating injuries that are incurred by some of our service members, and the work that we will need to do to make sure they get the lifetime of care they are owed. Over the past few weeks, we have seen new data that show dramatic increases in amputations among casualties of the current conflicts. Some of the most shocking statistics is that twice as many wounded soldiers needed a limb amputated than in the previous two years. While amputations are certainly not unique to this generation of veterans, the increase in the number of IEDs and foot patrols in Afghanistan mean that more catastrophically wounded veterans will be entering the VA system in the coming years. As these veterans return home critically hurt and in need of a lifetime of care and services, we need to be ready for them and for their families.

Among those services we must be ready to provide is the Caregivers Program, which provides support for those who are forced to leave careers and their own health care behind in order to care for their wounded loved ones. I am glad to see that several of you identified this as one of your priorities, as well. The legislation creating the Caregivers Program passed here in the Senate by a vote of 98 to zero. In an environment that is all too often overly partisan, every voting member supported doing what was right. Yet now we are seeing delays and questions about who is eligible. That is unacceptable, and I want to thank Chairman Miller, Ranking Member Burr, and Ranking Member Filner for their help in making sure that this program is implemented quickly and as was promised. And once that Caregiver Program gets up and running in a manner consistent with the intent of Congress, we have to begin to examine ways to expand these benefits to veterans of earlier wars.

Of course, we all know we also need to tackle how VA handles claims for benefits. This is a system that has been broken for far too long with a backlog that grows larger every year. Addressing this problem will be a focus of my Chairmanship, and, as we continue to work on solutions, some things must be acknowledged, including the fact that more veterans are filing claims and more of their claims are complex. There's nothing we can do to change that reality, but we must focus our attention on real solutions, including viable IT support, if we are going to reach the shared goal of timely, accurate decisions on benefit claims.

Finally, today, we are learning that the problems with misidentification of remains at Arlington National Cemetery may be worse than even originally thought. Just this morning, I met with the nominee for the VA's Under Secretary for Memorial Affairs, and in that meeting, I asked him to provide me with information on what safeguards are in place to keep what happened at Arlington from happening at our VA's national cemeteries. These national shrines are so important to our veterans and their survivors and our nation. After all

veterans have done for our country, they deserve peace of mind that they will be taken care of after their death.

So I look forward to working with all of you on these issues and others that you will touch on today.

I want to also take a moment to let you know that a tireless champion for all these issues facing our veterans will be leaving all of us soon. Bill Brew, my Staff Director--did he come in? Bill did not want personal attention, so Bill, wherever you may be, I am going to bring attention to you anyway.

Bill has been the Staff Director on our Committee and is going to be retiring in the very near future, and as many of you know, he has been an absolutely critical part of this Committee for decades. He has advanced terribly important legislation, helped create new programs and services. And, he has worked hard on oversight. Most importantly, he has been an extraordinarily knowledgeable and effective advocate for what is best for our veterans. We are all going to miss him a great deal. I know everyone in this room wishes him the very best as he embarks on a new phase and well-deserved retirement.

So, Bill, wherever you are, thank you. Please join me in giving him a huge round of applause.

[Applause.]

Chairman Murray. Bill, thank you. Thank you all for coming today. I look forward to all of your testimony.

With that, I will turn it over to Chairman Miller for his opening remarks.

OPENING STATEMENT OF CHAIRMAN MILLER

Chairman Miller. Thank you, Chairman Murray. Good morning to everybody, and thank you for hosting us over here. Thank you to everybody for making the trip to bring your testimony to our Committees and this Congress. We look forward to working with all of you as we move through the 112th Congress.

As the Chairman has already said, one of the areas that I think most of us want to put a direct focus on is the backlog of claims at VA. I certainly hope that the proposed electronic claims processing will, in fact, yield

the results that you deserve, but I am not naive enough to think that it is the only solution to the problem that exists out there. I would like to say that I am open to any new idea and all options are on the table.

And obviously, another goal where our Committees share a common goal is the effective and efficient use of taxpayer dollars where it comes to meeting our obligations to you, our veterans. I would like to say that, really, two weeks ago now, the House Committee on Veterans' Affairs released its views and estimates letter. In short, the letter called for measured increases to meet the needs of veterans, but it also recommends a redirection of funds away from central office support and directly towards you, the veterans. I am proud to say, for the first time in many years, the letter received overwhelming bipartisan support.

And for a minute, I thought you were going to talk about my colleague, the Ranking Member. I would like to publicly thank the Ranking Member, Mr. Filner, who will also be leaving us later on to enter into another campaign trail. I want to thank him for his leadership and help making this views and estimates letter happen.

I have a more lengthy statement, Madam Chairman. I would like it entered into the record, and with that, I would yield back.

[The prepared statement of Chairman Miller follows:]

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Chairman Murray. Well, thank you very much. I appreciate that.

Senator Burr?

OPENING STATEMENT OF SENATOR BURR

Senator Burr. Thank you, Chairman Murray, Chairman Miller, Ranking Member Filner.

Ladies and gentlemen, it is a great occasion today that Bill Brew is recognized for more than 30 years of service to veterans.

It is because of his commitment, many of the things that we were able to accomplish in the last several Congresses got done. He will be missed, and his mark on the programs and the affects of veterans' issues will be felt positively for a long time.

I welcome our witnesses here today and the organizations that you represent, and I also remind everybody that today is also a special day because March 30 is Welcome Home Vietnam Vets Day, and communities across this country for the first time are having celebrations that for the first time embrace those individuals who gave so much and never received the proper return home. I hope everybody will take an opportunity to pause, and when you are presented with the opportunity to see a Vietnam veteran, simply say to them, "Welcome home." They were never given that privilege.

As the Chairmen both have stated, we have got a lot of

issues on our plate. They are not new issues. They are issues that we have dealt with for some time. I think we are all to a point, Chairman Miller, that we would love to see the claims backlog begin to decline. Unfortunately, when we look at the trend, we are going to go to almost a million claims backlogged. We have been totally supportive of the IT efforts of this administration, and I watch with great optimism the completion of that project and the effect, the positive effect it will have on the claims that are backlogged to this point.

But let me suggest to my colleagues and to you and your organizations, we should not wait to see what the effects of that are. We should become creative and flexible and look at other ways that we can reduce the number of claims backlogged and the time it takes to process claims.

That is one of the reasons I introduced a bill that said to our country's veterans, give us a fully developed claim and we will give you an extra year's benefit. Take the extra time before you file that claim and fully develop it so that the VA does not have to chase down things and we will benefit you. We will reward you, because those are the individuals that need rewarding. It is not the individuals that work in the central office, as Chairman Miller alluded to, but they seem to be the ones that receive most of the resources and the attention. My hope is that the IT program will be successful, but that we will not sit idly by waiting. Let's do everything that we possibly can to make sure that this is an issue that we resolve through creativity and flexibility, as well.

I do have a longer statement that I want to put in the record, but I cannot let this opportunity pass without talking about the Caregivers' legislation. To me, it was one of the Committee's finest hours when that legislation was passed. The bipartisanship the focus, the commitment to the people that we were trying to impact positively cannot be overshadowed by anything else we do. Yet with VA's implementation, White House input, and OMB's influence, we ended up with something that came woefully short of what Congressional intent was, but more importantly, of what the veterans' needs were.

Make no mistake about it, there is solidarity between the House and the Senate, between Republicans and Democrats, to hold everybody's feet to the fire to write a final rule that reflects the intent of Congress. Anything short of that, and I do not believe that either Committee on the House or the Senate will be satisfied. This is a promise that I make to each and every one of you. It is unacceptable to come up short of Congressional intent.

Let me just say, as all members know, that we are challenged with an ever-increasing population of female veterans at our VA system. We have got to act swiftly and comprehensively to address their needs. I think it will dominate a good part of the balance of this Congress

as we address the urgency and the complexity of their needs
and our mission and commitment to them.

I thank the Chair and yield the time.

[The prepared statement of Senator Burr follows:]

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Chairman Murray. Thank you very much, Senator Burr.
Representative Filner?

OPENING STATEMENT OF MR. FILNER

Mr. Filner. Thank you, Madam Chair, and thank you all for being here today. Let me just make a few quick points.

Number one, next year's budget, I think our Committees are united in saying we shall not balance the budget on the backs or the legs or the arms of our veterans. For the first time, as Chairman Miller mentioned, probably in at least 15 years, I do not know if more, both sides of the aisle agreed to the budget, our budget estimate that we submitted to the House, calling for about a five percent increase in the budget from the current year. So we are united, certainly, into making sure we get an adequate budget.

When we are united we win. For example, in the last year or two had as your major priority what we call advance funding, that is, funding a year in advance. We got it done. And this year, it is already paying dividends. We do not have a budget for this nation right now, but the health care system of the VA has been funded since the beginning of the fiscal year, last October. That means there is no gap, there is no problem with hiring, there is no back-putting of any construction. So the advance funding is working, making sure our veterans get a high quality care despite the budget battles that are going on today.

Everybody has mentioned disability claims. We need to, I think, take a whole new approach and break through the red tape and bureaucracy that has left, as was heard, a million backlogged claims. We have added in the last years 10,000 new claims people and the backlog has doubled. The so-called brute force of dealing with the thing is not working, but there are several things we can do.

I think Senator Burr mentioned, and Congresswoman Sanchez has a bill to say, welcome home Vietnam veterans. You know, that is good. Those are nice words. But what are we just going to do to say "welcome home?" There must be a quarter-of-a-million claims of Vietnam veterans on Agent Orange, and some of those who have filed claims for 30 years or more get sicker fighting the VA than they did from their war injury. I say we should welcome them home by taking a whole new approach. The eligibility criteria and the presumptive criteria are hoops that we make everyone go through, and it takes forever, and claims are denied.

Why do we not get a quarter-million claims off our backlog by just granting the Agent Orange claims today. We should just do it. The Vietnam veterans have suffered long enough. Let us give them some peace. Let us

settle this stuff now and take a big step forward into dealing with our disability claims. I do not care if you were in the blue waters off the coast of Vietnam or the blue skies above Laos, Cambodia, Thailand, or Guam, or wherever, shipments may have opened up in the States. Let us get rid of all that stuff and say "Welcome home, Vietnam veterans - we are granting your Agent Orange claims." So I would like to try to do that.

In addition, you know, when you have--I hate to bring up a bad subject, but in a couple weeks, when everybody's tax returns are due, if you have a refund coming, you will be getting a refund guaranteed in about three weeks, and this from an agency which was one of the most dysfunctional in government a decade or two ago. And why do they do that? Because they accept your return as honest, but it is subject to audit. So they send you out the check, but you had better not be defrauding the government because you will hear from us.

Why do we not do the same thing with the disability claims? If they have been filled out with the help of a certified Veterans Service Officer, which there are thousands around the country, why not accept the claim subject to audit? We could get those checks out before people die. We can get those checks out before people lose their homes. So if you want to have a new approach, I do not think the brute force is working. Let us just break through that, and if we have to do it even in a short term to get this million off our rolls, let us just take a different approach, get them off our rolls. We are insulting our veterans the way it is now, but we can solve this thing and do it in a fair way and an appropriate way and start honoring our veterans instead of just paying lip service.

Thank you, Madam Chair.

Chairman Murray. Thank you very much.

We have a number of members from the Committee here, and I am going to ask their indulgence to allow our witnesses to testify first before I turn to them for their questions and comments.

So we will now proceed to our panel for this morning, and I want to remind each one of you to keep your oral presentation to five minutes. Of course, your full statement will be printed in the record of the hearing, and I am going to start over on this side. We will begin with Chief Master Sergeant John "Doc" McCauslin, who is the Chief Executive Officer for the Air Force Sergeants Association. We will begin with you. I will introduce each panelist as we get to them, so we will begin with you.

STATEMENT OF CHIEF MASTER SERGEANT JOHN R. "DOC"
MCCAUSLIN, USAF (RET.), CHIEF EXECUTIVE OFFICER,
AIR FORCE SERGEANTS ASSOCIATION

Sergeant McCauslin. Thank you, Madam Chairman.
Senator Murray and Congressman Miller, congratulations on

your selections to chair these Veterans' Affairs Committees. On behalf of our 110,000 members of the Air Force Sergeants Association, I thank you for this opportunity to offer our views for this next budget's priorities.

Congratulations also this morning to Congressman Miller and Congressman Filner, as they were recipients of our L. Mendel Rivers Award. Congratulations also are in order for Congressman Phil Roe, who is not up there this morning, with receiving a very recent Congressional Silver Helmet award from the AMVETS. These awards are a great reflection of your concern for your military members and their families.

In my statement this morning, I will list some specific goals that we urge your Committee to pursue. My detailed testimony was sent to your staff last week.

Let me begin with health care. In coordination with the Military Coalition and other governmental agencies, we want to ensure that our military members and their families receive a cost-effective health care benefit. Before seeking increases in military health care, please consider all the options relative to adequate and sustainable health

care for our military and their families. AFSA supports a detailed cost analysis like Congressman Joe Wilson and others have suggested. GAO has stated publicly recently that the DOD does not have an accurate assessment of the health care costs broken down by active duty and retirees.

Concerning veterans' benefits, the State Veterans Home Program is the preferred provider for long-term care for our veterans, and they currently provide over 30,000 beds in 140 veterans' homes in all 50 States. We urge your Committees to take a close look at the required level of support to protect these important national assets.

Care for our women veterans is a very important issue not yet adequately dealt with. There are currently 214,000 women serving in the DOD today, many of which have already returned from service in Iraq and Afghanistan. VA estimates that more than 40 percent have already enrolled for health care, and this will surely go up as we wind down operations over there.

The Caregivers program for wounded warriors also need your constant attention, because more than 42,000, I repeat, 42,000 service members have been wounded in action since these conflicts began.

Another hot button issue is homelessness among our veterans. It is a top priority for the President, for Secretary Shinseki, and other administration leadership. The VA has estimated that 25 percent of all homeless individuals in the U.S. are veterans. This is an absolute shame, and I can tell you, as a Vietnam veteran, I am ashamed to say that. Many communities are assisting with solutions, and one prime example is the AMVETS, where they recently voted to adopt California's Vet Hunters Program. We suggest that you need a task force and a reality check once and for all on this homelessness issue.

Care for survivors of military members is of great concern. Surviving spouses with Military Survivor Benefit Plan annuities should be able to receive their earned SBP benefits and DIC payments related to their sponsor's service-connected death. Once again, we would like to thank Congressman Joe Wilson for introducing his bill, H.R. 178, with 90 cosponsors, and for Senator Bill Nelson for introducing S. 260 with 54 Senators who have cosponsored these two pieces of legislation. You may recall that in the 111th Congress, there were 352 cosponsors in the House and 62 in the Senate. It is high time we act.

Moving on to the recently proposed Debt Commission recommendations that we strongly oppose includes the freeze military combat pay for three years, reduction of spending on base support and facility maintenance, use of highest five years for civil service and military retired pay, reform of the military

retirement system to vest after ten years, and the deferring of collection until you reach age 60, and then finally, a full 20 years of military retirement pay does not start until age 57. We suggest that these would definitely have an adverse effect on the all-volunteer force.

Another precious asset are the Air National Guard and the Air Force Reserve. They currently have to wait until they reach age 60 before they can draw their retirement pay. They are currently over 50 percent of our mission completion, and yet they are subject to this holding pattern. Remember that many Guard and Reserve retirees have spent more time in a combat zone than their active duty counterparts.

And finally, education programs for our military and family members scattered around the globe are deeply affected by the Interstate Compact on Education Opportunity for Military Children. That Sense of the Senate works to correct those inequities that military children face as they transfer between schools as a result of their military parent being moved. Only Nebraska, Massachusetts, Vermont, West Virginia, New Hampshire, Minnesota, and Wyoming are not yet in that game.

Senator Murray and members of the Joint Committee on Veterans' Affairs, thank you for this opportunity to express our views. We wish you all the best.

[The prepared statement of Sergeant McCauslin follows:]

Chairman Murray. Thank you very much. Excellent testimony.

Charles Susino is National Junior Vice Commander for the American Ex-Prisoners of War.

STATEMENT OF CHARLES SUSINO, JUNIOR VICE
COMMANDER, AMERICAN EX-PRISONERS OF WAR

Mr. Susino. Good morning, Chairmen and members of the Veterans Affairs' Committees. My name is Charles Susino, Junior Vice Commander of the American Ex-Prisoners of War. I am honored to testify before you today on behalf of National Commander Morris Parker.

Before I begin, I want to thank Senator Burr for introducing the resolution on March 30 of 2011, Welcome Home Veterans of Vietnam Day. This resolution encouraged Americans across this country to recognize Vietnam veterans for their sacrifice and to demonstrate a warm welcome to those soldiers who returned from a war to a politically divided country. As I returned home from World War II, the support of a grateful nation helped immensely in my recovery and return to a civilian life. Thank you, Senator.

Senator Murray, Senator Burr, Representative Miller, and Representative Filner, I congratulate you on your leadership roles in the 112th Congress. I wish you and your colleagues heartfelt best wishes as you grapple to provide the American veterans, their families, and their survivors.

This year marks the 69th birthday of the American Ex-Prisoners of War. On April 14, 1942, two mothers whose sons were captured on Bataan formed the Bataan Relief Organization. In 1945, after the prisoners of war returned home, we became the Bataan Veterans Organization. And in 1949, expanded our membership to encompass all former members of prisoners of war from all wars. We became the American Ex-Prisoners of War. At this time, there were more than 116,000 ex-prisoners of war alive.

In 1987, when President Ronald Reagan wrote the proclamation commemorating the National Former Prisoner of War Recognition Day, he stated, "More than 80,000 Americans living today are former prisoners of war." Today, just 24 years later, there are less than 16,000 former prisoners of war alive from all wars, World War I, World War II, Korea, Vietnam, and post-Vietnam. Soon, the concerns of this tiny group of heroes will matter not to this Committee or any other.

On February 27, the American Ex-Prisoners of War lost their oldest member. World War II veteran Frank Woodruff Buckles of West Virginia died at the age of 110. But in addition to his service in World War I, Mr. Buckles was living in the Port of Manila in 1941 while working for White Star Steamship Line. He was captured by the Japanese shortly after Pearl Harbor. He was held at Santo Tomas and Los Banos for three years, two months, and joined more than 14,000 civilians caught up in World War II.

Some of our youngest members are in their early 30s.

However, instead of 116,000, as in the past, we are talking about just 23 former prisoners of war from current conflicts.

We are immensely grateful for past Congressional action to help prisoners of war. It was our organization who pushed in the 1980s for "presumptives," and because of the efforts of the Committees, the VA, and the heroes in the red jackets walking the halls of Congress telling stories of former prisoners of war, we now have benefits and entitlements that protect us and the prisoners of war that will surely come after we are gone.

We thank you for all that you have done for us. We are especially thankful for the 111th Congress for passage of the Caregivers and Veterans Omnibus Health Act. Senator Murray, I know your office has been especially vigilant with the VA on the implementation of this new law.

As we look to the future, we want to lend our small voice and support to our brother veterans service organizations. Our numbers may be dwindling, yet our commitment to living up to our slogan, "We exist to help those who cannot help themselves," remains strong.

We join The American Legion and the MOAA and the DAV in supporting S. 344, the Retired Pay Restoration Act of 2011, S. 260, and S. 67.

In closing, Chairmen and Committee members, this completes my testimony and thank you for allowing me the opportunity to appear before you on behalf of the American Ex-Prisoners of War to share our goals.

[The prepared statement of Mr. Susino follows:]

Chairman Murray. Thank you very much, Mr. Susino.

We will now turn to Clayton Jones, National Commander for the Military Order of the Purple Heart. Mr. Jones?

STATEMENT OF CLAYTON D. JONES, NATIONAL COMMANDER,
MILITARY ORDER OF THE PURPLE HEART OF THE USA,
INC.

Mr. Jones. Chairman Murray, Chairman Miller, Ranking Members Burr and Filner, members of the Committee, ladies and gentlemen, I will make this very brief. I am Clayton Jones, the National Commander of the Military Order of the Purple Heart, MOPH. It is an honor and a privilege to appear before this distinguished body on behalf of the MOPH. As you all are aware, the MOPH is unique among veterans service organizations because our membership is comprised entirely by combat veterans who have been wounded on the world's battlefields for which they were awarded the Purple Heart.

I will begin by expressing our appreciation for the work done by both Committees during the 111th Congress. The Veterans Health Care Budget Reform and Transparency Act of 2009 is important for the operation of the VA Health Care Administration. The Caregivers and the Veterans Health Service Act of 2010 provides much-needed support for severely injured veterans and their families. There were many other good pieces of legislation that the 111th Congress acted on, and for that, we are very appreciative.

MOPH, and I am sure that all members of the Congress, remain in absolute support of the American military men and women serving in harm's way. We further believe that upon their return home, they deserve the best health care and that any benefits they have earned by their service should be provided in a timely manner.

I will make my oral remarks regarding the MOPH legislative priorities for 2011 brief with the understanding that my full testimony will be entered into the record. Our top priorities for the 112th Congress are eliminating the SBP and the DIC offset; concurrent receipts for military retired pay and VA disability; continued improvement of the VA claims system; Medicare subvention; VA health care; Military Family Financial Preparation Act. Last, but not least, the flag of the United States. MOPH remains in support of the Constitutional amendment to protect the physical desecration of our country's flag.

This concludes my testimony and I will be pleased to answer any questions that any of the members of the Committee would have.

[The prepared statement of Mr. Jones follows:]

Chairman Murray. Thank you very much, Mr. Jones.

We will now turn to Dr. Linda Schwartz, President of the National Association of State Directors of Veterans Affairs.

STATEMENT OF LINDA S. SCHWARTZ, PRESIDENT,
NATIONAL ASSOCIATION OF STATE DIRECTORS OF
VETERANS AFFAIRS, INC.

Ms. Schwartz. Thank you very much and good morning, Chairman Murray, Chairman Miller, and members of the committee. I am the Commissioner of Veterans Affairs for the State of Connecticut, but today I have the honor to address you on behalf of the members of NASDVA, who are the chief executive officers of all of the States and Territories assigned by their governments to oversee the programs for veterans.

As you may know, our members are confronted with unique situations which could not possibly be addressed in a timely manner by the larger systems like DOD and VA. Directors can and do affect changes and solve problems because they know who, where, and how to orchestrate successful outcomes at the local level. And because so many of the men and women serving today are indeed true citizen soldiers of our Guard and Reserves, governors and State legislatures have a greater concern for military and veterans' issues than ever before.

States collectively commit over \$5 billion annually to support veterans throughout this country. Pure and simple, States are second only to the Federal Government in the resources committed to assuring the men and women who serve this nation receive the services they earned.

The most important point I want to bring to this Committee today is that VA and DOD need to build better bridges to State governments. We have suggested a formalized advisory Committee to the Secretary of Veterans Affairs with the idea in mind that they could help identify unmet needs, facilitate and integrate services, increase the utilization of existing resources, and forge a comprehensive continuum of care for support services for our veterans. This is a continuum of service and care that our veterans deserve and America can provide.

An excellent example of this partnership noted previously is the fact that the State Home Grant Program-- States are the largest. We provide 52 percent of the nursing home beds to veterans in the United States. While Congress did authorize in 1999 the fact that veterans who are rated 70 percent service-connected or greater or had disabilities that were incurred and required nursing home care, that they would be at full cost of care taken care of by the VA, that really was not for veteran homes. We were not afforded the same as any private provider, and yet in 2006, Congress tried to remedy that situation, and unfortunately, it is now 2011 and we have yet to really figure out what the answer will be.

The National Association of State Directors and the National Association of State Homes have been on record, and I present to you the fact that there is consideration of legislation that would permit State homes to enter into contracts with the VA, just like a community provider. We definitely support that.

We also want to say that we are looking for the full cost of care, not a per diem. We believe that the benefits were authorized by this Congress to the veterans and not to the facilities that provide the care.

You spoke about outreach and the backlog of the claims. Let me say that I would like to suggest that States are in a perfect position to help you, no matter if it is the Veterans Service Organizations, our own county service, or our own employees of the State. We can work with you, and we ask you to revisit the concept put forth in the Veterans Outreach Improvement Act of 2007 which proposed to authorize the Secretary to develop a grant program for States for outreach activities and activities in the development and submitting of claims for veterans and veteran-related benefits.

I am going to address the issue of women veterans. Obviously, I am a woman veteran. I served both on active duty and as a Reservist, and I am very proud of the women today who are serving in places and in roles that we never envisioned. However, when we look at the fact that the reports of military sexual trauma continue to rise, I cannot let this opportunity to address the Committee pass without comment.

In our states, we see women reluctant to seek treatment because of the experiences they have had in the military. We recently heard reports that 23 percent of the women serving in combat areas report being victims of sexual assault perpetrated by another member of the military. Members of this Committee, where is the outcry, the indignation and the demands for corrective action? What would the public say and what would the Congress say if the women working for IBM reported that 23 percent of the women working for IBM reported they had been assaulted by a coworker?

Members have found it difficult to assist these women because once they attempt to receive assistance, sometimes it is very, very disheartening and they abandon their efforts. While the words "zero tolerance" trip quickly from the lips of DOD officials, they do ring hollow for the victims of these violent acts. Until there is an outcry and emphasis on deterrence and prevention, a complete and total investigation of reported assaults, and proper disciplinary action, women will continue to be victimized, and this Congress should accept nothing less than the complete and total eradication of this grave injustice.

I am sorry I went over, Madam Chairman. Thank you.
That concludes my remarks.
[The prepared statement of Ms. Schwartz follows:]

Chairman Murray. Thank you very much, Dr. Schwartz.
We will now turn to Bill Lawson, who is the National
President for the Paralyzed Veterans of America.

STATEMENT OF BILL LAWSON, NATIONAL PRESIDENT,
PARALYZED VETERANS OF AMERICA

Mr. Lawson. Good morning, Chairman Murray, Chairman
Miller, and members of the Committees on Veterans Affairs.
My name is Bill Lawson, a proud U.S. Army veteran and
National President of the Paralyzed Veterans of America. It
is an honor and a privilege to present this testimony
highlighting issues of critical importance to the well-being
of veterans with spinal cord injury and dysfunction and all
veterans across our country. For 65 years, Paralyzed
Veterans has represented veterans with catastrophic spinal
cord injury and disease, working to ensure that their
medical, economic, and social needs are met. I hope to
continue that tradition today.

The full range of our concerns is detailed in my
written statement, which has been previously distributed,
and in this year's Independent Budget, of which we are proud
to have co-authored.

In the forefront of many life-changing issues
confronting veterans is what we can only regard as an attack
on the very existence of the VA health care system. Without
a doubt, the Department of Veterans Affairs is the most
effective health care provider for veterans. The VA's
specialized services, including its system of SCI care, are
incomparable resources that are not duplicated in the
private sector. These services are being threatened by
proposed cost-cutting measures that drive toward so-called
management efficiencies and, unfortunately, through
politics.

VA has earned a reputation as a leader in the medical
field for its quality of care, cost effectiveness, and
innovation. Even with VA's success as a health care
provider, some political leaders and policy makers continue
to advocate for VA enrollment restrictions, such as the use
of vouchers or increases in fee-basis care. These changes
will result in moving veterans from veteran-specific care
within VA into the private health care sector. These
proposals would lead to the decline of VA health care
services and increases in health care costs in the Federal
budget. In fact, these proposals could lead to the
destruction of VA, a great American success story.

To survive as a quality health care provider, VA must
maintain a talented, effective, and highly-skilled
workforce. To ensure that such a workforce exists, VA must
update existing human resources policies and procedures.
Currently, it takes six months or longer to fill critically
needed health care positions, including filling nursing
vacancies.

Paralyzed Veterans of America believes that VA must
combine competitive compensation packages with hiring

incentives, such as signing and retention bonuses and educational benefits, in an effort to recruit and retain qualified professionals.

Paralyzed Veterans of America employs a dedicated team of expert professional medical staff to conduct site visits to all VA spinal cord injury facilities on an annual basis and compiles a monthly survey of available beds and health care personnel within VA's spinal cord injury system. These staffing reports consistently reveal deficiencies in staffing, particularly in the field of nursing. Our most recent bed and staffing survey indicates the actual number of nursing personnel delivering care at the bedside was 140 nurses below the minimum requirements. Likewise, the survey indicates shortages in physicians, social workers, psychologists, therapists throughout the system. More importantly, this means there were 288 unavailable SCI beds throughout the system.

Paralyzed Veterans continues to be concerned about the lack of VA's long-term care services for veterans with spinal cord injury or dysfunction. Approximately 6,000 of our members are now over 65 years of age and another 7,000 are between 55 and 64. These aging veterans are experiencing an increasing need for VA's home and community-based services and VA's specialized SCI nursing home care. Unfortunately, the ability of veterans with SCI to access the full range of VA home and community-based care varies across the country and it is limited. Currently, no SCI specialized long-term care beds exist west of the Mississippi. In fact, the VA only has 150 long-term care specialized SCI beds in the entire system. This averages only three SCI long-term care beds per State.

Often, VA relies upon State nursing homes or contract facilities. Neither of these options is viable for our members due to their inappropriate design and staffing or their refusal to admit individuals with spinal cord injury or disease.

In a recent conversation about long-term care with a VA official, he indicated that the VA needs to look into the future. When you consider the thousands of World War II, Korean, and Vietnam War veterans, their future has already arrived and the VA has missed the boat.

In closing, I understand that some of you are new and PVA would like to offer our assistance in any way we can to explain what it is PVA does and any other issues you may have concerns about. On behalf of all paralyzed veterans, thank you for this opportunity. We look forward to working with you and providing the services and benefits America's veterans have earned.

[The prepared statement of Mr. Lawson follows:]

Chairman Murray. Thank you very much, Mr. Lawson.

We will turn to Sergeant Arthur Cooper, National President of the Retired Enlisted Association.

STATEMENT OF SERGEANT FIRST CLASS ARTHUR COOPER,
USA (RET.), NATIONAL PRESIDENT, THE RETIRED
ENLISTED ASSOCIATION

Sergeant Cooper. Good morning, Madam Chair Murray and Chairman Miller, Ranking Members Burr and Filner, and distinguished members of this Committee. I am Arthur Cooper, National President of the Retired Enlisted Association. It is an honor for me to appear before you this morning for the very first time to let you know of the concerns and goals that we at TREA have.

Before I begin, I would like to congratulate Senator Murray and Representative Miller for your selection as chairs of your Committees, and I must thank Senator Akaka for his long and distinguished service as Chairman of this Committee.

The Retired Enlisted Association was founded to speak for the retired members of the Armed Forces. All branches of service are represented. We have been doing this for now about 50 years.

We, of course, share the goals of the members of this Committee and we know in these very difficult times with an ever-growing Federal deficit and becoming harder and harder to do your jobs. But we must not forget the cost of freedom in this present ten-year war and the past wars and the Cold Wars were paid by men and women and their families who risked their lives, their health to protect our nation. They and their families were the first in line to make great sacrifices. They should not be asked to be first in line when the budget cut hits.

For years, our brother and our sister VSOs focused on the need to fix the VA's broken adjudication problem. We are aware of how much time and energy the VA has dedicated to this problem, but without success. At the end of January, there were approximately 1.1 million pending compensation, pension, education appeals by VBA. Some of this increase has been caused by good news. Clearly, Secretary Shinseki's wise decision to grant new Agent Orange presumption and the improved education of the veterans about their benefits has also contributed to this increase. Additionally, the bad economic times are another reason for the dramatic jump in pending cases. But the delays have become totally untenable and justice delayed is often justice denied.

Additionally, the VA itself has reported that 16 percent of its decisions are incorrect. Errors caused and refilings thus increase the backlog and delays. The problem we see with adjudication is not just being accurate, but having persons who adjudicate, who really have a desire to help the service member or his family. This should be prior, a part of the hiring process to get these persons.

I now wish to speak quickly on two other matters. TREA urges you to support three important bills presently being pushed before Congress: Representative Wilson's of South Carolina bill, H.R. 178, Senator Nelson's bill of Florida, S. 260, and the unfair SBP and DIC offset. We ask now that you, as a Committee, continue to help us as we try to help ourselves.

There is one other thing. The members of the National Guard and Reserve, even though they served, are not considered veterans. They are considered retirees, military retirees, but the term "veteran" is not placed at their disposal. We ask now that you change that. If a member has served 160 days of activation, he/she should be considered a veteran.

There is one other thing before I close. Congressman Walz is the only member of Congress who is an active member of the Retired Enlisted Association, and I would like to say thank you.

Thank you much, ma'am.

[The prepared statement of Sergeant Cooper follows:]

Chairman Murray. Thank you very much.

We will now turn to John Rowan, who is the National President of the Vietnam Veterans of America.

STATEMENT OF JOHN ROWAN, NATIONAL PRESIDENT,
VIETNAM VETERANS OF AMERICA

Mr. Rowan. Thank you. Good morning, Madam Chair, Chairman Miller, Mr. Burr, Mr. Filner, other members of the House and Senate Veterans' Affairs Committees. Happy Veterans Day for us Vietnam veterans.

Our main concern, quite honestly, and the beginning of our major initiative is the issue of accountability. Thankfully, over the last several years in both the Bush and Obama Administrations, we have seen a significant increase in the funding for the VA, particularly on the health side and somewhat on the VBA side, as well. Our main question now is what did they do with it? We are very concerned about how well that money is being spent, and is it being spent to beef up the bureaucracy or is it being spent to provide services to veterans. And we call upon Congress, both the House and the Senate Veterans' Affairs Committees, to hold significant hearings, oversight hearings, to see how these programs are now functioning with this increase in funding. What is the outcome of all of this money?

We are really particularly concerned, obviously, about the Veterans Benefits Administration, which despite increased funding, increased staffing, is still considered a disaster in many ways. The backlog is getting worse. Part of that is generated obviously by the increase in claims being made by both the new veterans and us older veterans from Vietnam with all the new presumptions that are finally being approved. But that still does not change the need for more work, the need to upgrade this program into the 21st century so we can file claims electronically and get it all done correctly.

Our organization is going to review, in fact, the whole Board of Veterans Appeals process. We find it very interesting that we have a very high success rate in getting claims brought before the Board of Veterans Appeals to a positive outcome, but we are not alone. All of our colleagues are in the same boat, and it is disturbing to me that 70 to 80 percent of the things coming back positively means that 70 to 80 percent of the appeals were screwed up in the first place by the VA, and we think that is a real problem. It even goes a little further when taken to the Court of Veterans Appeals, who also seem to--the 70 percent rule seems to come into play again, where the VBA screwed up 70 percent of the time. That is a very poor track record.

And the concern I have, and our organization has, quite frankly, is what does that all mean? When veterans take five years to go through that process and some of them keep going back again and again--we see two and three remands on the same issue until they finally get right, something is seriously wrong and it needs to be taken care of. Again,

accountability. What are they doing? What are they doing with the money?

The next biggest thing is outreach. Thankfully, we have gotten a lot of these new presumptions, but the question is how many veterans out there are aware of them. Unfortunately, not many. Only 25 to 30 percent of the veterans in this country have any access to or interact with VA on a regular basis. That is a huge number of people who have no clue. And I am really tired of running into veterans who tell me, when I ask them how they are doing and how is their health, that tell me, I have got this problem and I have got that problem. And I said, did you file a claim, and they said, what claim?

We are also concerned, quite honestly, now that we have these new presumptives, particularly the ischemic heart condition, how many veterans--tens of thousands, we believe--have already passed away from that disease and who is going to go out and tell their widows that they are now entitled to dependency indemnity compensation? We believe that could easily be in the hundreds of thousands. We are not even sure.

I have repeatedly asked, again and again, through this Committee, through the Senate, through the House, through, I think now, four Secretaries of the VA that I have been through, what is the number of in-country Vietnam veterans who have passed away compared to their peers who did not serve in Vietnam? We noted over a million of the Vietnam era veterans are already deceased. What is the breakdown between those who were exposed to Agent Orange or exposed to PTSD in combat versus those who were not? That is a pretty interesting look-see, but I cannot ever get a straight answer. I think they are afraid of the answer, quite honestly, because our own anecdotal information from our own membership tells us that we are suffering and dying at very young ages. And as I said, we are really concerned about the widows. Who is going to go tell them that they are now entitled to a benefit? And I am sure many of them are dealing with severe financial hardships, particularly in today's day and age.

We have a lot of other issues, obviously. The last one I will leave with you in my oral presentation, we are calling for a Veterans Economic Opportunity Administration to be created within the VA. This would subsume all of the programs related to getting guys and girls back in the workforce or in their own employment or their own businesses. So vocational rehabilitation, SBA, DOL's VETS program, all of that should be brought under one roof so that the focus is getting people into financial stability, be it on their own as an individual working or as an entrepreneur, which we are trying to encourage many people now to do.

Thank you very much.

[The prepared statement of Mr. Rowan follows:]

Chairman Murray. Thank you very much, Mr. Rowan.

Our final witness this morning is Anthony Odierno, Secretary-Treasurer of the Board of Directors for the Wounded Warrior Project.

And I just want to take one quick moment of personal privilege to welcome in the audience today Mrs. Linda Odierno. She is the mother of Anthony. We are delighted that you are here. She happens also to be the wife of General Raymond Odierno, who is the current Commander of U.S. Joint Air Force Command. Thank you for being here.

[Applause.]

Chairman Murray. Thank you very much.

STATEMENT OF ANTHONY K. ODIERNO, MEMBER, BOARD OF DIRECTORS, WOUNDED WARRIOR PROJECT

Mr. Odierno. Chairmen Murray and Miller, Ranking Members Burr and Filner, and members of the Committees, thank you for inviting Wounded Warrior Project to present our 2011 policy agenda at this joint session. I am Tony Odierno, and I am testifying before you this morning not only as a member of the Board of Directors of the Wounded Warrior Project, but as a wounded warrior myself. I would like to begin by sharing with you a moment from my life as a wounded warrior.

In September 2004, a little less than a month after I was injured in Iraq, I was in occupational therapy at Walter Reed, waiting for treatment, sitting on a table, and I looked down at my body. I looked at my left arm, which was amputated above the elbow, the wound not yet closed, wrapped in bandages with traces of blood. I looked at my right arm, a piece of my bicep missing, shrapnel in my upper arm and shoulder and burns across my chest. And at that point, I sat there thinking, what kind of life can I have now? Where do I go from here? What am I going to do?

And as time went by at Walter Reed, I realized that I was one of the lucky ones. Several of my fellow warriors had multiple amputations, burns, TBI, PTSD, and it is for these warriors that we need to improve and expand programs

and services to ensure that they can live the type of life that they want to.

We appreciate the Committee's recognition of the important perspective that Wounded Warrior Project offers, and we commend your efforts to ensure quality care, benefits, and treatment for our veterans. We look forward to working with you on four key objectives highlighted in my written statement, but specifically, our top policy initiatives focus on traumatic brain injury and post-traumatic stress.

Wounded Warrior Project strongly supports the continued focus on filling the gaps that still exist along the path to recovery for the signature and visible wounds of this war. We are grateful to the Committees for passing the Caregiver law. Given our deep commitment to the successful implementation of that law, we applaud your leadership. VA needs to get it right.

For many warriors and caregivers, traumatic brain injury redefines their lives every day. Many require years-long rehabilitation. Independent living and community reintegration are vitally important to these young veterans. We strongly supported the introduction last year of the Veterans Traumatic Brain Injury Rehabilitative Services Improvement Act. That legislation ensure that veterans can receive therapy to maintain rehabilitative gains and can also receive needed services to support independent living in the community. Wounded Warrior Project looks forward to the reintroduction of that legislation and hopes to work with you to win its enactment.

VA facilities have seen large numbers of OEF/OIF veterans with war-related mental health issues, but VA has had much less success in ensuring that these veterans actually get needed follow-up mental health care. Of the 50,000 OEF/OIF veterans diagnosed with PTSD, a VA study found that fewer than ten percent completed the recommended course of treatment, while one in five did not have a single follow-up visit. These statistics call into question VA's strategy for engaging and sustaining veterans in combat stress and PTSD treatment.

Last year, Congress directed VA to provide OEF/OIF veterans peer outreach and peer support services, along with mental health care, and to provide needed family mental health services. This new direction could help overcome young veterans' reluctance to participate in PTSD treatment. To date, however, these critical provisions that were to have been implemented last November have not been carried out.

Success in addressing combat-related mental health issues is not limited to a veteran getting professional help, but of learning to navigate the transition from combat

to home. Many are struggling to readjust to a new normal and to uncertainties about finances, employment, education, and career. VA and local communities each have a distinct role to play, but with few communities effectively organized to assist wounded warriors, we urge the establishment of a grant program to spark community mobilization and support of veterans' reintegration.

VA's Vocational Rehabilitation and Employment Program should be a critical transitional pathway for wounded warriors, as it was for me. But VA for far too long has failed to make the program a real priority. Counselors who lack experience or even training to work with individuals with severe TBI or PTSD have stymied many warriors, either based on misperceptions about their disabilities or by pressing them to instead pursue any job. The sheer size of counselors' caseloads can compromise their capacity to provide effective service. We urge you to make VR&E modernization a top priority this year.

Of course, VR&E is ultimately dependent on the availability of jobs. With the high unemployment among young veterans, we encourage and support initiatives that can result in meaningful employment for these veterans.

Wounded Warrior Project looks forward to working with you in the coming session not only on new initiatives, but on critical oversight. Together, we can make this the most successful, well adjusted generation of veterans in our nation's history. Please keep our wounded servicemen and women in mind in all of your policy decisions. Thank you.

[The prepared statement of Mr. Odierno follows:]

Chairman Murray. Thank you very much, Mr. Odierno. I think you spoke for many. I appreciate that a lot. And for all of your testimony, I appreciate that this morning.

We have a number of members who did not have the opportunity to give an opening statement. I will recognize them in their order of appearance to do that and then we will turn to the panel for questions.

Congressman Walz?

OPENING STATEMENT OF MR. WALZ

Mr. Walz. Well, thank you, Chairwoman. Thank you each for being here. As you are presenting your priorities, I want to be very clear. Your priorities are America's priorities and the veteran's, and so it is very important.

John, I appreciate your frustration as we continue to fight these battles over and over, but what I am thankful for is you keep returning and you keep standing there to fight them, so thank you for that.

Just a couple of things. Captain Odierno, thank you for your service and, of course, your family's service. As a Twins fan, I cannot--well, I will. It was a nice pitch at the World Series, so well done there. I was hoping Jeter might not catch it, but he did.

[Laughter.]

Mr. Walz. Anyway, focusing on you, you did a wonderful job, and very heartfelt and passionate. I think it is what

we need to make of why we are all here and what we are doing. It is about the care for those warriors. Could you explain, if you could--

Chairman Murray. Congressman--

Mr. Walz. Oh, do you want to ask a question?

Chairman Murray. We just want to do quick opening statements and then--

Mr. Walz. I will save it and let you answer when we come back.

Chairman Murray. --I will get to your questions in just a few minutes.

Mr. Walz. I will save it and come back. I thank you. I yield back.

Chairman Murray. Very good. Congressman Bilirakis, do you have an opening statement?

OPENING STATEMENT OF MR. BILIRAKIS

Mr. Bilirakis. Yes, I do. I will do it as briefly as I possibly can. Chairman Murray, Chairman Miller, thank you for calling this hearing. I would also like to thank the representatives of each veterans' group that are here today to testify. The work you do in the veterans' community is extraordinary, and your input helps us to better serve the veterans who have served this country.

Adequately meeting the ever-growing needs of our nation's veterans is no small feat. As more and more of our veterans are returning home, we are seeing increased instances of PTSD, TBI, and multiple amputees, as well as difficulties transitioning back to the civilian life during tough economic times. While great strides have been made, there certainly remains room for improvement. The VA and DOD must partner not only to ensure a seamless transition from active duty to veteran status, but also to increase the standard of care available to those who have served. Through information sharing and advancing technology and research initiatives of mutual interest, the VA and the DOD can realize administrative, health, and cost saving benefits.

While it is fundamental to make sure that our veterans' needs are met, we must also realize their families play a dynamic role and cannot be ignored. I recently had the privilege of touring the Soldier and Family Assistance Center at Walter Reed, the medical center, which offers wounded warriors a one-stop shop for assistance in locating and realizing benefits, whether government or private, and it is available to them and I was really impressed with the program. Though this is a function of the Army, I believe that it would be very beneficial to replicate this program-- this model throughout the VA system. If you could comment on that, I would appreciate it, later on.

The VA is far from perfect, but it remains my priority to work in Congress to ease the burdens on those who so willingly bore the burdens of defending our nation. I appreciate your testimony and look forward to working with

you in the 112th Congress.

Thank you very much, Madam Chair. I appreciate it.
Chairman Murray. Thank you very much.

Congressman Barrow, an opening statement?

Mr. Barrow. I thank the Chair, but in deference to the question and answer time with the witnesses, I will waive an opening.

Chairman Murray. Very good.

Senator Brown?

Senator Brown. Thank you, Madam Chair. I just got back from Walter Reed. I am sorry I was late. I am going to a hearing at a noon, but I wanted to say thank you for holding this and I will defer, as well. Thanks.

Chairman Murray. Thank you very much.

Congressman Sanchez?

OPENING STATEMENT OF MS. SANCHEZ

Ms. Sanchez. Thank you. I am not going to be able to stay for the questions part of the hearing, so I am just briefly going to mention some of the issues that jumped out at me that you all were kind enough to speak about.

The backlog of cases at the VA, definitely a priority. Sexual assault of women in the military, definitely something that we need to do better on. Soldiers suffering from traumatic brain injury, also homelessness, job training programs. And one issue in particular that has been raised to me by veterans in my district, post-traumatic stress, and they really feel that the term "disorder" carries with it a stigma and the suggestion to me has been that we think about renaming it post-traumatic stress injury, because it is an injury, just not a physical one that is visibly noticeable.

But I want to thank you all for your courage in coming to speak on behalf of the people that you represent. You really carry the water for making sure that their voices are heard and I want to thank you so much for being here today and I will yield back.

Chairman Murray. Thank you very much.

Congressman Braley?

OPENING STATEMENT OF MR. BRALEY

Mr. Braley. Thank you. President Cooper, you mentioned something that all of us are concerned about, and that is the cost of freedom. And when you look around this room, you realize that the cost of what we pay for in Congress to sustain military operations, most people think of bullets, they think of weapons, but the real cost of freedom is demonstrated by those of you on the witness panel and all of you who are in this room who have answered the call of duty.

I am reading a book about the battle of Somme, and we forget that in the first five months of World War I, the French lost a million casualties. And on the first day of the Battle of the Somme, the British lost 60,000 casualties. Twenty thousand of those were killed in action. My father landed on Iwo Jima the same day that the flags were raised there and he lived his whole life bearing the burdens of

what he saw and what he experienced, and that is why we are so grateful for your presence here, to remind us all of what the true cost of freedom is.

And that is why I believe the American people should know what the true cost of war is, because it goes far beyond what we appropriate to spend in far away places like Iraq and Afghanistan. It also includes the cost of taking care of wounded warriors when they come home.

When I heard your compelling testimony, President Lawson, I am dealing with a constituent right now in my home town of Waterloo, Iowa, a brave young Army Sergeant named Ian Ralston who went to high school with my daughter at Waterloo West and is struggling as a young paralyzed veteran, coming to grips with the reality of what he is facing the rest of his life, and we owe it to Ian and other young paralyzed veterans and other people coming back with amputations, post-traumatic stress disorder, and traumatic brain injuries, the signature wounds of this war, to be up-front with the American people about what it is going to cost over their lifetimes to take care of them. We know we have life care plans we can put together. They deserve the best of care to reach their maximum potential, and that is why I ask you to consider--your organizations to consider supporting my Cost of the War amendment so that the American people finally get a full accounting of what we talk about when we mention the true cost of the war.

I want to say, Dr. Schwartz, that I am very proud of the fact that Chairman Murray on the Senate side, along with four other Senators, all women, and myself recently introduced a bill to address the very significant problems you identify, and nobody has been more eloquent and passionate in describing them than you were, and we look forward to working with you and appreciate all of your time here today, and I yield back.

Chairman Murray. Thank you very much.

We will now turn to the question portion of this hearing and I will begin. Members will have five minutes for Q and A.

A lot of you have mentioned, again, the issue of claims processing backlog and the need to improve it. I would like to ask any of you if you are optimistic that the various pilots and computerized systems the VA is developing will actually make an impact on the claims backlog.

Sergeant Cooper. I would like to answer that, Madam Chair.

Chairman Murray. Thank you very much, Mr. Cooper.

Sergeant Cooper. I understand what the VA is trying to implement and it is good that we are moving in a computerized direction. But if we do not have qualified persons to operate the equipment, or persons who actually care about the person that is presenting the claim, it will not work.

Chairman Murray. Mr. Rowan?

Mr. Rowan. There seems to be some improvement with the

use of electronic media to create some of these fast-track claims, as they call them. Particularly with some of the new presumptive diseases, we have seen some speedier responses on the automatics. I mean, let us face it. If all you have to do is give a doctor's report and the fact that you showed that you served in Vietnam, there should be no reason to protract the claim. It should be an easy claim to get done.

When it comes to some of the more difficult claims, hopefully, some of that will go away, as well. I mean, one of the things that I have also seen recently that we finally got turned around, when we changed the rules regarding the stressors on PTSD, I have seen a complete turnaround on those kinds of cases. And, in fact, one of my clients and one of my colleagues, as I used to do some service rep work, who had been denied years ago for PTSD has finally been readjudicated and has now gotten the 50 percent rating on PTSD, which was long overdue.

So, yes, I think that if they implement this stuff, we can get it changed. When we talked about the fact that we we're coming into a new war, we warned them a long time ago, this is your chance to implement something new. You have got a whole bunch of new claims coming in. Let us see what you can do about it.

So hopefully--and I have also seen some changes in the ROs, which actually I feel like the old movie "Back to the Future." I mean, truthfully, the system I saw in Little Rock, for example, which put everybody in--goes back to the digit system, where everybody was in one room and the claim file never left the room and people had access to it and access to their colleagues to get an answer when they needed it right away rather than have to go through some cumbersome bureaucratic process seemed to work. It took a lot of interaction, a lot of oversight, and a lot of working with the staff to make sure that they would work together, but yes, we see some positive aspects and hopefully these pilot projects that Secretary Shinseki has implemented--has produced will get implemented. I mean, we have got to get beyond pilots and get into the whole system.

Chairman Murray. Anybody else? Yes, Mr. Susino?

Mr. Susino. As an NSO, I see a lot of things going on, and I did not have it in my presentation here, but I look at the DIC for many widows who are strapped for money and putting the DIC forms in different regional offices and central offices has caused a lot of concern to me. At this point, where I am in New Jersey, we have them sending their DICs to a Philadelphia office, and on DICs, it is such a simple way of doing it that I do not understand anyone in the Philadelphia office and having to look around and saying it takes two weeks, three weeks, or four weeks.

With this age of computers, everything is in the computer. When an NSO officer puts it in, it should be done in the local office where it is expedited in two days or a week. But when it goes to Philadelphia--I recently got one

that was put there four months ago. DICs are not that complicated. And there are other issues I would talk about here, but there is too much time to go on it.

But my big issue is DICs. The widows are strapped for money. They are sending it around to offices and offices. They should change that to the regional office and forget sending it to some central office where they are loaded with work and they cannot communicate with one office to the other. Speaking to one supervisor, another supervisor, they do not know what is going on, and that is the problem. And again, I say, the widows are suffering. This should take no more than two days to a week, and I have had it done in the local office. Thank you.

Chairman Murray. Thank you.

Sergeant McCauslin. Madam Chairman?

Chairman Murray. Yes?

Sergeant McCauslin. We would certainly support, with some tweaking, certainly support Congressman Filner's idea. The backlog claim is mushrooming and we have already had 10,000 more adjudicators. Obviously, it is not working. So the quick fix is, with some constraints, is to at least get these things off the table and then back up and do the legal issue. Thank you.

Chairman Murray. Okay. And Dr. Schwartz, a final comment on this question.

Ms. Schwartz. What I wanted to say is that we have a lot of experience in the states with recently returned veterans, intakes being given to the VA as they are at the demobilization sites. We also are seeing that many of those claims are submitted and they are rejected for various reasons.

I think it goes back to, one, you have to have a fully developed claim, and that would come with somebody such as a Service Officer. That is why when we were talking about the idea of the grants to the States to help, many of the National Service Organizations, such as Vietnam Veterans of America, VFW, and The Legion, some of their people have been doing the work for years, but they are losing these people. They are traveling on. So you can have--if you have a decently--and recently and fully developed claim, the rest of the system should work.

The other thing that we think, and I would just echo his remarks, from the Ex-POWs, people that are really having problems, like the widows, people who are looking for a wartime service pension, their backs are against the wall and this takes such a long time for us to get anything for them. I think Secretary Shinseki has made an effort, but the point is, it is back at the grassroots and it is not standardized throughout the system. Thank you.

Chairman Murray. Okay. Thank you very much, and I would appreciate any additional written comments to that question, as well.

Mr. Miller?

Chairman Miller. Thank you very much, and in keeping

with my opening statement, I would be interested in knowing if any of you would be willing to go on the record in helping me to identify--and other members of these committees to identify where there is waste or inefficient use of taxpayer dollars within the Veterans Administration. Mr. Rowan?

Mr. Rowan. Yes, I will jump right in.

[Laughter.]

Mr. Rowan. DOD and VA still cannot get it right to get health records from one agency to the next. Why does DOD have to have their own damn system? I know why, because I have been in the military and all those bureaucrats love their own jobs. The truth of the matter is, the VA has got the best damn system. Give it to the DOD and let them do it, take it over so there is no problem with transition. It is insane. We are wasting money. In our report, there are many more opportunities there, we believe, for significant savings in money if we can combine VA-DOD operations.

Chairman Miller. Dr. Schwartz?

Ms. Schwartz. I would just like to say that one of the things that I am struck is that with the National Guard Bureau, many of them, they are actually configuring shadow systems to be sure that their folks are being taken care of because they are not making those referrals to the VA.

For example, I think that there needs to be a little more looking at what is the role of DOD in caring for casualties. I was a nurse during the Vietnam War. I served for two years in a battle casualty staging area. When those soldiers came home, they went to the VA. VA has a lot of services. There does not need to be a duplication of services, and that is going on, and I think it is because National Guard and National Guard commanders want to take care of their troops. But the other part is many of these troops are also still in the National Guard and Reserves, and so they want to keep those individuals healthy so that they can still be part of their manning. And I think that is something that really needs to be looked at. Thank you.

Chairman Miller. Yes, sir?

Mr. Susino. On the VA cards, I was putting it forward to the commanders' meeting, I cannot see why a VA card cannot be issued to a soldier when he gets out of the service immediately. I run into some of these Vietnam veterans, they lose all of their cards, their discharge papers, et cetera, et cetera, and they cannot get the VA cards right away. And I was talking at the commanders' meeting that the VA cards should be issued immediately when they are discharged. But they say the DOD is blocking that. Now, we could look into that, and I cannot answer questions to veterans who are coming along and saying, what do I do? What do I do? You have to go through the system, get duplicates on your discharge papers, get duplicates on your wounds, et cetera, et cetera. It is a waste of time. It is in front of you there and why can it not be done there?

Sergeant McCauslin. Congressman Miller, from the air

Force Sergeants Association, and we will send ours to you in writing specifically concerning the repeat physical exams, the prescriptions, and the means test, and I will put that in writing to you.

Chairman Miller. Thanks, Doc.

Mr. Lawson?

Mr. Lawson. Yes, sir. One thing that we experience especially in the spinal cord injury centers which I feel really is a waste of money is you have to understand, in the spinal cord injury center, the work is very hard. It takes a lot of manpower. You have a lot of transfers of people who cannot do it themselves. You have different, you know, bowel, bladder care, things like this.

We constantly run into situations where you have nurses that are on light duty because of some situation. They are still filling a slot and being paid to perform duties on that SCI unit that they cannot perform. So, therefore, you end up with sometimes having to pay people overtime, pay nurses overtime to have to stand in for extra hours because you have all these light duty personnel on the unit.

Chairman Miller. Yes, sir?

Mr. Jones. I cannot give you any specifics right now, but the layers of government we have, not only with the VA, but every level of government, is a lot of pure waste, because you have got duplication after duplication after duplication.

Chairman Miller. Mr. Lawson, it does not appear that you are a fan of fee-basis care. My question is, in rural areas where veterans do have to travel long distances, would you agree that if they could get care close to home on a fee basis, that it may be better for them than traveling the long distances?

Mr. Lawson. No, sir, I would not, especially with people that have specialized needs. As I said in my testimony, the services that the VA provides in specialized services, you will not find that service anywhere in the private sector. We have special needs and the VA are the only people that are able to meet that need. If you want to talk about PTSD, maybe having counselors on fee based out, that does not work. That has already been tried. Veterans feel better being treated in a veteran-centered facility. I think you get more accomplished. But especially with spinal cord injury, it will not.

Chairman Miller. Does anybody else want to comment?
Sir?

Mr. Susino. On Agent Orange, and I was listening intently to where the Senator said that when they put a claim in, they should already get their claim at that moment, and if the investigation finds that they are a fraud, they have to deal with it. But I have two Vietnam veterans and both were in the fields when they were dropping this chemical, and one of the veterans that I know, his son

died from the Agent Orange and he is an Agent Orange veteran. It is being held up down in the claims office, in the regional office. Why they are not looking at it in a broad sense and in a compassion sense and saying this veteran has it and let us get on with it, not letting him wait, he is waiting six months. This is not acceptable to a veteran who was there walking the fields. Thank you.

Chairman Miller. Thank you, and I apologize. My time has expired. If you do have additional answers to the question, if you could submit them to the Committee in writing. Thank you.

Chairman Murray. Thank you very much, Chairman Miller.

I will turn it over to our Ranking Member Filner, please.

Mr. Filner. I am sorry, who?

Chairman Murray. You. I am sorry. I said your whole title, Ranking Member Filner--

Chairman Miller. Mayor.

Chairman Murray. Mayor.

Mr. Filner. He called me Senator, so--

Mr. Susino. I am sorry.

Mr. Filner. No, thank you.

Mr. Susino. I wanted to give you a promotion immediately.

[Laughter.]

Mr. Filner. Thank you, Madam Chair.

I think all of you had some very compelling testimony, and we thank you. Chairman Murray, Dr. Schwartz was the only one who mentioned women veterans. I think we should mandate that we have to have women on the panel.

Chairman Murray. And in the chair position.

[Laughter.]

Mr. Filner. We have mandated that.

[Laughter.]

Mr. Filner. We already have you. But let us get some more, because your testimony was absolutely necessary. I hope you will look at--I have a bill that we call the Women Veterans Bill of Rights that I think would go a long way to dealing with some of the issues you raised.

How many people in the room are Vietnam veterans?

[Show of hands.]

Mr. Filner. A good number of you. Do you like my idea of getting rid of the Agent Orange claims today?

Mr. Susino. Yesterday.

Mr. Filner. You guys do not react to anything in the background. Do you guys want that?

Sergeant Cooper. Yes, sir.

Mr. Filner. All right. We ought to do that.

Chairman Murray asked about some ideas on the backlogs, and most people got involved in all the processes, the pilots, this and that, and this and that. I think we are playing a game that will never have victory. That is, once you get into this bureaucratic stuff--I see the former

Secretary smiling there--I hope he agrees--I think he agrees with me--we lose. Look, it is an insult, what is going on now. I mean, let us just start with that.

Let us just start with we have got a million claims. You are never going to catch up unless you do something really radical, even if for a short time. You know, get the claims off. Start some new system. Get these pilots, whatever, working. That is fine.

But I really think that the IRS model, which, as I said, transformed a whole bureaucracy within a matter of a few years--again, I mean, 20 years ago and you submit your 1040, you do not know whatever happened to it and it will take months, you know, forever, to get your refund. Nobody ever talks to you, anything. Now, three weeks, you will get a check. That is a radical change. We can do that with the VA. We can do that, and especially when you have the check of the Certified Veterans Service Officers helping to prepare the claim. So I think we have got to move in that direction. Get off all of this, what I call "analysis paralysis," all the bureaucratic stuff. Just break through the whole system and get rid of the red tape and really honor our veterans.

Finally, when Memorial Day comes and when Veterans Day comes, everybody, as Congressman Braley talked about, talks about the true cost of war, that our veterans have to be considered as part of the true cost of war, and everybody says that and everybody says that, yes, I agree, but we do not do it. I am putting an amendment on every bill that goes by in the House for war, for paying our troops, whatever war they are involved in, and putting on what I am calling a Veterans Trust Fund surcharge. I am starting with an arbitrary 15 percent because the VA budget is about 15 percent of the defense budget.

But why do we not consider as a part of the cost of war, whether it is Iraq, Afghanistan, Libya, or whatever, the cost of treating the veterans of that war and put it on the table when we fund the war, put it in the trust fund and it is there when we need it, because we have to fight, the way the system is now, for every cent we get, every dime we get, every nickel we get. We have got to fight for it. It should be part of the cost of war.

Now, I have got colleagues that say, well, you know, if you do that, it raises the cost of war. And as my grandchildren would say, "Duh." Yes. But we have got to know what it costs, and if the American people do not want to pay that whole cost, then they at least ought to know it and not vote--you know, we live in a democracy, and not

carry out the war, whatever. But we have had testimony, Madam Chair, as you know that the true cost of the Iraq and Afghanistan war is between \$5 and \$7 trillion. We have not appropriated that. And our young people, your colleagues, are going to have to wait for us to fight it a decade or 20 years or 30 years from now rather than saying, hey, we should pay for it now.

So I hope you will look at this thing I am calling the Veterans Trust Fund. I think if you want to talk about the true cost of war, let us be clear with the American people when we fund the war.

Thank you, Madam Chair.

Chairman Murray. Thank you very much.

Senator Brown?

Senator Brown [of Massachusetts]. Thank you, Madam Chair.

It is good to

be back. I appreciate you doing these jointly. It is interesting to see the perspective of the House.

As I said, I was at Walter Reed this morning. I am still serving as a Lieutenant Colonel, 31 years. I know in Massachusetts, we have actually, pursuant to what Mr. Rowan said, we try to have everybody under one roof. Not only do we do the pre-mobilization and the post-mobilization, but we actually have a center in Wellesley, Massachusetts, where everybody is under one roof, and I think that is very important, to get all the working parts talking and communicating so you have health issues, you have pay issues, everything is right there, and I would encourage, obviously, other states to follow the Massachusetts example, because I think we have done it right. I consider Massachusetts one of the best states when it comes to veterans' rights, whether it is tuition reimbursement, reemployment rights, anti-discrimination, et cetera, et cetera.

That being said, Dr. Schwartz, I had a question. I have spoken to several organizations. Being in the military, as I said, I take this very seriously. I am on Armed Services, Homeland Security, Veterans', so obviously a strong reference from A to Z in those areas. We have organizations in Massachusetts that have 100 percent approval rate in getting veterans benefits paperwork filled out properly and done right the first time, because what I have learned through my own research and staff is that a lot of the breakdown seems to be that the individuals do not do it correctly, and as a result, it just gets kicked out. Can you comment on the merit of these organizations, and if you have any insight as to why the VA is not using them more often to kind of eliminate all of that backlog.

Ms. Schwartz. Well, Senator, Massachusetts has a service officer in each of your towns and cities. They are

there, and that is an investment that is made by each town and city. So people are taking care of their neighbors and they are going to do a good job. I do salute Massachusetts, and many of their service officers that you have are also Vietnam veterans that I have known for many years.

The idea of a fully developed claim to begin with -- I can say Texas is an excellent example, where they have a screening of those cases that are submitted to them. They have people who actually look at them.

Senator Brown. Right.

Ms. Schwartz. Instead of sending a letter saying, please get your doctor to send you this piece of paper, they call, and it expedites the service. And that is why I would like to ask the Committees to again look at that concept of granting states the money grants so that they can assist--not everybody can provide--

Senator Brown. Sure.

Ms. Schwartz. --Connecticut cannot provide a Veterans Service Officer in each state, in each town and city, but that is where it begins. And when you have a fully developed claim that is reviewed by someone who has experience, that should sail.

Senator Brown. Right. Well, thank you.

Mr. Odierno, I had a question, and then I will go back to you, Mr. Rowan, if that is all right.

Unemployment among Guard and Reservists is over 22, 23 percent, and you have countless organizations--nonprofits, Fortune 500 companies, and groups throughout corporate America--that have a desire to kind of hone in on those skills and actually hire heroes, and Senator Hagan and I have the Hire-A-Hero Act that provides business incentives and other types of kind of "atta boy" efforts to hire our heroes. Do you have an opinion on that? Is that a good idea? Is there something more we can be doing?

Mr. Odierno. I think, obviously, employment is a very important part of our veterans' reintegration into the community, and I think we can do more to involve Federal agencies other than DOD and VA, as well as reaching out to communities for local companies to get involved. I talked a little bit about a grant program in my statement, and that could help communities get involved, you know, to understand our veterans coming back and how each community can help with employment and with their reintegration.

Senator Brown. Mr. Rowan?

Mr. Rowan. Yes, on both counts. First, the issue--and I was really intrigued with Senator Burr's concept -- because one of the things is those of us who do claims or have done claims, we all want to rush to get the claim in, in a sense, because of the clock, because that sets the date for when a claim goes back to. And oftentimes, sometimes the first shot is the good shot and you are okay, and I will go back to the simple case.

I have got Veteran A. I have got proof that he

served in Vietnam and I have got a doctor's report that says he has prostate cancer. That is going in. It should be, and I was really surprised that I actually had some of them back in a month. I almost fell over. Those are easy.

The ones that take a little time, where you have got to go get doctors' records, now, for example, with ischemic heart condition. So, yes, I have got to get a guy who maybe had a stent put in eight years ago. He has got to dig up his doctor, get all the reports, go do all that stuff. The longer I wait, he is losing money if I do not file that first piece of paper that says, here is my claim and I will get you my records afterwards because this is when I want to start the clock.

So I like the interesting concept that you give me a fully developed claim, and I will give you a year's worth of bonus. That is kind of intriguing to me.

And as far as the employment issue is concerned, I think my colleague would agree that employment is good. I mean, I used to do an employment program for Vietnam veterans back in the 1970s and 1980s and we had a great record because people are willing to hire veterans. But we had to really work with these folks. We had Vietnam veterans counselors who made sure they showed up on time, got things straightened out if they needed other help, like PTSD work, or they needed to go back to school, maybe, first. A job is important, but before you get to the point of handing somebody a job, you have got to make sure they are job ready--

Senator Brown. Right.

Mr. Rowan. --and that is not always easy, and that takes this issue of what Linda was talking about--and I take full credit for her, by the way, because she is one of my people--

[Laughter.]

Mr. Rowan. --is that the idea that you have this community-based operation that would be able to take the whole veteran.

I mean, one of the most successful programs we ever had in the City of New York, which I come from, back again in the days in the 1970s, during the heavy parts of the post-Vietnam era, was a one-stop shopping center. We had an entire building in downtown Brooklyn where veterans came from all around the city. The intake was kind of messy, because you had to wait a while. But once you got through the intake, everything else--if you needed education, you went here. If you needed health, you went there. If you needed PTSD compensation, you got your claim over here. You have got everything set up for you, and that is a great concept, but it needs to be fed a little bit by--I like Linda's idea on this kind of grants concept.

And, yes, we have got all of--I mean, I have got 600 service reps. Many of them are Linda's people. Many of them are county people who carry VBA/POA. We do wonderful work, and yes, any assistance you want to give us to get us

more work, we will be happy to do it. But I think the idea of combining things or bringing things all together--and that is why we point out, again, I will go back to this whole idea of a new administration in VA to look at all of the aspects, rehabilitation and employment and training and small business, et cetera, all under one roof inside the VA to focus their energy on getting an individual ready either to get that job or start a business.

Senator Brown. I want to thank you, Madam Chair, for including me, and obviously all for your advocacy. Thank you.

Chairman Murray. Thank you very much.

Congressman Walz?

Mr. Walz. Thank you, Madam Chair, and again, I thank each of you for the great insights. My colleague here, Mr. Barrow, and I were just discussing, we tackled some big issues over these last few Congresses. This idea of advanced appropriations, it can be done, and I know the frustration that goes with re-fighting the same thing, retaking the same hill Congress after Congress, but we have proved it can get done and I think we all know why that is. The American public is fully for getting these things done.

So I appreciate each of you with the courage to come here, bring things that need to happen, that we understood it, and John, you were talking about, I think we said it at a hearing three years ago, with the increased budgets came an increased responsibility on us to make sure that it was used correctly, or my fear at that time and many of you fear was that we would lose that funding. We would lose that opportunity that needed to be there.

But I wanted to thank you, Commander Jones, for the courage on this. The critics say that in this tough budgeting times, now is not the time to tackle this SBP-DIC offset, and my question to them always is, when would that right time be? Is not now the right time to fix a wrong, to correct an absolute wrong? We need to keep that on the table. We need to keep pushing it, and I appreciate you for that. It is always the right time to fix that.

Captain Odierno, I am going to come back to you on this. My question to you was, since you did such a wonderful job that we could never forget on this, this is about the wounded warriors. It is about their family. This is about that moral responsibility of this nation to deliver it. Can you tell me, and I know we are frustrated with this, but I think to make this a visual that works for people, the failure on the Caregiver Assistance Act, what does that mean for families taking care of a wounded warrior, a severely wounded warrior? How would you describe that? What would that look like on a day for someone?

Mr. Odierno. Well, I think what I would say is that when a family member gets hurt, and I know this from my mom, obviously, who took care of me, and my dad, being an officer in the military, it not only changes the veteran's life forever, it changes the family members' life forever and

they have to make a lot of adjustments, a lot of concessions to make sure that their veteran is getting the best possible care, and a lot of them have to quit jobs. Their whole life gets turned around, as well.

Obviously, this is not a more severe case, but with my injury, my mom--I wanted to go home after a couple of months -- and she learned how to do several things, give me an IV, do things like that, just so that I could have the opportunity to come back, be in my home for a little bit. That means a lot for the veterans, and for the more severely injured veterans, it is a must, and these caregivers give up their lives to take care of their veteran.

Mr. Walz. Well, we have got to get this one right. I feel--yes, please, go ahead. We have two other--

Mr. Lawson. Bill Lawson from the Paralyzed Veterans of America.

Mr. Walz. Yes.

Mr. Lawson. Our people live this every day. You take a high-level spinal cord injured veteran, and immediately, the spouse has to quit working because she is going to have to dedicate herself 24 hours a day to that person. If they have to be someplace at 9:00 am in the morning, they are going to have to start at 3:00 am in the morning in order to prepare that person to be able to get in that car at 8:00 am in the morning. So their whole life is dedicated to that.

Then what you end up with is a situation that because that caregiver now cannot work, when it comes time for them to be able to file for their Social Security, they have got nothing because they have not been able to work because they have been taking care of this severely disabled person. Then you have episodes where they are constantly into the hospitals.

So the answer to your question is their entire life is now dedicated to that wounded person.

Mr. Walz. Who was wounded in service to every single one of us so we have a shared responsibility. Obviously, it is their family member, but this very much frustrates me that we are simply not there. Even if you can remove the moral component from this and look at it as a strictly economic component on it, these caregivers are saving this country huge amounts of money providing that care, and we are doing nothing.

Mr. Odierno. But yet the aide and attendants' pay that they receive is nothing compared to what the care would be if they had to be maintained at the VA.

Mr. Walz. Is this bill the right one? Is this thing right if we can implement it and get it going?

Mr. Odierno. I think there are some changes that need to be done to it--

Mr. Walz. Okay.

Mr. Odierno. --that I would really like to have an opportunity to have our organization--

Mr. Walz. I would love to get those. If you guys have

some ideas, we would love to put them forward.

Mr. Odierno. Yes.

Mr. Walz. So, John?

Mr. Rowan. Yes. I would just also comment that one of the things we are concerned about is the older veteran. We got wounded, but did not know it. We did not know it until we got Parkinson's or cancer or our diabetes got so bad they chopped off our feet and legs and whatever. Unfortunately, these veterans who have got an immediate issue from coming home from a war, we have got, unfortunately, the delayed issue which is because of all the problems we had from toxic exposure, not only us but the ones who followed us in the Persian Gulf and even the new kids. I have already a cousin who has gone through cancer issues. I mean, it is scary stuff. So we want to make sure that this covers all veterans.

Mr. Walz. Good. I appreciate it. I yield back, Madam Chair.

Chairman Murray. Thank you very much.

Congressman Barrow?

Mr. Barrow. Thank you, Madam Chair. I, too, want to add my thanks and really my sense of awe for the service and the example of leadership that is present in this room today. Thank you all for caring enough to get involved as you have.

I want to build on Brother Filner's call for really a sort of a transformation of the disability process. It almost kind of calls for, like, a day of jubilee, where we just kind of start from scratch somehow or another. You know, it has got old antecedents in the Bible.

I certainly support and applaud our adding more resources to the current system, 10,000 more adjustors, but I am kind of reminded of the story of General Little Mac McClellan. You know, he kept saying, "I need more men. I need more men." He had a case of the slows. He was a one-man bureaucracy himself, would not fight. And he kept asking Lincoln for more men, more troops, and Lincoln said giving that guy more troops is kind of like shoveling fleas across the barnyard. Nothing ever gets to the other side.

[Laughter.]

Mr. Barrow. I sort of feel sometimes that feeding more people into a broken system, you get something to show for it, but not nearly as much gets to the other side because it is the system itself that is broken. We give bean counters too much responsibility to make too many decisions and to follow two bureaucratic a process to get to decide what--you want to see all the medical records. You do not want to see all the records that matter, you just want to see all of them. You want to find all kinds of records that have been lost or burned up.

What I am looking for is a way of trying to change the bureaucracy, and you know you have got a problem--you know you have got a problem when the IRS is held out as a model of economy and efficiency by comparison.

[Laughter.]

Mr. Barrow. I mean, let us think about it. The IRS requires that you make a statement in writing and under oath, and while they will reserve the right to argue with you and have an awesome power to mess your life up based on what view they take of your submissions, they do not hesitate to take your money. If you say in writing, this is how much I owe and I am sending my check, they are not going to sit on that check for nine months, 18 months, a year, arguing about whether you really owe it. They are going to take your money, all right. They can do that real quick.

We need a similar type of process, and in terms of--but the challenge of changing the whole bureaucracy, I can see how daunting that is. And so I offer an alternative vision for a way of dealing with the culture of denial and the case of the slows we have got and that is the idea of a shortcut. Instead of trying to change the bureaucracy, give folks a way around it. If you can get a statement in writing under oath from somebody that states categorically what your disability consists of, where they think it came from, and what the magnitude of it is, let us let it be binding on the VA, at least for the time being, but let them reserve the right to argue about it later on.

Now, we have a system like that. We have got men and women out there, tens of thousands of them in this country who make decisions like that all the time, and guess what. They have got a lot more accountability than the current process has got. They have not got 18 months to decide whether or not someone has got to be operated on or not. They do not need to see all of the medical records from anywhere and everywhere. They just need the medical records to tell them what they need to know in order to decide whether to cut on somebody or to prescribe some medicine or a course of treatment. Doctors do this all the time.

This vision is not exactly a panacea. A person should not have to get--it should be an open and shut case. You ought to be able to get some result from the current process. But if you can get a doctor to state in writing and under oath what their findings are about a patient, that is no substitute. That is not the best way of doing it. But it sure is a hell of a lot better than what folks have got to go through now.

And it seems to me if we give doctors the awesome power to turn life support off--and we do that in every State in this Union--we ought to give them the equally, I think more important power to turn life support on and let the bureaucracy run its course in those cases where it is needed in order to really run down the folks who might make a mistake. But there is more accountability for the timeliness of the decision and the accuracy of decision in every doctor's office in the country than there is in the bureaucracy we have got right now.

So my advice, my suggestion, what I would like you all to think about and to respond to--not necessarily today,

because I am taking up all my time to state the issue as I see it--but help us understand a way in which we can create a process around the bureaucracy, a short cut for folks who can muster this type of evidence. It is like an exception to the hearsay rule. If it has got evidence, if it has got indicia of reliability, if it is just as good as the original, let us go with it. If you have got something that is quick and just as good as the original, let us go with it. That is what I would encourage you all to do.

Once again, thank you all for caring enough to get involved. If any of us were not up here, there would be somebody taking our place. You can look it up. There is someone trying to take our place at every election time. But there is nobody that I know of who would be taking the place of each one of you all sitting there. If you all were not doing what you are doing, it would not get done. So thank you for caring enough to get involved.

And with that, I yield back.

Chairman Murray. Thank you very much.

I want to thank all of our witnesses for sharing with us your very valuable ideas and input. I do have some more questions I will submit for the record for each of you, and we will leave the record open for other members to be able to do that.

But I said at the beginning of this hearing we have a lot of challenges, and I look forward to working with all of you in the weeks and months ahead to keep our commitments to our nation's veterans, and I want to thank our House members for joining us, as well, today.

At this time, this hearing is adjourned.

[Whereupon, at 12:29 p.m., the Committees were adjourned.]