

Senator Jay Rockefeller
Meeting to consider compromise legislation to reform the Department of Veterans Affairs
Medical Facilities
Statement as Prepared for Delivery
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Thank you, Chairman Sanders and Chairman Miller, for appointing me to this conference that is so important to the care of our veterans. This meeting marks the first time in fifteen years since the Senate and House have come together for a formal conference on veterans' legislation.

I have been in the Senate for nearly thirty years. And I have been a proud member of the Veterans' Affairs Committee all this time. While much has changed throughout my years in the Senate, the circumstances that brought us here today are, sadly, all too familiar.

When I became Chairman of the Veterans Affairs Committee in 1993, I resolved that we would do all that we could to assist veterans who had been neglected or forgotten. After I heard from veterans suffering from undiagnosed illnesses related to their service in the Persian Gulf, I called for the Committee to hold the first hearing on Gulf War Illness. It was a long fight, and one that is still ongoing.

At that time, veterans were told that their ailments were "all in their heads." We later learned, through special investigations by Committee staff and multiple hearings over several years, that soldiers had been exposed to nerve agents and forced to ingest untested drugs by their own government. We still do not know what truly causes Gulf War Illness. But we do know now that Gulf War Illness is a real disease and, because of the Persian Gulf War Veterans' Benefits Act, veterans today are able to be treated for their undiagnosed illnesses.

Every war has unanticipated health care costs, and in every war, our veterans must live on with those unintended consequences.

- When I first entered the Senate in 1985, we faced atomic veterans dying from radiation poisoning from tests during World War II.
- Later, we began work on behalf of veterans suffering from the effects of Agent Orange.
- 9/11, we have heard from soldiers exposed to burn pits and sodium dichromate.

You can trace a direct line from these issues to the present day.

I don't think anything underscores the vital need for VA services today more than PTSD. This is a devastating illness.

When I go home to West Virginia, I make it a point to sit down with veterans – without staff and without press – to hear their stories. I can tell you that their stories are truly heartbreaking. What is worse is that many of these veterans waited months for a decision by the VA.

That is unacceptable.

However, let me be absolutely clear in what I am saying: we need to improve the VA, not tear it down. Without the VA, veterans would struggle to find the same level of care for mental health issues and the many other illnesses unique to our veterans' population.

The VA has come a long way. In the 1980s and the 1990s, the VA was an outdated and failing system that relied too heavily on inpatient hospital-based care. After we were able to win passage of eligibility reform legislation in 1996, the VA transformed itself into a network of hospitals and Community-Based Outpatient Clinics. This enabled the agency to care for many more veterans across the country, something that was particularly important to rural states like West Virginia.

If I have learned anything about how we in Congress can improve care for veterans, it's that you need to listen to veterans and understand what they need. Then we have an obligation to come back to Washington and do everything possible to address their needs. What I am hearing from veterans today is that the VA provides specialized care that rivals or exceeds that of the private sector, but it also needs help recruiting, hiring, and retaining quality health care professionals.

Yes, I am deeply troubled by reports of widespread misconduct at the VA. But the fundamental issue here is not that the VA is unable to provide the care our veterans need. Indeed, only the VA can provide specialized care for veterans in a place where they can relate to other patients who have undergone similar experiences.

Addressing the root causes of this problem means finding the political will to properly fund this agency – and that is something Congress has been sorely lacking.

I realize that some of you will say that the VA has enough funding, that if it was managed better, then its problems will go away.

That is wrong.

We have spent roughly \$2 trillion in Iraq and Afghanistan over the past decade. Less than one percent of that has gone toward caring for our veterans. Tens of thousands of our troops continue to come home – some with mental health problems or severe, debilitating wounds – and yet we are funding the VA at only half of our entire military budget. Even then, its funding has increased by an average of 3 percent over the past several years. That doesn't even cover the annual increase of overall health care costs – around four percent.

I understand that as we draw down from Iraq and Afghanistan, we are beginning the process of putting those wars behind us. In our closure, however, we cannot close the door on our veterans – as we have done so many times before.

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