

Mr. James R. Mueller, Commander-in-Chief, Veterans of Foreign Wars of the United States
Accompanied by: William Bradshaw, Director, National Veterans Service; Robert E. Wallace,
Executive Director; Dennis Cullinan, Director, National Legislative Service; Dewey M. Riehn,
Chairman, National Legislative Service

STATEMENT OF

JAMES R. MUELLER
COMMANDER-IN-CHIEF
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

10:00 AM
TUESDAY, MARCH 7, 2006

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

It is a great honor to be before you representing the 2.4 million men and women of the Veterans of Foreign Wars of the U.S. and our Auxiliaries. Founded in 1899, the VFW is this nation's largest organization of combat veterans. Our members come from across the country, and even the world.

We thank you for the opportunity to testify today. With war dominating the news on a daily basis, it is right that this country's focus is on those who serve this nation in uniform, both past and present. We have long said that what this nation provides to its veterans is part of the ongoing costs of war, and is the price of peace. These costs do not end when the last shot is fired. They extend long into the future, as we strive to make those who have worn a uniform in defense of this great nation whole, to compensate them for the sweat and the blood they have lost.

As you proceed throughout the year, an election year for some of you, I would ask that you keep these priorities in mind. In prior years, we have done what these brave men and women are doing in Iraq and Afghanistan. We understand the stresses and strains they must feel. We understand, too, the needs they will have as they return, transitioning back into productive society.

VA MEDICAL PROGRAMS

The Veterans Health Administration (VHA) is the nation's largest integrated hospital system with over 160 medical centers and over 860 outpatient clinics. In fiscal year (FY) 2005, VHA took care of more than 5.5 million veterans.

The administration's request for medical programs in FY 2007 is a good first step. We were pleased to see that it appropriates a total of \$35.7 billion in discretionary funding. This is a \$2.7 billion increase over FY 2006, an 8% increase. While we are grateful for the extra funding, we must keep in mind that we will have many thousands of returning servicemembers, an aging veterans' population, and the ever-eroding pace of medical inflation chipping away at this amount.

Given the difficulties that VA faced with respect to their budget modeling and projections for the future, we must be vigilant to ensure that proper funding is authorized and appropriated. You met the challenge last year when VA was on the verge of running out of funding. We are confident that you will be there in the future, but I certainly hope that it does not have to come to that in the coming fiscal years. We would urge this Committee and its counterpart in the House to use its oversight authority, and we applaud the steps you have taken thus far.

COPAYMENTS AND FEES

Once again, the administration's request balances the budget on the backs of veterans. Instead of authorizing a complete level of funding, it forces veterans to subsidize further their healthcare, and fails to acknowledge that veterans have already paid for it with their service to this country.

The request would increase the pharmaceutical co-payment from \$8 to \$15 for each 30-day supply. Category 7 and 8 veterans who pay these fees would have their medical bills nearly double, a completely unreasonable request. Pharmaceuticals are part of VA's standard benefits package, and this dramatic increase would, in effect, make them inaccessible to many veterans. Although you or I could probably afford the increase, those who scrimp for food and can barely pay their rent would have great difficulty paying these extra charges.

The same can be said for the administration's proposed enrollment fee. This proposal would charge veterans in categories 7 and 8 \$250 each year. This is not a deductible, but a yearly fee. If a veteran goes just once a year, even for a preventive health exam, such as a physical, he would be charged. Like the co-payment, this would affect veterans making as little as \$26,000.

Together, they would place an unhealthy financial burden on a large number of veterans. For example, a veteran who receives just three prescriptions would face \$502 in extra fees each year. VA has admitted that one of the intents of these fees is to drive veterans from the system, even though many of them might not have other forms of health insurance. This is unacceptable.

We urge Congress to reject these fees, and to provide sufficient appropriations to cover for VA's projected collections for these proposals.

COLLECTIONS

We remain concerned that the President's request relies on an assumption of \$2.8 billion in collections. These collections directly offset appropriated funding.

We feel that this amount is unreasonably high. Even if we take out the projected \$544 million for the proposed co-payment and enrollment fee, that means that VA will need to take in nearly \$2.3 billion. Numerous GAO reports have detailed the substantial problems with VA's billing process and the institutional problems, which prevent VA from recapturing these monies. While VA has made great strides, an over reliance on an unreachable goal could mean that VA will need

to make do without proper funding once those goals aren't met. As it stands, VA would need to increase its collections by 11.4% over FY 2006's projected total. If that large increase isn't met, care for veterans could suffer.

MEDICARE SUBVENTION

Although veterans pay into the Medicare system, they cannot use their Medicare benefits at VA. VA is not allowed to collect money from Medicare for services rendered. This, in effect, is a multi-billion dollar subsidy of Medicare. If even a portion of this money were allocated to the VA health care system, many of its funding problems would disappear. Studies have even shown that VA provides care at a per-patient rate below that of Medicare. We understand that there are institutional and bureaucratic difficulties with allowing Medicare subvention, but we would hope that they could be overcome.

ASSURED HEALTH CARE FUNDING

The President's request is the exception to the rule. The last several years have seen administration requests far below what is needed, and while Congress has seen fit to increase them each year, VA funding has failed to keep pace with medical inflation and increased demand, as evidenced by the need for repeated emergency supplementals.

Further, VA has made do with these inadequate budgets by rationing health care. The Secretary has prevented new category 8 veterans from enrolling in the health care system. Those that remain are forced to wait lengthy periods of time ? in some cases, months ? for needed services. Recent GAO reports have shown that past budgets were built on faulty methodology, including the assumption of savings through management efficiencies, which were never adequately explained, leading us to believe that there weren't really any savings, just cuts.

Even when VA receives its budget, it never receives it on time. For the better part of a decade, VA's appropriation has been months late. How can VA properly plan for the future, let alone budget for the current year, when it is receiving its funding six months late? Even the best business minds in the country would be hard pressed to adequately manage and operate as large a system as VA with a late budget.

Temporary measures, such as the supplemental appropriations, are certainly welcomed, but they do not fix the underlying problem. The discretionary process is broken.

We must look to alternative means of funding VA health care. An assured funding system could make VA health care more dependable and stable, eliminating year-to-year uncertainty and allow for proper planning, best business practices, and assurances that VA will be able to adequately care for this nation's veterans.

SEAMLESS TRANSITION

When our servicemen and women return from their battles around the globe, DOD, VA, and DOL should be adequately prepared to help these men and women transition to veteran status. Unnecessary delays force veterans to wait months for benefits and health care that they have earned by virtue of their service.

To help smooth this process, VA and DOD must develop electronic medical records that are compatible with each other. As it is, the two departments are unable to synch up in any meaningful way, which delays how quickly VA is able to receive vital health care and deployment histories from DOD's records. Were VA to have this information, it could provide timely and accurate decisions on claims, as well as enhancing delivery and access to health care, while minimizing the time veterans must wait.

We also believe that there should be an increased emphasis on separation physicals for active duty and the reserves. These physical exams conducted jointly with DOD and VA could highlight any potential health problems, but also serve as a future baseline for any symptoms or ailments that may pop up in later years. Additionally, the increased information would allow them to better handle new illnesses and have better data for conditions such as Gulf War syndrome and other undiagnosed illnesses.

VFW seeks to enhance DOD's pre-separation counseling process and VA's and DOL's Transition Assistance Programs. We suggest that the programs ensure that counseling services are available during regular working hours and allow the inclusion of National Accredited Service Organizations to assist veterans prepare their claims for benefits prior to their discharge. We further seek that additional information be added to the scope and content of the programs pertaining to access to VA health care and benefits, and federal and private sector employment.

These have been problems for several years. Despite progress, they still remain. We need strong, effective leadership to fix these problems. We have heard excuses. It is time for results.

MENTAL HEALTH SERVICES

VA has a difficult balancing act with respect to mental health services for veterans. They must maintain and even improve services for current veterans, while adjusting to cope with the changing nature of conflict current servicemembers face and the new needs they have.

Conflict for today's servicemembers is different than it was for those in past wars. Urban combat, suicide bombers, and roadside bombs create a situation with constant stress and constant tension. For those in the combat zone, there is frequently little relief.

VA already is treating over 10,000 veterans of the current war for post-traumatic stress disorder (PTSD). As the number of returning veterans climbs, and as veterans come to terms with the depression and anxiety they may feel, many more will turn to VA and the excellent services it provides. We must be ready for them.

We believe that VA must continue on its path to a system, which treats conditions, rather than just managing symptoms. This is the only way that veterans can be made whole, and will help them to become productive members of society. To that end, we believe that VA must continue to support its full continuum of care, which would include intensive case management, rehabilitation, integrated treatment, work therapy, and other support services to allow for a veteran's complete recovery.

To accomplish this, we must be mindful of the impact of the CARES process. As it stands, mental health services were not a part of the original CARES model. VA's plans must adapt as needs change.

We take great interest in VA's planned PTSD study with the Institute of Medicine. This study will impact both the treatment of PTSD in returning servicemembers and their eligibility for compensation to support themselves and their families. VA must meet the needs of these returning heroes.

We hope that outreach programs will ensure that those returning servicemembers, as well as their families receive the treatment options they need to cope with a sometimes-difficult transition. To that end, we support pre and post-deployment mental health screening process to serve as a baseline. The more information we have, the better will we be able to treat these conditions.

CARES PROCESS

Over the last few years, VA's construction budget has been overshadowed by the Capital Assets Realignment for Enhanced Services (CARES) process. CARES, which aims to reorganize the VA health care system to properly plan for the future, and, in turn, realize improved health care service for veterans, has been a long and difficult process.

We will continue to support CARES as long as VA returns to its primary emphasis and intent: the 'Enhanced Services' portion of CARES. We accept that locations and missions of some VA facilities may need to change to improve veterans' access, to allow more resources to be devoted to medical care rather than to the maintenance of old buildings, and to accommodate more modern methods of health care delivery.

Over the last few years, the funding for major construction has ebbed. This moratorium was caused by the planning of the CARES process. There was much political resistance to funding any projects before the planning process took place. Now that it has occurred, it is time to move forward, and advance this important plan.

VA CONSTRUCTION

We call for a total investment of \$1.447 billion for major construction, which includes funding for CARES. The President's request comes far below that, providing just \$399 million for major construction

Of particular importance is the funding for seismic corrections. Currently, 890 of VA's 5,300 buildings have been deemed at 'significant' seismic risk, and 73 VHA buildings are at 'exceptionally high risk' of catastrophic collapse or major damage. Accordingly, this will increase VA's need for construction funding. This is a chance to be proactive and fix a problem before the health and safety of VA's patients and workers is further compromised.

We also call for funding for an architectural master plan. Without this plan, the benefits of CARES will be jeopardized by hasty and shortsighted construction planning. Currently, VA plans construction in a reactive manner?i.e., first funding the project then fitting it on the site. Furthermore, there is no planning process that addresses multiple projects; each project is planned individually. 'Big picture' design is critical so that a succession of small projects don't

'paint' the facility into the proverbial corner. As the cost of construction rises with inflation, the importance of optimal planning becomes paramount.

We believe that architectural master planning will also provide a mechanism to address the three critical programs that the CARES study omitted. Specifically, these are long-term care, severe mental illness, and domiciliary care. These programs must be factored into any long-term plans.

With the reticence over the last few years to provide construction funding, the amount appropriated for maintenance has lagged far behind what has been needed. Price-Waterhouse, following standard industry practices, has recommended that VA spend at least 2 to 4% of the value of its buildings for nonrecurring maintenance. These small projects, such as replacing a roof or improving the fire alarm system, are necessary for the safety of patients, but also to maintain the integrity of the building so that it is viable for its entire lifespan. Accordingly, VA should spend no less than \$1.6 billion for nonrecurring maintenance in FY 2007. Unfortunately, the Administration has only allocated \$514 million, which will only make the already backlogged maintenance lists grow.

Further, because maintenance comes out of the medical care account, not the construction budget, much of the funding for the last few years has been used to provide medical care. Now, VA needs to cover deferred maintenance. In fact, according to VA's own assessment, which is conducted on three-year cycles, the investment necessary to bring all facilities currently rated 'D' or 'F' up to an acceptable level is \$4.9 billion. There should not be a choice between fixing a roof and buying medical supplies. It is Congress' job to allocate properly funding for both.

VETERANS BENEFITS ADMINISTRATION

VBA's primary mission is to deliver efficiently the compensation and benefits to which veterans, their survivors and dependents are entitled. These programs help make the veteran whole, allowing him or her to transition back into productive society. In the case of someone who is wounded in conflict, it helps provide income to overcome the loss of working productivity. In the case of a young man or woman fresh out of service, it helps them fulfill the American dream of home ownership. They are all worthy programs, and they recognize the disadvantages that service to this nation creates when our men and women in uniform interrupt their lives as civilians to defend our freedoms.

CLAIMS BACKLOG

As of 2/24/2006, VA is sitting on 828,653 compensation, pension, and education claims and appeals. This massive backlog of unprocessed claims means that the average claim takes over six months for a decision. This is unacceptable.

Nearly 600,000 of these claims are for disability compensation, which are intended to alleviate the economic hardships placed on veterans and their families. Delay in providing benefits forces these veterans to scramble to provide basic necessities for their families.

Despite the effort and intention of VA management, this backlog has grown. As the number of pending claims increases, the difficulties with managing the backlog and finding acceptable solutions to the problems are compounded.

VA claims that an increase in the complexities of these claims is the chief reason for the increase in the backlog. While we would agree that some claims have grown more complex, that explanation is just a symptom of the larger problem: a lack of resources.

Despite the increased complexity of these claims, VA has proposed a 149 FTE cut in compensation direct labor. How can VA be expected to make meaningful improvements in this backlog with a reduction in staff? The answer, we fear, is that they do not expect an improvement. VA predicts that backlogs and delays will continue to grow. We cannot accept this.

VA leaders have been quick to explain that there is an offsetting increase in FTE for processing pension claims, which results in a net gain of 14 FTE for both programs. Even if VA's leaders are correct and no barriers exist to assigning these new employees wherever they are needed, the fact remains that a miniscule 14 FTEs will have almost no meaningful impact on a backlog that is 66,000 cases higher than it was last year.

VBA's staffing requests must match the real-world demands placed on their system. The only way the department can make a meaningful dent in the number of claims is to devote adequate resources. The size of the backlog is proof positive that this has not been done.

ACCURACY

The accuracy of the claims process is a significant problem that must be overcome. VA's own quality measurement system showed that VA made a significant error in 15% of all cases. Not only must a veteran wait six months for a decision, he or she has a pretty good chance of receiving an incorrect decision, too. That is unacceptable.

As is the case with the claims backlog, this accuracy problem is a function of inadequate resources, but is also a result of management inaction. VBA has an aging workforce, many of whom are eligible or nearing eligibility for retirement. Claims adjudication is a difficult process, which improves greatly with experience. VBA is facing a crisis with inexperienced replacements for this aging workforce. This is a problem that will only grow worse in the coming decade.

Poor quality decisions create several problems. In some cases, it forces the veteran to file an appeal, which further aggravates the backlog. If VA had decided the case correctly the first time, many of these appeals could have been prevented. More important to us, however, is the number of veterans who may just give up out of frustration. Although our network of national service officers helps many veterans, we can only assist those that seek us out. For a veteran without a service officer, navigating the highly complex bureaucracy that the VA claims process has become is a nightmare. Many of them receive an incorrect rating, unbeknownst to them, and then give up. Is this how we should treat our nation's heroes?

VA must not only provide the right level of staffing, they must do more to train claims processors and develop measures to hold them accountable for their job performance.

GULF WAR ILLNESSES

As thousands of men and women return from the Middle East, we must pay careful attention to their health needs, especially in light of what we learned in the aftermath of the Gulf War. A

recent VHA study noted that around 29% of the veterans of Iraq and Afghanistan who sought care at VA were suffering from 'ill-defined conditions.' There has rightly been much concern about the mental effects of the recent conflict, but this alarming statistic indicates that we cannot let this focus detract us from physical conditions, too. VA and DOD underestimated the effects of the first war. We must take what we know from the ailments these veterans suffer, and ensure that those who have unexplained illnesses are aware of and receive treatment and benefits they are eligible for through VA.

GI BILL EDUCATION BENEFITS

The Montgomery GI Bill (MGIB) has been one of this nation's most effective programs, allowing veterans to better themselves through education. Giving these men and women financial assistance helps them to better themselves, which allows them to assume their rightful place as the leaders of the private and public sector.

GI BILL FOR THE 21ST CENTURY

VFW's long-time goal has been a return to a WWII-like GI Bill. We envision a bill, which would pay for the full costs of attendance, to include tuition, books, fees, and living expenses, to any school at which a veteran is admitted. The Senate's own Education Committee did a study several years ago which noted that the original WWII GI Bill paid for itself many times over because of the additional tax revenue generated by the program. Further, many historians have noted that the GI Bill created the middle class as we know it.

TOTAL FORCE GI BILL

As a step on the path, we support the idea of the Total Force GI Bill, which would acknowledge the changing contributions that our men and women in uniform make to the defense of this country. Our goal, which is shared with the Partnership for Veterans Education, would consolidate the current GI Bill program, and would improve its effectiveness.

We envision a three-tiered approach. The first tier would be similar to the current active duty benefit. The second would be similar to the current Reserve, with the largest difference being that we would re-benchmark it with the historical rate of 47% of the active-duty benefit. The third tier would be similar to the current Chapter 1607 benefits, but would simplify them, and make them more commensurate with the contributions that our Guard and Reserve are making as part of the Total Force concept. After 90 days served on active status, we would give these men and women one month of education benefits at the active duty rate for each month they serve on active duty status.

To foster retention, we envision allowing Reservists to control this enhanced benefit for as long as they remain active members of the selected reserve. Otherwise, all the other tiers would retain ten years of eligibility.

PAY REDUCTION FOR GI BILL ELIGIBILITY

The VFW strongly opposes the \$1,200 buy-in that is required for GI Bill eligibility. No other form of federal student aid requires a recipient to pay into the program, and it is not fair that those who have given so much to this country be required to give up their pay for it.

Currently, a service member has only one chance to declare eligibility. Upon joining the military, he or she is given the option to sign up. If they do, they have \$100 taken out of their paycheck for each of the first 12 months. \$1,200 is a significant burden on someone just starting out in the military, where an E-1, who has just joined, only makes \$1,178 a month.

Forcing a young man or woman to make that kind of decision at that point in their lives is not very productive either. Circumstances change, and people change. Perhaps the person that walks out of the military down the road isn't the same person who entered. The narrow rules for eligibility restrict these choices, and do not allow for veterans who, for example, mature and decide that an education is something that he or she will need to better themselves in the future. Just as we want a GI Bill that adapts with the changing nature of combat and service, we need a GI Bill that adapts with changing lifestyles.

VA HOME LOAN PROGRAM

VA currently requires servicemen and women to pay fees to VA for the use of the home loan guarantee. These fees, which are a percentage of the total cost of the loan, can be an unnecessary burden. What is particularly distressing to us, however, is that recent years have seen fee increases used to subsidize other veterans' programs. Veterans, in effect, are forced to pay for other veterans benefits. This is not right. We would urge Congress to repeal these fee increases, and to ensure that no veteran subsidizes another.

CONCURRENT RECEIPT

We thank Congress for their efforts in starting the process of ending the prohibition on a military retiree from receiving their full VA disability compensation and their full DOD retirement pension. While the programs in place to eliminate the offset do positively affect many thousands of military retirees, there are many thousands who still are drastically affected by the law's required offset. No military retiree, no matter how small their disability, should be forced to subsidize payment of that disability out of their earned retirement paycheck. We would urge an immediate end to the prohibition for all disabled military retirees, which would include those who were declared medically retired because of their service-connected disabilities, as well as for those who are deemed disabled and 'unemployable' by VA.

TRICARE FEES

We strongly oppose the administration's recent request to dramatically increase fees paid by retired service members. In some cases, TRICARE Prime premiums will double or triple, and in other cases, TRICARE standard users will face a quadrupling of the amount they pay for eligibility. While we can understand that health care costs are on the rise, there is no way that the increase in these fees could be considered reasonable.

Further, we are distressed at attempts by some in the Pentagon to paint these increases as necessary because military readiness and weapons systems need the funding. These budget-driven tradeoffs are misguided political stunts, which we will not tolerate. These health care programs are part of the on-going costs of war, an acknowledgement of our gratitude for those who served this country for many years. If the Defense Department feels that there is not enough money for bullets, then let them request more money for bullets. They cannot take it from the wallets of those who have already dedicated their lives to this country. Also, at a time when recruitment and retention are an increased priority and goals are not being met, what kind of

message does this send to those currently serving or those who are considering service? Certainly, it is not a good message.

ACTIVE DUTY ISSUES

PAY COMPARABILITY

Over the last few years, Congress has made great strides to reduce the pay gap between what the military pay rates are and what is available in the private sector. In 1999, this gap was as over 13%, and today it is just over 4%. We thank you for that. We must, however, remain vigilant and resist temptation to tie military pay to inflation, when what matters, in terms of recruitment and retention, are comparisons to the private sector.

FAMILY LIFE

Today's military is different than the one from years ago. Many servicemen and women have families, and their needs are quite different. When combined with frequent deployments, we must maintain family readiness and support structures. These include childcare, spousal employment, education, and community structures.

One of the largest concerns is housing. We have supported Congress' efforts to eliminate the average out-of-pocket housing expense, but we must ensure that fair-priced, quality housing actually exists. As efforts to privatize housing ramp up, we would hope for oversight to ensure that the needs of those in uniform are adequately protected.

GUARD AND RESERVE ISSUES

Since September 11, 2001, over 500,000 members of the Guard and Reserve have been mobilized, and many thousands are currently fighting in Iraq. They were intended to supplement our Active Duty forces, not supplant them. As their role changes, we must be mindful of the particular needs that they and their families have.

We support recent efforts to expand TRICARE coverage to them, but feel that the fees charged are prohibitive for many in uniform. For those without access to other forms of health insurance, these high charges are particularly unfair.

With the changing nature of the reserve components, it is time that the retirement system adapts as well. Frequent call-ups can and do disrupt their careers, and can affect their own private-sector retirements because of lessened contributions to private retirement plans, fewer chances for promotions, or even time needed for civilian pension programs. We strongly support allowing members of the Guard and Reserve to begin drawing retirement pay at age 55.

SURVIVOR BENEFITS PLAN OFFSET

Current law prevents a surviving spouse of a military retiree who dies from a service-connected illness from receiving the full amount of their Dependency Indemnity Compensation (DIC) and the full amount of their Survivor Benefit Plan (SBP). SBP is reduced dollar for dollar with respect to DIC. This is patently unfair as each program is paid for different reasons. In the case of SBP, it is a program purchased by military retirees to continue a portion of their military pension for their spouse should they die. For DIC, it is a special disability compensation

program, which is paid to a survivor, should the veteran die from a service-connected condition. This inequity must be fixed.

NATIONAL CEMETERY ADMINISTRATION

The NCA is charged with meeting the burial needs of this nation's veterans and their dependents. They have a stated goal of having a national or state veteran's cemetery within 75 miles of 90% of all veterans. We have supported VA's cemetery expansion plans, and we would hope that Congress would be mindful of future funding needs of VA's plans. Additionally, we would urge increased funding for the National Shrine Commitment, which aims to restore older cemeteries and, by extension, honor those brave men and women interred therein.

BURIAL BENEFITS

Unfortunately, too little attention has been paid to the burial needs of our veterans. Funeral expenses, even for a small service, can run many thousands of dollars. Benefits today have not kept pace with these rising costs, and they only pay a fraction of what they did in 1973, when these payments were first made.

Accordingly, we recommend that the plot allowance be increased to \$745, and extend its eligibility to all veterans. Despite a recent increase in the allowance for service-connected deaths, for which we are thankful, we would still like to see an increase to \$4,100. The non-service connected benefit has not been adjusted since 1978, and we would like to see it increased to \$1,270. All three-dollar amounts would be commensurate with what was provided in 1973. We would also support adjusting these amounts automatically with inflation to prevent these benefits from eroding in the future.

POW/MIA ISSUES

The VFW remains strongly supportive of the Joint POW/MIA Accounting Command (JPAC). Their goal, which is to provide the fullest possible accounting for all those still missing, is one of this nation's most sacred missions. None of our members will rest until we know the whereabouts of every one of our men and women who have served in uniform, even for those who have paid the ultimate price.

This is why we are distressed to inform you that due to budgetary concerns, JPAC has been forced to scale back a number of missions and recovery operations. This is unacceptable. Currently, JPAC receives its funding through the U.S. Pacific Command. With a war going on, their priorities are different than JPAC's. We propose that a separate line item in the budget be used so that those in charge of the military do not have to make a choice between accounting for those who are missing and defending this country. They should not be competing priorities.

HOMELESSNESS

VA estimates that there are over 200,000 homeless veterans in this country. If you add to that the number of veterans and their families who were made homeless by the Gulf Coast hurricanes, it is truly a national tragedy. We must do everything in our power to help these former warriors, and to offer them health care, education, training, and skills to become productive members of society. To accomplish this, we need more outreach. VA, in partnership with many state and

local organizations, has excellent programs. They just do not reach enough people. With increased effort, and focused attention, we can make a meaningful impact in these veterans' lives.

VOCATIONAL REHABILITATION

Advances in technology are creating a generation of wounded warriors who, in previous eras, would have died in from their wounds. While we are thankful that they were spared, the influx in service-disabled veterans creates new challenges, especially when it comes to vocational rehabilitation and employment.

We applaud the efforts to focus this program on its end goal of employment for these veterans, but we need a program that looks to the future. We need to train these men and women, and help them receive the education and care they need to overcome and lessen the effects of disability, so that they will be employable for employment beyond the entry level. These skills and tools must look for the future and not just for the quick fix today.

A truly effective program will be focused on a goal of avoiding disability-related unemployability later in life, and that will allow the disabled veteran to build a career to provide for him or her as well as the veterans' family. We envision a comprehensive program that truly meets our disabled veterans' needs, and we welcome the opportunity to work with you to make this a program that truly works.

Mr. Chairman, I thank you again for the opportunity to testify, and I would be happy to answer any questions that you or the Committee may have.