

1                   JOINT HEARING TO RECEIVE THE LEGISLATIVE  
2           PRESENTATION OF AIR FORCE SERGEANTS ASSOCIATION,  
3           AMERICAN EX-PRISONERS OF WAR, FLEET RESERVE  
4           ASSOCIATION, GOLD STAR WIVES, IRAQ AND AFGHANISTAN  
5           VETERANS OF AMERICA, NON-COMMISSIONED OFFICERS  
6           ASSOCIATION, PARALYZED VETERANS OF AMERICA,  
7                               WOUNDED WARRIOR PROJECT

8   - - -

9                               WEDNESDAY, MARCH 12, 2014

10   United States Senate,  
11   Committee on Veterans' Affairs,  
12   Joint with  
13   United States House of Representative,  
14   Committee on Veterans' Affairs,  
15   Washington, D.C.

16           The Committee met, pursuant to notice, at 10:00 a.m.,  
17   in Room SD-G50, Dirksen Senate Office Building, Hon. Bernard  
18   Sanders, Chairman of the Committee, presiding.

19           Senators Present: Senators Sanders, Blumenthal,  
20   Isakson, and Boozman.

21           Representatives Present: Mr. Miller, Mr. Coffman, Mr.  
22   Michaud, Ms. Brownley, and Mr. Walz.

23                               OPENING STATEMENT OF CHAIRMAN SANDERS

24           Chairman Sanders. Okay. Let us get to work.

25           Thank you all very much for being here, and let me

1 thank all of the service organizations for their strong  
2 support of our veterans, and thank you all very much for  
3 your service to our country.

4 I take and I know Chairman Miller and other members of  
5 this Committee take very seriously the testimony that we  
6 hear; and the reason for that is that we cannot do our job  
7 unless we hear from the grassroots, unless we know what is  
8 going on on the ground, unless we know what the problems are  
9 in terms of the VA.

10 And the people who know it best are not folks sitting  
11 here in Washington but people who are utilizing the VA, the  
12 people who are interacting with the VA. And we need to hear  
13 from you as to what is good--and there is good out there--  
14 and what is bad and where the problems are. And there  
15 certainly are those. So, these hearings to us are very,  
16 very important and we take them seriously.

17 Last year when we held these hearings, we put down on  
18 the list what the concerns of the veterans community were.  
19 Let me tick off some of them, and let me also say this.

20 I have been Chairman of the Senate Committee for a  
21 little over a year and the one thing that I have learned is  
22 that the cost of war is a lot higher than I think most  
23 Americans understand, that people who return come back with  
24 a host of issues. Their families have problems that I think  
25 many of our fellow Americans do not think fully understand.

1           So, let me just touch upon some of what we have learned  
2 in the past and where we want to go in the future. There  
3 was, as you know, a couple of months ago an effort to take  
4 away a COLA for military retirees.

5           Congress dealt with most of that, retracted that error  
6 but there is still a problem that for those people in the  
7 military now they will not get the COLA that other veterans  
8 are getting.

9           We are working to make sure that we address a problem  
10 that I know is particularly of concern to the paralyzed  
11 veterans but to all veterans. And that is, some of you will  
12 recall that a couple of years ago Congress did the right  
13 thing by passing a Caregivers Act.

14           Are all of you familiar with that? A very significant  
15 step. But what we did not do is pass, we passed that for  
16 the post-9/11 veterans, a good step forward but not for the  
17 veterans of all generations.

18           What that means now is that today, sitting in  
19 California or New York or anywhere else, there is a 70-year-  
20 old woman taking care of a Vietnam vet who lost his legs in  
21 that war.

22           She deserves support. She does not get it now and we  
23 want to address that issue by expanding the Caregivers Act,  
24 something we heard from many of the organizations.

25           One of the issues that I feel strongly about, and I

1 know many of the veterans organizations feel strongly about,  
2 is the issue of understanding that dental care is part of  
3 health care.

4 For many, many years as a Nation and within the VA we  
5 said this is health care. This is dental care. We are  
6 going to cover health care, not covered dental care. I  
7 think the time is now to begin to address that issue and at  
8 least in a pilot program make dental care accessible to  
9 veterans other than those who just have service-connected  
10 problems.

11 All of us have been concerned about the benefits  
12 backlogs. We are going to stay on that, put more demands on  
13 the VA so that they fulfill their goal of ending the backlog  
14 by the end of 2015.

15 Advanced appropriations, an issue for many of the  
16 veterans organizations. Some of you may have forgotten  
17 that, in the midst of the government shutdown a number of  
18 months ago, we were seven to ten days away from disabled  
19 veterans not getting their checks or veterans not getting  
20 their pensions. Many of us do not want to ever be in that  
21 situation again. That is why we are pushing for advanced  
22 appropriations.

23 In-state tuition, there is a problem right now, the GI  
24 Bill, educational bill, a huge step forward, over 1 million  
25 veterans and their families have been able to access that

1 very important educational bill.

2       There are problems in there. If you move from Vermont  
3 to California, you may not be able to take advantage of in-  
4 state tuition. It is a problem. We need to address that  
5 issue as well.

6       One of the great disgrace is that we have experienced  
7 as a Nation in recent years is the issue of sexual assault  
8 in the military. We are all ashamed about that.

9       We want the DOD to address it as boldly as they can but  
10 we also want to make sure that when women and men leave the  
11 service they get the kind of compassionate care for sexual  
12 assault that they need in the VA.

13       Another issue that is out there that we have heard  
14 about is from Iraq and Afghanistan some 2300 men and women  
15 were wounded in war in ways that make it impossible for them  
16 to have children. They are entitled to have families  
17 through in vitro fertilization or adoption or other  
18 approaches, and that is an issue we want to deal with.

19       I know that the Gold Star Wives have been concerned  
20 about being able to get their lives together and being able  
21 to access the GI educational bill, and that is something  
22 that we are addressing as well.

23       Bottom line is, and these are just some of the  
24 provisions that were placed in legislation we brought forth  
25 to the Senate several weeks ago.

1           We got 56 votes for this comprehensive piece of the  
2 decision. We would have had 57 if somebody was there. We  
3 need three more votes, and I promise you that we are going  
4 to continue your effort and we will get those three votes,  
5 and we will pass this by Memorial Day this year.

6           It is my pleasure now to introduce the Chairman of the  
7 House veterans Committee. Jeff Miller.

8                           OPENING STATEMENT OF CHAIRMAN MILLER

9           Chairman Miller. Thank you very much, Mr. Chairman.

10          Thank you everybody for being here today. It is a  
11 pleasure to be able to hear from you instead of you hearing  
12 from us.

13          I know that there is a tight schedule in the Senate  
14 today. So, I am not going to have my entire written  
15 statement read but I would ask that it be entered into the  
16 record.

17          I would like to, since we are talking about  
18 legislation, talk specifically about a piece of legislation  
19 that I have got filed, H.R. 4031. It is the VA Management  
20 Accountability Act of 2014.

21          And basically what the legislation does is it gives the  
22 Secretary the ability to fire nonperforming workers instead  
23 of giving them bonuses, and the Secretary and I are arguing  
24 back and forth.

25          Right now he says that they have got the tools that

1 they need and, you know, my statement back to him is you are  
2 just not using those tools.

3       So, you know, we have also talked extensively about the  
4 advanced funding legislation. We have passed that in the  
5 House. We have passed state GI Bill in-state tuition in the  
6 House, and quite a few pieces of legislation sit over here  
7 in the Senate, and I know that Senator Sanders is working to  
8 have the leader here schedule a vote on them. Many of them  
9 were incorporated into his bill that he had before the  
10 Senate a couple of weeks ago.

11       So, with that, I would like to again say thank you to  
12 everybody that is here today. I look forward to your  
13 testimony, and I yield back.

14       [The prepared statement of Chairman Miller follows:]

15       / COMMITTEE INSERT

1 Chairman Sanders. Senator Isakson.

2 OPENING STATEMENT OF SENATOR ISAKSON

3 Senator Isakson. Well, thank you, Mr. Chairman, and  
4 thank you to all of our veterans for your service to our  
5 country and your service in being here at the Veterans'  
6 Affairs Committee today.

7 All of you are welcome particularly those of you from  
8 Georgia. We have 770,000 veterans in my State. We are  
9 proud of every single one of them in this country but I am  
10 particularly proud of those veterans who served us so well.

11 I would ask unanimous consent that my entire statement  
12 be printed in the record but I would like to make a couple  
13 of remarks to highlight it.

14 Chairman Sanders. Without objection.

15 [The prepared statement of Senator Isakson follows:]

16 / COMMITTEE INSERT



1           Senator Isakson. First of all, there is a strong need  
2 for accountability and oversight of programs that the  
3 Veterans' Administration is currently implementing. And we  
4 must, as veterans' Committees in the House and the Senate  
5 provide the oversight to hold the Veterans' Administration  
6 accountable.

7           Secondly, several of you have written about the  
8 incredible need for better access to effective mental health  
9 treatment for veterans. 8000 veterans a year are taking  
10 their life. Twenty-two a day.

11           The Chairman was kind enough to grant me the right to  
12 have a field hearing in Atlanta last August and we had a two  
13 and one half hour meeting with about 300 people present  
14 talking about the problems of suicide.

15           The IG's report on the Atlanta VA tied management at VA  
16 to three of those particular suicides at the VA hospital in  
17 Atlanta and that is intolerable.

18           The new Director, Leslie Wiggins, is doing a great job  
19 of holding the VA accountable in Atlanta, and we need to  
20 learn from that experience because that is not a problem  
21 that is just related to Atlanta, Georgia. It is related to  
22 the entire VA delivery system. And I particularly  
23 appreciate the testimony that you will hear from Mr.  
24 Rieckhoff later on today about this important subject.

25           PTSD and TBI are tremendous legacies, bad legacies of

1 the Iraq and Afghanistan wars. We need to do everything to  
2 make sure that our veterans covered and are taken care of.

3 At that field hearing, we learned a lot of things from  
4 the VA including the VA accepting responsibility and  
5 committing to move itself forward to see to it that we do a  
6 better job of treating our veterans.

7 Third, in your testimony, you highlight the long-term  
8 needs of veterans and urge us to be to be in it for the long  
9 haul. This Committee is in it for the long call. We  
10 understand that the legacy of these wars will last a  
11 lifetime for the veterans who are coming home. the VA  
12 commitment to those veterans has to match that lifetime of  
13 those veterans. We will hold them accountable.

14 Although we are going to be cut short in our hearing  
15 today because of votes on the Senate floor, I want to  
16 emphasize two things that are important to me.

17 One, Mr. Chairman, is reforming our budget process so  
18 we have a more longitudinal type of budget and I propose the  
19 biennial budget with Senator Shaheen to give us a two-year  
20 predictable period of appropriation in the budget rather  
21 than just one.

22 Our veterans do not need an unpredictable veterans flow  
23 of money. They need a predictable, stable flow going to the  
24 Veterans' Administration, and we should do that.

25 [Applause.]

1           Senator Isakson. I did not know I was going to get  
2 applause. I will repeat that line.

3           [Laughter.]

4           Senator Isakson. That is very important for us to do.

5           Finally, I want to ask each of you to do a favor for  
6 us. We are going to be leaving for votes and the Senators  
7 apologize that we will be out of the room for sometime.

8           But there are many areas where we have fallen short in  
9 the House and Senate on providing the right type of  
10 oversight. I would like for you to suggest in your  
11 testimony the two top priorities that you would have for us  
12 to provide intense oversight over the Veterans'  
13 Administration and the delivery of their services.

14           I know one of them, and the number one is going to be  
15 reducing the wait time of certification. I understand that.  
16 But give us your top two priorities because we want to be  
17 active and aggressive in providing the oversight the  
18 veterans of this country deserve and they have earned with  
19 their service to our country.

20           I yield back the balance of my time, Mr. Chairman.

21           Chairman Sanders. Congressman Mr. Michaud.

22                           OPENING STATEMENT OF MR. MICHAUD

23           Mr. Michaud. Thank you very much, Chairman Sanders and  
24 Chairman Miller, for your ongoing support for veterans and  
25 their families and fighting for the issues important for our

1 veterans of this great Nation.

2 I also want to thank all of the VSOs and the people in  
3 the audience for coming today and thank you for your service  
4 to this great Nation of ours.

5 Mr. Chairman, since the Senate does have votes earlier,  
6 I would ask unanimous consent that my full remarks be  
7 included in the record, and with that I yield back.

8 [The prepared statement of Mr. Michaud follows:]

9 / COMMITTEE INSERT

1 Chairman Sanders. Okay. Thank you very much. This  
2 Committee would like to take a moment to recognize the  
3 contributions of a highly decorated, retired Chief Master  
4 Sergeant, that is John Doc McCauslin. Thank you very much  
5 for your service for this country.

6 [Applause.]

7 Chairman Sanders. And we want to take a moment to  
8 recognize a Vietnam War veteran who was the longest-serving  
9 staff member at Paralyzed Veterans of America. Douglas  
10 Vollmer.

11 Douglas, thank you very much.

12 [Applause.]

13 Chairman Sanders. Okay. First, we have Retired Chief  
14 Master Sergeant John R. McCauslin, the CEO of the Air Force  
15 Sergeants' Association.

16 John.

1                   STATEMENT OF JOHN R. MC CAUSLIN, CMSGT, USAF  
2                   (RET.), CHIEF EXECUTIVE OFFICER, AIR FORCE  
3                   SERGEANTS' ASSOCIATION

4           Sergeant McCauslin. Chairman Sanders, Chairman Miller,  
5 and members of these Committees, good morning.

6           On behalf of our 110,000 plus members of the Air Force  
7 Sergeants' Association, I thank you for this opportunity to  
8 offer our views on what we hope your Committees will focus  
9 on this year.

10          By the way, some of your constituents are in uniform  
11 behind me back here.

12          Although my written testimony covers numerous areas for  
13 your consideration, today I will only address three. I want  
14 to make it perfectly clear that AFSA concurs with the VA  
15 funding levels recommended by the Independent Budget. We  
16 endorse the findings and recommendations of the IG because  
17 we believe its careful review of veterans programs reflects  
18 a more realistic assessment of the resources that department  
19 needs for the coming fiscal year.

20          As in past years, I am confident the needs and  
21 recommendations contained in our written testimony is  
22 deserve your consideration.

23          First, regarding information and technology funding, if  
24 I can steer you to one potential concern in the  
25 Administration's fiscal year 2015 budget proposal, it would

1 be the issue of IT funding.

2       Though the VA projects a plus up of 200 million bucks  
3 over last year's level, that figure may not adequately cover  
4 many of their initiatives.

5       VA's planned future success in the important area of  
6 claims processing and health care management rely very  
7 heavily on its IT capabilities. Actual benefit delivery may  
8 be impacted if they get that figure wrong.

9       For example, each time a community-based outpatient  
10 clinic is opened, it does require extra computers and  
11 software and secure Internet connectivity which may or may  
12 not be available with what they are proposing.

13       In conversations throughout this past year with VA  
14 officials, they spoke often about the correlation of their  
15 future success with IT. So, I recommend you consider this  
16 as a key focus area this year.

17       Second, and on to the advanced funding initiative,  
18 legislation authored by these Committees in 2009 all right  
19 provides advanced appropriations authority for the VA health  
20 care, and we thank you.

21       Since the last government shutdown, many bills have  
22 been introduced in both chambers seeking to expand this  
23 authority to some of the department's mandatory accounts and  
24 several are still pending in the 113th Congress and we are  
25 hopeful for that relief.

1           We realize that Congress exercises its most effective  
2 oversight of agencies and programs through the hearing a  
3 appropriations process, and that is especially true for both  
4 chambers with regard to the Department of Veterans' Affairs  
5 and all of its programs.

6           Until regular order returns as the norm, we urge you to  
7 consider extending advanced appropriations authority to  
8 other areas, if not all of the VA so critical benefits like  
9 disability compensation, dependency and indemnity  
10 compensation, and education payments do not become a  
11 casualty of the increasingly frequent legislative paralysis  
12 we have seen in Washington lately.

13           Third, as our number one education goal, the Air Force  
14 Sergeants' Association strongly endorses legislation that  
15 requires in-state tuition for users of the Montgomery GI  
16 Bill and the post-911 benefits at public colleges and  
17 universities.

18           Because they move so often, service members, veterans,  
19 and their family members often have a difficult time  
20 establishing residency for purposes of obtaining in-state  
21 tuition rates. Eliminating this handicap puts them on a  
22 level playing field in their educational pursuits.

23           Additionally, a proposal called the chained CPI has  
24 been floated in Congress to change how the consumer price  
25 index is calculated. If adopted, this would result in



1 significant cuts for payments to our senior citizens, our  
2 military retirees, disabled veterans, and their survivors.

3 The Administration recently announced it would not be  
4 seeking this change in the budget proposal and I want to  
5 thank you personally, Chairman Sanders, for leading strong  
6 opposition to that objectionable plan.

7 It has been my honor to work with each of you on behalf  
8 on what I feel is the greatest constituency in the world,  
9 the sons and daughters who serve our Nation past and  
10 present, or what I like to call our national treasures.

11 Chairman Sanders, Chairman Miller, and Committee  
12 members, in the past years your Committees have always  
13 conducted their business in a bipartisan manner. The work  
14 of both Veterans' Affairs Committees is among the most  
15 important here in Washington, and there is no time like the  
16 present to recommit ourselves to properly serving those who  
17 have voluntarily served us all.

18 On the half of all our AFSA members, we appreciate your  
19 efforts and, as always, are ready to support you in matters  
20 of mutual concern.

21 I look forward to answering your questions.

22 [The prepared statement of Sergeant McCauslin follows:]

1 Chairman Sanders. Thank you very much.

2 Charles Susino, with of the American Ex-Prisoners of

3 War.

1           STATEMENT OF CHARLES SUSINO, JR., PAST NATIONAL  
2           COMMANDER, CHAIRMAN OF THE LEGISLATIVE COMMITTEE,  
3           AMERICAN EX-PRISONERS OF WAR

4           Sergeant Susino. Good morning. Chairmen and Members  
5 of the House and Senate Veterans' Affairs Committees and  
6 guests, my name is Charles Susino, Jr., Past National  
7 Commander of the American Ex-Prisoners of War.

8           I am honored to testify before you. Chairman Sanders  
9 and Chairman Miller, we applaud your leadership. Over the  
10 years, our organization has watched Committees aiming to  
11 provide the needs of American veterans. We deeply  
12 appreciate your help.

13           Washington is tough. We know you are tougher. A  
14 common discussion at these hearings is the response time of  
15 VA claims. Does anybody remember a time when the VA  
16 performed at an acceptable level? I do not.

17           As national service officer for many years, I  
18 constantly see simple cases taking too long. How many  
19 months should a widow in her 80s wait for DIC? If this was  
20 the first day we were looking at the performance of the VA,  
21 we would find it unacceptable. It is time to take action to  
22 make the difference.

23           On the political side in the year 2013, Washington  
24 immediately turned to reducing the military pension COLA to  
25 help solve the budget problem. That action was totally

1 unacceptable. Thank you for your recent efforts in  
2 correcting that mistake.

3 Most importantly, it is telling how Washington treats  
4 its veterans. The Committee remembers how the veterans  
5 suffered. Our allies remember how the veterans suffered.  
6 Our enemies remember how the veterans suffered. Washington  
7 must remember how the veterans suffered.

8 Thank you for introducing the bill 1982 which  
9 encompassed many of the issues that are important to  
10 veterans. We know you will fight until it is passed.

11 We support bill 2053 which provides a commemorative  
12 chair on the Capitol grounds to honor those servicemen and  
13 women who are prisoners of war or missing in action.

14 H.R. 2794 established a POW/MAI postage stamp. We  
15 applaud all actions raising public awareness of veterans'  
16 sacrifices.

17 My written testimony will detail our priorities. In  
18 brief summary, yes, permanently authorize the advanced  
19 appropriations for VA health care.

20 Yes, approved the appropriation for VA discretionary  
21 and mandatory accounts. Yes, fully implementation of the VA  
22 care law and pass the Caregiver Expansion and Improvement  
23 Act of 2013.

24 Yes, we support the VA in its effort to reduce and  
25 eliminate veterans' homelessness by the end of 2015. No one

1 who has served our country should ever go without a stable,  
2 safe place to call home.

3 Yes, the VA needs to anticipate resources required to  
4 the growing demand of health care. Again, I raise a long-  
5 standing subject. A significant change was made in Health  
6 Care Eligibility Act of 1986. Congress mandated VA health  
7 care for veterans with service-connected disabilities as  
8 well as all other special groups.

9 We repeat our request to expand to include World War  
10 II, Korea, Vietnam, Cold War veterans. Congress should  
11 examine ways to accomplish this without compromising the  
12 veterans with service-related disabilities. Please remember  
13 the warriors of today.

14 Thank you for the opportunity to provide comments and  
15 to appear before you on behalf of the American Ex-Prisoners  
16 of War.

17 God bless our troops, God bless America. Remember.  
18 And thank you very much.

19 [The prepared statement of Sergeant Susino follows:]

1           Chairman Sanders. Thank you very much. Our next  
2 panelist is Virgil P. Courneya, National President of the  
3 Fleet Reserve Association.

1                   STATEMENT OF VIRGIL P. COURNEYA, NATIONAL  
2                   PRESIDENT, FLEET RESERVE ASSOCIATION

3           Sergeant Courneya. Good morning, Chairman Miller and  
4 Sanders and other members of the Committees.

5           My name is Virgil Courneya, and I am the national  
6 president of the Fleet Reserve Association. I want to thank  
7 you for the opportunity to express the views of the  
8 Association.

9           I also want to thank both Chairman for their recent  
10 efforts including introducing legislation to repeal the one  
11 percent COLA cut for military retirees. Senator Sanders  
12 legislation also contains numerous FRA supported provisions  
13 improving veterans' benefits.

14          Thank you, Senator Sanders.

15          FRA supports the legislation providing two-year funding  
16 authority for all VA accounts. If last year's government  
17 shutdown would have continued past October 16, the VA would  
18 have furloughed more than 7000 employees in the Veterans'  
19 Benefits Administration.

20          These and other furloughs would have resulted in VA  
21 stopping the efforts to reduce the claims backlog. The  
22 association's February 2014 online survey indicates the  
23 percentage of veterans are very concerned about the need for  
24 two-year funding to avoid problems caused by government  
25 shutdowns.

1           This is why FRA is supporting the Putting Veterans  
2 Funding First Act that would require Congress to fully fund  
3 the VA benefit, the VA budget a year ahead of schedule  
4 ensuring that all VA services will have timely, predictable  
5 funding in an era when continuing resolutions and threats of  
6 government shutdown are all too frequent.

7           FRA believes that American veterans should not be held  
8 responsible for Washington's inability to reach an agreement  
9 on spending. Our veterans were there for us when we needed  
10 them, and the legislation will ensure that they have our  
11 support during their time of need.

12           FRA has enlisted sea service organizations and  
13 struggled by the lack of progress under Agent Orange, Blue  
14 Water issues.

15           From 1964 to 1975, more than 500,000 service members  
16 were deployed off the coast of Vietnam and may have been  
17 exposed to Agent Orange, a herbicide that was used.

18           Past the VA policies, from 1991 to 2001, allowed  
19 service members to file claims if they received the Vietnam  
20 Service Medal and/or Vietnam Campaign Battle. But VA  
21 implemented a boots on the ground limitation on obtaining an  
22 Agent Orange presumption.

23           Many want to forget about the Vietnam War but we should  
24 not forget those who served honorably in that conflict. FRA  
25 is supporting the Blue Water Navy Vietnam Veterans Act that



1 clarifies the presumption for filing disability claims at VA  
2 for ailments associated with exposure to the Agent Orange  
3 herbicides.

4       The legislation would reverse current policies so that  
5 Blue Water veterans who only served on ships off the coast  
6 and have health problems commonly associated with herbicide  
7 exposure will be eligible for service-connected VA  
8 disability benefits. Many of these veterans are now senior  
9 citizens and the time to help them is now.

10       The president mentioned the claims disability backlog  
11 at his recent State of the Union address when he said, "At  
12 this time when the war draws flew a close, a new generation  
13 of heroes returned to civilian life we will keep slashing  
14 that backlog as our veterans receive the benefits they have  
15 earned and our wounded warriors receive the health and  
16 mental health care that they need.

17       FRA agrees with the President. The association views  
18 the enormous backlog of claims as a threat to the Nation's  
19 solemn commitment to properly care for disabled vets. The  
20 cost of defending the Nation should include timely and  
21 adequate treatment of our wounded warriors.

22       FRA's recent online survey indicates that 80 percent of  
23 veterans view the disability claims and appeals backlog as  
24 very important.

25       The VA claims that the number of claims pending has

1 dropped. The most important consideration for processing  
2 claims more effectively is a paperless system.

3 Now nearly all disability rating claims are now being  
4 processed electronically. Another key factor in reducing  
5 the backlog is the focus on increasing the number of fully-  
6 develop claims.

7 FRA supports all these efforts. However, it is  
8 concerned that the expected drawdown in Afghanistan at the  
9 end of 2014 may create a surge in disability claims backlog  
10 which may cause an increase again.

11 To prevent this, there should be a further reform of  
12 the system to improve claims and appeals process is to a  
13 lemonade bureaucratic delays.

14 Again, thank you for letting me testify.

15 [The prepared statement of Sergeant Courneya follows:]

1 Chairman Sanders. Thank you very much.

2 Out next panelist is Jamie Tomek, Chair of the

3 Government Relations Committee, Gold Star Wives.

4 Thank you very much for being with us, Ms. Tomek.

1                   STATEMENT OF JAMIE H. TOMEK, CHAIR, GOVERNMENT  
2                   RELATIONS COMMITTEE, GOLD STAR WIVES OF AMERICA,  
3                   INC.

4           Ms. Tomek. Chairman Sanders, Chairman Miller is not  
5 here. Distinguished members of Congress, good morning. I  
6 am pleased to be here today to testify on the half of Gold  
7 Star Wives of America on legislative issues of interest to  
8 our surviving spouses.

9           I am Jamie Tomek. I became a widow when he was killed  
10 in Vietnam in April 1969. Surviving spouses depend upon the  
11 support you oversee as a part of your Committee. It is the  
12 monthly check. It is health care. It is mental health and  
13 grief support we rely on. We also depend on commissaries  
14 and the DOD health care.

15           When these are threatened by government cutbacks or  
16 shutdowns, they impact us in ways our service member did not  
17 foresee when they served. I hope to create an understanding  
18 of the importance of these benefits.

19           The current rate of DIC, Dependency and Indemnity  
20 Compensation, is \$1233 a month or \$14,796 per year. This  
21 DIC flat rate was introduced in 1993 and it has not been  
22 increased except for COLAs.

23           We have many Korean War, Vietnam War, some World War II  
24 widows and peace time widows who get less than \$20,000 a  
25 year. That is according to a VA survey from 2010.

1           We would like to increase the DIC. Survivor programs  
2 of the federal government provide up to 55 percent of  
3 retired pay for a surviving spouse. The Congressional  
4 Research Service in their report to Congress January 3,  
5 2013, reported there is a disparity between the percentage  
6 of income a DIC recipient is paid and the percentages given  
7 to the recipient's of retirement and pension plans. In  
8 addition, only surviving spouses of active duty or retired  
9 military service members suffer the DIC offset to SBP.

10           We have two bills, H.R. 32 and S. 734, to rectify that  
11 but they have not been passed, and we have worked on them  
12 for several years.

13           We are grateful to the Special Survivor Indemnity  
14 Allowance, the SSIA, which Congress provided to those who  
15 suffer the DIC offset to SBP. As it is now SSIA ends in  
16 2017. We hope that the SBP DIC; ends but if not, we would  
17 like to see SSIA stabilized and expanded.

18           All surviving spouses and children whose military  
19 sponsor died on active duty or as a result of service-  
20 connected cause should be exempt from TRICARE fee increases.  
21 And any TRICARE fees that are levied. There is no retired  
22 pay from which to forfeit the increase in fees. We do not  
23 get it. We depend on that \$1233 a month.

24           Most federal education programs have had recent  
25 increases in and changes but Chapter 35 education benefits

1 have been increased only by COLAs. Chapter 35 currently  
2 provides \$987 per month for a full-time college student.  
3 So, the widow or the child who became eligible before 9/11  
4 gets \$987 per month to pay tuition, books, fees, and living  
5 expenses. A single surviving parent with SBP DIC offset is  
6 not in a financial position to help their child in most  
7 cases.

8 We also have widows who do not benefit from your most  
9 recent bill about in-state tuition. Widows are not  
10 mentioned in that legislation that we can find. We would  
11 like to encourage you to include us and surviving spouses.

12 We appreciate the Office of Survivor Assistance. We  
13 appreciate doing away with the chained CPI.

14 Thank you. I would be happy to answer questions later.

15 [The prepared statement of Ms. Tomek follows:]

1 Chairman Sanders. Thank you very much.

2 Paul Rieckhoff is the founder and CEO of the Iraq and  
3 Afghanistan veterans of America.

4 Mr. Rieckhoff.

1                   STATEMENT OF PAUL RIECKHOFF, FOUNDER AND CEO,  
2                   IRAQ AND AFGHANISTAN VETERANS OF AMERICA

3           Lieutenant Rieckhoff. Chairman Sanders, Chairman  
4 Miller, Ranking Member Mr. Michaud, and distinguished  
5 members of the Committee, good morning.

6           On behalf of Iraq and Afghanistan Veterans of America,  
7 IAVA, I would like to extend our gratitude for the  
8 opportunity to share with you our legislative priorities for  
9 2014 and our recommendations regarding the important issues  
10 that affect the lives of our members and families.

11           With a steadily growing base of nearly 270,000 members  
12 and supporters, I am joined here today by IAVA members from  
13 across America as we strive to help create a society that  
14 unites and empowers veterans of all generations.

15           2014 promises to be yet another critical year for  
16 veterans of the wars in Iraq and Afghanistan and their  
17 families. Over the past several years, your two Committees  
18 have made caring for service members, veterans and their  
19 families a priority.

20           However, if the recent events around the budget are any  
21 indication, it is clear that some in Washington want to  
22 resolve America's fiscal issues on the backs of its service  
23 members and veterans. Our members and community feel like  
24 we have been under attack.

25           With this stark reality in mind, it is clear that our



1 work is not done. Congress left behind critical bipartisan  
2 reforms from 2013 to include in-state tuition for student  
3 veterans and full funding for the VA.

4 Driven by data from our members, our allies and a  
5 decade of experience, IAVA's 2014 Policy Agenda is a  
6 blueprint for addressing all of the issues facing new  
7 veterans head-on.

8 This year, IAVA believes Congress must pass legislation  
9 to significantly reduce the number of suicides among service  
10 members and veterans, keep the VA on track for Backlog Zero  
11 by 2015, fully fund the VA in advance, and defend the Post-  
12 9/11 GI Bill and continue fighting against military sexual  
13 assault.

14 But our number one issue will be suicide. The known  
15 rate of suicide among troops and veterans is deplorable.  
16 VA's best estimates project that 22 veterans a day die by  
17 suicide. For our youngest veterans, the rate of suicide is  
18 increasingly troublesome.

19 In our 2014 Member Survey, over 47 percent of our  
20 respondents told us they knew a veteran who had served in  
21 Iraq or Afghanistan who had attempted suicide, and over 52  
22 percent of our members knew two or more veterans who had  
23 died by suicide.

24 These numbers are too high, and we need to ensure that  
25 high quality, effective programs are in place to support our

1 service members and veterans.

2 The issue of suicide in the military and veterans  
3 community will be a tough conversation to have, but IAVA is  
4 up for the challenge and committed to tackling suicide after  
5 knowing far too well how horrible suicide is for families,  
6 friends, and loved ones.

7 We are committed to ensuring that Congress and the  
8 Nation will produce proactive and robust solutions to bridge  
9 the gaps in care and ultimately break the negative stigma  
10 that is too often associated with seeking help. If there is  
11 one thing the research tells us it is that seeking help  
12 works.

13 In order to cultivate the national dialogue this issue  
14 warrants, our campaign to combat suicide will be centered on  
15 six life-saving principles.

16 First access, service members and veterans deserve  
17 access to high quality mental health care at little or no  
18 cost. To reach this goal, we must improve access to health  
19 care resources by extending combat veteran eligibility for  
20 VA health care from five years after separation to at least  
21 15 years.

22 Second, capacity. The number of mental health  
23 professionals dedicated to serving cannot keep pace with  
24 demand for mental health services.

25 Among our survey respondents who have had a mental

1 health care provider through the VA, 64 percent have had  
2 challenges in scheduling an appointment. Congress must  
3 encourage more Americans to pursue careers in mental health.  
4 Arm the DOD and the VA with tools to recruit providers and  
5 expand the network of care available to troops and vets.

6 Third, care. Service members and veterans have earned  
7 the highest standard of support programs, and mental health  
8 care should be tailored to their needs. These programs and  
9 practices must be informed by the best research our country  
10 has to offer.

11 Fourth, identify those in crisis. Suicide is often the  
12 end result of a host of challenges that an individual is  
13 facing. A history of mental health issues, failed  
14 relationships, employment challenges, financial problems,  
15 and legal difficulties are among some of the risk factors  
16 identified and that we see everyday.

17 Combating suicide requires a proactive approach that  
18 can identify these individuals who may be at risk before  
19 they turn to suicide and quickly and decisively respond to  
20 support those who may already be in crisis.

21 Fifth, continuity. Mental health care and resources to  
22 combat suicide must become a seamless part of the lives of  
23 all service members and veterans. From their first day in  
24 uniform to the end of their lives, veterans should not have  
25 to fight a revolving door of providers.

1           Vital to this is the implementation of a truly  
2 interoperable electronic health records system by which the  
3 Department of Defense and the VA can share important  
4 information on service members transitioning to the VA to  
5 ensure that there is a warm hand-off and continued care.

6           Finally, community. Combating suicide among veterans  
7 requires a comprehensive approach from the entire American  
8 public. The President should issue a call to action to make  
9 sure America's will to combat suicide starts with the  
10 Commander-in-Chief. Additionally, Congress must work to  
11 decriminalize suicide in the UCMJ.

12           Caring for the men and women who have defended freedom  
13 is a solemn responsibility that belongs to policymakers,  
14 business leaders, and citizens alike.

15           Our warriors continue fighting different types of  
16 battles long after the wars are over and we must continue  
17 our fight for them and their families.

18           A fellow vet and a personal friend of mine, Clay Hunt,  
19 served in the Marine Corps for four years before being  
20 honorably discharged in 2009. He served in an infantry  
21 squad in Iraq in 2007 where he was wounded in action and in  
22 Afghanistan in 2008 as a sniper with the Marine Corps. And  
23 on March 31, 2011, Clay died by suicide at his home in  
24 Houston.

25           Losing Clay was a blow to vets across this country that

1 he served with and serves for. He was an incredible  
2 advocate for our generation of veterans, a person of  
3 tremendous character and a fierce believer in the value of  
4 service.

5 He stormed Hill with us and he met with many of you.  
6 Clay believed his mission in life was to serve both in the  
7 military and out. That is something we will never forget.

8 We fight for Clay and for countless others. You must  
9 commit to do the same this year with us.

10 Thank you for your time and your attention.

11 [The prepared statement of Lieutenant Rieckhoff  
12 follows:]

1 Chairman Sanders. Thank you very much.

2 Our next panelist is Sergeant Major Gene Overstreet,  
3 who is the President of the Non-Commissioned Officers  
4 Association.

5 With that, I am going to have to leave and other  
6 senators are probably going to have to leave. We are going  
7 to try to get back.

8 Mr. Overstreet, please continue.

1           STATEMENT OF H. GENE OVERSTREET, SERGEANT MAJOR,  
2           USMC, RET., PRESIDENT, NON COMMISSIONED OFFICERS  
3           ASSOCIATION OF THE UNITED STATES OF AMERICA

4           Sergeant Overstreet. Thank you for much, sir.  
5           Chairman Sanders, and Chairman Miller, and Ranking Members  
6           and also a greeting to all the members of the Senate and  
7           House on Veterans' Committee Affairs.

8           The Non-Commissioned Officers Association is pleased to  
9           have the opportunity to present the associations legislative  
10          priorities for 2014. We are also pleased to recognize all  
11          the veterans and the active duty assembled in this room  
12          today. Thank you for your service.

13          Each year we bring a menu of agendas to this Committee.  
14          As a matter of fact, I never can get through hardly any of  
15          them as slow and as bad as I talk. So, today I am going to  
16          take a little bit different tack, if I may, rather than  
17          going to those agendas because it is clear to me that every  
18          association here and for as long as I have been coming, if  
19          you marry our statements, we all have the same agendas. We  
20          prioritize them a little bit differently but basically the  
21          agendas are the same.

22          So, I am going to suggest that all those things that we  
23          look at such as funding, full funding for the VA, a system  
24          that encompasses everyone, accessibility for veterans as far  
25          as getting into the medical, expanding the existing VA

1 legislation entitlement, suicide, claim delays, backlogs,  
2 cost of living, on and on and on. I am not going to talk  
3 about each and every one of those.

4 I would like to talk about what is over the hill,  
5 because I can tell you the things that happened on the other  
6 side of the river, it seems like it is only a matter of fact  
7 a short time before it gets over here before this Committee  
8 and somebody has to do something about it.

9 So, I would like to talk about looking down the road  
10 here. Now that, you know, today that we heard scuttlebutt  
11 that the PX and the commissary is going away, medical is  
12 going to be reduced because we cannot afford it anymore. It  
13 costs too much.

14 Even now there is a Committee going around that on the  
15 military retirement and it appears that or at least they are  
16 kind of advocating that the military system is a broke, the  
17 way we pay people.

18 They are even coming up with saying, okay, maybe we  
19 should let people go at six years and buy them out at six  
20 years. We should buy them out at 12 years, we should out  
21 them out, pay them out at 20 years.

22 You know, I sat on the quadrennial review for a couple  
23 of years on two different occasions; and even though that we  
24 have some malfunctions on those, we made some  
25 recommendations that we thought would smooth that out very



1 smooth.

2 I have to say this. If the system is broke so bad, why  
3 do we have the pipeline full of kids joining in the military  
4 today? As a matter of fact, being me and my own service  
5 being a Marine, if you want to join the Marine Corps today,  
6 it would be six to nine months before you could go down  
7 range, before you could go to boot camp, simply because the  
8 pipeline is that full. And it is the same with all the  
9 services. So, obviously the system is not too bad.

10 So, basically what I am saying, I think is important  
11 that you use your influence to kind of shape in the system.  
12 As we move forward with this, I think you could have a lot  
13 to do with where we are going with this and perhaps keeping  
14 a lot of that from coming over here.

15 It is just like the assumption committee. You know,  
16 those committees that we have and that we put out there. I  
17 thought the assumption committee did a pretty good job.  
18 They have had some great recommendations and that is on how  
19 to regiment the system for dealing with Agent Orange and  
20 some things like that.

21 But as soon as the committee was over, it came to you  
22 to implement and it actually goes to the VA to implement and  
23 you for over watch. I think that is just the way that we  
24 are looking at some of the things that we are looking down  
25 the pipeline at today.

1           Speaking of assumptions, I would say one last thing  
2 that deals with assumptions. I think that every young man  
3 and woman that comes into the military today that raises  
4 their hand for so many years of honest and faithful service  
5 has an assumption, and I think that assumption is that we  
6 are going to give them the best training and the best  
7 equipment that money can buy bar none.

8           I think that is the assumption that they have, and I  
9 suggest to you that if were going to recruit them, if we are  
10 going to train them and if we are going to deploy them to a  
11 combat theater, I think we owe them no less than that. We  
12 do owe them the best training, the best equipment that money  
13 can buy.

14           [Applause.]

15           Sergeant Overstreet. Thank you.

16           If one should get hurt, we ought to take care of them.  
17 If one should not come back, we ought to take care of their  
18 families.

19           As the Chairman already most appropriately outlined,  
20 this is just a cost of war. Most Americans do not realize  
21 what the real cost of war really is.

22           So, in conclusion, Mr. Chairman, I look forward to the  
23 opportunity of working with you and the Committees for this  
24 coming year and look forward to any of your questions.

25           Thank you very much.

1           [The prepared statement of Sergeant Overstreet  
2 follows:]  
3           / COMMITTEE INSERT

1 Chairman Miller. [Presiding.] Thank you, Sergeant  
2 Major, for your testimony.

3 Next the National President from the Paralyzed Veterans  
4 of America. Bill Lawson. You are recognized.

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

3           Mr. Lawson. Chairman Sanders, Chairman Miller, and  
4 members of the Committee, I appreciate the opportunity to  
5 present the legislative priorities for 2014 of Paralyzed  
6 Veterans of America.

7           Since our founding in 1947, Paralyzed Veterans has  
8 developed a worthy record of accomplishment. We are the  
9 only congressionally chartered veterans' service  
10 organization dedicated solely to the benefit and  
11 representation of veterans with spinal cord injury or  
12 disease.

13           As Congress and the Administration continues to face  
14 pressure to reduce federal spending, we cannot emphasize  
15 enough the importance of ensuring that sufficient, timely,  
16 and predictable funding is provided to the Department of  
17 Veterans' Affairs.

18           While we appreciate the increases offered by the  
19 Administration in its budget for Fiscal Year 2015 and the  
20 Fiscal Year 2016 advanced appropriations, particularly with  
21 regard to health care and benefits services, we have real  
22 concerns that the serious lack of commitment to  
23 infrastructure funding to support the system will undermine  
24 the VA's ability to deliver those services.

25           Once again this past year Congress failed to fully

1 complete the appropriations process. In fact, many federal  
2 operations were shuttered as part of a government shutdown  
3 in October 2013. Paralyzed Veterans is concerned that this  
4 continues to have a significant negative impact on many of  
5 the services provided by the VA.

6 While VA health care was shielded from this political  
7 disaster, benefits services, research activities, and  
8 general operations for the rest of the VA were impacted.

9 With this in mind, we call on Congress to immediately  
10 pass the Putting Veterans Funding First Act, and we  
11 appreciate the fact that the House has already approved the  
12 legislation and we call on the Senate to do the same.

13 We are also here today to ask that legislation be  
14 enacted to open the comprehensive caregiver assistance  
15 program to all veterans. The VA only offers this  
16 comprehensive caregiver program to veterans with a service-  
17 connected injury that was incurred after September 11, 2001.

18 The majority of Paralyzed Veterans members are excluded  
19 from the VA caregiver benefits because of the selection of  
20 the September 2001 date and because of the law also excludes  
21 veterans with serious illnesses or diseases such as ALS and  
22 MS, both of which eventually leave veterans dependent upon  
23 caregivers.

24 No reasonable justification can be provided as to why  
25 pre-9/11 veterans with a service-connected injury or illness

1 should be excluded from the caregiver program. It is time  
2 for this Committee to step up and get it done.

3 Next I bring your attention to the changes in VA's  
4 prosthetics program and the need for greater oversight of  
5 the new VHA policy that essentially turned a five-day  
6 ordering process into one that now takes months or longer in  
7 cases involving life critical devices like customized limbs  
8 and wheelchairs, costing over the micro-purchase threshold  
9 of \$3000.

10 With that in mind, I would direct your attention to the  
11 chart to your right. The chart reflects the implementation  
12 of the so-called warrant transition where the purchase  
13 authority of prosthetics staff who dealt directly with  
14 severely disabled veterans was completely shifted to  
15 contracting specialist located off-site.

16 The peach covered boxes show the additional steps now  
17 required when an order is sent to contracting where the  
18 green and blue boxes once fulfilled the process.

19 Lengthening the process for delivering prosthetics to  
20 veterans with the greatest need, the three percent who rely  
21 entirely on customized prosthetics and happened to be 100  
22 percent of our members is unconscionable. This practice  
23 ultimately costs VA more in terms of unnecessarily long  
24 hospital stays and lost quality of life for veterans.

25 Incidentally, this new standard was the same one that

1 made simplified acquisition procedures and the Title 38,  
2 United States Code, Section 8123 statute necessary.

3 When veterans are forced to bear the excruciating wait  
4 for independence that prosthetics offer due to red tape, the  
5 country's reputation suffers.

6 George Washington declared a Nation is judged by how  
7 well it treats its veterans. We declare today that this  
8 Congress and this VA will be judged by the independence or  
9 the lack thereof enjoyed by veterans who rely on VA  
10 prosthetics to live.

11 Paralyzed Veterans of America appreciates the  
12 opportunity to present our views. We look forward to  
13 working with the Committee's to ensure that resources are  
14 made available to the VA so that eligible veterans can  
15 receive the health care and benefits that they have earned  
16 and deserve.

17 I thank you once again. I welcome any questions you  
18 may have.

19 [The prepared statement of Mr. Lawson follows:]



1 Chairman Miller. Thank you very much, Mr. Lawson.

2 Our final panelist this morning testifying before us,  
3 Anthony K. Odierno, representing the Board of Directors of  
4 the Wounded Warrior Project. You are recognized, sir.

1                   STATEMENT OF ANTHONY K. ODIERNO, BOARD OF  
2                   DIRECTOR, WOUNDED WARRIOR PROJECT

3           Lieutenant Odierno. Thank you very much. Chairman  
4 Sanders and Miller, Ranking Members Burr and Michaud, and  
5 members of the Committees, thank you for inviting the  
6 Wounded Warrior Project to present our 2014 policy agenda  
7 today.

8           I am honored to represent of the Board of the Wounded  
9 Warrior Project, but also I am honored to represent my  
10 fellow injured veterans. You know, I sit before you almost  
11 10 years after losing my left arm in Iraq.

12           I feel very fortunate, and I have often felt that I  
13 have even had it a little easy compared to the challenges  
14 that many face. There are others like myself doing well but  
15 many of our warriors are still struggling and too many are  
16 at risk of continued and even greater problems in the years  
17 ahead.

18           The findings of our most recent annual survey document  
19 how much more must be done. The three most commonly  
20 reported health problems among the 14,000 respondents were  
21 post traumatic stress, anxiety, and depression.

22           More than 44 percent experienced traumatic brain  
23 injury. More than half of respondents rated their overall  
24 health as only fair or poor. For many, the effects of  
25 mental and emotional health problems are even more serious

1 than the effects of physical problems. Some 55 percent  
2 reported that they had seen a professional for mental health  
3 issues but 34 percent did not get the care they needed.

4 Despite an improving economy, the unemployment rate  
5 among our respondents is nearly 18 percent. Surely these  
6 statistics add up to a single point. There can be no higher  
7 priority than to help our wounded fully recover, readjust,  
8 and rehabilitate their lives.

9 Even though your Committees have a strong record of  
10 legislative accomplishment, there is still hard work ahead  
11 to make the promise of your lawmaking a reality.

12 Let me offer an important example. A nearly two-year-  
13 old law authored by Senator Boozman and Congressman Walz to  
14 improve long-term rehabilitation of veterans with traumatic  
15 brain injury has still not be implemented.

16 A very recent survey of 2000 caregivers found no  
17 evidence that VA has changed the practice patterns that the  
18 law has targeted. It remains common that VA discontinues  
19 the TBI rehabilitative services after a set number of  
20 treatment sessions or based on a judgment that the warrior  
21 has plateaued.

22 Warriors and caregivers are apparently often left to  
23 their own devices to continue the warriors rehabilitation.  
24 The bottom line is that warriors and caregivers are still  
25 waiting for implementation of an important law. We ask your

1 help to press for the department to act.

2 Your oversight has been important, notably in moving  
3 the VA to take steps to remedy problems with access to  
4 mental health care, but those steps have not gone far enough  
5 to solve fundamental problems.

6 Many facilities still have mental health staffing  
7 problems evidenced by veterans experiencing long delays to  
8 begin mental health treatment or long waits between  
9 treatment sessions.

10 When warriors who are at the end of their rope finally  
11 seek help at a VA medical center and are told to wait six  
12 weeks or longer to begin therapy, many experience deep  
13 frustration or even to despair.

14 It is not good enough to say that the VA is seeing a  
15 high percentage of veterans for mental health conditions  
16 when treatment is too often sporadic or is limited to  
17 providing medications.

18 The issue is not just access to treatment but access to  
19 timely effective treatment. We urge your Committees to work  
20 to close the still wide gaps in VA's mental health care  
21 system and to ensure that timely, effective mental health  
22 care becomes the norm.

23 We ask your Committees to address another high priority  
24 concern. With military careers often cut short by life  
25 altering injuries, it is particularly important that this

1 generation of wounded warriors be afforded the tools,  
2 skills, resources, education, and support needed to secure  
3 employment and develop fulfilling careers.

4 Congress designed the VA's vocational rehabilitation  
5 and education program to give disabled veterans the help  
6 that they need to gain access in the workforce, and it  
7 should be a key transitional pathway for wounded warriors.

8 But too often VR and E fails them often because of the  
9 heavy caseloads its counselors carry. For many others,  
10 however, VR and E roadblocks lead warriors to bypass the  
11 program and opt instead to use the post-9/11 GI Bill even  
12 though the GI Bill does not provide the counseling and  
13 assistance that VR and E promises. We ask your Committees  
14 to make that VR and E program a greater priority through  
15 budgetary programmatic and outcome based actions.

16 In highlighting a subset of our highest priority  
17 concerns this morning, we by no means intend to retreat from  
18 ongoing advocacy for other important issues.

19 Among these, we urge your continued efforts to have VA  
20 improve its provision of care related to military sexual  
21 trauma in its adjudication of mental health conditions based  
22 on MST.

23 Much more must be done in the area of pain management  
24 where access to comprehensive non-pharmacological services  
25 is still highly variable from one VA facility to another.

1           We ask your Committees to remain focused on VA's  
2 prosthetics program and on the importance of VA's mounting  
3 resurgence in prosthetics research.

4           We ask you to embrace our concern that our warriors  
5 become economically empowered.

6           Many of the issues I have emphasized this morning were  
7 the subject of my remarks when I testified about three years  
8 ago. There has been progress but there is much more to be  
9 done.

10          We look forward to working with you to realize that  
11 change is needed to help our wounded warriors achieve the  
12 goals to which they aspire.

13          Thank you very much.

14          [The prepared statement of Lieutenant Odierno follows:]

1 Chairman Miller. Thank you, Mr. Odierno.

2 Thank you to each of you for testifying this morning.

3 Mental health obviously was a high priority on each of  
4 your testimonies. I would like to give you an opportunity  
5 to tell me what you are hearing from the folks that you  
6 represent.

7 Is it an across-the-board shortage, are there pockets  
8 or regions of the country that VA is addressing mental  
9 health issues quicker and better, or is it just a pure lack  
10 of resources and manpower?

11 And I say that only to say, you know, there is a  
12 possibility that we may need to look outside of the system  
13 further than we already are. But I later to hear from any  
14 of you that would like to hit that.

15 Paul, do you want to start since you are right there in  
16 the middle and then we will go in either direction.

17 Lieutenant Rieckhoff. Sure, yes, sir. I think the  
18 bottom line is that we look at mental health as a  
19 comprehensive approach that has to be taken on by the entire  
20 public.

21 We recognize that the VA has a critical role to play  
22 and tremendous resources but a lot of folks are not going to  
23 VA. So, I think we have got to look beyond that for  
24 creative solutions.

25 When it comes, directly your point, we do see a

1 patchwork. You know, we could try to put some data together  
2 for you, sir, on where exactly we see, you know, quicker  
3 responses than others. But I think what our caseworkers see  
4 especially is it is not reliable and it is not consistent.  
5 If they cannot get a quick response, they have got to look  
6 elsewhere, whether it is through a nonprofit or a local  
7 community group.

8 Our priorities is always trying to get them care  
9 quickly and high quality care. It is across the board, and  
10 I think it continues to be extremely frustrating. It is  
11 just a patchwork. It is really scattered and irregular  
12 across the board.

13 Chairman Miller. Ma'am.

14 Ms. Tomek. We have widows who need care and mental  
15 health access that they do not have it. It is not even  
16 available to them much through the VA. That first six  
17 months of being a widow is a tough time. If we could  
18 provide just a little bit of mental health, I think we could  
19 help widows move on, also widowers. I do not want to leave  
20 them out.

21 It is a tough time when you lose your life partner and  
22 especially if you have been caring for them as a service-  
23 connected disability kind of person; and then to lose that  
24 person, you go through some stress and it would be nice to  
25 have some access to mental health and it is not there that



1 we see.

2 Sergeant McCauslin. Chairman Miller.

3 Chairman Miller. Yes, sir.

4 Sergeant McCauslin. Personally I can tell you that I  
5 think it is patchwork. One example is we just recently  
6 rented one of our spaces in our headquarters, the final  
7 space, to a mental health group that is working off of  
8 federal grants for that very purpose because they cannot get  
9 it in the system so they are going outside.

10 Chairman Miller. Sergeant Major.

11 Sergeant Overstreet. Pretty much the same thing, sir.  
12 I think it is very patchwork like Paul said. I mean, we are  
13 resorting to communities stepping forward and it seems as if  
14 we are having better success with the spouse getting the  
15 member into treatments because a lot of times the member  
16 himself will not go.

17 So, even though he thinks it is okay, the spouse  
18 realizes it is a different person that came back that  
19 initially went overseas or went to a combat zone.

20 So, once again they feel more familiar with in the  
21 community to go to the community for help than they do going  
22 to the VA or something like that, not saying that it is  
23 better or worse. It is just the people that they live and  
24 work with every day.

25 Chairman Miller. As was testified to just a little

1 while ago, when that warrior makes a decision that they need  
2 help, they need help then. They do not need help three or  
3 four months down the road.

4 So, my question is, and this will be my last question  
5 and then and then I will recognize Mr. Walz.

6 Do you think the VA is using enough outside resources  
7 to bolster their capabilities? I understand that there is a  
8 need for continuity of care and that is very, very  
9 important. But there are a vast array of capabilities  
10 outside of the system and I would just like to know, Bill,  
11 you kind of shook your head, no, I think.

12 Anybody have a comment about that?

13 [Pause.]

14 Chairman Miller. Paul, do the younger veterans have a  
15 problem going outside of the VA system for their mental  
16 health care?

17 Lieutenant Rieckhoff. Yes, sir. I mean, some do.  
18 Some rely on VA care exclusively. Some look externally.  
19 Our generation always adapts, improvises, and overcomes.  
20 So, they are going to look for wherever they can get the  
21 care.

22 I think there are two bright spots that I would point  
23 out that we have seen. One is the veteran crisis line. The  
24 veteran crisis line is reliable. We had a memorandum of  
25 understanding with them. They are a great partner for

1 veterans who are in crisis. But the steps before they get  
2 to that crisis point are often where we see the biggest  
3 gaps.

4 Another area that we have seen potential is with a  
5 program that we have partnered with called Vets Prevail that  
6 those cognitive behavioral therapy online.

7 So, if you can explore new technologies that can  
8 decentralize the resources, and especially for younger vets.  
9 Our average member is in their late 20s. Whenever it  
10 involves technology, we see higher rates of connection,  
11 engagement, and care throughout the continuum.

12 Chairman Miller. And I am not in any way saying that  
13 VA should abdicate their responsibility. I mean, the  
14 veteran is there care, and Senator Isakson mentioned a  
15 little while ago the problems that existed at the Atlanta VA  
16 Medical Center.

17 Part of the problem there is that they did fee-out some  
18 of the folks for mental health care but to the VA did not  
19 follow-up to make sure that what they were supposed to be  
20 doing did get done.

21 But I appreciate your comments.

22 Mr. Walz, you are recognized.

23 Mr. Walz. Thank you, Chairman Miller and thank you  
24 again for your steady hand and your willingness to take on  
25 the heavy lift of providing the oversight that is absolutely

1 our responsibility.

2 Thank all of you for being here today.

3 Doc, this may be your final official testimony. It  
4 certainly will not be your last word and I personally have  
5 been honored to have worked with you on these. You are a  
6 man of great integrity and honor and have brought much to  
7 this so thank you for that.

8 All of you know why you are here and I said I look and  
9 see and think about it, those of you sitting to the back and  
10 you are hearing the things talked about. You heard Captain  
11 Odierno talked about he had basically said the same thing  
12 three years ago. Gold Star Wives have been coming here  
13 forever.

14 It can be incredibly frustrating but democracy takes  
15 our commitment. It takes our work. It takes us going with  
16 it. I am reminded, the American public certainly stands  
17 with you in absolute solidarity. I hear folks talk about  
18 the war is winding down.

19 On the first day on this past Monday, the first day in  
20 Minnesota in 133 days that it was above 50 degrees. It was  
21 a beautiful on a day, and we were in Waseca, Minnesota,  
22 burying Caleb Erickson, who died in Afghanistan. Corporal  
23 Erickson.

24 The Main Street was lined with schoolchildren holding  
25 their flags and standing on top of the snow banks and

1 watching Corporal Erickson go to his final resting place.

2 There is not a single person that I represent that does  
3 not want us to get this right. There is not a single person  
4 who thinks it is okay for the Gold Star Wives to have to  
5 come here and ask for what should be given with thanks  
6 instead of having to pry it day in and day out.

7 They want us to get this right. So, what I would  
8 encourage all of you and by these folks coming up here and  
9 by being part of these organizations, keep the faith. Keep  
10 the fight.

11 We have a responsibility both for national security and  
12 the moral imperative of this Nation to deliver. So, we are  
13 getting there but it is not until every single one is cared  
14 for have we done it.

15 I want to just ask two quick questions. Captain  
16 Odierno, again thank you for your service and thanks for  
17 coming back and making this.

18 I had the opportunity, Senator Boozman had the  
19 opportunity, and I thank you for mentioning that bill. We  
20 saw the results of this with a young man named Jason  
21 Ehrhart, who is proof positive that the human spirit and the  
22 will and what is capable.

23 Someone who, following the book, would have been  
24 relegated to institutionalized through the VA has now  
25 decided he is going to live a full life. He is ready to

1 have a family. He is ready to go on, and it is inspiring.

2 He is a young man who says in the documentary that you

3 guys did when they told him he plateaued and that was it.

4 He said what kind of a man wants to be told the plateaued.

5 I am not done. I am not done.

6 That was the purpose of that bill. That was the

7 purpose of what we were doing. My question to you is. Why

8 is the VA still continuing to fail on that? Why are they

9 continuing to fail?

10 When I listen to Pam and Mike tell me they are paying

11 out of pocket for a therapy that is improving his quality of

12 life, it is beyond frustrating. So, if you could just tell

13 me your take on it.

14 Lieutenant Odierno. First, I would just like to echo,

15 you know, the importance of that bill and those who have,

16 you know, mild, severe TBI, I mean, they face such a tough

17 road, and we really owe it to them continued, sustainable,

18 so they can sustain the gains that they have made from the

19 care that they have gotten for the long term and to continue

20 on a path towards true independence so they can still

21 accomplish what ever goals, aspirations they have.

22 It is truly important. I think there is still a

23 disparity facility to facility the care that is provided in

24 terms of severe TBI and also in the community resources that

25 are provided.

1           One of the things that we have done at the Wounded  
2 Warrior Project is our independence program. This year we  
3 have committed \$30 million to this program.

4           \$10 million will go to 250 families to continue moving  
5 them towards independence, to sustain those gains. The  
6 other \$20 million is going in a trust for 40 families so  
7 thinking down the road, if their caregiver can no longer  
8 care for them, this 20 million will ensure that those 40  
9 families will continue to receive the care that they need to  
10 realize those gains and to continue to move forward. This  
11 is just an extremely important thing that we must get right.

12           Mr. Walz. Well, thank you for getting it. You are  
13 right. Thank you for doing that. We have a responsibility  
14 to all those families. Trust me on this. We will ride herd  
15 on them until they get this right.

16           I would like to echo a final thought that Paul  
17 Rieckhoff said. This issue of mental health, it is a  
18 societal issue. It is the mental health parity. After a  
19 long fight, this Administration has finally started to  
20 implement the Wellstone-Domenici mental health parity and it  
21 is a part of that.

22           I think Chairman Miller's point on this is there is a  
23 core mission for the VA that needs to remain in tact. But  
24 if those resources are available, we need to seek them out  
25 and provide them alternative wherever they are at to get it

1 there.

2 So, I appreciate that comment.

3 I yield back.

4 Chairman Sanders. [Presiding.] Okay. Thank you very  
5 much.

6 There are so many issues that I could raise that we  
7 could be here for two days talking about all of them. Let  
8 me focus on just a couple of issues that come to my mind,  
9 and I would appreciate comments from all of the panelists.

10 As I mentioned earlier, Congress did the right thing by  
11 passing the very important piece of legislation in 2010  
12 called the Caregivers Act. What we did not do is extend it  
13 to all generations.

14 So, let me just go down the line and if people could be  
15 very, very brief on it. The issue here is in your judgment  
16 should we expand the Caregivers Act to all generations of  
17 veterans.

18 Mr. McCauslin.

19 Sergeant McCauslin. Absolutely, sir.

20 Chairman Sanders. Okay. Mr. Susino.

21 Sergeant Susino. Affirmative.

22 Chairman Sanders. Mr. Courneya.

23 Sergeant Courneya. Yes. Yes, sir.

24 Chairman Sanders. Ms. Tomek.

25 Ms. Tomek. Yes, sir.



1 Chairman Sanders. Mr. Rieckhoff.

2 Lieutenant Rieckhoff. Yes, sir.

3 Mr. Lawson. Absolutely, sir.

4 Chairman Sanders. Mr. Odierno.

5 Lieutenant Odierno. Yes, sir, but I think first that  
6 we need to ensure that the original intent of the bill is  
7 properly serving the post-9/11 population. I think there is  
8 still inconsistency in how they evaluate who receives what.  
9 So, I think we first need to get that right.

10 Chairman Sanders. Who wants to say anything more about  
11 the need for caregivers? What are the problems out there  
12 that you perceive?

13 Mr. Susino.

14 Sergeant Susino. I think it is slow in getting to the  
15 source itself. I have a veteran who is 90 years old and he  
16 is waiting for his caregivers to get what he deserves, and  
17 it has been taking months.

18 I think when they are looking at these cases, they have  
19 to look at the age of these veterans, and it is 90-year-old  
20 we do not know. I am 90 years old. I am hoping for  
21 tomorrow. But the point is--

22 Chairman Sanders. We are going to see you here 10  
23 years from now.

24 Sergeant Susino. Do I have a contract here, sir?

25 [Laughter.]

1 Chairman Sanders. Absolutely you have got to be here.  
2 That is an order.

3 Sergeant Susino. That is my point. It should not take  
4 that long.

5 Chairman Sanders. Absolutely.

6 Sergeant Susino. And it should be red flagged. When  
7 it goes to any regional office where they look at these  
8 cases, they should look at the age and move these people up.  
9 They should put a red flag to it, and I started that in the  
10 northeast and they do not follow it but I am not going to go  
11 on and on.

12 Chairman Sanders. Okay.

13 Sergeant Susino. It should be looked at.

14 Chairman Sanders. Okay. Other comments on that.

15 Yes, Mr. Lawson.

16 Mr. Lawson. First off, I had a hard time understanding  
17 why one segment of the veteran population was separated from  
18 the rest of them when that act was passed.

19 Chairman Sanders. Well, the answer very shortly was  
20 financial.

21 Mr. Lawson. I know but it was wrong. Absolutely  
22 wrong. You have got to take, it is not just age that you  
23 have got to look at. A lot of our members, I mean, we have  
24 members who are paralyzed from the neck down, you know,  
25 paralyzed from the chest down. They have bowel/bladder

1 issues. They cannot transfer.

2 If they have a spouse at the time that they are  
3 injured, that spouse automatically loses her career because  
4 now she or he has to dedicate their entire time to their  
5 loved one. This has been a long time coming and it should  
6 be passed immediately.

7 Chairman Sanders. Let me ask very briefly another  
8 issue. I touched on it in my opening remarks, and that is  
9 the issue of dental care. As all of you know, the VA now  
10 covers dental care for service-connected oral problems but  
11 not in general. We have a concept of a pilot project to  
12 begin moving toward dental care.

13 Mr. McCauslin, does that make sense to you?

14 Sergeant McCauslin. Yes, sir. As a 32-year medic in  
15 the Air Force, three of those in Vietnam, I can tell you  
16 oral health, mental health mental health, and physical  
17 health are all equal.

18 Chairman Sanders. Mr. Susino.

19 Sergeant Susino. That is one of the specialty planks I  
20 look at and over scheduling and waiting months before you  
21 can get something done. If you go months, and they say you  
22 have to pull a tooth out, and they schedule it for two  
23 months down the line. So, I say when you look at it, they  
24 need more help in that area in all the specialty clinics.

25 Chairman Sanders. Mr. Courneya.

1           Sergeant Courneya. Yes, sir, I believe dental care  
2 should be instrumental because that is probably one of the  
3 health care issues that many people neglect until absolutely  
4 they need it. So, it should be looked at more carefully.

5           Chairman Sanders. Ms. Tomek.

6           Ms. Tomek. VA has provided dental health for survivors  
7 thanks to this Committee and we thank you very much for  
8 doing that. It has been very helpful.

9           Chairman Sanders. Thank you.

10          Mr. Rieckhoff.

11          Lieutenant Rieckhoff. Yes, sir. I mean, dental health  
12 has got to be a part of comprehensive health. I just look  
13 back to when I was a platoon leader deploying to Iraq, I had  
14 more soldiers go down from dental issues than just about  
15 anything else. I think especially in the National Guard and  
16 Reserve in my experience has also been especially a problem.

17          Chairman Sanders. Mr. Overstreet.

18          Sergeant Overstreet. Yes, sir, I agree with that. I  
19 think it goes hand-in-hand. After having a four-hour oral  
20 surgery Monday a week ago and getting the stitches out this  
21 Monday, I certainly agree with that.

22          Chairman Sanders. You are very conscious of that issue  
23 now.

24          Mr. Lawson.

25          Mr. Lawson. Yes. I agree with what everyone else is

1 saying. But I would caution if we are going to do this, we  
2 need to make sure that we provide the assets for the VA to  
3 be able to do that. They are going to have to beef up their  
4 staff.

5 Chairman Sanders. Right. No question about that.

6 Mr. Lawson. You know, just personal experience I  
7 wanted to get my teeth cleaned and my appointment is one  
8 year from now.

9 Chairman Sanders. Mr. Odierno.

10 Lieutenant Odierno. I do believe it is important to  
11 overall health. Yes.

12 Chairman Sanders. Thank you very much. My time has  
13 expired.

14 Mr. Coffman.

15 Mr. Coffman. Thank you, Mr. Chairman.

16 First of all, I want to thank you all for your service  
17 and the service of your loved ones. I come from a Colorado  
18 military family. My late father retired an Army master  
19 sergeant, served in World War II and Korea. I served in the  
20 First Gulf War and the Iraq war.

21 Mr. Rieckhoff, I want to thank your organization for  
22 endorsing my legislation, the VA Construction Assistance  
23 Act, which seeks to improve major construction projects for  
24 hospitals and medical centers in Aurora, New Orleans, and  
25 Orlando.

1 I just wanted to see if you had any additional comments  
2 about the current state of VA construction and facilities  
3 management or any recommendations for us to pursue in order  
4 to improve the VA in this area.

5 Lieutenant Rieckhoff. I would just, you know, double  
6 down on the recommendations we made, sir. I guess from our  
7 perspective as a newer generation, I guess the thing I would  
8 urge the Committee to constantly think about is the  
9 demographic shifts that are happening.

10 Our generation is not in the places that previous  
11 generations were. They are much more mobile. They are  
12 going to school. So, I think we have just got to build a  
13 system that is increasingly dynamic across the board that  
14 can respond to the changing geographic distribution of where  
15 our generation especially is laid out.

16 Mr. Coffman. Let me just follow-up with outside of  
17 that construction issue in that what is your view on the  
18 ability of veterans, particularly coming back home from Iraq  
19 and Afghanistan, to utilize mental health services within  
20 their own communities being reimbursed by the VA.

21 Lieutenant Rieckhoff. I think it is being complicated,  
22 and I think the survey information that I shared earlier  
23 about how 65 percent I think of our members have experienced  
24 challenges with scheduling.

25 I think it is frustrating. It is irregular. Some

1 areas, of course, are outliers and seem to excel. But the  
2 point that we continue to make and I make in my testimony I  
3 think that is especially important is there is a critical  
4 shortage of mental health care workers. I think there is  
5 something like a thousand open spots right now.

6 So, until we address the supply while demand continues  
7 to increase, we are just going to be treading water or even  
8 losing ground. That is why we continue to focus on that.

9 We have asked the President, for example, to issue a  
10 national call to action and say if you want to serve your  
11 country go be a qualified mental health care worker, serve  
12 our veterans, serve our military, and provide the incentives  
13 that will make that happen.

14 But supply and demand is not matching up here and has  
15 not been for years. So, I think we have to attack that  
16 issue head on.

17 Mr. Coffman. Mr. Lawson, one of the issues with the  
18 claims backlog is that many claims, regardless of  
19 complexity, are subject to a lengthy and sometimes  
20 burdensome, subjective review and appeals process.

21 Do you believe that there is a, and anybody else who  
22 might want to comment on this, do you believe there is an  
23 opportunity to amend the process to facilitate a less  
24 complicated claims process that would be less subjective,  
25 more objective in how it would evaluate the claims from--

1 could you comment on that?

2 Mr. Lawson. Well, the claims process in general is  
3 pretty tough to go through. It does need to be simplified  
4 some. Our organization has always been of the opinion that,  
5 in order to get this backlog down, there has to be some  
6 adjustments made.

7 There are claims that, I mean, it is a no-brainer when  
8 you have got somebody who lost a limb, you know, it is  
9 there. Let us get it done. Instead of its going at the  
10 back of the line and the more complicated ones are going to  
11 take some time to work through, you know, then it just  
12 creates a bigger backlog.

13 I think that for one thing for the claims like that  
14 that, you know, there is no doubt that it is going to be  
15 adjudicated positively, it ought to be just work right then.

16 Another thing, whether people know it or not, a veteran  
17 can submit a claim on a piece of paper. It does not have to  
18 be a form but VA does not recognize that either. They need  
19 to accept that type of a claim as well.

20 But in general, I think that a lot of the veterans are  
21 trying to file these claims by themselves. It creates a lot  
22 of errors. Unfortunately, you know, a lot of them are not  
23 aware that there are veterans service organizations that  
24 have expertise in just the filing to make sure that the  
25 claim is fully developed before it is ever submitted.



1 I think that is part of what creates a backlog as well  
2 because they submit these and there are numerous errors but  
3 unfortunately the VA also does not come back to them and  
4 help them to work through those are which they are actually  
5 bound to do but they just do not do it.

6 Chairman Sanders. Thank you very much.

7 Congresswoman Brownley.

8 Ms. Brownley. Thank you, Mr. Chairman.

9 I wanted to thank all of you today for your testimony  
10 this morning and for your continued and dedicated work you  
11 do on behalf of our Nation's veterans and, as Chief  
12 McCauslin said ,our national treasures. So, I want to thank  
13 you for that very, very much.

14 I would also like to just take a moment to recognize  
15 all the members from the various VSOs here from California,  
16 and in particular, I would also like to thank Carol Ellender  
17 from Port Hueneme in my district and Ventura County who does  
18 an extraordinary job and who is currently as the Chair of  
19 the Board of Directors of the Gold Star Wives of America.  
20 So, if you will pass on my gratitude, I will appreciate  
21 that.

22 Ms. Tomek. I certainly will.

23 Ms. Brownley. Thank you very much.

24 So, my line of questioning is also around mental  
25 health. I actually had, we had a House Veterans' Affairs

1 Subcommittee on Health held in my district in Ventura County  
2 a couple of weeks ago to explore both traditional and  
3 alternative mental health care procedures within the VA.

4 In my county, we still have a 44-day wait period for  
5 mental health services which is completely, completely  
6 unacceptable; and quite frankly I think given the mental  
7 health care challenges that we have for our returning men  
8 and women coming back from war--and thank God they are  
9 returning--we should at the VA have, in my opinion, have the  
10 very best mental health care delivery in the country because  
11 of the need of our men and women who have served us.

12 That is obviously not the case at this particular point  
13 in time. One part of the solution has been an extended care  
14 initiative.

15 I actually wrote a letter to the VA last year to  
16 inquire about how that was going. I got a letter in return  
17 saying that the after-hours care have been met and exceeded  
18 in the letter. That is not the case in my district.

19 We do not have extended hours. It may appear that way  
20 on paper because many of my veterans have, to utilize  
21 extended hours, would have to travel three to four hours to  
22 get there. So, it is not really servicing them the way they  
23 need to be serviced.

24 So, I like to, you know, get your feedback to see how  
25 we are doing across the country with regards to the extended

1 care initiative.

2 If anybody could respond.

3 Sergeant McCauslin. Madam Congresswoman, a little bit  
4 ancillary to what you address there. Last year I testified,  
5 in fact, we really focused on when Chairman Miller asked how  
6 would I resolve this problem and I was quick to say that the  
7 VA needs to consider outsourcing, because there are  
8 sufficient mental health specialists all over the country in  
9 the civilian world that are waiting for this.

10 I do not know what the status is. Have they outsourced  
11 it and laid the requirements in contract to take care of  
12 those? Or are they still trying to take care of it in-house  
13 which obviously we are learning today is inadequate?

14 Ms. Brownley. Yes. Well, thank you for that, and we  
15 do have inadequate professionals in this area. There is no  
16 question. We do not have enough to meet the need. One way  
17 of resolving this, not the only way and not the exclusive  
18 way, though, is to extend hours for people so that they do  
19 have access but I do not think that that is happening  
20 consistently across the country.

21 Perhaps I can pursue that with you later to get your  
22 accurate assessment of what you feel is, indeed, happening.

23 The other question I wanted to ask also, and maybe Mr.  
24 Odierno could respond to this with regard to the Wounded  
25 Warrior Project, is alternative forms of mental health care

1 therapy, and I believe that there is a need, not one-size-  
2 fits-all, when it comes to this. And I think that there  
3 some really proven alternative therapies, equine therapy  
4 being one that actually is happening in my district that has  
5 been extraordinary, extraordinarily successful and I am just  
6 wondering if you may comment on that.

7 Lieutenant Odierno. You know, personally, I really do  
8 not know enough about some of those alternative treatments  
9 to really comment, but, you know, I certainly think that  
10 there needs to be, you know, more research done in these  
11 areas so that we can make sure that, you know, wounded  
12 warriors are getting the most effective treatment means  
13 possible.

14 Ms. Brownley. Thank you.

15 Chairman Sanders. All right. Well, let me conclude on  
16 behalf of the Committee, both Committees, for thanking all  
17 of you for being here this morning, to tell you that your  
18 testimony is taken seriously and that we are going to try to  
19 work together to resolve the many issues that you raise.

20 And once again thanks to everybody for being here and  
21 thank you all very much for your service to our country.

22 The meeting is adjourned.

23 [Whereupon, at 11:25 a.m., the Committee was  
24 adjourned.]