

STATE OF VETERANS' BENEFITS AND SERVICES IN HAWAII

- - -

TUESDAY, APRIL 10, 2012

United States Senate,  
Committee on Veterans' Affairs,  
Washington, D.C.

The Committee met, pursuant to notice, at 10:00 a.m., at the Oahu Veterans Center, 1298 Kukila Street, Honolulu, Hawaii, Hon. Daniel K. Akaka, presiding.

Present: Senator Akaka.

OPENING STATEMENT OF SENATOR AKAKA

Senator Akaka. This Committee on Veterans' Affairs of the United States Senate will come to order. Aloha.

Audience. Aloha.

Senator Akaka. I want to say welcome to all of you to today's hearing of the Senate Committee on Veterans' Affairs. Today the Committee will look into the state of veterans' services here in Hawaii. Many of you will recall that we held a similar hearing here starting back in 2006. I believe that these hearings can be an effective tool with the overall goal of improving the Government's ability to deliver the benefits and services our veterans have earned and deserve.

I can tell you that over the years many issues have been raised in hearings such as this, and many things have changed for the better as agencies have responded to the needs of our heroes. Sometimes change takes a significant amount of time, as you all know. But if we are persistent, things will get done, and this is why we are having this hearing today.

One example of this type of change can be found in the 2013 VA budget. This calls for a new VA health care center in West Oahu. This facility will also house a DOD clinic to help serve the active-duty community on that side of the island. This is a project I have been behind for years, and it is coming to fruition. It will serve many veterans in West Oahu while also alleviating some of the overcrowding at the Spark M. Matsunaga facility at Tripler on the Hill.

Back in Washington, my colleagues and I have worked hard to ensure that VA has the resources needed to carry out its significant responsibilities to provide the best possible care and benefits. The President's request for VA funding, which I hope the Senate will take up later this year, is over \$140 billion for 2013. Some of you will recognize that we have nearly doubled the budget in 7 years, and this is particularly remarkable given the economic situation we face as a Nation. However, it also underscores the commitment that we have and this country has to provide our veterans with the services they richly deserve.

Under the leadership of Secretary Shinseki, VA has been moving in the right direction in many areas. For example, the 5-year plan to eliminate veteran homelessness is already showing promising results. However, I want you to know how this plan is being implemented here in Hawaii, and so we are

going to talk about that as well.

While I am pleased with the overall direction of veterans' benefits, I am concerned about the results from a recent VA Inspector General report that identified shortcomings in the operation of the Honolulu Regional Office. However, I appreciate the RO's response to the IG's findings. It appears that corrective action is being taken to resolve these issues. This is something that we do across the country, and there is always so much more to be done, and as you know, the kind of work that VA does in a sense is to continue to try to catch up to the demands that come. And, of course, with the Iraq and Afghan war, there are further demands. And even with the GI bill, as you know, now we have it in place, and it will serve a new generation of veterans and people throughout the country.

Regarding health care services, I have concerns about the staffing levels at some of our facilities here. I also want to encourage VA to continue to work on the delivery of care for women veterans as this population continues to grow. And as you know, during our time and many of your time, you know, we did not have as many women in the military, but today we do have them, and we need to have services that can deal and take care of our women veterans and servicemembers as well.

Employment is another area of concern. Helping our veterans enter and succeed in the civilian workforce is a high priority for this Committee, and as you know, today those who get into the military have to be a little higher in educational rank. I should tell you that in my time, which is World War II--let me put it this way with a big smile--as long as you could breathe, you were in.

[Laughter.]

Senator Akaka. And that was true because, as you know, during my time we were drafted, and I did not realize until we got in that there were many--I think at that time all the draftees were male and single, and I remember and was surprised to learn that after we got in, there were many boys who could not read, and so they had to have classes for reading in the military. But today with the IT and all of that, you know, we have to have veterans who can handle themselves better than those days. So, therefore, it is going to be tougher to get into the military. We have slimmed down, as you know, but we still want a good force, and we are still getting them. They are still volunteering very well, and we are moving along with our new strategies here for our country. But our military now has lots of training and education that puts them on a higher level.

I hope that our witnesses will share their thoughts and findings on what we are doing right and where we need to take a closer look in order to provide the best service we can for our veterans. We all know that more work needs to be done, and we are doing it. But we have to keep at it, and this is part of that process.

Finally, I also want to point out to everyone that VA

representatives are here today to answer questions any of you may have on benefits and services. And I would like to ask our VA representatives who are in the room here to just please stand so you know who they are at this moment. Thank you.

[Applause.]

Senator Akaka. Thank you very much. And I got to tell you, these folks are busy and always trying to do better, as we all try to do.

My staff is also here to assist you in any concerns that you may have and will also accept any testimony that you would like to submit for the record. We would like to hear from you even though you are not a witness, but if you have something to offer, please do it in writing and leave it with us. Our record will be open for one week for you to do that as well. But we want to hear from you and hear your concerns directly from you.

Again, mahalo nui loa, thank you very much for being here, for your support of our veterans community. As you know, in Hawaii we take pride in trying to be a little better than the rest, and we have been. And it is due to your aloha spirit and the spirit of working together and helping each other out. And we will continue to do that.

So let us begin with our first panel. I want to thank all of you for taking time to be here with us this morning. We have Ms. Sondra McCauley, the Deputy Assistant Inspector General for Audits and Evaluations, Office of the IG, Department of Veterans Affairs. She is accompanied by Brent Arronte, the director of the Benefits Inspections Division, Bay Pines, Florida.

I also welcome Rene Berthiaume, the vice president and manager of Network Enterprises; Ms. Monica Ojeda Lynch, an Iraq War veteran; Clay Park, veteran, and program director at Papa Ola Lokahi; and Mitch Skaggerberg, president of Vietnam Veterans of Maui County.

Now, we are placing this group here in the first panel so we can hear them, and on our second panel we will have the officials. Again, welcome to all our witnesses here.

I want to remind you that we would like you to limit your opening statements to 5 minutes. Your full statement will be included in the record.

Ms. McCauley, we will begin with you, and we will hear the testimonies of each of you in the order that you were presented. Thank you very much, Ms. McCauley.

STATEMENT OF SONDR A F. MCCAULEY, DEPUTY ASSISTANT INSPECTOR GENERAL FOR AUDITS AND EVALUATIONS, OFFICE OF INSPECTOR GENERAL, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY BRENT ARRONTE, DIRECTOR, BENEFITS INSPECTIONS DIVISION, BAY PINES, FLORIDA

Ms. McCauley. Senator Akaka, thank you very much for the opportunity to testify here today on the results of our December 2011 inspection of the Honolulu VA Regional Office.

With me today is Mr. Brent Arronte, Benefits Inspection Director, whose office conducted the review.

The OIG's Benefits Inspection Program was created with your support in 2009 to review the effectiveness of individual VARO operations in providing timely and accurate benefits and services to veterans. We currently are on schedule to complete our first 3-year cycle of reviews of all VAROs. Upon completion of each inspection, we issue a report to the VARO director, a snapshot in time, on the results.

The Honolulu office performed well in three of eight operational areas that we inspected: processing traumatic brain injury claims, processing herbicide exposure-related claims, and correcting errors reported through the Veterans Benefits Administration's Systematic Technical Accuracy Review program. The Honolulu office did not meet VBA's standards for five areas we tested. Specifically, the office incorrectly processed 26 of 30 temporary 100-percent disability evaluations, lacked oversight to ensure 8 of 11 required systematic analyses of operations were timely and complete, mishandled 20 of 60 pieces of claims-related mail, did not address Gulf War veterans' entitlement to mental health treatment for 10 of 26 disability determinations, and provided inadequate outreach to homeless veterans.

The issues we identified at the Honolulu office were fundamentally due to unclear guidance and a lack of management oversight. Veterans Service Center staff informed us that top-down communication was not always clear or consistent. Some staff said they learned of new guidance or practices from other employees rather than from their supervisors.

Further, Honolulu is one of the few offices that require a 3-year contract generally for the maximum tenure for the director and Veterans Service Center manager positions. The VARO director indicated this 3-year contract does not always allow for consistent leadership. Under the current director, the VARO has had three temporary managers and one permanent manager. The changes in leadership appeared to affect the continuity of operations.

The Honolulu office faces challenges in achieving the high-level performance exhibited by some of VAROs we inspected. Since our inspection program began, we have published 47 VARO inspection reports. While no VAROs totally complied in all the operational areas we reviewed, Jackson, Mississippi, and St. Paul, Minnesota, offices had the highest level of overall compliance--70 percent--with VBA policy. Conversely, Baltimore, Maryland, and Anchorage, Alaska, offices had the lowest rate of compliance at 7 percent. The Honolulu VARO fell in the middle range with an overall compliance rate of 38 percent.

Further, few VAROs achieved VBA's national target of 87 percent accuracy in claims processing alone. While Wilmington, Delaware, had the highest claims processing accuracy rate at 93 percent, Houston, Texas, had the lowest

at 43 percent. Again, the Honolulu office was in the middle range at 53 percent. Although similar in size to the Honolulu office, the Reno, Nevada, and Boise, Idaho, VAROs performed better, with claims processing accuracy rates of 76 and 70 percent, respectively.

The challenges the Honolulu offices faces are not insurmountable. In our report, we recommended the VARO director provide improved oversight and guidance to address the non-compliant areas we identified. The director concurred with all seven recommendations. The comments and planned actions are responsive to our recommendations.

Senator Akaka, thank you for the opportunity to testify today. Mr. Arronte and I would be pleased to answer any questions you may have.

[The prepared statement of Ms. McCauley follows:]

Senator Akaka. Thank you very much, Ms. McCauley.

Mr. Berthiaume, please proceed with your statement.

STATEMENT OF RENE BERTHIAUME, VICE PRESIDENT AND GENERAL MANAGER, NETWORK ENTERPRISES, INC.

Mr. Berthiaume. Thank you, Senator Akaka. Thank you for the opportunity to be able to testify today before the Senate Veterans Affairs Committee.

I am Rene Berthiaume. I am vice president and general manager of Network Enterprises. We are a nonprofit community organization that provides employment and training opportunities for homeless veterans. I also serve as the Post Commander of the Vietnam Veterans Post 10583 of the Veterans of Foreign Wars here in Honolulu, as well as a number of other veterans' organizations. In addition, I am also a member of the Government Relations Committee of the Board of Directors of the National Coalition of Homeless Veterans headquartered in Washington D.C.

Our main focus in serving veterans is in the area of employment and training and long-term permanent affordable housing solutions. Our main source of funding for employment services to homeless veterans comes from the Department of Labor's Veterans' Employment and Training Service Homeless Veterans' Reintegration Program, the HVRP program, not from the Department of Veterans Affairs. However, it is very important that these non-VA monies be maintained and expanded on as a way of leveraging other funding sources and is an important component of our overall strategy to end veterans homelessness by 2015, along with, of course, Grant and Per Diem, HUD-VASH, as well as other programs.

HVRP is very similar to Vocational Rehabilitation in that your primary function is to find the veteran a job. Under VA rules only a veteran with a service-connected disability with a disability rating of 30 percent or more are eligible for VR services from the VA. Therefore, this DOL funding is very important and is meant to serve those veterans who are not eligible or choose not to go to the VA for VR services, and it is a very large group.

We are reaching right now the halfway point in the 5-

year plan to end veterans' homelessness that Senator Akaka talked about before. We have made great strides towards that very worthy goal. However, we are expecting a very large influx of new veterans in need of assistance due to our wars in Iraq and Afghanistan; therefore, much is needed. According to the Star-Advertiser article last week, 300,000 veterans will be returning with PTSD. So the single most important thing we can do for these veterans is to assist them in finding a job. This is especially true for those who have not come to the point where they are considered "chronic homeless," which means mental health and substance abuse problems. Many of these veterans can avoid the trauma of sleeping in parks and under bridges if they could just find a good-paying job. We do have in place the Hire the Vet Program under Title 38 that can help provide employment for veterans on Government contracts. Title 38, however, can be hard to enforce, and many companies do not comply.

Therefore, I am proposing new Federal legislation that would allow up to a 5-percent preference for companies bidding on Federal contracts if they commit to employing unemployed veterans for the duration of that contract. By preference, I mean a company's bid price could be up to 5 percent higher than the next bidder and still win the bid. As an example, if a company commits to hire one veteran they could receive a 1-percent preference; if they hire two veterans, they could receive 2-percent preference, and so on up to 5 percent. Even though it might seem that Government would be paying a little more for the contract, it would actually save Government resources by reducing the veterans' dependence on various public assistance programs, therefore making that veteran a taxpayer instead of a tax user.

This is just a concept I am laying out. I will limit my testimony at this time to putting that concept forth for consideration and discussion, and I would be glad to provide more detailed information as to how this program could be implemented.

Thank you again for allowing me to testify, and I would be happy to answer any questions you may have.

[The prepared statement of Mr. Berthiaume follows:]

Senator Akaka. Thank you very much, Mr. Berthiaume.

And now we will receive the testimony of Ms. Lynch.

STATEMENT OF MONICA OJEDA LYNCH, OPERATION IRAQI  
FREEDOM VETERAN

Ms. Lynch. Good morning. It is an honor to be here today at this important field hearing with Senator Akaka and the Senate Veterans' Affairs Committee and [inaudible].

My name is Monica, and I served as an Army JAG officer for nearly 6 years, deployed to Iraq from November 2005 to November 2006 with the 4th Infantry Division

out of Fort Hood, Texas. I am a military sexual trauma survivor and a disabled veteran.

My experiences at the local VA here have been fraught with anxiety and a feeling that I do not belong. It was very difficult for me to fill out the claims paperwork

because it was just painful to go through and revisit that time of my life. Clay Park was invaluable in the whole process. I always say that he saved my life. He told me his job was to make sure I did not give up on the process.

After waiting 6 months, I got an appointment for my evaluation exam for my physical injuries. The compensation evaluation for my physical injuries was humiliating. I felt like I was on trial. Dr. Lamping, who conducted the exam, told me that if I made a decision to volunteer for something and then I got hurt in the process, well, that was an education for me. I left the exam in tears, and that was my welcome to the VA.

This alone would have caused me to quit the process if it were not for the loved ones that supported me. I have a strong support system, and many veterans do not. How are they expected to continue having faith in the VA system after this type of treatment?

This incident is not the only incident I have experienced at the VA or heard about from other veterans.

There needs to be a culture shift where we get back to basics. We need to train personnel to respect the dignity of the veteran, any veteran. We also need to remember as a veteran that this is our house. We do not work for the VA; the VA works for us. And we are not a burden on society; we have carried society's burden. This attitude of distrust and suspicion towards veterans making claims needs to stop. Every time a veteran tries to access a service or make a phone call or file a claim, he or she is putting herself out there on the line. And every time the VA loses a piece of mail or does not answer the phone in a timely manner or is dismissive towards a patient, it fails in its mission to take care of the veteran and only confirms that his or her sacrifices are forgotten.

I have had four primary care doctors in the last year. I would like to see the VA hire a consistent primary care doctor instead of rotating doctors through every 3 months. Having permanent primary care doctors will be more efficient because patients do not have to constantly start over with a doctor at each appointment.

We need additional funding to get manpower to answer the phones. I was once on hold for 40 minutes before I finally gave up. People should be answering the phone immediately or at most have a short wait time. There are many people who cannot make it down to the VA, so a phone call is really [inaudible] lifeline.

Outreach is an important tool to reach veterans, but we have make sure that its facilities can handle the patient load. With the large number of veterans in the islands, the number of patients will only grow from here. Are we on par with other VA centers for how many veterans are assigned per provider?

Also, we need to adjust to the changing demographics of veterans by recognizing the women who have proudly served in the military. That includes dropping the farce of not

having women in combat. Women are in combat. At least half the time I went outside the wire, my gunner was a woman. My experience was not unique. Recognizing the roles in which women have served in the military will go a long way to treating women properly in the VA health care system. Being a woman in the military brings about a unique set of issues that men do not encounter. Women encounter much more harassment, sexual assault, and a general denial of their military experience by others. We need to expand women's services at the VA. The experience here has been good here at the women's center, but it needs to grow. Also, women veterans' input should also be taken into consideration in planning the next phases of women-centric health care.

The VA needs to be available to those veterans that work full-time: perhaps expand clinic hours so that veterans can be seen after work or on Saturdays; provide on-site child care so that women veterans--who are usually primary caregivers--can use VA health care services. Veterans should not have to choose between their jobs and getting the health care they need and deserve.

The VA also needs to be on the cutting edge when it comes to social media. We need additional funding to get a Webmaster here that can keep veterans current on Facebook, Twitter, and other social media outlets so that veterans are educated and aware of all the benefits [inaudible].

Change will not happen overnight, but every little improvement has a big impact on a veteran's experience in the VA health care system.

Thank you for taking the time to listen to my testimony. I am happy to answer any questions.

[The prepared statement of Ms. Lynch follows:]

Senator Akaka. Thank you very much for your testimony, Ms. Lynch.

Mr. Clay Park, will you please proceed with your testimony?

STATEMENT OF CLAY PARK, DIRECTOR, PAPA OLA LOKAHI, NATIVE HAWAIIAN VETERAN PROJECT

Mr. Park. Welina. Chairman Murray and members of the Senate Committee on Veterans Affairs, Papa Ola Lokahi wishes to express to you its sincere gratitude for inviting us to participate today in this important hearing. We particularly are grateful for this opportunity also to recognize and to extend our mahalo to our distinguished Senator and friend from Hawaii, the Honorable Daniel K. Akaka, who has served his constituency and this Nation for more than a generation.

My name is William Clayton Sam Park, director of Papa Ola Lokahi's Native Hawaiian Veterans Project. I am a retired master sergeant with 3 years' active duty and 21 years of service with the Hawaii Army National Guard. I am also retired from the DVA with 28 years of service and a disabled veteran.

Papa Ola Lokahi is the Native Hawaiian Health Board that was established by the Native Hawaiian community in



1987 to plan and implement programs, coordinate projects and programs, define policy, and educate about and advocate for the improved health and well-being of Native Hawaiians, an indigenous peoples of the United States. These tasks were incorporated within U.S. policy when the United States Congress established its policy in 1988 "to raise the health status of Native Hawaiians to the highest possible level and to provide existing Native Hawaiian health care programs with all the resources necessary to effectuate this policy.

Native Hawaiians and Hawaii nationals have served in the military services of the United States from the very beginning of the Nation. I have attached to the written summary of my comments a historical review of the distinguished record of our citizens in the armed forces of the United States. As a side note, a number of native residents have also served in the armed forces of other countries, including England and Canada.

Four years ago, Papa Ola Lokahi initiated its Native Hawaiian Veterans Project in an effort to facilitate the ability of Hawaii's veterans to access programs through the local Veterans Affairs office. We wish to commend General Hastings and Ms. Tracey Betts and their staff for the work that they do for we could not do what we do without their support. We are also particularly excited about the recent introduction of what will become the GI Consumer Awareness Act. You and your Committee need to be commended for this needed legislation. Hawaii's involvement in both Iraq conflicts and the continuing effort in Afghanistan has greatly taxed not only regular armed forces units but also those of our Nation Guard. The health and wellness needs of these returning men and women as they leave the service continue to stress the system here. To assist in addressing this need, Papa Ola Lokahi continues with its national and statewide network of "aunties" and "uncles" who provide valuable information and something like "parental advice" to those seeking help. Through my office, we provide hands on assistance in completing all the necessary forms required for entry into the VA system. And, finally, we have a statewide network of Native Hawaiian Health Care Systems, working with community health centers, which provides needed primary care and/or referral services. We look forward to developing a formal relationship with the VA as we all in the Hawaii community continue to assist our veterans with their health and wellness needs and concerns.

A few years ago, we appeared before you with recommendations. Again, we would like to bring forth these recommendations for your consideration.

One, continue to enhance VA capacity to address health and wellness issues not only of the VA beneficiary but also those of the VA beneficiary's family.

Two, develop VA capacity to contract with Native groups and organizations to provide outreach services to VA beneficiaries and their families.

Three, develop VA capacity to contract with federally

qualified health centers and tribal and Native Hawaiian Health Care Systems to provide VA beneficiaries and their families with primary care services in rural areas.

Four, train VA service providers working with Native populations in history, cultural sensitivity, and cultural competency.

Five, expand VA capacity to provide traditional Native healing practices and alternative and complementary healing practices to VA beneficiaries and their families.

Six, support and develop specific work plans for each of the recommendations of the Advisory Committee on Minority Veterans' July 1, 2008, and July 1, 2009, reports.

Seven, collect, analyze, and report data on VA beneficiaries and their families in accordance with the 1997 Office of Management and Budget 15 revised standards, including disaggregating native Hawaiian from Other Pacific Islander data.

Eight, enhance VA capacity to undertake research on ways to improve health and wellness outcomes for VA beneficiaries and their families.

We strongly recommend that the VA increase its research capacity to investigate what the health and wellness issues are for returning Native men and women veterans from today's war zones. It is hoped that many of these studies could be undertaken by Native health researchers themselves.

Thank you again, Mr. Chairman and members of the Senate Committee on Veterans' Affairs, for this opportunity to share with you my thoughts today. We have ended previous testimony with an "olelo," a verse, in my traditional language. We state it again: Ke Kaulana Pa'a `Aina On Na Ali'i, which is simply translated as, "The famed landholders of the chiefs." The meaning here is that the best warriors were awarded the best lands by our chiefs because of their bravery and service. This is why we are here today. We simply want the best health care possible for our warriors who have given so much and often sacrificed their own health for this Nation's benefit. Mahalo.

I would be pleased to answer any questions you may have.

[The prepared statement of Mr. Park follows:]

Senator Akaka. Thank you very much, Mr. Park.

And now we will receive the testimony of Mr. Mitch Skaggerberg, a Vietnam veteran.

STATEMENT OF MITCHELL SKAGGERBERG, PRESIDENT,  
VIETNAM VETERANS OF MAUI COUNTY

Mr. Skaggerberg. Senator Akaka, thank you again. As you stated earlier, the field hearing, the congressional field hearing, has been very important in bringing changes and progress to serve our veterans in a more efficient manner. Today I am testifying on behalf of the Maui veterans, all the Maui veterans, and I am going to zone in on our health care system.

As has already been stated, we know there is a number of deficiencies and vacancies, but it seems like the Maui

CBOC has been the most drastically affected. Over the last 3 years, we have lost 20 staff members, six of those doctors, many RNs. They have become known on Maui as the "revolving door clinic."

Unfortunately, up until about 7 months ago, half of our staff was non-existent. We had about 13 vacancies. Thanks to your interest and concern over the last few months and Director Jim Hastings and also the Coordinator for Rural Health Tom Driscoll, we have started to address some of these generic problems.

We have a phone system that is pretty well dysfunctional. Nobody can get a live person on the phone today. And even the directors acknowledges that, and our nurses, our head nurses at the clinic. So when we reach out, because we have various problems, we cannot get through to anybody, and we cannot go to the hospital without authorization, so that is a real problem. And I know Director Hastings is figuring out a system that can correct that, but to date we have no options, and we are running out of time.

The other thing that has happened is hundreds of our veterans are not being properly cared for. We have 2,500 veterans in the Maui system. They have become very angry, upset, but, most importantly, very anxious about the future of their health care, especially their wives and their families. A number of them have abandoned the system at this point and undertaken private insurance policies that are very expensive for them and they really cannot afford them. That is very distressing to us [inaudible].

The remaining staff is pretty much working two jobs. They are working weekends and well into the evening to try to keep the clinic afloat. We are in a very dangerous session right now and time frame. Kathy Haas, who kind of was our founder of the Veterans Center, was afraid that the whole system would collapse. So we are asking for your help and the help of our Human Resources Department and Jim Hastings and Tom Driscoll to put this as a very urgent matter.

One of the reasons I think we are seeing this is we have a high cost of inter-island travel to Honolulu for many of our veterans around the State. Eight to ten million dollars is being spent just to transport our veterans to Hawaii for medical care. So our region is running an \$8 to \$10 million deficit.

We have explored this, and we believe that VISN 21 who we report to is delaying some of the replacements so they do not have to pay half of our staff now if they are not gone, and we have it from reliable sources that that is forcing them to delay hiring replacements. The typical time now to hire replacements is 8 months to 12 months, much too long. We have been without doctors about 2 out of the last 5 years where we had no doctors in our clinic, just revolving doctors from Honolulu.

So one of the solutions that we have is that we are

going to encourage you, Senator, to create more autonomy in Hawaii. A big part of the problem is that we are being forced to comply to mainland standards, ways of operating, ways of credentialing, that are hurting us here in Hawaii. For example, Human Resources is being told from California what to do, you know, how to proceed. We are recommending that our Human Resources have quite a bit of autonomy. The most [inaudible] now is the doctor revolving door and recruit local nurses and doctors and staff. That means as soon as the jobs are available, we are placing ads now in all the local papers on the Big Island, Kauai, and Maui and Oahu. It also means that we must do it within a 2-month, 3-month time frame. We cannot afford anymore for it to be 8 to 12 months.

So these are the types of challenges that we believe we need. We also believe we need to have more autonomy overall in the director's office from VISN 21. We presented this idea about 5 years ago to look at separating us from VISN 21 and creating our own unique VA system here that services all Pacific Islanders. I would like you to look at that seriously with General Shinseki because you understand the huge differences here and the unique differences.

The last thing I would like to say is that we just need a lot of help right now. The people who are in our clinic are still helpless. Now, we are getting some help. Coordinator Tom Driscoll said that there are four or five people that they have identified they are going to offer contracts to, but, again, the credentialing process goes through the mainland and takes a lot of time. And we are encouraging our staff members to hold the fort until we can get replacements in.

The last thing I want to address is we proposed a centralized, consolidated VA Center in Maui, at Maui High, and we finally got some agreement from all the State agencies that they are willing to move forward on this. So we are asking you and Senator Inouye to see if we can move up that appropriation into the 2013 fiscal budget. It would mean doing it through the supplemental budget that Senator Inouye--but we think it is very important to move on that. Our current clinic has been pretty much condemned by the VA on the mainland as being an earthquake-prone tsunami zone. They gave us 18 months to be out of there, and that was 2 years ago. Also, the parking and the traffic congestion is making it very difficult for our veterans to get to the various locations.

So the State is ready to move on this, we are ready to move on this, and we are asking the VA to move on this in fiscal year 2015.

We thank you again, and we want to thank our local VA [inaudible] many of these situations or suggestions, and they have rolled up their sleeves to do what they can, but, again, they are tied by many of the mainland policies.

Thank you, Senator, for listening to this and hopefully together working with you and General Shinseki and the

Veterans' Affairs Committee we can come up with some solutions. Aloha.

[The prepared statement of Mr. Skaggerberg follows:]

Senator Akaka. Aloha, and thank you very much for your testimony, Mr. Skaggerberg.

And now we will have questions here. My first question is to Ms. McCauley. Ms. McCauley, you indicated the Honolulu Regional Office faces challenges achieving the performance exhibited by some of the other regional offices you inspected as well. My question to you is: What differences have you found between the Honolulu office and other offices of similar size that perform at a higher level?

Ms. McCauley. One of the foremost differences, as I highlighted in my testimony, is that [inaudible] positions and other VAROs of similar size, such as Reno and Boise. The leadership has been in place for anywhere from 7 to 9 years; whereas, in Honolulu the leadership is typically limited to 3 years, and so that can have an impact on continuity of operations.

Also, in comparison to Reno and Boise, which are comparable in size in terms of workload as well as the number of FTEs on staff, the claims processing accuracy rates have been lower; whereas, Reno and Boise have been at 70- to 75-percent accuracy rate, Honolulu is much lower at 53 percent. So those are some differences that we have.

Senator Akaka. Ms. McCauley, you also indicated 3-year tenures are required for key leadership positions. Can you describe why VBA stipulated this requirement?

Ms. McCauley. We have inquired, but we have not yet determined why. We have reviewed the policy outlines and requirements, but it does not specify [inaudible] those positions, and we will continue to pursue that with VBA officials [inaudible] the answer.

Senator Akaka. Thank you.

Mr. Park, you mentioned VA's capacity to address health and wellness issues of veterans' families. How would you recommend that those issues be addressed?

Mr. Park. Well, Senator, the VA focuses on the veteran; they do not focus on the families. And I think the focus should be holistic. The [inaudible]. My recommendation is for them, the families [inaudible] need to be with the veteran. The VA needs to help the wives and the children to come in with the veteran. One of the biggest problems we are having is because we are an island State, we have to travel by airplane to get to Honolulu. One of the things that they need to do is they need to travel with their family from Hawaii to Honolulu.

Senator Akaka. Mr. Skaggerberg, our unique geography here in Hawaii means we have many veterans living in rural areas or neighbor islands that do not have certain providers available, as you mentioned. I know that VA has made advances in telemedicine and attempted to provide services

to veterans who cannot easily fly to Oahu to receive care.

How would you evaluate VA's effort at improving access and availability to care for veterans in these rural areas?

Mr. Skaggerberg. The first thing I would recommend is that the rural areas, especially the neighbor islands but perhaps Oahu as well, be redefined by VA category, us as a highly rural area. We are classified now as rural, and they do not take into account the distance--the water distance. What that would do is it would give us by the VA calculations here in Honolulu an extra \$10 million to \$12 million that now we can use to identify and encourage local providers.

Right now, because of the deficit we are running here, we are taking 6 to 12 months to pay our local providers, our fee-paid providers, and many of them cannot afford to wait that long so they are not accepting the veterans anymore. So by reclassifying as highly rural and getting that money, we then can pay our bills on time and encourage more local providers to take our veterans instead of having to bring them over here. That would be a key of, I think, change, again, in terms of more autonomy here and a reclassification to provide that.

The other is what has been suggested by Clay Park, more of an outreach to our veterans and their families in terms of non-VA hours. Saturdays have been mentioned by many veterans as a day we can afford to go to medical treatment, or in the evenings. But the VA house can be restrictive.

Those are two things that we would recommend from Maui. Senator Akaka. Thank you very much.

Ms. Lynch, I appreciated your heartfelt and candid testimony. I must say I am disappointed in the experiences you shared with us today. You should not have been made to feel humiliated or on trial, really.

My question to us is: What do you think should be changed so others do not experience what you did? For example, should those who conduct compensation evaluations receive some sort of sensitivity training?

[Laughter.]

Ms. Lynch. If I could implant the sensitivity in their brain, I would gladly do so.

I think that sensitivity training is a good idea, but perhaps not a formal by PowerPoint kind of training. But as part of orientation and just kind of a refresher, have them do intake, because the people who register me when I come in, the people who take my vital signs and call my number out, they are very polite, and they always have a smile on their face, and they are very kind. I have had wonderful experiences with them.

But, you know, have the doctor take off the lab coat and for a few hours or a day every 6 months to remember--you know, to remember the veteran not as a patient that they have to check off the list, but as just a person. I think that would go a long way.

I think also--I am a member of a very new women veterans task force here on Oahu, and I see members here in the audience, and I am very happy to be part of that. But I think reaching out to the veterans and letting them know that they are not alone and supporting them and making sure that they get the treatment they deserve will also kind of help change the culture and make the doctors and the administration aware, you know, "I cannot forget who the patient is, I cannot forget who my client is."

Senator Akaka. Thank you very much.

Mr. Berthiaume, so often we hear that what a servicemember does in the military does not translate into a job in the civilian world. What should be done to alleviate this problem?

Mr. Berthiaume. Well, there are a number of things. I do not think there is any one silver bullet that would do it.

As I mentioned in my testimony, the concept that I put forward would be--is one of using--the simple concept of using the Government's buying power to help out some of our people that need it the most. When the veterans do come back and they are having trouble readjusting--and it looks like most of them are--remember, in my day, Vietnam veterans came back and PTSD was not even recognized as a legitimate health disorder for another 30 years after we came back. And in the meantime, a lot of people got so far down that it is hard to get them back.

The idea is with our organizations involved primarily in employment, there is an old Greek saying that, "Employment is nature's best physician." So when you are having trouble adjusting coming back, I think one of the best things, the most therapeutic things you can do is get a job. It gives you your self-confidence back, your self-worth back besides generate monies and income for yourself. It makes you less dependent on Government programs. And there are many other things, so that is why I put forth that proposal to help do that.

There are many other things that could be fixed internally, like, for instance, generally speaking, the private sector or local governments do not recognize military certifications. Most of us who served in the military are aware that the United States military probably has the best training programs than anything in the world, and yet they come back and these guys have got all this experience, and it is just not recognized in the private sector. They have to kind of start over again or at the entrance level, and that can be a setback for them.

So these are just two things I would throw out there, and they are not necessarily just something that is a VA problem. The VA, of course, a lot of these are regulatory problems that involve the Department of Labor, that involve HUD, and the VA cannot do it by themselves. We have to all work together, other agencies, Federal agencies, other

Government agencies, and the private sector to help solve this problem of readjustment for our veterans. I would not expect just to look at the VA to do that. The VA's focus is not necessarily on employment. So we need to work together and expand that. That is how I would hope to do it.

Senator Akaka. Thank you.

Mr. Berthiaume, you also mentioned that the influx of separating servicemembers in the years to come. Aside from employment assistance, what more can we do to prevent homelessness among our new veterans?

Mr. Berthiaume. Well, not to be redundant, but I would go back to say I think the very best thing to do is find a person a job, and what we want to do, again, as I mentioned in my testimony, is to prevent them from--once you are out on the street, you know, pushing a truck or cart around in a park or something like that, it gets very, very difficult to get them back in. And so what we want to do is ease up on some of the rules and regulations on the definition, for instance, of homelessness. I do not see any advantage of waiting for the guy to be out on the street homeless to start serving him in these programs. We should be serving him when he is at risk. Maybe he is just sleeping in his car or even staying in at his parents' place. But he is an adult and does not own a place or have a place that he rents and that he has control over--he or she.

So what you want to do is get them before that happens and work and acting positively to reintegrate with the community and not wait for it to go so far that it makes it very difficult for us.

One other [inaudible] is the chronically homeless, the ones that have mental health and substance abuse problems, they use up over 50 percent of all the resources available for homeless. So that just goes to show that if we can get it early on, we can stretch out our resources and do a lot better.

Senator Akaka. Thank you very much for that.

Mr. Park, I want to thank you for the assistance that you provided to Monica. Tell me, how often do you come across veterans having difficulty with VA as she did?

Witness. Every day.

[Laughter.]

Mr. Park. Well, Senator, I cannot blame the VA. But I do come--I am 24/7, so I do come across a lot of veterans that they do not get the right information. They do not get the information that they need to [inaudible], and they do not understand what the VA system is all about. When I go out, I look at five entities in the VA system:

VHealth, which is the Veterans Health Administration, and they only do treatment.

VBA, the Veterans Benefits Administration, they do all the benefit stuff.

And then you have got the Vet Centers. The Vet Centers, their function is [inaudible] to combat veterans.

Then you have got the cemetery [inaudible] what do you



need to be there for veterans.

And then there is the OVS office, and the OVS office is the State, and they are doing a fantastic job as well. Now, Colonel Han, you know, he just got appointed up there, and I know he is getting [inaudible] right now, but it is okay.

But I do run across a lot of veterans that do need the help, and I am grateful that I have the job [inaudible] and their families as well.

Senator Akaka. Fine. Thank you. Thank you very much.

Before I finally thank you for your testimonies and your responses, I want to permit any one of you, in case you want to make any last-minute remarks for the record, you may do so at this time.

Witness. Senator, I just want to recognize [inaudible].

Senator Akaka. Yes. Well, thank you very much. In case there are no further comments, I want to thank our first panel very much for participating in today's hearing. And I want you to know that we really appreciate this. Mahalo nui loa. Thank you.

And now I would like to invite the second panel to come forward.

[Pause.]

Senator Akaka. I want to welcome our second panel. On our second panel, we have Mr. Willie Clark, who is the Western Area Director for the Veterans Benefits Administration. He is accompanied by Ms. Tracey Betts, Director from the Honolulu Regional Office.

I also welcome Dr. James Hastings, the Director of VA Pacific Islands Health Care System.

And, finally, General Ann Greenlee, the Hawaii and Guam Director for the Veterans' Employment and Training Service within the Department of Labor.

I want to thank our witnesses on the second panel for being here, and a reminder that your full statement will be included in the record.

I also want to thank the Oahu Veterans Center for providing this room for our hearing today and particularly thank Sandy Ballard, who operates this building for the Oahu veterans. So thank you very much.

Now, I would like to ask Mr. Clark to please proceed first with your testimony. Mr. Clark?

STATEMENT OF WILLIE C. CLARK, WESTERN AREA  
DIRECTOR, VETERANS BENEFITS ADMINISTRATION, U.S.  
DEPARTMENT OF VETERANS AFFAIRS

Mr. Clark. Senator Akaka, it is my pleasure to be here today on behalf of VBA to discuss our efforts to meet the needs of our Pacific Island veterans. My full statement I submitted for the record, and I will provide a brief overview of the benefits and services administered by the Honolulu Regional Office. I am accompanied here this morning by Tracey Betts, who is the Director of the Honolulu Benefits Office.

The Honolulu RO is responsible for administering VA

benefits and services to veterans residing in the Pacific Region, including Hawaii, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. In addition to providing extensive outreach to veterans, their dependents, and survivors in our community, the Honolulu RO provides disability compensation, vocational rehabilitation and employment benefits, and loan guaranty benefits. In fiscal year 2011, the Honolulu RO provided more than \$21.8 million monthly to over 21,000 veterans and their dependents. Over 4,500 veterans received decisions on their disability compensation claims last year.

The Honolulu RO serves over 129,000 veterans in the Pacific. Through aggressive outreach, the Honolulu RO participated in over 84 outreach events in fiscal year 2011, reaching more than 7,000 veterans and their dependents. RO employees also participated in 120 TAP and 91 D-TAP briefings in partnership with the Departments of Labor and Defense. In addition, the Honolulu RO conducted 28 inter-island outreach events. The Honolulu RO's homeless coordinator is very active in outreaching to veterans in need and regularly visits homeless shelters. Since October 1, 2011, our homeless coordinator interviewed over 78 veterans and participated in various homeless outreach events across the State.

As you know, sir, Hawaii also has a large population of servicemembers. On December 31, 2010, in collaboration with each of the military services, the Honolulu RO began the Integrated Disability Evaluation System. This system has increased the transparency between the military medical evaluation board and expedited VA claims process for separating wounded, ill, and injured servicemembers. The program has been well received by servicemembers.

VBA is beginning implementation of its Transformation Plan, a series of initiatives designed to improve veterans' access, eliminate the claims backlog, and achieve our goal of processing all claims within 125 days with 98 percent accuracy in 2015. We are confident that we are on the right path to deliver more timely and accurate benefits decisions to our Nation's veterans.

Three initiatives that have already been implemented at the Honolulu Regional Office include the establishment of a quality review team, a new rating decision and notification process, and the contract to assist with claim [inaudible]. The quality review team evaluates station quality and individual employee performance and performs in-process reviews to eliminate errors at the earliest possible stage in the claims process. This benefits our veterans by improving consistency and accuracy in our entitlement determinations.

The Simplified Rating Decision and Notification transformation initiative streamlines and standardizes the communication of claims decisions. In most cases, veterans now receive one simplified notification letter in which a summary of the evidence considered and the reason for the

decision are provided in a single document.

The Honolulu RO is also sending compensation cases to a contract provider for claims development. This contract is a temporary measure to improve timeliness of processing by reducing the development backlog of cases, increasing eBenefits enrollment, and allowing VBA to reduce the growing inventory of claims.

The Honolulu RO's Vocational Rehabilitation and Employment Division--VR&E--works closely with military facilities in Hawaii to ensure that outreach is extended to as many returning servicemembers as possible. The VR&E Division also works with the State Department of Labor, other Federal agencies, local academic institutions, and community-based organizations to promote veterans' employment. In addition, the Honolulu RO actively hires veterans through the VR&E program. In fact, of our 16 new hires last year, 5 of them were selected through the VR&E program and 15 of the 16 hires were actually veterans.

Servicemembers who are transitioning into the civilian workforce are provided with educational and vocational counseling. Over the last 2 years, more than 2,500 individual counseling assessments were completed under the counseling program authorized under Chapter 36 of Title 38. The Honolulu RO remains one of the most active ROs utilizing this program.

The Honolulu Regional Office Loan Guaranty Division remains an active entity within the community. With the decrease in the interest rate for home loans, refinancing requests have increased. VBA's Native American Direct Loan Program--NADL--is also used frequently in Hawaii. VBA's NADL Program allows veterans to purchase, construct, or improve a home on Native American trust land or to refinance an existing NADL Program loan. Much of the program's success is attributed to our ongoing partnership with the Department of Hawaiian Homelands. In fiscal year 2011, the Honolulu Loan Guaranty Division closed 30 NADL loans with a portfolio of \$12.2 million.

Senator Akaka, this concludes my statement and I look forward to answering any questions you might have.

[The prepared statement of Mr. Clark follows:]

Senator Akaka. Thank you very much, Mr. Clark, for your statement.

And now, Dr. Hastings, will you please proceed with your testimony?

STATEMENT OF JAMES HASTINGS, M.D., DIRECTOR, VA  
PACIFIC ISLANDS HEALTH CARE SYSTEM, VETERANS  
HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS  
AFFAIRS

Dr. Hastings. Thank you, Senator. Mahalo for the opportunity to discuss VA health care services available to Hawaii's veterans. I would also like to thank you for your leadership and advocacy on behalf of the Nation's veterans and your strong support of the VA. We have all benefitted from it, and thank you very much.

Senator Akaka. Thank you.

Dr. Hastings. The Veterans Health Administration is committed to providing quality and timely access to care to its veterans, particularly those residing in Hawaii and the Pacific Region. The region's vast geographic area presents many challenges, as you well know.

VA's Pacific Islands Health Care System in Honolulu is one of six major health care systems in VISN 21. In 2011, there were an estimated 118,000 veterans living in Hawaii and at least 10,000 additional veterans living outside of Hawaii in our catchment area, which includes 2.6 million square miles of ocean from Hawaii to Guam and American Samoa.

In fiscal year 2011, we provided services to more than 27,000 veterans out of the enrolled population of 45,000, for an increase of over 6.7 percent from the previous fiscal year. Our growth in providing services to our veterans has been on a steady growth curve that continues to this day.

VA Pacific Islands Health Care System currently provides health care services to veterans through a series of CBOCs on several Hawaiian islands and in American Samoa and Guam. There is an Ambulatory Care Center and a Community Living Center on the campus of the Tripler Army Medical Center in Honolulu.

VA Pacific Islands Health Care System has Outreach Clinics on Molokai and Lanai in Hawaii and on Saipan in the CNMI. The post-traumatic stress disorder residential rehabilitation unit is currently located at Tripler Army Medical Center pending construction and activation of a new facility, also on the Tripler Hill. We constructed a new replacement CBOC in Guam in 2010. Space remains at a premium on Tripler Hill, so the VA Pacific Islands Health Care System will open a new CBOC to serve Leeward Oahu veterans later this year. A larger, shared outpatient clinic between us and the VA's Regional Office and the Army, Navy, and Coast Guard medical care programs has been approved as a VA major lease project for the Leeward Oahu area. Design for this facility will begin in fiscal year 2013. We also have received funding for two projects to build a VA ambulatory surgery and endoscopy facility on the grounds of Tripler Army Medical Center, and that will work collaboratively with Tripler Army Medical Center. Construction of these will begin later this year.

VA Pacific Islands Health Care System directly provides primary care, including preventive services and health screenings, and mental health services at all our locations. We do not operate our own acute medical-surgical hospital, but have significantly improved access to specialty services over the past 5 years by hiring specialists in ten different areas. These providers see patients in our CBOCs and via telemedicine, as well as working in our partner DOD facilities in Guam and on Oahu. Some of these specialists are embedded in the DOD facilities and provide staff stability for the military facility.

In addition, we utilize the services of specialists from Tripler as well as from the University of Hawaii to provide selected specialty care in Honolulu.

For specialty care unavailable in Honolulu, we refer patients to VISN facilities in California, though with the development of our own specialty services, the number we must refer off-island has decreased significantly in the past several years.

Inpatient mental health services are provided by VA staff at a 20-bed ward within Tripler and a 16-bed PTSD rehabilitation program, which also supports active-duty and recently deployed Reserve and National Guard personnel.

VAPIHCS contracts for care with DOD and Tripler and Guam Naval Hospital and at community facilities for inpatient medical-surgical care.

Long-term care remains a significant challenge in the whole Pacific Basin. The Community Living Center at Tripler is a 60-bed facility offering support for long-term care issues, including rehabilitation, respite care, and most recently expanded palliative care and hospice services.

VAPIHCS has expanded its home-based primary care program, and most recently it opened this up in Guam as well as being pilot sites for the hospital [inaudible] initiative.

To address the homeless veteran population, we have partnered with Cloudbreak Development and U.S. VETS at Kalaeloa on Oahu to provide housing and supportive rehabilitation services to over 250 veterans, an estimated 40 percent of our homeless veteran population, and this initiative continues to grow.

VAPIHCS has played a role in the potential establishment of a veterans court system in Hawaii and organized a symposium involving VA, Hawaii State Legislature, executive and judicial branches of the State Government, and other legal and private interested entities to address the need for this special court system and to identify key resources in implementing steps. To date, the Hawaii State Legislature actions are proceeding, and generally there is support and recognition for the positive outcome that would be created by such a special court.

I might just comment that in the past the State could not tell us how many veterans were incarcerated, and we did a head count--we asked the State to do this for us, and on a single night, there were 400 veterans in the judicial system in lockup. So this is, I think, an important initiative for us.

The Integrated Disability Evaluation System, a joint VA-DOD program involving all military branches, was implemented in fiscal year 2010 in Hawaii. We along with the regional office and Tripler are the largest stakeholder participants and deliverers of service. The program seeks a permanent collocated presence at the Tripler Army Medical Center, which will involve moving some DBA employees and programs from Tripler to the newly approved Leeward VA-DOD

outpatient clinic, creating space for a permanent IDES configuration.

We still face several challenges, including timely access to health care services, an aging veteran population, and the special needs of our newest OIF/OEF/OND veterans; and, importantly, the [inaudible] of distance across the open ocean. Timely access to service is influenced by several factors: challenges in recruiting health care professionals and the availability of specialized care services in remote locations. We will continue to work collaboratively with the DOD and community partners to further increase veterans' access to care, shaping its workforce, and continuing to develop the use of telehealth technologies. I am proud of what the VA has accomplished in Hawaii and the Pacific Islands region, and I look forward to our future endeavors on behalf of our veterans.

This concludes my prepared testimony. My colleagues and I would be pleased to answer any questions. Thank you, Senator.

[The prepared statement of Dr. Hastings follows:]

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

Now we will receive the testimony of General Greenlee.

STATEMENT OF BRIGADIER GENERAL ANN GREENLEE,  
HAWAII/GUAM STATE DIRECTOR, VETERANS' EMPLOYMENT  
AND TRAINING SERVICE, U.S. DEPARTMENT OF LABOR

General Greenlee. Thank you, Senator Akaka. I appreciate your service to our Nation's veterans and the opportunity to testify here today. I am the Hawaii and Guam Director for the Department of Labor Veterans' Employment and Training Service.

VETS proudly serves veterans and transitioning servicemembers by providing them with the resources they need to obtain meaningful careers and by protecting their employment rights. With over 118,000 veterans living in Hawaii, these services are critical.

As a veteran and a member of the Hawaii National Guard for over 31 years, I am dedicated to helping our veterans and servicemembers achieve these goals. I would like to update you today on Hawaii's programs and initiatives.

Labor's Employment and Training Administration funds programs in almost 3,000 One-Stop Career Centers where veterans and their spouses receive priority service. In Hawaii, these programs are administered by the Department of Labor and Industrial Relations. In program year 2010, Hawaii one-stop personnel assisted 6,327 veterans; of this number 1,550 secured Hawaii employment.

Additionally, VETS administers the Jobs for Veterans State Grants program, which fund DVOP and LVER staff positions. DVOPs provide intensive service to veterans with employment barriers. LVERs provide individualized job development and conduct employer outreach. Last year, JVSG served nearly 557,000 veterans, and more than 207,000 found jobs.

In Hawaii, almost 1,500 veterans received DVOP or LVER

services, with 800 enrolled in intensive case management. We have two DVOPs and one LVER on Oahu, one DVOP on Kauai, and one LVER on both Maui and Hawaii. On the neighbor islands, the incumbent provides both staff functions.

VETS provides an additional DVOP assigned at the VA to work specifically with their Vocational Rehabilitation and Employment participants. Jorge Torres is very successful in helping disabled veterans obtain jobs.

To meet the needs of homeless veterans, VETS administers the Homeless Veterans' Reintegration Program. In 2010, VETS funded 140 HVRP grants, providing assistance to over 16,000 homeless. In Hawaii, there are three HVRP grantees: a rural residential program, US-VETS; an urban program, Network Enterprises, where Mr. Berthiaume serves as vice president; and a program for female veterans and veterans with families, Mental Health Association of Hawaii. In program year 2010, these grantees provided services to 391 homeless veterans and placed 193 into jobs.

VETS also funded a stand-down last September attended by nearly 150 veterans. This year, Hawaii organizations will request funding for stand-downs on all islands, including one specifically for women.

Our primary program for assisting servicemembers and their spouses to transition from the military to the civilian workforce is the Transition Assistance Program. As you know, we are piloting a redesigned TAP with implementation this fall. Last year, nearly 130,000 transitioning members and spouses attended TAP at 272 locations. Hawaii hosted almost 140 workshops with nearly 5,000 attendees, including National Guard and Reserve personnel. There are four TAP sites, all on Oahu, serving all military services. Contract facilitators conduct the workshops, and a one-stop representative attends to discuss their role in providing job search assistance. Since most transitioning members return to the mainland, this introduction helps them contact the appropriate one-stop representative in their home State. I am impressed with the quality of the contract facilitators and the training they provide our servicemembers.

VETS protects the rights of servicemembers under USERRA and veterans preference. We work closely with ESGR to ensure Guard and Reserve members are informed of their USERRA rights. Last year, Hawaii's ESGR volunteers provided over 20 briefings to deploying units.

As you are aware, Hawaii's employers are committed to hiring and protecting the rights of the men and women who serve our Nation. The relatively small number of USERRA complaints is evidence of this. In 2011, VETS received only seven USERRA and eight veterans' preference complaints originating in Hawaii.

In addition to our core programs, DOL is working with other agencies on new initiatives, such as the Gold Card and veterans Job Bank and My Next Move for veterans. These initiatives help veterans translate the skills they have

developed in the military and use them to secure civilian jobs.

Thanks to your efforts, Senator, and those of your colleagues, we are also implementing the VOW to Hire Heroes Act. This legislation will provide even greater employment and training assistance to our veterans as it comes online later this year.

VETS has also formed a partnership with the private sector to educate employers about the unique skills veterans bring to civilian business. For instance, here in Hawaii, we formed Hawaii Hires Heroes, or H3. This is a partnership between DOL, ESGR, the VA, the Hawaii and U.S. Chambers of Commerce, the State of Hawaii, VSOs, and employers. Oahu hosted two Hiring Our Heroes fairs, one in September and one in January. Additional fairs are planned on Oahu in May, Maui in June, and Hawaii in September.

Thank you again for allowing us to testify today and for your tireless support of our Nation's veterans. DOL and VETS look forward to continuing to work with you and your staff on veterans' employment opportunities. I would be happy to answer any questions you may have. Mahalo.

[The prepared statement of General Greenlee follows:]

Senator Akaka. Thank you very much for your testimony.

My first question is to Mr. Clark. In recent years, the claims backlog is something that has received quite a bit of national attention, and I know Secretary Shinseki is committed to correcting this issue. The Honolulu Regional Office has roughly, as was mentioned, 75 percent of the claims pending past 125 days. The national average is 65 percent.

My question to you, Mr. Clark, is: Can you discuss the backlog issue from your perspective?

Mr. Clark. Thank you, Senator. Yes, I can.

Senator, the national backlog, as you said, averages 65 percent of our pending inventory of claims that have been pending in excess of 125 days. That is unacceptable and we have to do better.

Our Secretary has mandated to us what we are going to do, that by 2015 there are no cases pending in excess of 125 days. We have defined a backlog as a claim that has been pending for over 125 days.

What has happened to us in the last couple of years, there was a report, a decision [inaudible] and it has required us to go back due to the Agent Orange presumptive condition which was granted by the Secretary a couple years ago that caused the backlog throughout the Nation to rise considerably. And we knew that the backlog was going to rise. The Secretary was aware of that. We felt and we agreed that these presumptive conditions that we had allowed veterans to be granted additional service-connected condition for as a result of their service in Vietnam, that those veterans that had been waiting as long as 30-plus years, that those veterans should go to the front of the line. These cases--we agreed to that. These cases were



very complex. As a result, it slowed us down because on an average a rating specialist could produce three cases per day of a regular veteran's claim, while it was around one case a day for each of these claims as a result of these presumptive conditions. So that caused our backlog to go up.

We are finishing up or we have finished all of those cases, the live cases that are on. We are still working a few of the survivor cases, but what that has allowed us to do is to return that to some centers that we have of excellence called--they are [inaudible] centers that allow us to help some of our struggling stations. We are now turning those stations back and helping throughout the VBA, including Honolulu, and what that would allow us to do is to now get back--with additional resources we are using and some mandatory overtime, and that will allow us to get the backlog down.

As you stated, Senator, 75 percent of the cases on Honolulu have been pending in excess of 125 days. We are committed that by 2015 there will be no cases pending over 125 days. We are going to get there, and thank you for your support and your colleagues' support in providing the resources that will allow us to do that.

Senator Akaka. Thank you very much, Mr. Clark.

My next question is directed to Dr. Hastings, and I would like you, Mr. Clark and General Greenlee, to respond to any follow-up remarks.

VA is working hard, I know, to end homelessness among veterans, and we know that the Secretary has also made a commitment to deal with this homelessness challenge. I share this commitment to those who have served this Nation and sacrificed so much.

Dr. Hastings, you discussed some of the things your organization is doing to help with this very important challenge. Can you share some of that with us?

Dr. Hastings. Yes, sir. Thank you very much for your interest in this particular very tough issue. I think what we have accomplished is really quite remarkable in the past several years. I would start off by saying that the VA has made a significant commitment to addressing the issue of the homeless veteran, and it has translated for me into the fact that I now have significantly more resources in my organization addressing this issue. I have gone from maybe two or three people 5 years ago to I think I have between 16 and 18 individuals who are addressing the homeless issue right now.

We have partnered with a number of organizations in the community, and I think you heard about some of that today in previous testimony. But we have partnered with a whole group of organizations in the community to address the homeless program.

The major issue that we have done is out in Kalaeloa that I mentioned to you where we have built housing out there, and we are continuing to grow that. We are

continuing to talk about that, and that has expanded over the past few years in increments up to currently we have about 250 people in housing, but with the initiatives that are going on right now, we are going to build another 50 units out there. So we are continuing to build that operation.

Along with our community partners, we have had stand-downs on the other islands. We had a very effective stand-down on Kauai several months ago, and our estimate and point count initiative was that we had about 35 veterans who were homeless on Kauai, and I think that day that we had that stand-down, I think we put about 10 of them into housing. So it was a very effective tool.

And we are doing--we have had also a stand-down here. We had one in Guam. So we are continuing to work collaboratively with our community partners in trying to address this issue.

We have expanded our HUD-VASH working with HUD, and we now have 300 vouchers here and in Guam. We have a partnership with the Salvation Army in Guam, so we have been able to put veterans into housing there.

We have the opportunity with 22 beds here on Oahu for emergency housing, and so I think what we have done is we have worked collaboratively with these other groups. I mentioned to you that we are doing the veterans court. That started off with us putting--investing in an individual, a justice outreach individual who goes into the prison system now, the State prison system, and we are identifying veterans who are getting ready for parole and trying to get their transition as they come out very smooth so that we can keep them from having to have more difficulties with the law. And, of course, if we are successful with the veterans court, we will prevent them, we believe, from going back--you know, from getting into the system at the front end.

So I think the VA has made a major investment in trying to deal with the various aspects of homelessness. I think one of the things that has happened is that we have taken the easy ones. The ones that remain now are very challenging for us. They are largely or often individuals who have significant mental health challenges, and it is going to take a lot of work on our part and a lot of thinking and ingenuity to figure out how we are going to bring them in. But we are committed to doing that.

Senator Akaka. Thank you.

Mr. Clark, do you have any further comments on this?

Mr. Clark. Senator, as Dr. Hastings just mentioned, this is a collaborative effort, and working in concert with the State, the Honolulu Regional Office, they participated in two kick-off events in October of last year. Additionally, as Dr. Hastings mentioned, in December, the report, the VA's policy to eliminate homelessness, like the Secretary said, zero homelessness by 2015, under VA's no-revolving-door policy, there are six pillars to that policy, which basically states that we want to engage veterans at

any level, be it at community partnerships with VHA, they come in, they go to VBA, they engage homeless veterans and take the necessary steps, prevention, getting benefits started, education, and treatment to ensure that we look at housing and appropriate education [inaudible] to prevent homelessness.

Additionally, Ms. Betts has, as does every regional office, a coordinator that is assigned to actually go out to these outreach events and work with the community providing outreach and make sure they get the word out and provide benefits to all of these deserving veterans.

Senator Akaka. General Greenlee, any comments?

General Greenlee. Thank you. From the Department of Labor VETS' standpoint, it is critical that we continue the HVRP grant funding. Typically, the veterans we see in those grant programs are those veterans who are either choosing not to use the VA's services or who do not qualify because they are not disabled for the VA's services yet they are homeless. And so that funding is critical to meeting a different population, honestly, than what the VA is servicing.

In addition, as Dr. Hastings said, housing is critical. Our HVRP grant does not provide any type of housing. We refer those participants to the VA VASH program. But because sometimes they are not as disabled as the people that are going through the VA system, they fall further down on the priority list, which is understandable. But, honestly, to end homelessness, you need two things: you need a job and you need a place to live. It's very hard to keep a job if you're living in a park or in your car and you are trying to make it work and be a good employee who shows up every day on time and on schedule.

So anything we can do to increase VASH vouchers so that there are more that trickle down to the HVRP grantees, that would be very beneficial.

And I would just also like to put in a plug for veterans court. I think that is a program where we can really head off homelessness by helping the veterans when they are about to come out of incarceration and work with them at that point. So a very important program.

Senator Akaka. Dr. Hastings and Ms. Betts, you mentioned, Dr. Hastings, that some VBA functions will move off of Tripler to make room for the joint disability evaluation program. What functions will move off the Hill? And how will veterans served by these functions be affected?

Dr. Hastings. [inaudible] cut the VBA in half. I do not.

Senator Akaka. Fine. Ms. Betts?

Ms. Betts. Senator, we are looking at our operations currently as it is there to determine what makes sense, and partly what we are looking into are the employees that service the population, the public contact, as well as those that possibly our vocational rehabilitation and our loan guaranty. These divisions do a lot of public outreach.

They go to the veterans and so, therefore, we are considering putting them out there in the new clinic.

What we will retain, of course, is we do have veterans-employees who are assigned to the IDES program, Integrated Disability Evaluation System, and they will remain there on the Hill. We will also work with Dr. Hastings on ensuring that there are public contact intake people located in the ambulatory care center up on the Tripler Hill because we want to make sure that we are available where the veteran population is, and that it is our effort.

Senator Akaka. Thank you.

Dr. Hastings?

Dr. Hastings. Senator, the issue that we are faced with at Tripler Hill is that we have very limited space remaining on the Hill, and so we have worked collaboratively with the community group at Tripler for a future plan, and we have, I think, a better working relationship with the DOD for health care planning now than we have ever had. And what we are trying to do is to keep the Hill for those kinds of things that require that you have very close collaboration with health care facilities and with the technology that modern medicine is providing for us.

The issue here is that when the whole IDES thing first came up, it was apparent to us that we needed to have some space, and I was actually looking at going out to West Oahu and place it. But when--I think it was people from your Committee, but I am not sure--they came through maybe a year ago, or something like that, and we talked about where the successful sites were for IDES around the country, the big message that I got was that the most successful sites were those that collocated all of the people that were involved along with the specialty support in one area where the action was.

Now, the way this has grown--and it has grown actually much greater than what the initial expectations were--we are now up to--at our last meeting with DOD just a week ago, we have between 60 and 70 personnel that are involved in this hand-off and this evaluation system. You do not realize that this site covers not only the Army but it covers the Navy, the Air Force, the Marines, the Coast Guard, you know, all of the services transitioning out. And so I think that we looked--the brigadier general and I looked where we could place this site on the Hill, and the one space we had that we thought was reasonable was in the current VA space in the new wing at Tripler but currently occupied by the VBA.

Now, it is very important to us that we maintain our partnership with the VBA for these issues that have to do with the evaluation system, and so we want them to remain, but then those issues which are administrative to go to other sites.

I would also mention to you that we have grown also, and so I now have parts of my organization that are off the Hill. I have had to lease space in the community because we simply do not have the space on Tripler.

Senator Akaka. Thank you, Dr. Hastings.

Let me shift to employment. General Greenlee, from your perspective, what are the biggest challenges facing Hawaii veterans looking for employment?

General Greenlee. I really appreciate that question, Senator, because I think it allows us to look at what should we be doing to decrease veterans' unemployment. We all know it is a competitive job market, and there is nothing really we can do about the economy except let it recover, so I will not address that because we cannot change that. But there are some things where I think we can make a difference.

First, as Mr. Berthiaume talked about before, licensing and certification, anything that we can do where military training will count in the civilian world, if somebody comes off military duty with the appropriate military training, they can get that license or certification instantly in the community without being told, "Well, you have to go back to school to get the certificate that is a piece of paper that says you know what you already know."

Now, there may be some cases where they would have to take a short course, sure, but right now the situation is you are in there for the long course, and that is everything from a truck driver to a medical technician, surveyor, pilot, power mechanic. All these people are certified in the military, but their certifications do not count when they come back home.

Second, resumes. The DVOPs and LVERs out there tell me that servicemembers' resumes are just not ready for prime time. They are not competitive. They are not written as they should be. I think thanks to your efforts with the VOW Act, making TAP mandatory for transitioning servicemembers is going to go a long way to ensure that these people as they transition actually get through the TAP program where they get training on writing good resumes, on interviewing skills. So I think we have a solution in the works for the crummy resume problem.

Third, this problem is actually focused on our young National Guard soldiers and airmen and on our reservists. Before they had been deployed--and we know that people in Hawaii are now in their fourth cycle of deployments--many of them had one or two relatively low-paying jobs here in Hawaii. They went on active duty and they have been on active duty or unemployment for the past several years. While they were on active duty, they enjoyed a relatively high level of salary and benefits, something around the \$40,000 mark. They come back, and they believe that that is what they need and what they should have in the civilian job market here. But they are competing with people that have associate degrees, bachelor's, and even master's degrees for those jobs. So their expectation is a little off from what their skills and abilities really can get them in Hawaii.

Again, the Yellow Ribbon Program and the TAP program

where it becomes mandatory and it will help mentor and guide our transitioning servicemembers so that they better understand their options. They can take that \$30,000 job where there is career progression. They can use their GI bill to go back to school full-time and get the degree that will get them that \$40,000 job, or maybe in Hawaii the best course of action is you do both. You take the \$30,000 job, you go to school part-time, and then in 4 to 5 years, you will be there. You will have that job. But our servicemembers, our guardsmen and reservists, need to hear that and be mentored along those lines.

Then, finally, I do not think we can do enough on employer outreach. I talk to employers, and if they want to hire a veteran, how do you find that person? How do you get the veteran that you want to hire? In Hawaii, I think Hawaii Hires Heroes, or H3, is a really good answer to that. Companies who want to hire veterans, let H3 know: "We have job openings." H3 then e-mail-blasts that out to the TAP managers on bases, the Guard and Reserve career managers, the VSOs, and our State workforce agencies. The DVOPs and LVERs get those announcements, matching up with what we are matching, matching up opportunities for employment with the veterans who are looking for jobs. I think that is just critical in getting the word out and having employers know, if I want to hire a veteran, this is how I do it.

So I am pleased that you asked that question because I think there are some things that we can really do that are right on the horizon, and we need to move forward with those, and it will make a big difference in getting veterans hired in Hawaii.

Senator Akaka. Well, thank you very much for that response. I hope we can continue to outreach to veterans as well as the private sector.

General Greenlee. Yes, sir, and we are looking for an honorary chairman, so if you are interested in an after-retirement job--

[Laughter.]

General Greenlee. It is just a volunteer job.

Senator Akaka. Thank you. Thank you for the offer.

[Laughter.]

Senator Akaka. Mr. Clark, a common complaint that I hear is that veterans have a hard time getting benefits assistance via the telephone. Ms. Lynch mentioned this being a significant challenge in her testimony. Can you share how VA is working to correct this problem so our veterans can get the answers and help that they need when calling for it?

Mr. Clark. Yes, I would be happy to, and I will allow Ms. Betts to add any comments.

We have telephone centers throughout the VA that are assigned to respond to calls incoming to VA, and we have staffed them, but what is happened is because the backlog

has increased, accordingly we just get more calls. And what we have to do a better job of doing is getting the backlog down, and we are working to do that. We have modernized our IT equipment that allows us to have some call-back features, some additional features as part of our phone unit that will allow individuals, as they are calling in, they can read their name and number, and you will call them back at an appointed time or call them back at a particular period. But, again, we have just--we have an unprecedented amount of calls coming in. We answered several million calls last year, and we are on track to break that again. But what we just have to do a better job of--and we are improving technology. But once we get the backlog down, because as the backlog goes up, we get more calls again, and we just cannot resource the problem. We have to do a better job in providing benefits decisions and also in improving--continuing to improve upon technology.

Senator Akaka. Thank you.

Ms. Betts?

Ms. Betts. Yes, Senator, I will share locally what we have done to help improve the outreach. We have program coordinators of various programs, and what we have done is put out flyers and put information out to the avenues that we have from the public that actually give phone numbers and e-mail addresses and individual names of people who give assistance here locally. And so that is what we have done to help to address the issue raised of the inability to get someone on the phone because, as Mr. Clark indicated, at the VBA it is the national call centers that are being used, and those call centers are not here in Hawaii.

Senator Akaka. Ms. Betts, you heard Monica Lynch say that she waited for 6 months for a medical examination from VA for purposes of compensation. Is that typical?

[Laughter.]

Mr. Clark. Senator, again, it is taking on an average right now of about 6 months to get a decision on a claim, and with an average like that, we do have some claims that have been pending more. I will go back to my earlier comments. It is unacceptable. I am a veteran and I am a retired military individual, and I am also service-connected, and it is unacceptable for the VA to take that length of time to respond to claims. And we are getting better. We are going to get better. As I stated earlier, we have increased our backlog as a result of some earlier work we were doing, but we are working now and we will be getting that backlog down. We have been getting better each year, and certainly by 2015 we will not have any claims pending in excess of 125 days.

But to Ms. Lynch, it is a situation--I sincerely apologize for that, but we do have some claims that are pending. Once we do get the claim under control, we then send exam request to VHA and usually within a month to 45 days we will get the exam back and then we can move forward with making that decision.

Senator Akaka. Thank you.

Dr. Hastings, since we are talking about her, Ms. Lynch said that she has multiple primary care physicians. Is that also typical?

Dr. Hastings. We have a turnover in our staff, physicians in our community VBA turn over about 15 percent a year. We have had a significant challenge in the women's health arena, which I think we are monitoring [inaudible]. And so we have turned over several in that particular unit. But I have other areas of challenge throughout the Pacific. You heard from Maui this morning. Also, we have had a significant challenge there.

We have strategies and plans for how we end up recruiting physicians and recruiting the right physicians for our positions, and then we try very hard to keep them. And I think in the case of women's health, I think we are well along in having--in developing a stable provider system in that unit. And I also believe that in Maui we have come a long ways, and we are going to have a stable system there.

But physician recruitment and retention in the State is a significant problem. It is not just us. The State, as you probably know, we are short of physicians in the State. We have some real challenges in some of our outer islands. And, unfortunately, I work with some members in the State, and the projections do not look good for the State in the future.

So the VA has worked very hard to build a stable situation with our health care providers, and we try hard to be able to backfill and to project when we are going to lose them in the future to provide a stable system. But it is a challenging environment that we work in.

Senator Akaka. Dr. Hastings, you heard Mitch Skaggerberg mention that sometimes it can take up to 6 to 12 months to pay local providers. Can you comment on this?

Dr. Hastings. I must admit when Mitch made those comments, I was a little confused about the specific issues he was talking about. We have had some issues in the past of things with some of our providers, but we think that the most recent data that I have is that we are doing reasonably well in getting them paid. So I am not exactly sure what particular individuals he was talking about. We try to get them paid within 45 days, and I think we have also had some challenges in our [inaudible] section.

There is an overall issue that the VA has of being able to fill our vacancies. We have gone several years without either not having a chief [inaudible] section or having rotating people through it, and that has created some real challenges for us. We think that right now we have got some fixes in place with some reorganization and some successful recruitment, so I think that we are going to get that problem fixed. But it has been a problem for us, and the whole issue of building a health care system, which is what we are doing, is challenge out here because of a variety of things which you know about--the economy, the [inaudible]



from the mainland that come and realize that it is difficult, the challenges, and the need, and we do not--and also we have a low pool of unemployed people with particular skills. You either have a job here or you are gone. You cannot afford to stay here if you do not have a job.

And so I do not have a lot of--frequently, we will go to look to fill a position and will not have the skill set in the community, and then we have to go looking on the mainland to find somebody. That represents a challenge for us also.

Senator Akaka. Thank you.

Ms. Betts, as you heard from Ms. McCauley's outline, there were numerous challenges found at the Honolulu Regional Office. These challenges included providing regular training to inexperienced supervisors, incorporating oversight mechanisms in the workload management plan, and improving communication with staff.

While I was disappointed in the findings in the report, I was glad to see that you have already begun to take steps to correct these discrepancies.

Can you discuss any additional steps you will be taking to ensure our veterans are getting the benefits that they deserve?

Ms. Betts. Yes, Senator. What we have done is we have--we are working on a development program for our employees to help to develop supervisory skills locally, and we also are in the process of recruiting our service center manager, who is a division manager over the service center itself. We currently have two employees in place, supervisory employees in place, permanent, and the VA has a training program. They have Introduction to Leadership, and when we have division managers, they do have a standardized division leader manager in training.

So we are working on first putting people into those places, permanent supervisory, and we do have two of them scheduled to go off to the Introduction to Leadership training currently.

As we are looking out, we are changing some of our processes, and I appreciate the IG's--some of the recommendations that we have, and we are working with those and, as indicated, building the communication plan in the service center and implementing a better--some team building to help the division to work better as a team and to better [inaudible]. And with those initiatives, I look forward to improving the quality of the [inaudible] activities.

Senator Akaka. Thank you.

Now my final question is to all of you. As the recipient of the GI bill, I know firsthand the life-changing value of education benefits. Given the growing number of veterans on our college campuses, I am interested to know what sort of outreach is provided to student veterans, many of whom may need your assistance? The present GI bill, of course, now has been expanding really fast, and we are happy to have that, but we are still looking to see that

everything is done properly and still working on that.

So I would like to hear from each of you on this question. Mr. Clark?

Mr. Clark. Senator, the VA is committed to getting the word out about this post-9/11 GI bill, proactive outreach. We have our regional processing offices that have individuals that travel throughout the entire U.S. to provide updates to colleges about the new GI bill. Additionally, the VA, on our websites, we have information about the new GI bill. In fact, there is approximately 5,910 veterans right now attending school in the State of Hawaii. We have room for more. We just need to continue to do the job of just getting that word out, explaining how this benefit works and what impact the student [inaudible].

Senator Akaka. Thank you.

Ms. Betts. Senator, I will add that here in the State of Hawaii we all work collaboratively together, and our VETS Center has outreach specialists, and they actively visit the campuses, they actively seek out students, and they did provide a lot of the support and information. Also, our TAP briefings that we do include slides that address specifically the GI bill.

We are available when we have anyone out there, whether it is in the Oahu Veterans Council or the advisory groups when they come across and they have people who are reaching out and asking for information. They get that to us, and then we put out the counselors to go out and hold briefings.

So we are always open, and as I said, we all work collaboratively together, that when we find out that there is a group gathering and whatever information they are looking for, we send counselors out, and they do briefings for them.

Senator Akaka. Thank you.

Dr. Hastings?

Dr. Hastings. That is a good question, Senator. I am not really in that business, but as I listen to this and think about it, it seems to me that the role the Veterans Health Administration plays on this is that we are providing care to veterans that have been identified, and what we would do is make sure that our providers and our intake people know about the GI bill so that if the veterans have questions, they know how to refer and where to refer them to, to Tracey's organization, to help them get information.

I think one of the real advantages that we have in the way we are put together at Tripler is that we have very close association with the VA. We work right together, and we have the Veterans Service Organizations collaboratively right there. And then we also go out with our--we have our own OIF/OEF program intake people who go out with Tracey's people and go out to--we work in the Wounded Warrior Program out at Schofield and also with the Marines and with the National Guard and Reserves. And all of these individuals are really talking with those veterans and I think will be knowledgeable about the program so that they can pick them

up and then refer them to the appropriate places. I think that is the way we will participate.

Senator Akaka. Thank you.

General Greenlee?

General Greenlee. Senator, I think Tracey said it best: collaboration. It may be because we are a small State, but we really have a close partnership between the organizations in the State that are looking to help veterans. So as the other testifiers had said, we make sure that the TAP program--that the VA comes to all those sessions and briefs the GI bill along with many other benefit programs.

I serve on the State Veterans Advisory Board, on the Oahu Veterans Council, and I make sure that as I go to those meetings, they know about the latest and greatest on the GI bill, especially now that they can use the bill to get technical training. That is really huge. That will open the bill to a lot of veterans who were not going to use it before because of it being limited to just formal education and for degree-granting programs.

The State Office of Veterans Services, Colonel Han's organization, we have really close partnerships with that organization, and, again, their counselors know about the GI bill benefits and are great at passing that information on.

Specifically, the Department of Labor, the DVOPs, the LVERs, the HVRP grantees, I get together with those folks and make sure that, again, when we have program changes, they know about it so that they can serve their clients to the best of their ability.

The Yellow Ribbon Program for our Guardsmen and our Reservists talks about the GI bill benefits and the changes. So it is, it is a hui, a partnership, a collaboration that is going to make this successful.

Senator Akaka. Thank you very much.

I should recall the experiences we had just with an anecdote. Right now there are three World War II veterans in the Senate, and that is Senator Dan Inouye, Senator Frank Lautenberg from New Jersey, and I. And I must tell you that we were so fortunate when we got out that there was a GI bill, and it really helped us.

As a matter of fact, as you know now, they said we created a new generation. But of 16 million that were drafted, 8 million went to use the GI bill. And, of course, here in Hawaii, Dan Inouye, Sparky, and we all used the GI bill. Across the country it helped communities. And so when these wars, the Iraq and Afghanistan wars, began, I was one that wanted a new GI bill. And now that GI bill is in place, and I also want to tell you that while we were putting that together, I should tell you the Pentagon was a little reluctant, and the reason was they wanted to keep the active people in so that they would not be leaving just to take the GI bill. And so I added on that their children may be able to benefit by it, and I understand that they are using it too.

But the new GI bill is helpful to our country, and it will

create a new generation, and so this is why this issue is so important to me, that we continue to reach out to our veterans to use the GI bill for their education and their future as well.

So I want to thank this second panel very much for your testimonies and your responses and for being here today and to all of you for attending, and we will continue to do this. I appreciate the information you have presented and your responses as well. It is very important to have this kind of exchange, and I thank you very much for making this possible. Your input will help me and my colleagues as we continue our work with VA and other Departments to improve the delivery of the benefits and services our veterans have earned and deserve.

And so I want to say mahalo nui loa to all of you here, and this hearing is now adjourned.

[Whereupon, at 12:18 p.m., the Committee was adjourned.]

DO NOT COPY