HEARING ON PENDING HEALTH-RELATED LEGISLATION

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THURSDAY, APRIL 23, 2009

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

The committee met, pursuant to notice, at 2:30 p.m., in Room 418, Russell Senate Office Building, Hon. Daniel K. Akaka, chairman of the committee, presiding.

Present: Senators Akaka, Murray, Brown, Tester, Begich, Burris, Burr, and Johanns.

OPENING STATEMENT OF CHAIRMAN AKAKA

Chairman Akaka. Thank you very much for being so patient. We had a vote call and we decided to answer the call before we convened, so this is why we are starting late at this time, so thank you very much.

Aloha, good afternoon, and welcome to today's hearing. I call the committee on Veterans Affairs of the United States Senate to order.

We have a lengthy agenda that reflects the work of many members on both sides of the aisle. The health care bills before us today address crucial issues and seek to improve services to veterans. I anticipate that today's hearing will allow us to develop another strong package of veterans health legislation. I will briefly highlight a few of the

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bills on our agenda.

Severely injured service members and their families face many challenges as they return home. The bipartisan caregivers' bill, S. 801, will give family members the support they need to care for the nation's wounded warriors in the form of health care, counseling, respite, and the financial support. It also will give them the training they need to provide the best care possible for their loved ones.

I am joined by Senator Baucus and Senator Begich in supporting a bill, S. 734, which would provide much-needed services for veterans returning to rural areas. The wars in Iraq and Afghanistan have placed extraordinary demands on the country's National Guard and Reservists, with multiple deployments. When they return home, it is often to a small town, not to or near a military base. This bill will improve VA's ability to recruit and retain health care providers and encourage VA to use volunteer counselors and tele-health services to reach more veterans. It also expands VA's ability to pay for travel when the only practical way for a veteran to reach a health care facility is by air.

Many other bills on the agenda reflect the dedication and hard work of my colleagues in support of the nation's veterans. There are bills that will eliminate certain copayments for the catastrophically disabled, authorize

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additional health care facilities, and ensure the availability of services for women veterans and homeless veterans.

Senator Rockefeller has introduced a bill that would remove a limitation on VA employees' collective bargaining rights when employment actions are related to quality of care concerns. Many are working on this issue, including Luanne Long, who is a nurse from Hawaii and representative of the United American Nurses and Hawaii Nurses Association. Although she is not testifying before the committee today, I appreciate her work on behalf of the VA employees.

I am confident that VA's new leadership will work with the committee in our efforts to provide comprehensive health care to the country's wounded warriors. We recently held confirmation hearings for the Secretary, the Deputy Secretary, and the Assistant Secretary for Public Affairs, all of whom expressed their support for the VA health care system. We will be counting on their support as we address many of these issues.

Dr. Cross, as I believe you have been advised, VA will not be permitted to testify today. Indeed, in light of the very late submission of the Department's testimony--it was not received until 8:48 p.m. last night--I was inclined to exclude VA entirely, since the members have not had the opportunity to review the testimony. While I will submit my

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questions in writing, I am providing the opportunity for other members to ask questions of you directly if they wish.

I do not suppose that you are directly responsible for the unacceptable lateness of the submission of the Department's statement, but as the designated witness, you have to be the one to hear the committee's concerns and carry them back to the Secretary and his top managers. If the Department is to participate in the legislative process, there must be, at a minimum, timely submission of testimony on pending legislation.

I realize that there are a significant number of bills on today's agenda, but other witnesses were able to review and comment on the pending legislation in testimony that was submitted by the committee's deadline. I will communicate directly with Secretary Shinseki, both to learn exactly what happened with respect to today's hearing and to identify ways to keep this problem from occurring again.

The record of today's hearing will remain open for two weeks so that witnesses can submit supplemental views on any legislative item. It is important that we have your input well in advance of our markup, tentatively scheduled for late May.

I want to thank the witnesses for being here today.

I would like to now call on Senator Burr, our Ranking Member, for his opening statement. Senator Burr?

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OPENING STATEMENT OF SENATOR BURR

Senator Burr. Thank you. Aloha, Mr. Chairman.

Chairman Akaka. Aloha.

Senator Burr. You have outdone yourself with the number of bills we are trying to cover in this hearing, but I will never complain to you about the volume of what we are trying to undertake in this committee, I will assure you.

Let me start by thanking you, Mr. Chairman, for working with me on legislation to provide assistance to the family caregivers of seriously injured veterans. I want to single out two special North Carolinians, Sarah and Ted Wade. Unfortunately, they are not here today, but they have spent many hours reviewing drafts of the bill before it was introduced. Their unique perspective on the needs of both family caregivers and seriously injured veterans needing full-time care is absolutely essential in the crafting of this legislation.

I am also proud to join you, Mr. Chairman, on legislation that would create a process under which the VA could be provided with a medical care budget one year ahead of time. It is very important and possible that we will have two appropriations for VA enacted this year, the first for 2010, the second for 2011. It will be nice to get the VA budget completed well ahead of time for a change.

I am pleased to see that legislation I introduced to

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create a voluntary dental insurance benefit for all veterans and survivors of veterans enrolled for care at VA is on the agenda. The legislation is modeled after the popular Tricare retiree dental program and simply gives veterans the option to pool together and get coverage that they might need.

One of the bills on the agenda that I feel passionately about is S. 669, the Veterans' Second Amendment Protection Act. Three other members of the committee have joined me as cosponsors of the bill, along with 12 of my Senate colleagues. The committee voted to approve this bill last Congress and I hope to see it enacted this year. As many of you know, if a veteran comes to the VA for help and is later determined to need assistance managing benefit payments, their name is sent to the National Instant Criminal Background Check System, known as NICS, which is a government database that is used to deny individuals of their Second Amendment rights. Over 117,000 names have been sent by the VA to this government database since 1998. In contrast, the Social Security Administration sends no names to this government database, despite having over five million beneficiaries who require assistance managing their finances.

I have three problems with this policy. First, I believe our veterans are being unfairly targeted. Second, I

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believe it is inappropriate for a government employee to be able to make these types of decisions. And third, the current process doesn't even assess whether these individuals pose a danger to themselves or to others.

S. 669 would prohibit VA from sending the names of veterans and others to the government database unless--and I stress, unless--this is so it is clear to everyone an appropriate judicial authority makes the determination that an individual poses a danger to themselves or to others, the same standard applied to every other American. By simply asking for due process, this bill simply respects protection of constitutional rights. We must provide our veterans with the due process granted to every other citizen.

I wish I knew what the position of the Department of Justice was on this legislation, Mr. Chairman. You were nice enough to invite the Attorney General or his designee to come to testify, and as you can see, they are not here. I don't understand the reason for their absence here today. If the current practice is justified, then there should be no reluctance to have an administration official testify about this bill. In my view, this is the second time in less than two weeks the administration has tactically, passively endorsed an effort to unfairly target veterans.

Just last week, the Department of Homeland Security released a report entitled, "Right-Wing Extremism," which

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states that, and I quote, "returning veterans possess combat skills and experience that are attractive to right-wing extremists," unquote, without any data to support such a vile claim against our nation's veterans. The report suggests that those veterans who are, and I quote, "disgruntled, disillusioned, or suffering from the psychological effects of war," unquote, are more likely to join these groups. Again, without any data to substantiate such a claim, a Federal Government agency paints our veterans as extremists. This assessment of our veterans is not only misguided, it is an absolute insult to every one of them.

In closing, I would like to submit testimony for the record sent to the committee by Retired Coast Guard Lieutenant Jerri Geer. Lieutenant Geer came to VA for help in 2002 because she was having problems with her finances. Shortly thereafter, she received a letter telling her that she was placed on the government's criminal database used to prevent the purchase of firearms. What is ironic is that Lieutenant Geer doesn't even like guns. She was simply offended by the arbitrary manner in which her name was placed on a list with criminals and people who are threats to themselves and to others and by how easily her rights as an American could be violated. I think all of us in this room would be offended if, in fact, we were listed on that

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list.

I ask my colleagues for their support on S. 669 so that we can right what I think is a tremendous wrong.

I thank the Chair.

[The testimony of Lieutenant Geer follows:]

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Chairman Akaka. Thank you very much, Senator Burr.

Let me call for your statements. Senator Brown, followed by Senator Johanns. Senator Brown?

OPENING STATEMENT OF SENATOR BROWN

Senator Brown. Thank you, Mr. Chairman.

I would like to thank Deputy Under Secretary Cross for joining us today and being able to answer questions. I would like to thank Dr. Cross for his previous testimony at a field hearing in New Philadelphia, Ohio, a year and a half or so ago about veterans in Appalachia that led to legislation which will particularly help rural hospitals and some of the issues we deal with.

I want to thank the VSOs that are here and the representative from AFGE for your assistance, who will testify later today.

The legislation pending before the committee, all of it is beneficial. In the interest of time, I will focus on two bills that are vitally important to my State. In Ohio, there are over a million veterans. That number is growing rapidly, as it is elsewhere, as men and women return from their service overseas in Iraq, Afghanistan, and deployments all over the world. In the last couple of years, I have held some 140 roundtables, at least one in each of Ohio's 88 counties, and several of them have been directly talking to groups of 15 or 20 veterans and listening to their ideas and

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concerns.

Last year, Glen Menny [ph.], an Iraq veteran from Chilicothe in South Central Ohio, shared his transition experience after surviving an IED blast. Glen was treated for his headaches with ibuprofen, and for his eye discomfort he was given pink eye medication. It wasn't until nearly eight months after he was injured that Glen Menny was diagnosed with severe TBI. He advocated for increased attention to eye trauma in relation to TBI to prevent other veterans from suffering the months of uncertainty that he endured as his eyesight continued to deteriorate.

TBI and PTSD are intimately related to vision problems as well as cognitive issues, memory lapses, anger, frustration, and other mental health issues. Glen Menny is unfortunately not alone, as we know. As a result of the wars in Iraq and Afghanistan, there is an increasing number of head trauma and traumatic brain injuries. Over a thousand service members have been hospitalized with ocular, or with eye injuries.

The VA has a critical shortfall in the number of blind rehabilitation outpatient specialists, with nearly one-third of those positions unfilled. As more service members return from combat with eye injuries, we have a commitment to ensure they have access to rehab specialists.

To address the gap in access to vision specialists, I

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introduced the Vision Scholars Act of 2009, which we will discuss today. The bill would improve VA recruitment of blind instructors while giving our nation's veterans the comprehensive care they deserve.

The second bill I would like to briefly discuss improves collective bargaining rights of VA employees. All VA employees have a proud tradition of faithful service, but they work side-by-side in the same facility for our veterans but have unequal rights. Collective bargaining provides a vital workplace protection for employees, helping to ensure higher safety standards, fair wages, and pension security.

In 1991, Congress provided VA medical professionals with the same labor relations rights held by other Federal employees but carved out three exceptions that dealt with direct patient care. In the 1990s, labor and management entered into a partnership that set a process for resolving disputes, which worked well until the Bush administration abandoned the partnership. The narrow exceptions of the law now bar grievances over disputes that Congress never envisioned, such as scheduling and floating assignments for nurses. As a result, VA health care professionals are unable to negotiate for working conditions that are widely available to other clinicians at the VA and outside, too, for that matter.

These workplace practices negatively affect recruitment

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and retention and morale and ultimately patient care. The veterans in my State and across the rest of this great country deserve the best health care and the best health care providers. Many of these providers, as we know, and we urge this more and more in the VA, are veterans themselves. That is why I have cosponsored this legislation with Senator Rockefeller and Senator Webb and Senator Mikulski and my colleague on this committee, Senator Sanders.

So I am looking forward to hearing testimony on these two bills and beyond. Thank you, Mr. Chairman.

Chairman Akaka. Thank you very much, Senator Brown.

Senator Johanns?

OPENING STATEMENT OF SENATOR JOHANNS

Senator Johanns. Mr. Chairman, thank you very much for the opportunity to say a few words.

Let me, if I might, start out and, if I could, just for the record, join in the comments made by Ranking Member Burr. I also thought it was just completely inexcusable that the head of a Federal Department would make such statements about veterans in claiming that they pose a risk to our society. We bring them to military service to protect us, and then as they leave military service, to tag them with that kind of label is just enormously unfair.

But let me, if I might, talk about a recent experience that I had. I was back home in Nebraska for a recess and we

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had a veterans' roundtable where we brought veterans in and representatives of veterans organizations to really talk about whatever was on their mind. It wasn't very long before we turned to health care issues. One of the things about this roundtable is we had a spouse there whose husband was suffering from post-traumatic stress disorder. We had a veteran who was there who was continuing to receive care through the system. So we really got some great information. I got some great information as to some of the challenges that they are facing.

The first thing I would like to say on post-traumatic stress disorder, it is hard to explain, unless you have heard a family member speak of this, how devastating it is, not only to the veteran, but to the family members. And the challenge that is put up to that veteran and to family members in terms of getting cured is something that I find just completely unacceptable. Anything we can do in this area is going to be a big improvement.

I would offer this thought. When services are provided by the Veterans Administration, it appears to me that the services are good. The challenge is how to get those services and how to uncomplicate the process by which a veteran can access those services--a very, very important issue.

The second area that I wanted to visit about, and many

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of us on this panel would have this challenge, I come from a State that is a combination of large metropolitan communities, like Lincoln and Omaha, Kearney, Grand Island, and then I would also say we have many areas of our State with long distance in between that are very rural, the small communities where we really, really struggle to provide services into those areas. We are facing that problem with medical services and mental health services. It is nearly impossible to get the trained personnel into those areas.

So again, anything that we can do to help in these areas is going to find my support. These veterans want to return to where they came from, and sometimes that is ranching or farming or taking on the family business in the small community in Western Nebraska. We want to do everything we can to encourage that. That is very, very important to States like Nebraska. But if they need mental health services or medical services, we need to figure out ways to provide that to them. So I am very anxious to hear the testimony today, very anxious to work with you in solving these problems.

Mr. Chairman, I will wrap up just by saying, thank you for having this very important hearing. I hope to be a partner with you as we work on these issues. Thank you.

Chairman Akaka. Thank you very much, Senator Johanns.

Senator Tester?

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OPENING STATEMENT BY SENATOR TESTER

Senator Tester. Thank you, Mr. Chairman, and I want to thank all the distinguished witnesses who are here today to discuss pending health-related legislation before this committee.

Just last month, after hearing from and working with a lot of veterans in Montana, I introduced the Rural Veterans Health Care Improvement Act. This legislation would expand health care for thousands of Montanans and millions of other veterans who live in rural and frontier areas of this country. I want to thank Senator Thune, Senator Begich for their work on this legislation and I appreciate their interest in this issue.

The obstacles faced by veterans and providers in rural areas are vastly different than those in urban areas. Rural veterans face a new combination of factors that create disparities in health care not found in larger cities and municipalities. Access, economic factors, cultural and social differences, educational shortcomings, a lack of provider and health care services, and the sheer isolation of living in remote rural areas all conspire to impede rural veterans in their struggle to obtain care and lead a normal, healthy life. Without question, our veterans have greater transportation difficulties reach health care providers. They often travel great distances to reach a doctor or

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hospital. Sometimes, they just don't go at all.

I want to share a few statistics from the National Rural Health Association to underscore this issue. Ten percent of physicians practice in rural America, despite the fact that one-fourth of the population lives in these areas. It puts us at a big disadvantage. It means it is harder to find a rural veteran a doctor, period.

Twenty percent of the rural counties lack mental health services versus five percent of metropolitan counties. This means that our rural veterans are less likely to see or have access to mental health providers that can diagnose and treat things like PTSD and other combat-related mental conditions.

The suicide rate among rural men is significantly higher than in urban areas, particularly among adult men, our veterans. Who is there to intervene, and do we transport them in cop cars for hours to get them to mental treatment facilities or a critical care bed?

And finally, death and serious injury accidents account for 60 percent of total rural accidents, compared to some 48 percent in urban areas. One reason for this increased rate of morbidity and mortality is that in rural States, prolonged delays occur between the crash, the call for the EMT, and the EMT arriving. This means that veterans driving long distances to obtain care are more likely to die if

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involved in a serious motor vehicle accident.

The statistics are sobering and highlight why we must improve health care for veterans who reside in rural areas. The Rural Veterans Health Care Improvement Act of 2009 does several things that will help. First, it locks in the current travel reimbursement for disabled veterans who travel for health care at 41.5 cents a mile. It authorizes the VA to award grants to Disabled American Veterans to transport veterans to their medical appointments, and it directs the VA to establish an Indian Health Coordinator in areas with high Native American veteran populations to improve the care given to Native veterans. It authorizes the VA to work with community health care centers and provide mental health service to Iraq and Afghan veterans in areas where the VA is unable to provide mental health care.

It is just a start and we have a lot more to do, and I certainly appreciate the VSOs for bringing the issue forward and remaining focused on our rural veterans. I want to personally thank Chairman Akaka for introducing additional legislation that will complement this bill by improving the VA's hiring and employee compensation practices.

With that, I conclude my remarks and I want to thank the panel members once again, the committee, and Chairman Akaka.

Chairman Akaka. Thank you very much, Senator Tester.

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Senator Burris?

OPENING STATEMENT OF SENATOR BURRIS

Senator Burr. Thank you, Mr. Chairman.

Members of the committee, I just would like to state, and I hope I am around to get some answers to the questions, because during my recess, I visited the Marion Veterans Hospital down in Southern Illinois. My staff, Mr. Chairman, had a very difficult time with staff at the VA wanting to know why I was coming to Marion. Because Marion has had a few problems, they brought staff in from other locations. They brought staff in from Washington and they even brought the General Counsel in to be at the briefing that I was getting for visiting Marion Hospital, I assume because there have been problems there.

My staff advised me that the staff people at the VA were telling them that we didn't give them enough time, that we should have given them more time to come, and I found that very disconcerting, for a Senator to be trying to visit a veterans hospital just to get educated and get a fact-finding tour, that the VA was very defensive in that regard. But come to find out they were very accommodating and it turned out to be a decent meeting. But I just would like for someone to give me an explanation on why that type of treatment--as a Senator, I went to a North Chicago hospital and there was no problem. I visited Jesse Brown Hospital

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and there was no problem.

But I wanted to go to Marion and they sent in people from Washington and brought in the General Counsel. Yes, there have been several veterans who died down there as a result of incompetent medical care. So I just want to be on the record as having expressed my concern about that situation as I compliment what we are doing for our veterans.

And secondly, this health care issue is very important. On just Saturday, I had over 250 veterans at a town hall meeting I attended. It is called the Coalition of Veterans Organizations, and these individuals have their main concern health care, health care for women veterans. Women are not the same as male veterans. There is special care that women need, and so we must be sensitive to those situations. Also, on the dental care issue, we must make sure that we move into that direction, and I hope that we will hear some testimony in that regard. Mr. Chairman, if I am around, because I have got two or three other stops to make on other committees, but I would hope to be able to then bring some questions in reference to some issues that I have further.

But I want to go on the record in terms of my commitment to those individuals--and this is my favorite expression, Mr. Chairman--that allow us to do what we do because they did what they did in protecting this country

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and fighting for us. And they are entitled to whatever we can give them as taxpayers for their commitment to allow us to be a free, free country. We cannot forget those individuals who put their lives on the line for us. I will reserve the rest of my time, Mr. Chairman.

Chairman Akaka. Thank you very much, Senator Burris.

Senator Begich?

OPENING STATEMENT OF SENATOR BEGICH

Senator Begich. Thank you very much, Mr. Chairman, and thank you for holding this hearing and an opportunity to hear responses to the legislation that has been sponsored by several of us here as well as obviously the Chairman who has spearheaded many of these pieces of legislation. I am a cosponsor on six of these pieces and a lot of it for me is to hone in on the obviously health care, but rural health care.

In Alaska, I think in the last Commerce Committee meeting, I coined the phrase "extreme rural" is what Alaska is, and so we have very unique situations that I think is also an opportunity for some prototype and some experimenting, some new ways to deliver health care that could be model for other States around the country, especially those that have kind of mixed urban and rural, Montana and Nebraska and others. So I am going to be interested in your response, especially on rural health

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care.

On another issue, with reimbursement, not only vehicle miles, but also plane tickets for individuals, but one more step. We have a very unique program, and during the questions I will ask a few more details about your thoughts on it. But one program that actually has three or four, if I am not mistaken, maybe as many as five pilots that actually fly out on their own dime with their own plane and go and help veterans out in rural communities that the VA will never get to, no commercial airline will ever get to. And so the reimbursement for them is zero.

But an idea I want to float to see how you would respond is one of the issues they asked for is not that they are asking for reimbursement of their time or their effort or their plane, but just some of the fuel costs as they reach rural, because these same individuals, if the VA had to fly them out or pay for that, would be very, very expensive. And so it is a twist on it, because in Alaska, we have the highest per capita amount of small planes per person in this country. We are in a very unique situation. The plane, the bush pilot is the cab driver, and so I want to explore that with you.

But the other issue in Alaska, we have about 500 homeless veterans. I know in a bigger sense, it may be small compared to other communities, but we have very unique

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climate conditions that a homeless veteran lives in. So I would be curious in your expansion, in your opportunities of what you see down the road in regards to homeless veterans, as I believe that number is going to grow, because one of the common denominators among the homeless population is mental illness or issues with mental health. We are going to see, I think, a growing percentage and number.

And then the last is what efforts you will make in regards to, again, as I mentioned, kind of new technologies. Tele-medicine is a powerful technology in Alaska. I know the VA is experimenting with that and utilizing it. I think Alaska, again, is a great test ground for that and I would be interested in your commentary on that.

But again, Mr. Chairman, thank you for hosting this hearing. I am looking forward to the panel's comments in regards to the legislation. I do believe, based on all the legislation that is in front of us, there are opportunities probably to--I don't know what the process is. I am new to the Senate, but it seems like we could meld some of these pieces of legislation into one to really focus in and hone in on delivering additional and more supportive rural health care to our veterans, and the larger percentage of veterans, from some of the data that I have seen in Alaska, at least, and it may be occurring around the country, more and more veterans are living in rural areas than urban areas. They

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are growing to that, not necessarily raw numbers, but in percentage growth. So again, I think rural health care and rural delivery of health care is going to be a huge piece of the equation.

I will end there and say thank you very much, Mr. Chairman, for this opportunity.

Chairman Akaka. Thank you very much, Senator Begich.

Let me call on Senator Sanders.

OPENING STATEMENT OF SENATOR SANDERS

Senator Sanders. Thank you, Mr. Chairman.

Before I comment on the legislation before us, let me say a word about this so-called political controversy regarding the Secretary of Homeland Security. Of course, the Secretary of Homeland Security did not say anything disparaging about veterans. This is just politics that are the same old, same old. What she was reporting is that there has been a significant rise in right-wing extremism in this country, including some groups who advocate violence, and that they are targeting veterans as well as other groups. That is what she said, and I think she is right. We have to be concerned about that.

But Mr. Chairman, in terms of what we are talking about today, let me thank you for holding this important hearing. I am also delighted to have witnesses--that we thank the VA witnesses who are with us.

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I also want to congratulate the Chairman for his advanced appropriations legislation and to announce what everybody knows, is that we finally have a President of the United States who is in support of advanced appropriations. This is a big deal and I think is going to make the appropriations process for our veterans a lot more secure, a lot more predictable, and it is a huge step forward. I congratulate you, Mr. Chairman, and President Obama for taking that step.

In addition, I want to thank Chairman Akaka for including a version of Senator Feingold's and my legislation, S. 315, the Veterans Outreach Improvement Act of 2009, in his omnibus health care bill, S. 252, that is on the agenda today. This provision would create a VA pilot grant program funded by the Department of Veterans Affairs to give resources to eligible community-based organizations and local and State entities, including Veterans Service Organizations, to conduct outreach programs to inform veterans and their families about VA benefits.

The bottom line is, we could have the best programs in the world for our veterans, but if they don't know about it, it is not going to do anybody any good. In Vermont, we have developed an outreach program which is working. I think this concept will help. We want veterans to know what they are entitled to. If they want to take advantage of it,

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fine. If not, fine, but they should know about it.

Mr. Chairman, one of the bills included on today's agenda is another piece of legislation I have introduced, S. 821, a bill to prohibit the VA from collecting certain copayments from veterans who are catastrophically disabled. This committee approved a version of this legislation last year and it also was passed in the House by the very close vote of 421 to nothing. Unfortunately, it was not signed into law and I hope we have better luck this year. I want to thank the Paralyzed Veterans of America, the Blinded Veterans Association, the DAV, and the American Federation of Government Employees, who all support this legislation.

In short, this legislation would eliminate copayments paid by catastrophically disabled veterans who are currently considered Priority Group 4 veterans, but are charged fees and copayments as if they were in Priority Group 7 or 8. As the Paralyzed Veterans of America notes in their prepared testimony, in 1985, Congress passed legislation opening the VA health system to all veterans. In 1996, Congress revised law and created a set of rankings or priority groups. When this was done, PVA worked to ensure that those veterans with catastrophic disabilities would be placed in a higher enrollment category known as a Priority Group 4. However, unlike other Category 4 veterans, if they would otherwise have been in Category 7 or 8 due to their incomes, they are

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required to pay all fees and copayments, and I think clearly that is a miscarriage--a disservice to those veterans who are suffering from major physical problems.

So, Mr. Chairman, I hope very much that we can pass those pieces of legislation as well as the others that are before us today and I thank you very much.

Chairman Akaka. Thank you very much, Senator Sanders. Senator Murray?

OPENING STATEMENT OF SENATOR MURRAY

Senator Murray. Thank you very much, Mr. Chairman. I thank you and Senator Burr for holding this hearing and thank you to all the witnesses who are before us today.

I think everyone on this committee knows that the health care needs of our American veterans are shifting and diversifying and health care technologies and techniques are changing, too. So when it comes to providing care for our veterans, this really is a time for challenges and opportunities. And, of course, with our troops now fighting in Iraq and Afghanistan, it is really important that Congress use its legislative powers to make sure that the VA is prepared to meet the health care needs of our veterans tomorrow as well as today.

One of the best ways that I believe we can address the needs on the horizon is to pass the Women Veterans Health Care Improvement Act of 2009, which expands and improves

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health care services for our women veterans in the VA system. You know, women have always played a very important role in our military, going back to the founding of our country. However, as we all know, in today's conflicts, women are playing a far different and a far greater role. Women now make up about 15 percent of current active duty, Guard, and Reserve forces, and because today's conflicts don't have the clear front lines of past wars, women, like all of our service members today, are on the front lines, riding on dangerous routes, guarding key checkpoints, and seeing the horrors of war firsthand.

Women have historically remained a very small portion of our veterans and a small minority at the VA. That is changing. According to the VA, there are now 1.8 million women veterans currently making up more than seven percent of the total veteran population in the United States. And the number of women veterans who are enrolled in the VA system is expected to double in the next five years. That makes female veterans one of the fastest-growing demographics of veterans today.

So we cannot overlook the growing number of women veterans or their unique needs any longer. We have to make sure that the VA is prepared to take care of the needs of these honorable veterans, and that is why Senator Hutchison and I have introduced the Women Veterans Health Care

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Improvement Act of 2009. This is legislation that will encourage female veterans to access care at the VA by increasing the VA's understanding of the needs of women veterans and the practices that will help them best.

I know that the VA recognizes they need to improve services for our women veterans and the Department has taken some steps to do that. All VA medical centers are now supposed to have full-time women veterans program mangers to make sure that women veterans' needs are taken care of. But a lot more needs to be done if we are going to ensure that women are able to access care at the VA and get the services they need and that they are tailored to women's needs.

So I believe that planning for the new wave of women veterans is going to be difficult and complex, but it is a task that needs to be addressed and I hope that this committee can pass this legislation this year and move it to the President's desk.

I also want to just mention another bill on the docket today that authorizes the construction of an outpatient clinic at the VA medical center in Walla Walla in the Southeast corner of my home State. Not long ago, the VA came before us and recommended shutting down that facility and I have been very proud to fight alongside the veterans in that region, and it is actually a three-State region, to save Walla Walla VA and ensure that it has a future. This

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has been a battle very close to my heart--I know the VA knows that--because it is critical to 70,000 veterans who are served by that facility.

Since 2003, when this first came about, I have used about every tool at my disposal to make sure that Walla Walla veterans were taken care of. I sent letters to the VA Secretary. I contacted President Bush. This committee held a hearing out in Walla Walla to solicit the thoughts and concerns of local veterans. And I think all of our veterans in that area sent a pretty loud, clear message that was heard, that Southeastern Washington needs the existing VA facilities and it deserves a new, modern VA facility, as well.

So back in November, the VA announced that the Walla Walla VA is now going to get more than $71 million for the design and construction of a new outpatient clinic to serve those local veterans and I truly want to thank the VA for all of their work on this. I was really thrilled by that development and it is a major victory for our veterans.

Now, since that money has already been approved, this legislation that is before us today just simply authorizes the construction of a new multiple-specialty outpatient facility at the Walla Walla VA. So after five years of uncertainty and a whole lot of veterans speaking out, we are almost there. This legislation is key and I really thank

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the committee for having it today. I hope we can approve it soon and move it forward.

Thank you very much.

Chairman Akaka. Thank you very much, Senator Murray.

Now let me introduce the first panel. Dr. Gerald Cross, Principal Deputy Under Secretary for Health, will be answering questions. He is accompanied by Walter Hall, Assistant General Counsel, and by Joleen Clark, Chief Officer for Workforce Management and Consulting at VHA.

I thank all of you for being here today. VA's full testimony will appear in the record.

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STATEMENT OF GERALD M. CROSS, M.D., FAAFP, PRINCIPAL DEPUTY UNDER SECRETARY FOR HEALTH, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY WALTER A. HALL, ASSISTANT GENERAL COUNSEL, U.S. DEPARTMENT OF VETERANS AFFAIRS; AND JOLEEN CLARK, CHIEF OFFICER FOR WORKFORCE MANAGEMENT AND CONSULTING, U.S. DEPARTMENT OF VETERANS AFFAIRS

[The prepared statement of Dr. Cross follows:]

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Chairman Akaka. I will now turn to Ranking Member Senator Burr for his questions. Senator Burr?

Senator Burr. Thank you, Mr. Chairman.

Dr. Cross, I can't let you get by without asking about this testimony. I take for granted that the inability to meet the deadline was because the administration didn't return the testimony, is that correct?

Dr. Cross. Senator, that is not how we want to phase it. I take responsibility and I appreciate the Chairman's comments earlier and apologize for the tardiness.

Senator Burr. Did you or did the VA have it in its possession before last night when it was turned in?

Dr. Cross. Walter, help me--

Senator Burr. Listen, this is not the first time I have been on this cabbage truck, and it has been in Republican administrations and now it happens to be a Democratic administration and the likelihood is your testimony sat at OMB and OMB ignored the rules of the committee. Let us all concede that fact. When you got your testimony back, how different was it than what you sent?

Dr. Cross. Sir, I am not here to point fingers at anyone else. I will take responsibility for what I did.

Senator Burr. Dr. Cross, I appreciate that. I am trying to figure out what you wanted to tell the committee and what the administration instructed you through the

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changes in your testimony you were going to say to the committee, but we will forego that.

Mr. Hall, as Assistant General Counsel, did you inquire with OMB as to whether we would get the testimony so that you could meet the rules of the committee?

Mr. Hall. Yes, sir. This is, of course, an administration position. We work closely with the Office of Management and Budget and other agencies to formulate the administration's views.

Senator Burr. Did they express any concern that they weren't allowing you to meet the rules of the committee from the standpoint of the timeliness of testimony?

Mr. Hall. Sir, we worked as hard and fast as we could to address the many issues that were before us.

Senator Burr. Let us switch to the Second Amendment issue. I am disappointed that the VA has not taken a position on this. Let me ask you, do you agree with the Justice Department's request of the VA that they continue to submit names? Dr. Cross?

Dr. Cross. Sir, the position that we have coming to you is the same as what we put in the written testimony, that we have reviewed the proposals and we have deferred officially to the Department of Justice.

Senator Burr. Well, I didn't ask about your comments on my legislation. I asked, do you agree with the Justice

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determination that VA should be obligated to provide those names, yet other agencies that have people that meet the same legitimate threshold do not?

Dr. Cross. I would like to ask my colleague, the General Counsel, to comment on that.

Senator Burr. Mr. Hall?

Mr. Hall. Yes, sir. That is the--the Department of Justice administers the Brady Bill. It is their responsibility to determine who it is that is required to be reported, the names that are required to be reported, and we comply with that--with those instructions.

Senator Burr. Mr. Hall, do you believe in your opinion of the jurisdiction of the Justice Department, do they have the ability to reverse this decision on their own, or does it require legislation?

Mr. Hall. My understanding of the law is that it says the requirement to report is a "may report." They "may determine."

Senator Burr. So one would conclude from that that the Justice Department today has the ability to say--

Mr. Hall. Sir, I would defer entirely to the Department of Justice as to the interpretation of that law, which they are responsible for administering, and they are the--

Senator Burr. I am not a lawyer, but please tell me

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this. Is there a significant difference between the word "may" and "shall" from a legal standpoint? When you see the word "may," are you compelled?

Mr. Hall. You may be.

Senator Burr. You are using "may" again.

[Laughter.]

Senator Burr. The truth is, the Justice Department could--and this is the new Justice Department--they could look at this request that they have made of VA and they could say, you know, this has been grossly misinterpreted, and they could on their own pull back the request.

Mr. Hall. I think that is entirely within the Department of Justice to--

Senator Burr. See, I knew if we worked at this, we were going to agree on something.

Dr. Cross, the committee has heard from veterans, family caregivers, Veterans Service Organizations, that we need to provide more support to family caregivers caring for veterans. In your testimony, you mentioned that the Department currently contracts for caregiver services with home health agencies and those agencies, in turn, are employing family members. Specifically, how many family members are currently employed by home health agencies?

Dr. Cross. Sir, I don't know that number, but I am concerned that the number is quite small. I think that we

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need to address that. I think that is a real issue that we have to bring forward. We think the mechanism is sound, to use those agencies that are already existing or have expertise in this area to help us with this challenge which is so very important. But I don't know the number of family members that are currently hired, but I am concerned that it is small and I think that we need to address that and find some way to increase that number.

Senator Burr. Do you have any idea of what the number of family members serving as caregivers, whether they are hired or not, are?

Dr. Cross. Specifically, no, sir.

Senator Burr. I hope you understand, these are significant things that we need to know the numbers on if, in fact, we suggest, and I think your testimony suggests that the way the VA currently has it structured is working, and that is that we have got home health agencies that in turn turn around and hire family members to serve as caregivers. And I think what we are going to find out is that it rarely happens. Where it does happen, it is probably not with the best agreement up front, that the majority of caregivers would prefer not to go through a third party. As a matter of fact, most of them that supply the service today are doing it because of their family member that they believe can only have the level of care if,

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in fact, they commit to do it. While we would not provide a similar incentive for them to do this versus to work through a third party is somewhat a mystery to me.

Has the VA done an assessment to make sure that the arrangements that are currently out there, meaning home care-hired family caregiver, that it works?

Dr. Cross. All I actually know is that the care managers interact with the veteran to make sure that they are being cared for properly. You have raised a very important point, though, in regard to the family members, and actually, we have asked the staff to look into the possibility of whether or not we can even create a preference when we work with those agencies in the community to have a preference for those family members.

I think, though, that perhaps you can understand that there might be some challenges for us if we made those family members directly employees of the VA, in essence. It would put us at times in a difficult position between that situation and the welfare and caring of that veteran a primary responsibility itself. Our primary responsibility is, in fact, the care of the veteran. We have to hold people responsible for that. Holding a family member responsible for that could be a challenge for us. We are much more comfortable at this time having these community agencies train and oversee this.

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But I think that you have raised a significant issue as to how many family members are actually able to take advantage of this.

Senator Burr. I thank you for your testimony. I have run over my time. If I could say to the Chair, I would like my colleagues to know that the father, the sister, and the brother-in-law to Eric Edmundson is in the audience today. His father has cared for him since the day he took him out of a VA facility, I think it is--those that have met Eric understand the challenges he has gone through. I know without his dad's commitment to take care of him as a caregiver, Eric would not have made the progress he has today and we all have great hope that he can continue to make progress. That would not have happened if it hadn't been for a family that basically dropped everything and really made it their life's commitment to serve their son as a caregiver. So I want to thank Edgar and Anna and Roger for coming up and taking the time to come to Washington today.

Thank you, Madam Chair.

Senator Murray. [Presiding.] Thank you very much.

Dr. Cross, I recently held a press conference on women's veterans issues, and in attendance were several female veterans who were part of a group that is known as Team Lioness. The Army has sent these female soldiers to

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serve in a support role for Marine ground combat troops in Iraq, and the members of Team Lioness were actually exposed to some of the bloodiest counterinsurgency battles during their service, and all of this was done, of course, despite the current prohibition on women serving in combat.

Now, I am told that many members of Team Lioness have not had their combat service recorded in their DD-214, which obviously, of course, impacts their ability to get compensation or any other ancillary benefits that they earned. And in fact, a female veteran who served as the mechanic in Team Lioness told me that the VA claims adjudicator she went to see about her PTSD claim didn't believe that she could have any psychological health issues because her military records didn't show any record of combat service. So this is a real issue for these women.

Now, I recognize that this is a DOD problem. I understand that. But I was hoping you could tell me if the VA itself is exploring any options to ensure that its compensation and pension staff and its medical staff are aware of the combat roles that many women veterans have played in Iraq.

Dr. Cross. Thank you, Senator. I believe the group that you are referring to actually came over and made a presentation at VACO headquarters.

Senator Murray. Oh, great. I am glad they did.

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Dr. Cross. And I am looking forward to learning more about them. One organization that we do have some options to support them, even in that process, is our veteran centers for any combat veteran returning, to also help them work with DOD or help them work with VBA to resolve issues regarding their DD-214. I think that would be a very appropriate role for them in our veteran centers. But we can address that systematically with DOD and VBA, as well, and we are quite willing to do that.

Senator Murray. Okay. I think it is important to address that with DOD and I appreciate that. But I also think, meanwhile, it is important to let your personnel know that there are women out there that did serve in combat so that they don't hear, well, you can't, it is not on your form, because they did.

Dr. Cross. Agreed.

Senator Murray. Okay. I have a number of questions I want to submit for the record. As you know, Senator Akaka, our Chairman, had to leave for a short while. We are going to pass the gavel up here among members and I appreciate everybody's patience with this as we do that, and I am going to turn the gavel over to Senator Sanders.

Senator Sanders. [Presiding.] Thank you. We should put the clock on, if we could.

I want to get to the issue of outreach. My

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understanding is that the VA has opposed legislation that Senator Feingold and I introduced, Section 211 of the broader bill. What we believe very strongly is that it is terribly important to have aggressive outreach, that there are many veterans who do not know what they are entitled to. As I said earlier, it doesn't matter what you have if people don't know about it.

And so what we have proposed is that community, local, State, and Federal providers of health care be enlisted in an outreach effort in terms of a pilot program. I say this because my recollection, and somebody can correct me if I am wrong, but I think in the early 2000s, maybe 2003 or so, actually a memo went out from the VA to halt outreach efforts. I think the VA has never been particularly aggressive in general in outreach efforts. They actually stopped it. I brought forth an amendment when I was in the House to undo that.

So I think that, especially in rural areas, it is very important that every veteran know the benefits that they are entitled to. I think the VA in general is doing better now than they used to, but it is no great secret or will shock anybody in this room when I say that for many years, the VA basically did not want veterans to know what they were entitled to. Am I right? Because if they don't know what they are entitled to, they can't take advantage of it and we

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save money. It is a great way to do business. That is no secret. Everybody knows that.

But I happen to believe that if we pass legislation and veterans are entitled to certain benefits, they should know about it, period. That is what it is about. That has not always been the case. So we want to expand upon what the VA is doing, getting other groups involved in it. Dr. Cross, why is that a bad idea? Why aren't you supporting it?

Dr. Cross. Senator, let me be very clear. We strongly support outreach, and I will list a couple of things that we are doing that I think are very consistent with what you are proposing. The bill itself and Section 211 itself was opposed because it appeared to be duplicative of what the veteran centers, case managers, and other outreach that we are currently doing, which I will elaborate on in just a moment.

We are doing so many other things right now that I want to make sure that you are aware of and that you are proud of. We were concerned that coming back from OEF and OIF, a number of veterans had not contacted us, had not come to a VA medical center. We put in place a contract to call every single one of them, and we are doing that by the hundreds of thousands and saying, hey, how are you doing? Is there something we can do for you--

Senator Sanders. I am aware of that. We spoke to Dr.

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Peake about that. I think that is an excellent step forward. And I do--I am aware, as I said a moment ago, that we are doing better.

Let me just suggest to you, and you tell me this, that you have somebody coming back from Iraq with PTSD in rural Vermont. What we are doing now in our State is we have people actually going out and knocking on his or her door. I think we have got to be a lot more aggressive. As I said, I think you are making progress, but tell me the problem about why we would not want to be even more aggressive, bringing different groups in?

Dr. Cross. I don't think necessarily there is any problem with being more aggressive, and I think we all support that. There were technical problems, I think, with the language in the bill and how it relates to the veteran centers that we have. The veteran centers have been tremendously successful.

Senator Sanders. Veteran centers help. Why don't we do this. I am the first to happily concede that we have been making some progress. But you will recall, literally, not so many years ago where the VA--am I right on that, Dr. Cross?

Dr. Cross. Senator, I think we--

Senator Sanders. Didn't VA actually send out a memo telling VAs all over the country to stop doing outreach?

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Dr. Cross. That may have been before my time, but we agree that we made progress.

Senator Sanders. My recollection is that is exactly--

Dr. Cross. And the progress was needed.

Senator Sanders. Okay. So we are making some progress. I want to make more progress and I look forward to working with you if there are any technical problems to see how we can work that out.

Dr. Cross. And sir, we will make our staff available to meet with your staff, to work through any of those issues at any time you would like.

Senator Sanders. We look forward to working with you.

Senator Begich?

Senator Begich. Thank you very much, and I will have a few questions, but I am busily trying to read your testimony. I am not going to try to get into why or whatever. I was a mayor once and I understand how the process goes with OMB. Sometimes it is painful for an agency, but I will leave it at that. But it is frustrating, because I am trying to figure out very quickly where you are on certain pieces of legislation, where you are not on certain pieces of legislation. So I have a couple questions and then I will probably go to some early parts of the testimony, because that is all I have gotten through so far.

And I may be wrong on this, but I am just trying to

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remember my visit to Alaska. I just came back Monday, but I was there for a couple of weeks. If you are a doctor, and I will use Alaska, and you are a certified physician and you are going to go do contract work for the VA, does the VA go through its--what I think I understand is that they go through another certification process, and I guess the question is why, because if the medical care I am getting--I am not a veteran--from that same doctor, I mean, I think I am getting pretty good quality--why duplicate that? Why not just get them into the process? Why do we waste the time? I mean, you have gotten my answer to the question from my perspective by my statement, so--

Dr. Cross. I appreciate that, and quite frankly, the process that they have to go through and that when I had to go through when I came in is a bit cumbersome.

Senator Begich. Why do we do it?

Dr. Cross. Think back to Marion--Marion, Illinois--and what happened there a couple of years ago. We believe very strongly that the additional safeguards that we have to put in place are very important for the safety and welfare of our veterans. Not everyone in the community is--someone who is practicing and working in the community is someone that we would want working in the VA.

Senator Begich. Is there a way to figure out how to streamline it and working with the local agencies that do

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the board certification already, rather than create a whole new system?

Dr. Cross. One thing that we have done is contract with an organization to do reports about individual physicians automatically to us. We started that in November of last year, to identify any problem cases. But quite frankly, that is only for those who are already employed by us.

Senator Begich. So it is not the recruitment of new contract doctors or doctors.

Dr. Cross. I think there is more that we could do to streamline that process.

I was thinking about your situation in Alaska and the individuals who fly often to the very rural areas that you mentioned--

Senator Begich. Right.

Dr. Cross. --and I have asked my counsel sitting next to me if there was a technique that we might be able to use to address those, by making them something called WOCs. We will look into that. I don't know the answer at this point.

Senator Begich. That would be great. I would be very interested in that.

The second thing is, again, if my information is wrong, just correct me, but the contract periods that you can do for contract services for doctors or other professionals is

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one-year increments with renewals, basically. Am I close on that?

Okay. Here is the complaint I hear. It is too short. What do we need to do to extend that but give you still the flexibility if the contractor is not performing to the levels that you prefer or need? I mean, the reality is, one year, you are not even getting into the depths of what potentially is available out there because people just don't want to do it for one year and they want some more security, up to three years. Besides the appropriation issue, what can we do here to fix this problem?

Dr. Cross. Now, I am not briefed on that, but I agree with you on what you are telling me, that the one year is too short. I just got my privileges renewed at the Washington VA Medical Center where I keep mine. It is for two years.

Senator Begich. Well, that is a change. That is good. So could you get me some information on that?

Dr. Cross. Yes, sir.

Senator Begich. I mean, that is a complaint I have heard, because there are professionals that want to do it but they think of this one-year increment and it is not worth it for what they have to go through to get there, and then they are not sure if it extends beyond. We all recognize part of it is budgetary and so forth, but more

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security in that arena, I think would help ensuring a more stable workforce. That is just a thought.

Dr. Cross. I agree, sir. Thank you. We will look into it.

Senator Begich. Thank you. I have just a few more seconds left and I would just ask this general question. I think it was in your earlier--in the very front pages of the testimony. I know the issue is about reimbursement. How do you deal with folks who you want to get into the system, recognizing it could be six, seven years before they are actually finally into it? The specialty they are going for may not be worthwhile at that time. But isn't it true you could go back ten years and you could probably pick the half-a-dozen certain types of professional classifications that you always have shortages?

You can say, okay, this is a group we are going to focus on, knowing there is, like there is, like right now, there is a high demand for mental health professionals. Five years ago, it was different. But we know there is at least a half-a-dozen or more classifications that we want to dive into to figure out how to recruit, knowing that it may take seven years, but we are going to need them anyway, because there has been no time you have had a surplus of physicians. I mean, that is a rare occasion--

Dr. Cross. Yes.

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Senator Begich. --you have a surplus of physicians or nurse practitioners in the business of health care.

Dr. Cross. I am going to ask my colleague, Joleen, to comment on that. But first, let me say, becoming a physician is about a 14-year process--pre-medicine, medicine, residency, fellowship, all of those kinds of things. When I was going through that process, I changed my mind about three or four times as to what specialty I wanted to go in. So if we targeted one of those specific specialties, it may not be what comes out at the other end of the pipe, so to speak.

Joleen?

Senator Begich. Can I add, and no disrespect to the Doctor, but 67 percent of the care is nurses, physician assistants, which are shorter periods of time, 18 months to 36. I know this because we have one of the top nursing schools in the country is in Alaska, in Anchorage. So no disrespect to physicians, but there is also a huge gap in this other area. So that is--

Dr. Cross. Right.

Senator Begich. So there is a shortage that you can supply quickly.

Ms. Clark. We have a couple of things that we are doing, but S. 252 does reinstate that scholarship program and we are hoping that that will help us to be able to--and

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expand past just physicians and help us with nurses and physicians. Also, the VA Nursing Academy has just expanded to five additional universities this year and we are hoping that that helps us to educate more nurses so that we can hire additional nurses. In the last five years, we have been able to hire, because of the flexibilities that the legislation that has been approved by these committees has allowed us, we have been able to hire 10,000 additional nurses in the last five years, 4,000 additional physicians. The physician pay bill helped us tremendously with that. And the legislation in--

Senator Sanders. Does that mean that we have 10,000 more nurses in the VA?

Ms. Clark. Yes. We had approximately 137,000 five years ago. Right now, actually, we have 149,000. We had 147,000 at the end of the year--or, excuse me--

Senator Sanders. And 4,000--

Ms. Clark. Yes, 47,000. Yes.

Senator Sanders. Four-thousand more physicians?

Ms. Clark. Four-thousand more physicians actually on board, yes. So we have been able to do tremendous things. We know there are certain areas, especially the rural areas that we have work to do. We have a pilot program going on for recruiters, especially in rural areas, to try to target some of those positions that are hard to recruit, like the

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scarce specialty in physicians, some of those nurses that are critical care positions and nurses. So we do realize there are going to be those areas that are always harder to fill and that we really need to target those specifically and we are working on trying some pilots out to see how to best do that.

Senator Begich. Great. Thank you.

Senator Sanders. Thank you, Mr. Begich. If that is the span of your questioning--

Senator Begich. I will stop now.

Senator Sanders. All right. Thank you, and let me thank the panelists and welcome our second panel.

Okay. I am delighted to welcome our witnesses from Veterans Service Organizations and advocacy groups to the second panel and I appreciate your being here today and we look forward to your testimony.

First, I want to welcome Adrian Atizado, Assistant National Legislative Director for the Disabled American Veterans. Next, I welcome Ammie Hilsabeck, R.N., of the Iron Mountain, Michigan, VA Medical Center, representing the American Federation of Government Employees. Thanks for being here.

Mr. J. David Cox was scheduled to appear today but could not because of a death in his family, and please extend our deepest condolences to him and his family when

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you see him.

We also welcome Hilda Heady, former President for the National Rural Health Association. Thank you very much for being here.

We welcome Ralph Ibson, Health Policy Senior Fellow for the Wounded Warrior Project. Thank you very much for being here, and a familiar face for this committee.

Lastly, we welcome Blake Ortner, Senior Associate Legislative Director for Paralyzed Veterans of America.

We thank all of you for joining us today and your full statements will appear in the record of the committee.

Let us begin with Mr. Atizado, and we thank you very much for being here.

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STATEMENT OF ADRIAN ATIZADO, ASSISTANT NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS

Mr. Atizado. Thank you, Senator. I would like to thank the committee for inviting me to testify at this legislative hearing. We appreciate the opportunity to present our views on the 19 bills on today's agenda. Of course, at the committee's request, I will limit my oral statements to a select few of these important bills.

Mr. Chairman, the DAV and allies in the partnership for veterans' health care budget reform believe that S. 423 proposes a reasonable alternative to achieve sufficient, timely, predictable, and transparent funding for VA medical care. The bill would authorize Congress to appropriate funding for veterans' health care one year in advance and provide greater transparency to VA's health care budget formulation process. Equally important, after enactment, Congress will retain its oversight authority and full discretion to set actual appropriated funding levels for each fiscal year.

We are delighted to know that this important bill is being considered by the committee today and we thank the 35 Senators whose cosponsorship made this a bipartisan bill, including the ten members of this committee. We are encouraged by the Senate action on April 3 when it passed a budget resolution that allows advance appropriations for VA

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medical care, and on April 9, when President Obama and VA Secretary Shinseki publicly reaffirmed their support for advance appropriations legislation, as well as in VA's testimony today. We urge the committee to approve this bill because its passage in the 111th Congress would address DAV's highest priority in VA health care.

Mr. Chairman, the DAV recently had occasion to help organize and sponsor a Capitol screening of the independent documentary film "Lioness" that Senator Murray had mentioned. This is to be shown on PBS on June 2. The story is of five Army women who served in Marine ground combat teams in Fallujah and Ramadi. Their role was to assist in offensive operations by providing body weapon searches of Iraqi women and children, and these women were mechanics and clerks, as the Senator had mentioned, and found themselves fighting in some of the most violent counterinsurgency combat in this war.

Now, I mention this because it serves as a reminder that a significant new women veteran population is beginning and will continue to present certain needs that VA has likely not seen before and will now need to address. Women veterans are a dramatically growing segment of the veteran population, and as mentioned, according to VA, the number of women veterans utilizing VA health care will likely double in the next five years.

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We believe the Women's Health Care Improvement Act of 2009 will allow VA to effectively meet the needs of women veterans. This bill is fully consistent with a series of recommendations that have been made in recent years by VA researchers, experts in women's health, the VA's Advisory Committee on Women Veterans, the Independent Budget, and the DAV. Our organization was proud to work with Senator Murray and the original cosponsors of the bill in crafting the proposal. DAV strongly supports this measure and urges its approval.

We also commend the decision to include an earlier version of the bill in S. 252, the Omnibus Health Proposal, and we trust that the committee staff and Senator Murray's will work out any differences between these excellent bills.

With regards to the two bills proposing a caregiver support program, the DAV would like to thank both Chairman Akaka and Senator Durbin on their leadership in this very sensitive matter. We are also appreciative of the efforts by Congressional staffs who worked with our organization and sought our views in crafting both bills. These bills seek to address those informal caregivers of severely disabled veterans who today remain untrained, unpaid, unrecognized, undercounted, and exhausted by their duties. The DAV supports both measures, given that our national resolution calls for legislation to provide comprehensive support

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services to caregivers of severely injured veterans.

We believe S. 801, the Family Caregiver Program Act of 2009, proposes a more comprehensive program and we ask for the committee's approval of that legislation. I would like to note, though, that S. 543 as well as the provisions in S. 252 contain worthwhile sections and provisions that we hope will be considered by this committee as it finalizes the authorization of this new VA caregiver program.

Mr. Chairman, this concludes my testimony. I would like to ask the committee to refer to my written testimony for the DAV's position and comments on the other bills that I did not include in my remarks. I would be happy to answer any questions you may have.

[The prepared statement of Mr. Atizado follows:]

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Senator Sanders. Thank you very much. Ms. Hilsabeck?

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STATEMENT OF AMMIE HILSABECK, R.M., OSCAR G. JOHNSON VA MEDICAL CENTER, IRON MOUNTAIN, MICHIGAN, ON BEHALF OF THE AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

Ms. Hilsabeck. Mr. Chairman and members of the committee, my name is Ammie Hilsabeck and I am a Registered Nurse at the Oscar G. Johnson Iron Mountain VA Medical Center in the Upper Peninsula of Michigan. It is a great honor for me to be here to testify on behalf of S. 362 on behalf of my union, the American Federation of Government Employees, and also the veterans that I take care of each and every day.

In Iron Mountain, I am a union steward for the AFGE Local 2280 and I work the evening shift in the emergency room and I am also the evening NOD, or the nursing officer of the day. I provide direct patient care to the veterans who come into the emergency room. I also manage additional services that are needed to take care of these veterans. I work with the nurses and the doctors within the entire hospital, making sure that all units are properly staffed on the evening shift, and I handle a wide range of duties and tasks from within the hospital and calls from the veterans from the outside of the hospital.

The AFGE greatly appreciated the chance to meet with Secretary Shinseki on this issue two days ago. The

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Secretary gave us his commitment that he would look into the issue and continue the dialogue with us through a future meeting before finalizing his position. Therefore, it was especially disappointing to read the VA's testimony for today's hearing and see all the inaccurate statements about how bargaining rights work and how we want to use them are back again.

All we are saying is that Title 38 employees deserve equal rights to voice their concerns in the workplace. To accuse us of wanting to use these rights to interfere with patient care is unfair and not based on law or fact. To accuse us of wanting to block supervisors from quickly removing employees who are abusing patients from the workplace is also unfair and not based on law or fact.

I can't deny the fact that I provide patient care. That is my job. I take care of veterans every day. So of course every concern I have about doing my job relates to patient care in some way, but that is not interfering with direct patient care. That is not telling management how to treat diabetes or PTSD or which specialist to hire or how much to spend on a new imaging machine. Collective bargaining is about resolving labor-management disputes about conditions of employment.

The right to a grievance is not a temporary restraining order forcing immediate action by supervisors or absolute

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right for employees to walk off the job. It is only the right to require management to come to the table to discuss what is already happening in the workplace, or a policy that has been proposed, or to hear the employee's side of the story if he or she has been accused of improper conduct or poor performance.

All we are saying is that it makes no sense to treat one part of the VA health care workforce differently than another. If a psychologist can bargain over these issues, why can't a psychiatrist? If an L.P.N. can negotiate over these issues, why can't a Registered Nurse? If military hospital nurses or physicians can file grievances on employment matters that impact patient care, why can't we at the VA have these rights when we do the same jobs?

I want to tell you what it is really like to work without a voice and without a chance to address concerns when you are caring for veterans in an emergency room every day and why we could provide better care for our veterans if management was willing to sit down and negotiate over employment issues.

My managers recently made a decision that critically ill veterans would no longer be stabilized in our critical care unit but rather in the emergency room where I work. They would not negotiate, however, with us what the ER nurses would need to take care of these veterans and the

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amount of responsibility in terms of training the emergency room nurses, equipment that was needed, medications, and supplies. We were also kept in the dark when management decided that our imaging reading services would sometimes be contracted out and sometimes not be contracted out, which means delayed care for our veterans. All we want is to negotiate things like this so we can meet our guidelines and provide the right care in a timely manner.

Dr. Cross complains that we want to negotiate over what constitutes an emergency for mandatory overtime. He suggests that we would use the grievance process to stop managers from responding to emergencies with extra nurse coverage. All we wanted was VA central office to define "emergency" in advance of future emergencies and with one national definition so that over time, policies did not vary from hospital to hospital. Over a dozen States have that definition, so why won't the VA protect the safety of its veterans in the same way?

VA's testimony also states that if we have the right to negotiate over management policies on compressed work schedules, which means three 12-hour days a week, which is common in other hospitals, that we are once again interfering with shift changes needed for medical emergencies. We can't prevent urgent shift changes, but we could be able to plan in advance with management about

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shifts that will make our nurses want to stay at the VA.

Speaking of wanting to stay at the VA, things have changed a lot since I arrived in 2002. We are no longer--

Senator Sanders. If you could please wrap up.

Ms. Hilsabeck. Okay. We are no longer treated like professionals whose views on anything matter. We are always in fear of arbitrary and unfair discipline or terminations. We are seeing doctors and nurses be hired by the VA and leaving within one week. I would like to stay at the VA, and so many of our colleagues with so many pressures to care for the veterans without adequate support, coupled with hostile managers telling us Section 7422 does not let me speak up about anything, it is becoming harder and harder not to leave.

[The prepared statement of Ms. Hilsabeck follows:]

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Senator Sanders. Thank you very much.

Ms. Heady?

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STATEMENT OF HILDA R. HEADY, MSW, ASSOCIATE VICE PRESIDENT OF RURAL HEALTH, ROBERT C. BYRD HEALTH SCIENCES CENTER, WEST VIRGINIA UNIVERSITY, AND PAST PRESIDENT, NATIONAL RURAL HEALTH ASSOCIATION

Ms. Heady. Thank you. I am thrilled to be able to present to the distinguished members of the panel. I am the Associate Vice President for Rural Health at the Robert C. Byrd Health Sciences Center at West Virginia University and I was honored last summer to have been appointed by former Secretary Peake to the National Advisory Committee on Rural Health in the VA.

NRHA is the rural voice for 62 million Americans who call rural their home and NRHA has focused on the issue of rural veterans and studied policy matters since 1997. We particularly want to address some of the measures in S. 734 and S. 658 today.

Rural Americans have responded every time the country has gone to war. I am from a very small rural Southern community and a family that can trace its generations in American wars all the way back to the American Revolutionary War, and with the exception of the War of 1812 and the Spanish-American War, I have had members in all of these combats.

One of my uncles served with General Patton in World War II and stormed the beaches of Normandy, returned home to

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become a sharecropper in Northern Alabama, and died of a heart attack at the age of 41 as a rural veteran who never received VA benefits. He left a young widow and five children. If Senator Akaka's bill, S. 734, had been the law of the land in those years following World War II, perhaps access to health care would have been closer to his small rural community and perhaps high-quality trained primary care physicians, whose training was supported by the incentives in the bill such as the National Health Services Corps, the Education Debt Reduction Program, and training in post-deployment health issues, may have enabled a physician to detect his heart disease and prevent his premature death, and perhaps his children would not have grown up with a single mother struggling to provide for them.

In brief, NRHA supports the increase of access and building on the current successes of the CBOCs, mobile clinics, and outreach clinics, and certainly the veteran centers. We need more rural outreach coordinators in each VISN that serve high numbers of rural veterans, as pointed out in this bill, because these individuals are involved in contracting fee-for-services with existing rural providers. And we need to focus special efforts on recruiting existing rural providers in these areas to work under these contracts with the VA.

Linking quality of VA services with quality rural

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civilian services just simply makes sense, and as long as quality standards of care and evidence-based medicine guide the treatment for rural veterans, then we strongly support these collaborations with community health centers, critical access hospitals, other rural hospitals, and rural health clinics.

We need to increase the access to mental health care services, particularly for those with PTSD and traumatic brain injury. We need more TBI case managers. The current load of TBI case managers do not adequately address those individuals who are in rural areas. Rural areas suffer from very limited health care professionals, and where 75 percent of primary care HPSAs are located in rural areas, 85 percent of our shortage areas in mental health are in rural areas. The provisions of S. 734 that call for the increases in training of mental health providers and volunteer counselors would go a long way to helping in that area.

Travel reimbursement will also address some critical needs, especially air service for those individuals that are in highly rural areas.

We also call for an increase in the collaboration around research that will look at non-enrolled veterans. Most of the research that is currently done by the VA is only done on secondary databases of veterans who are enrolled, and since we know that the VA only serves 39

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percent of veterans, then we are leaving out 61 percent of those veterans and we know that a number of those individuals are in rural areas. This would be a natural tie-in to the Centers of Excellence that are called for in Senator Tester's bill, S. 658.

I want to commend Senator Murray for introducing the women veterans bill and I think that we need to point out that among the 15 percent total number of women that are in the military service right now, 37.5 percent of those women are African-American women and we need to pay special attention to this population as they become veterans and in need of our services.

Thank you very much for the legislation. This is a huge agenda, and with very little exceptions, the National Rural Health Association is very pleased to support most of these efforts. Thank you.

[The prepared statement of Ms. Heady follows:]

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Senator Begich. [Presiding.] Thank you for your testimony. The Chair keeps rotating, so you have to bear with us.

Mr. Ibson, please.

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STATEMENT OF RALPH IBSON, SENIOR FELLOW FOR HEALTH POLICY, WOUNDED WARRIOR PROJECT

Mr. Ibson. Thank you. Mr. Chairman and members of the committee, thank you for inviting Wounded Warrior Project to testify about pending legislation, particularly S. 801, a measure that would direct VA to develop a nationwide comprehensive wounded warrior family caregiver program, and S. 543, which calls for a pilot program to assess the feasibility of providing such support.

Both bills recognize the extraordinary burdens being shouldered by family caregivers. Like wounded warriors themselves, family caregivers must adjust to a new normal in taking on what may be a lifetime of committed care.

Wounded Warrior Project knows firsthand the challenges these family members face and believes the time has come to create a comprehensive nationwide program to sustain that caregiving. The establishment of such a program is our top legislative priority and we offer our overwhelming support for S. 801, the Family Caregiver Program Act of 2009.

We applaud Chairman Akaka's leadership in taking up this important issue and working so closely with Ranking Member Burr to craft this strong bill.

S. 801 incorporates all the elements we believe are essential to helping families sustain the caregiving needed by our wounded warriors. We have reached that view based on

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exhaustive research on family caregiving needs documented in a paper we would like to submit for the record.

S. 543, also before the committee, would provide some of the supports we view as critical, but the measure falls short, in our view. It would not provide the full range of needed supports and is limited in scope to a two-year pilot involving relatively few facilities. We believe the time for pilot programs is long past.

Family caregivers are a vital link in the rehabilitation of severely wounded warriors, but these families have no assurance of ongoing governmental support. That lack of support threatens to take its toll. Studies show that family caregivers experience an increased likelihood of stress, depression, and mortality as compared to their non-caregiving peers. Caregiving takes an economic toll, as well.

Let me share just two examples from among the many caregivers with whom we have worked closely. Jennifer was forced to leave her teaching job to care for her husband, who was struck by an IED in Iraq in 2005. His injuries resulted in total blindness and severe TBI and he is on medications to control seizures and many other problems. In her three years of full-time caregiving, Jennifer has received no training of any kind and no supplemental income. She had not been made aware of any VA respite care program

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when we interviewed her recently.

Charlene, another caregiver, lost her job after two months of caring for her wounded warrior son, who sustained severe TBI injuries in 2003 and requires full-time care. She has health care coverage, but only through her husband's health program, and they pay significant premiums for that care, having gone from a two-income family to a single income. Charlene recently underwent a heart biopsy and heart catheterization and states plainly that her caregiving activities are extremely stressful.

Without ongoing support, many of these family caregivers will simply find themselves unable to cope. The ultimate cost of failing to address their urgent needs is surely to increase the risk of veterans being needlessly institutionalized at great cost.

I was struck, and perhaps others of you on the committee were, as well, that VA expresses its opposition to S. 801 in part on the ground that it would, quote, "divert from the primary mission of treating veterans and training clinicians." I can think of no higher calling in law or policy than the care, rehabilitation, and well-being of wounded warriors. That is the essence of what S. 801 is about and it is disappointing that the Department's testimony misses that point.

Further, the Department offers as a solution a position

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that I think Senator Burr ably demolished, but a position articulated last September in hearings on the House side, proposing that caregivers might be employed by home health agencies. Senator, as you ably pointed out, the VA has no evidence to show that that is a workable solution. In the months since last September, nothing has changed and no evidence was put on the table to suggest that this is at all plausible. It simply isn't a mechanism by which to support family caregivers. S. 801 is just such a mechanism and it has our full support.

We would welcome the opportunity to discuss the elements of the bill in greater detail, including what some families see as a need for somewhat greater flexibility in the bill's oversight provisions. But above all, we urge the committee to make enactment of S. 801 a top priority.

Thank you for taking up this important issue. I would be pleased to address any questions you might have.

[The prepared statement of Mr. Ibson follows:]

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Senator Begich. Thank you very much.

Mr. Ortner, and before you start, I want to say I enjoyed playing in the poker tournament the Paralyzed Veterans Association had. I am glad I came in second.

[Laughter.]

Mr. Ortner. Well, we were glad to have you there.

Senator Begich. It was a pleasure to be there. Please, your testimony.

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STATEMENT OF BLAKE C. ORTNER, SENIOR ASSOCIATE LEGISLATIVE DIRECTOR, PARALYZED VETERANS OF AMERICA

Mr. Ortner. Paralyzed Veterans of America would like to thank Chairman Akaka, Ranking Member Burr, and members of the committee for the opportunity to present our views on pending legislation before the committee. Due to the number of bills today, I will limit my remarks to only a few, but want to assure the committee that we are interested in all legislation dealing with our nation's veterans.

First, on behalf of Paralyzed Veterans of America and our 20,000 members, I want to thank the Chairman, Ranking Member Burr, and other members of the committee for introducing and cosponsoring S. 423, the Veterans Health Care Budget Reform and Transparency Act of 2009. This legislation will reform the VA budget process by providing advance appropriations for veterans health care, ensuring timely and predictable funding for VA. We look forward to working with you to pass this critical legislation.

PVA supports S. 821 to prohibit the Secretary of VA from collecting copayments from catastrophically disabled veterans, legislation critical to PVA members, many of whom receive 85 to 90 percent of their care from VA. As Senator Sanders mentioned, PVA worked hard to ensure that those veterans with catastrophic disabilities were allowed to

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enroll in Priority Group 4, even though their disabilities were non-service connected and regardless of income. However, unlike Category 4 veterans, they would still be required to pay fees and copayments. PVA believes this is unjust.

VA recognizes these veterans' unique specialized status on the one hand by providing specialized service for them in accordance with its mission to provide for special needs. Unfortunately, these veterans are not casual users of VA health care. Because of the nature of their disabilities, they require a great deal of care and a lifetime of services. In most instances, the VA is the only and the best resource for a veteran with spinal cord injury. Because of the amount of care required, these copays rapidly add up.

In the last Congress, a House bill received unanimous support from Republicans and Democrats as well as VA. Unfortunately, the Senate never took action on the measure and the legislation was never enacted. On March 5, 2009, Ms. Halverson introduced legislation in the House, H.R. 1335, that will again attempt to remove this burden. Together with S. 821, we hope to finally resolve this issue during the 111th Congress.

Regarding family caregiver services, we applaud the introduction of both S. 801, the Family Caregiver Program

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Act of 2009, and S. 543, the Veteran and Service Member Caregiver Support Act of 2009, and strongly support this legislation. This training and assistance is a critical aspect of preparing caregivers to care for a family member. The only concern that PVA would like to address is the significant use of the word "may" instead of "shall" in requirements of the Secretary. Our fear is that if VA is faced with the budget challenges that inevitably will occur, the value of the caregiver programs may be lost as they fall under the budget axe.

There are approximately 44 million individuals across the United States that serve as caregivers on a daily basis. Their contributions are invaluable economically as they obviate rising costs of traditional institutional care. The services rendered by caregivers are also priceless socially and emotionally as they allow ailing and disabled veterans to live more independently and often in their comfort of their own homes with friends and family.

Many of the pieces of legislation being considered today have to do with increasing the number of health care professionals in the VA system, in particular, those in hard-to-serve areas. PVA's primary concern and the basic reason for our existence is the health and welfare of our members and our fellow veterans. The thousands of VA health care professionals and those individuals necessary to

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support their efforts are the core of VA's primary mission.

PVA appreciates the comprehensive nature of S. 252 and supports the overall provisions of the legislation. It clearly outlines multiple approaches to increasing the competitiveness of VA for hiring health care providers. These programs will provide incentives for new hires or to keep already skilled employees in the VA system.

Contributing to the problem for veterans is the need for care in rural America. Forty percent of nearly two million VA health care users reside in rural areas and 44 percent of newly returning veterans from OEF and OIF live in rural areas. PVA supports the provisions of S. 246, S. 734, and S. 658.

Finally, the number of rural veterans is increasing, but in addition, there has been a dramatic increase in the number of women veterans now using VA facilities. PVA fully supports S. 597, the Women's Veterans Health Care Improvement Act of 2009, language that has been incorporated into S. 252. Women have played a vital part in the military service throughout our history and currently estimates indicate that there are 1.8 million women veterans, comprising nearly eight percent of the U.S. veterans population. VA must act now to prepare to meet the specialized needs of women who have served.

PVA sincerely appreciates the opportunity to provide

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our views on this important legislation and would also like to point out that much of the legislation presented today is discussed in greater detail in the current edition of the Independent Budget.

This concludes my testimony. I would be happy to answer any questions you may have.

[The prepared statement of Mr. Ortner follows:]

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Senator Begich. Thank you very much.

Senator Burr, do you want to start with questions?

Senator Burr. Thank you, Mr. Chairman.

I would like to thank all of our witnesses on the second panel for your valuable testimony and the insight that all bring to the table on the issues. I am going to focus on two areas very quickly, and I am going to pick on you, Adrian. I could ask the guys at the end of the table down here, but I am going to spare them.

Does the DAV think it is appropriate that the names of service disabled veterans are sent to NICS when Social Security recipients aren't for the same circumstances?

Mr. Atizado. Well, sir, I appreciate the question in light of my colleagues at the end of the table. In our testimony, if you will note that we don't have a resolution on this issue. Whether or not our organization would support or oppose a bill really depends on what our membership passes at our national convention, and since we don't have a resolution on this specific matter, we can't take a position on the bill, Senator.

Senator Burr. And I appreciate that and I know how the member organizations operate up here, let me just say for the benefit of all three, because there were no positions from any.

I think that when you have a population that entrusts

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you with the issues that are of great importance to them, when you have one that I think is a constitutional question, I think you have to go above and beyond to sell to the members why their voice should be heard. I am not sure that there is any veteran of the 117,000 that are out there that are sitting at home saying, you know what? This was appropriately applied to me. And I am not sure that members of all the organizations aren't sitting at home saying, I hope that never happens to me. I am not sure that anybody is wishing this to happen.

This needs to be reversed. It does, and I think that there is--I think that every organization that represents veterans should look at this as a potential loss of their individual rights and engage their membership. Granted, it is not number one on everybody's list, I understand that. But I don't think we have the ability to pick and choose which ones we are going to be engaged in and which ones we are not, and I hope you will take it back to the annual meeting and propose that you do take a position as strongly as you can, and Blake, also with you and Ralph, if appropriate, with you.

If I didn't miss anything, I think most of you were supportive of the Family Caregiver Act and I believe that this is vitally important that we move forward.

I will defend the VA for a little bit. They had many

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more responsibilities and they have got to make sure that the overall architecture that they set up continues to work and function, and I think that it puts a higher threshold on the Chairman and myself to work with VA to make sure that what we are attempting to do works within that framework and I pledge to them to continue to do that.

But I also pledge to you that at the end of the day, we are going to have a caregiver program that provides for those family members that choose to take care of their loved ones. I think it is in the best interest of those veterans who have been injured. It is in the best interest of the family that feels the closest to them and desires the most, as much of a recovery that they possibly can have. And clearly, since we offer this to other populations in America, typically that is extended through Medicaid in different fashions determined by States, I don't know why the Veterans Administration should be excluded from it.

So I appreciate the comments all of you have made. Where you still have issues that are thorny or rough, I look forward to working with you on any language that we might need to make changes in to smooth that out. Once again, I thank you.

Senator Begich. Thank you very much, Senator Burr.

I have a 4:30, so I am going to ask a couple of questions, and then, Senator Burr, I will go back to you if

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you have any additional questions, and then what I will do is I will close it off.

I do have a couple of questions that the Chairman wanted to ask, so I am going to ask them on his behalf. The first one is to Mr. Ortner. The question for you, Mr. Ortner, the PVA testified in 2007 against the VA partnering with the Centers for Medicare and Medicaid Services to utilize critical access hospitals. Does the organization still object to that or have they modified their position, or are you aware of that?

Mr. Ortner. I am not aware. I would be happy to take that for the record and I will go back and we will get an answer for the Chairman.

Senator Begich. That would be great. That was a couple of years ago and there may have been a change since then. But if you could follow that up and give it to the committee, that would be fantastic.

Mr. Ortner. And I wasn't present at PVA at the time that was testified.

Senator Begich. I love it. We newbies, I get to say, that all happened last year. I wasn't here. So I am with you on that. But thank you very much for that.

Mr. Ibson, many of the VA's current caregiver pilot programs do not include--and I know some of you already testified on this, but I want to put his question on the

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record so the answer is crystallized here. Current caregiver pilot programs do not include financial support for the caregiver, something you talked about as well as others. Can you tell the committee, as you have done already, but why caregivers need the monetary stipend in addition to counseling, training, and other forms of support? But why monetary is important, if you could add to that and then we put that into the record, that would be fantastic.

Mr. Ibson. Surely. I think the experience we have seen with caregivers is, as I indicated, that their lives are completely, completely altered irrevocably. Family members have left their jobs to be at the bedside of their loved ones and have not left that bedside. Economic concerns have been set aside in the self-sacrificing mode. Ultimately, that burden will take its toll, not only in terms of mental health, emotional health, overall health, but economically, as well. We see a need to sustain that caregiving, and in order to do so, it is our view that that broad array of services is needed by way of supports, not simply emotional support, not simply respite, not simply counseling and training, but a financial stipend, as well, to sustain the caregiving.

Senator Begich. Thank you for that.

I will just give you two seconds here. I have a nephew

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who has spina bifida and Medicaid and I have another nephew who is his caregiver and gets a stipend. I just wanted to make sure the Chairman had his question, but I also am very sensitive to the issue and making sure that the economic opportunities are there because it does put lots of stress for all the reasons you have just said.

Let me ask, if I can, just one more. I will not do well with your name. I will do my best. Mr. Atizado and also Ms. Hilsabeck, this is for both of you. The Chairman noted your testimony, which indicates the DAV's and the AFGE's full support of S. 743, the Rural Veterans Health Care Access and Quality Act of 2009, in part because it improves oversight of contract and fee-based care. Could you comment on why you see the need to improve oversight in this area? If you could be just brief, but just again emphasize a little bit of your testimony, again, crystallizing it for this question, either one of you.

Ms. Hilsabeck. Thank you for the question, but I wouldn't be really prepared to answer that. I would have the AFGE, the union, get information.

Senator Begich. Okay. That would be fair. If you can get that information to the Chairman, that would be fantastic.

Ms. Hilsabeck. Okay.

Senator Begich. Thank you.

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Mr. Atizado. Senator Begich, thank you for the question. The DAV believes that oversight for VA's fee basis program is needed simply because this program is fraught with problems, anywhere from the IT infrastructure or software that is utilized, the training of the people that run the fee basis program, as well as the care that is purchased, the way it is not coordinated or lack of coordination. In fact, VA right now is conducting a project called Project HERO that is supposed to answer most of the concerns that we have about fee-based and contract care that VA currently does. We are learning more about that program, but if you would like, I can provide you a more detailed answer for the record.

Senator Begich. Very good. If you could do that, that would be great.

I just got a note that a vote has started, so I am going to just close it up and say thank you all again for your testimony, for both panels. Again, for information for all, the committee's markup is scheduled for May 21 and it is the hope of the Chairman that at that time, we will move a number of these bills presented today.

For the administration witnesses, we ask that you review all the bills that are going to be up for markup and no later than one week prior to markup, by May 14, and especially after the Chairman's commentary today, I would

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even do it May 13, be one day extra, that would be good. He would like your commentary on the bills prior to May 14.

I appreciate it, and again, we are going to have markup on the 21st. The administration before the 14th, your commentary, and additional commentary, I know many of you have submitted for the record. We appreciate that. But markup will be on the 21st on several of these bills.

At this time, I will adjourn the meeting and thank you all for testifying.

[Whereupon, at 4:32 p.m., the committee was adjourned.]

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