

1 of the Senate Committee and the Chairman and Ranking Member
2 of the House Committee, and then we are going to hear from
3 your distinguished leader, Commander--who brings a lot of
4 beauty to that position, I might add.

5 [Laughter/applause.]

6 Chairman Isakson. I have done a lot of things as an
7 elected official, but kissing a chairman and Commander is
8 not one of them, but I did it today.

9 [Laughter.]

10 Chairman Isakson. The best part of the job, too.

11 My name is Johnny Isakson. I am Chairman of the Senate
12 Committee, and I am so proud to serve with the best group of
13 Republicans and Democrats that you could ever put together,
14 because in their hearts and in their minds, the most
15 important people in this country are the veterans of our
16 country. And we all spend our Committee meeting time and
17 our side time--and there is a lot of side time, believe me.
18 Some of it is in places like the Union Pub. Some of it is
19 in places like the back rooms--no smoke-filled rooms
20 anymore--but working hard to hammer out the right
21 legislation for the Veterans Administration and for our
22 veterans. And as all of you know, we embarked a year ago in
23 January on the most aggressive and significant reform of the
24 Veterans Administration in the history of our country.

25 Now, I do not say that arrogantly or say that in any

1 way other than truthfully, because it was time the VA
2 responded to the 21st century challenges of the 21st century
3 veteran. Our men veterans, our women veterans, all the
4 things that are so different, the battlefield injuries that
5 no one ever survived in wars in the past, they survive now.
6 But they survive with injuries that require rehabilitation
7 and prostheses and things we never even dreamed of half a
8 century ago.

9 We have responded time and again to see to it that the
10 veterans get the very best that we can offer them, and we
11 have tried to make sure that it worked. We have put in an
12 accountability piece of legislation and passed it that is
13 already working, and I have had two people stop me today and
14 tell me about situations where, because of accountability,
15 they knew they were getting better services for their
16 veterans that they call on behalf of.

17 We did a 21st century GI bill which modernized the GI
18 bill to what it ought to be, because we have a different
19 military today than we had when the first GI bill was
20 written. You know, when Rumsfeld was Secretary of Defense
21 and they went through transformation, they said, you know,
22 "The first thing we are going to do is make our military
23 seamless from Reserve and National Guard to active duty so
24 that any one soldier is ready at any one time to carry out
25 the mission." And we said in the veterans business, "Well,

1 if you are asking that of your veteran, you have got to see
2 to it those benefits they get are equal with those that are
3 full-time and regular." And we have done a good job, I
4 think, in the last 3 years--actually, longer than 3 years--
5 of modernizing the benefits for our Reserve, our National
6 Guard, and equalizing treatment for those veterans. I have
7 been very proud to be a part of that with my Ranking Member,
8 Jon Tester, from Montana. Jon and I both agreed when we
9 started on this journey really, I guess, 2 years ago
10 together that we were going to do whatever it took to work
11 as a team to get the veterans and the employees of the
12 Veterans Administration everything they needed to do the
13 job, and that we were going to show people that we were
14 willing to enforce it if they did not think we would.

15 And so far, we have been able to do that, and I thank
16 you for the support you all have given us as one of the VSOs
17 and backed us up on things that when people would call you
18 up and say, "Did you know they were doing X, Y, or Z?" You
19 say, "Yeah, I knew. They said they were going to do it, and
20 they told us they were, and they are right." You all have
21 given us that support all the way through.

22 I want to thank you for your focus as an organization
23 on the women veterans of America. One of the things that I
24 started to address in my first speech to your group 2 years
25 ago I took from your original statement then was that we

1 needed to recognize, as those who provide the benefits to
2 our veterans, that we have women veterans and we have men
3 veterans, and they are all veterans, and they are veterans
4 alike. And the women deserve the unique services that a
5 woman needs, just like there are unique services men need.
6 And we wanted to see to it that everybody had equal access
7 to service, health care, and the most modern services
8 possible. And we spent a lot of time doing that, and the
9 women members of our Committee, Ms. Hirono, for example, in
10 the Senate, are doing a great job of seeing to it that we
11 remain focused on that.

12 The Appeals Modernization Act, I cannot yet brag like I
13 want to about how good it is, but I have got a sneaky
14 suspicion I am right. I hope I will hear in the testimony
15 today that you have tangible evidence that those who have
16 been given the opportunity to convert from being in a
17 waiting, pending status to getting quicker action under the
18 new plan are liking it. And I know for a fact some of you
19 have because I know for a fact two of you have told me you
20 did already.

21 One of the biggest and most painful things was for me
22 to try and explain over and over again back in Georgia to a
23 Georgia veteran or the spouse of a veteran or the mother and
24 dad of a veteran why they could not get an answer on an
25 appeal that was 678 days old, 2 years old, 3 years old, or

1 longer. We did not ask them to wait on the battlefield
2 until they were ready to go. They had to be ready to go
3 when the battle was there. We ought to be ready to go as
4 providers of that benefit, and we are going to continue to
5 do so.

6 So I thank the Disabled American Veterans for all their
7 contributions they have made to this Committee and to our
8 joint committees. I know Chairman Roe has arrived, and I
9 want to turn it over to him in just a minute. I think that
10 is the order I go to. But know we are all here for you.

11 Last, is Tincie Lynch in the audience? Tincie, will
12 you stand up? You are so quiet.

13 [Laughter.]

14 Chairman Isakson. This lady, let me tell you how
15 important what you all do is. I met Tincie 3 years ago in
16 Atlanta when I was asked to become Chairman of the Veterans'
17 Affairs Committee, and I went to the VA hospital where
18 Leslie Wiggins at the time was the Director. She is now the
19 VISN 7 leader. I met Tincie, and there ain't nothing
20 "Tincie" about Tincie, let me tell you.

21 [Laughter.]

22 Chairman Isakson. If she sees me in the airport, she
23 does not need a megaphone to yell me down. She just starts
24 talking, and I know immediately that she is after me.

25 She is a great advocate for America's disabled

1 veterans, a great advocate for your organization, an officer
2 of your organization, and I want to publicly thank her for
3 what she does to help me do the job that I do every day.

4 Tincie, we are glad you are here today. Welcome.

5 [Applause.]

6 Chairman Isakson. Lastly, are there any other members
7 from--would all the folks from Georgia please stand? Well,
8 God bless you. Thank you for being here.

9 [Applause.]

10 Chairman Isakson. Now for his opening remarks, it is
11 my real pleasure to introduce the Chairman of the House
12 Veterans' Affairs Committee, Dr. Roe. Doctor, it has been a
13 pleasure to work with you these last 2 years. I look
14 forward to the years ahead.

15 And I would just tell the audience, we are very, very
16 fortunate to have a man of his capability and experience in
17 a leadership role in the United States House and for the
18 Veterans Administration.

19 OPENING STATEMENT OF CHAIRMAN ROE

20 Chairman Roe. Thank you, Senator Isakson and Senator
21 Tester and Ranking Member Walz of the House. Sorry we were
22 a little late. We were over voting. But I want to thank
23 all of you all for being here today, and good afternoon,
24 Commander, and welcome to the Disabled American Veterans.
25 It is an honor for me to be here with you, Chairman Isakson,

1 and the rest of the members of the Committee on Veterans'
2 Affairs.

3 I also want to welcome the rest of the DAV members and
4 members from the DAV Auxiliary in attendance. And I want to
5 thank all of you all for your selfless commitment to serving
6 those who have served.

7 I want the Tennesseans--I think there is a fairly
8 substantial group, if the Tennessee DAV members would stand
9 up and let us recognize them. I think they are here. Yeah,
10 there they are.

11 [Applause.]

12 Chairman Roe. I know they are here because they were
13 just in my office a few minutes ago. At least I hope they
14 are here.

15 It continues to be a challenging time for veterans and
16 the Department of Veterans Affairs, and I thank the DAV
17 members from across the country for supporting our efforts
18 and for being a tremendous voice for veterans. Your
19 professional and responsive D.C. staff does a great job of
20 sharing DAV's message and priorities with Members of
21 Congress and especially our Committees. They are a crucial
22 element in letting us know what is really happening on the
23 front lines at VA facilities across the country. Without
24 that input we would not be able to do our jobs effectively
25 or to continue our efforts to help Secretary Shulkin

1 transform the VA into the Department that you all deserve.

2 With your help, Commander, we will continue to advocate
3 for improvements within the VA and to praise the Department
4 when recognition is due. But we will also continue to meet
5 our constitutional responsibilities to provide rigorous
6 oversight and challenge the Secretary when the Department
7 falls short of what our veterans deserve.

8 As Chairman, I will continue to foster an agenda
9 focused on problem solving and results, bringing together
10 stakeholders like yourselves and policymakers to build a
11 better future for our veterans. We all share a common
12 mission to improve services and benefits for veterans, and
13 everyone in this room has prevailing priorities that we
14 believe will help us get there.

15 First among the Committees' current priorities is
16 consolidating and strengthening VA care in the community.
17 As we continue to explore options for improving the
18 Community Care Program, our focus will be to preserve VA's
19 role as the coordinator of care for enrolled veterans while
20 increasing their options for care and simultaneously
21 investing in a stronger VA. And in my medical practice, I
22 did just that. We had five veterans in our OB/GYN group,
23 and we actually did the service for our local VA hospital.
24 So I know how that system works very well, having
25 participated in it.

1 We will also continue our work on improving both the
2 quality and equity of VA's Caregiver Program and working on
3 legislation which will be the focus of next week's
4 roundtable discussion with representatives from your
5 organization and other stakeholders as well as Members of
6 the House and Senator Veterans' Affairs Committees.

7 Another means of investment in VA is our effort to
8 establish an asset infrastructure review process to help the
9 VA determine and modernize and realign its medical facility
10 footprint across the Nation. The average VA building is
11 almost my age, and, believe me, that is pretty old. I can
12 tell you how old that is. When I bought my last dog, I
13 realized he might have a longer life expectancy than I did,
14 so that is how old that is. It was designed to meet an
15 obsolete health care model, so aligning VA's physical
16 infrastructure to better serve veterans where they live is
17 crucial to ensuring the future success of the VA health care
18 system.

19 As the Chairman mentioned, the disability claims
20 process is yet another area where DAV's leadership is
21 crucial. We know that while the backlog of claims has been
22 reduced, this has come at the expense of other claims. In
23 November 2017, VA submitted its comprehensive plan outlining
24 its progress and timeline for implementing the new law that
25 this Congress passed. We need to ensure that VA stays

1 focused and on track to implement the law so that veterans
2 can have their claims adjudicated in a timely manner instead
3 of waiting around for years.

4 I will just share with you one quick story. One of the
5 best friends I will ever have in my life, Phil Street, a
6 great friend, was in Southeast Asia during the Vietnam War.
7 And the perimeter of his fence--he was not in Vietnam. He
8 was outside in the Air Force and was sprayed with Agent
9 Orange. He became ill with a very rare lymphoma. And Phil
10 called me up and asked me to do the eulogy at his funeral,
11 which I did. And I did that a couple months after my wife
12 had died. It was very difficult to do. Phil was a great
13 friend who had taken care of his family. It took 2 years
14 after that to get his wife the benefits after he had died.
15 That is wrong. And there are many of you out there right
16 now that had that story or many other stories. We have got
17 to do better, as the Chairman just said. It is not right
18 for these families to be waiting for years and years, not 2
19 years but 7, 8, 9 years--I met a man the other day who had
20 an 11-year wait for a decision. We have to do better.

21 Last, and certainly not least, implementation of a
22 modern commercial electronic health record. I appreciate
23 the Secretary's decision to review the new EHR
24 interoperability capabilities, and we are confident they
25 will make a decision soon on awarding the much anticipated

1 contract. Once that occurs, our oversight efforts will only
2 get more intense to ensure this enormous IT modernization
3 effort succeeds, unlike virtually all that have come before
4 it.

5 And I will tell you, you have got to be patient because
6 this is going to be a huge endeavor, to use an electronic
7 health system. I say this tongue in cheek, but I did this
8 12 years ago in my own medical practice, or 11 years ago,
9 put an electronic health record system in, and that is what
10 made me a Congressman, actually doing that. So I hope we do
11 not run the people at the VA off when we do that. It is
12 going to be a difficult job to do, so be patient with the VA
13 on that.

14 We look forward to moving through these processes with
15 your help and, more importantly, continuing our partnership
16 with DAV and all stakeholders to ensure the best possible
17 service is provided to every veteran. You can see there is
18 a lot of work still ahead of us. We are all eager to
19 receive testimony today from DAV regarding its legislative
20 priorities, and with that, I yield back my time.

21 Chairman Isakson. Thank you, Chairman Roe.

22 Before we go to Ranking Member Tester and Ranking
23 Member Walz, I want to take the privilege of recognizing and
24 introducing Congressman Thompson from California, who wanted
25 to introduce our featured Commander today and our speakers.

1 So, Congressman Thompson, you have the microphone.

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1 STATEMENT OF HONORABLE MIKE THOMPSON, A
2 REPRESENTATIVE IN CONGRESS FROM THE STATE OF
3 CALIFORNIA

4 Mr. Thompson. Thank you, Mr. Chairman.

5 Mr. Chairmen, Ranking Members, members of the
6 Committee, thank you for allowing me to be here today. It
7 is a real pleasure to introduce Ms. Delphine Metcalf-Foster,
8 a constituent of mine, a native of Vallejo, California, and
9 a friend. Ms. Metcalf-Foster is the daughter of a Buffalo
10 Soldier. Following in her father's footsteps, she joined
11 the Army and served our country for 21 years. Her military
12 career includes service with the United States Army Reserve,
13 689th Quartermaster Unit, 6253rd Hospital Unit, and 6211th
14 Transportation Unit, Letterman Army Medical Center. She
15 retired from the Army in 1996 with the rank of first
16 sergeant.

17 In 1991, while deployed to Saudi Arabia in support of
18 Operation Desert Storm/Desert Shield, the first sergeant was
19 injured and medically evacuated to Germany. She understands
20 what it means to put yourself in harm's way for your
21 country.

22 In civilian life, Ms. Metcalf-Foster has dedicated
23 herself to helping injured and wounded veterans get the care
24 that they need. She served a 4-year appointment on the VA's
25 Advisory Committee on Women Veterans and was the first woman

1 to lead the California Department of Disabled American
2 Veterans.

3 Today Ms. Metcalf-Foster is the National Commander of
4 Disabled American Veterans. She is the first woman veteran
5 and first African American female to lead the organization
6 and to serve its nearly 1.3 million members.

7 There are more than 19 million veterans in our country.
8 Almost 2 million of those are from my State of California.
9 As a combat-wounded veteran myself, I know the challenges
10 many of our disabled veterans face. I am grateful that DAV
11 is working to empower them to lead high-quality lives with
12 respect and with dignity.

13 Thank you for giving me the opportunity to introduce my
14 friend and my constituent. I am sure her testimony will be
15 very valuable.

16 I yield back. Thank you.

17 Chairman Isakson. Well, thank you so much for your
18 testimony, and thank you for your service to the people of
19 California and to the United States of America and your
20 service in our military as well.

21 Now it is my pleasure to introduce my partner and the
22 Ranking Member of the Senate Committee on Veterans' Affairs,
23 Jon Tester from Montana.

24 OPENING STATEMENT OF SENATOR TESTER

25 Senator Tester. Well, thank you, Johnny, and thank you

1 for all your leadership that you have provided during this
2 Congress, and I cannot thank you enough. We have had a
3 great working relationship, and we are going to continue
4 that. And, Chairman Roe and Ranking Member Walz, back at
5 both of you guys, too. We appreciate your leadership over
6 on the House side, and we are going to continue to work
7 together listening to folks from the DAV.

8 But, first of all, I just want to welcome everybody
9 here this afternoon, especially Commander Metcalf-Foster. I
10 have already screwed up today. I did not know that I was
11 missing out on a kiss when Johnny came through, or I would
12 have been right behind him.

13 [Laughter.]

14 Senator Tester. But I am honored to have you here
15 today and your leadership team with us today. You are very
16 well served by your legislative service folks here in
17 Washington, and I cannot tell you how much my staff and how
18 much I rely on their advice and their perspective.

19 I also want to recognize Joe Parsetich, who is the
20 Fourth Junior Vice Commander, and Eric Wells, Montana State
21 Commander. They, of course, hail from my State of Montana.
22 I see you, Joe. Is Eric in the house? He is in the back
23 back there? All right. Good to have both you guys here. I
24 want to thank you for the work that you do on behalf of
25 veterans in Montana and nationwide.

1 Look, we are all here today because Congress should
2 take our cues from you. DAV members utilize VA health care,
3 and they are beneficiaries of its programs every single day.
4 You know better than any of us, either here in Congress or
5 over in the White House, how the VA is performing, how they
6 are performing nationwide, and the improvements that should
7 be being made as we speak on behalf of our veterans and
8 their families.

9 We hold these hearings because only VSOs can help
10 Congress focus on what veterans need and how to make sure
11 that the VA is equipped to deliver on those needs. That
12 means taking cues from you on how to consolidate VA's
13 Community Care Program and allow eligibility for private
14 sector care in a way that makes sense; how we can provide
15 women veterans with the care and the services that they
16 need; and how we can improve caregiver services for
17 veterans.

18 On that first point, Chairman Isakson and I are working
19 hard to pass legislation that would consolidate and
20 streamline VA community care programs. It passed our
21 Committee by a score of 14-1, and it has the strong support
22 of all VSOs, including the DAV that is here today.

23 But as we have seen play out in the media, there are
24 outside forces and there are political agendas that tend to
25 work against us. I am frustrated that the dysfunction in

1 the administration is now bleeding over into the VA. Our
2 veterans deserve better than that. You deserve a Congress
3 and you deserve a VA who are working in your best interests,
4 because they are listening to you, listening to what you
5 need, what is working, and, more importantly, what is not
6 working for our veterans.

7 I am here to listen to you, and I will not let those
8 beholden to special interests get away with a dangerous
9 agenda that serves them and their financial benefactors and
10 not veterans.

11 Commander, as you mention in your written testimony,
12 the Caring for Our Veterans Act represents a true
13 compromise, as it does. It is the very best we could do
14 while dealing with different priorities among our Members,
15 the views of the administration, and those outside forces
16 that are working against us.

17 I am pleased that the DAV believes that the Senate bill
18 is the best approach in meeting our veterans' needs.
19 Chairman Isakson and I worked hard to get this legislation
20 to this point, and I hope that we will be able to bring this
21 important legislation to the floor of the United States
22 Senate soon.

23 Commander, again, welcome. Thank you for all that you
24 do and that your organization does on behalf of disabled
25 veterans and their families. Thank you all for being here.

1 Chairman Isakson. Thank you, Senator Tester.

2 And filling in for Congressman Walz, who is the Ranking
3 Member, will be Mr. Takano. Mr. Takano, Congressman Takano.

4 OPENING STATEMENT OF MR. TAKANO

5 Mr. Takano. Thank you, Mr. Chairman. Good afternoon,
6 and thank you all. Thank you to all the veterans here with
7 us today.

8 Are there any Californians in the crowd?

9 [Cheers.]

10 Mr. Takano. I did not hear you.

11 Thank you all for your service. Thank you, everybody,
12 from all 50 States and all the territories for your service.

13 Commander Metcalf-Foster, I am consistently awed by and
14 inspired by the work that DAV does to support our veteran
15 community. You, as the first woman to command this
16 organization, have both continued its tradition of
17 excellence, and you have created a new precedent for its
18 leadership. Congratulations.

19 The success of our collective effort to care for
20 wounded and injured veterans depends on maintaining trust
21 and communication between Members of Congress as well as
22 with the organizations like DAV. And I know that you join
23 with me in encouraging continued bipartisanship and
24 partnership in the care of our veterans, and I am just so
25 pleased and proud of the relationship that the leadership of

1 this Committee on the House side with Chairman Roe and
2 Ranking Member Walz, Senator Isakson and Senator Tester from
3 the Senate, everybody on this Committee works together in a
4 bipartisan and bicameral way.

5 This is particularly important as we enter a
6 challenging stage of our work on veterans' issues. All of
7 us here today believe it is our duty to provide veterans the
8 best health care possible. Obviously, there are some
9 differences of opinion on how we achieve that goal. The
10 foundation of trust and communication that produced recent
11 achievements like the Forever GI Bill and Appeals
12 Modernization will be tested in the coming months.

13 I think I speak for all of my colleagues when I say
14 that charting a sustainable future--and I want to say
15 "sustainable future"--for the Veterans Health Administration
16 is our highest priority, and we understand the stakes of
17 getting it right.

18 I am hopeful that in the coming months we can find a
19 solution that meets the needs of veterans through an
20 efficient and effective VA health care system.

21 I am also hopeful that all of us can agree to the
22 importance of protecting veterans' benefits. We should not
23 be forcing different groups of veterans to compete over the
24 same slice of the pie. Knowing the respect veterans have
25 for each other's service, I cannot believe that any veteran

1 would be happy receiving increased benefits knowing that
2 they were taken away from another person who served.

3 So we have critical responsibilities, including caring
4 for Blue Water veterans and expanding caregiver support.
5 That must be fully funded without stripping support from
6 other veterans.

7 I am particularly interested in your thoughts on the
8 Caregiver Program. Helping critically ill and injured
9 veterans remain in their homes with their families while
10 lessening the emotional and financial burden on caregivers
11 is a demonstration of the basic decency that we owe our
12 veterans.

13 I strongly support expanding this program, both in the
14 benefits available and the families eligible to receive
15 them. But I also believe the recently proposed COLA round-
16 down is an unacceptable hardship to place on the backs of
17 veterans who have already sacrificed so much for our Nation.
18 Congress has allocated far more money to far less deserving
19 causes. We must find a bipartisan way to fulfill our
20 responsibility to those who serve.

21 Thank you again, Commander Metcalf-Foster, for your
22 testimony today. Thank you to each member of Disabled
23 American Veterans for the sacrifice you made for this
24 country and the services you continue to provide to the
25 veterans community. Words cannot express my gratitude for

1 your work enough.

2 Thank you, Mr. Chairman. I yield back the balance of
3 my time.

4 Chairman Isakson. Thank you very much.

5 It is now a distinct privilege and honor for me to
6 introduce the Commander of the Disabled American Veterans, a
7 lovely lady, servant of the American people and a servant of
8 the veterans, disabled veterans of America. Commander
9 Metcalf-Foster, welcome. We are glad to have you here.

10 [Applause.]

11 Chairman Isakson. And let me say this, Commander. You
12 have 10 minutes, but I learned a long time ago at home you
13 never cap the amount of time your wife has to talk. I would
14 never cap a Commander.

15 [Laughter.]

16 Chairman Isakson. Just do good for me, and introduce
17 your team before you start your remarks, please.

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1 STATEMENT OF DELPHINE METCALF-FOSTER, NATIONAL
2 COMMANDER, DISABLED AMERICAN VETERANS; ACCOMPANIED
3 BY JIM MARSZALEK, NATIONAL SERVICE DIRECTOR; JOY
4 J. ILEM, NATIONAL LEGISLATIVE DIRECTOR; GARRY J.
5 AUGUSTINE, EXECUTIVE DIRECTOR, WASHINGTON
6 HEADQUARTERS; J. MARC BURGESS, NATIONAL ADJUTANT;
7 BARRY A. JESINOSKI, EXECUTIVE DIRECTOR, NATIONAL
8 HEADQUARTERS; JOHN KLEINDIENST, NATIONAL DIRECTOR
9 OF VOLUNTARY SERVICE; JEFFREY C. HALL, NATIONAL
10 DIRECTOR OF EMPLOYMENT; AND WILLIAM JOHNIKEN, DAV
11 AUXILIARY NATIONAL COMMANDER

12 Ms. Metcalf-Foster. Thank you, sir.

13 Chairman Isakson, Chairman Roe, and members of the
14 Committees on Veterans' Affairs, thank you for providing me
15 the honor of presenting the 2018 legislative program of DAV-
16 -Disabled American Veterans--an organization with over 1
17 million members, all of whom were injured or became ill as a
18 result of wartime service. I am grateful and humbled to be
19 here in front of you as the first, but I am confident not
20 the last--

21 [Applause.]

22 Ms. Metcalf-Foster. --woman elected National Commander
23 of our organization. However, I am not speaking to you
24 today as a woman veteran but as a leader in DAV.

25 Like all who are called to lead, I recognize while I

1 sit here today I stand on the shoulders and the legacies of
2 so many women and men who came before me.

3 Legacies like my father's, Joseph Robert Taylor, who
4 was a Buffalo Soldier in the renowned all-black cavalry
5 during the Spanish-American War. He was an inspiration that
6 led me to join the Army. I served in Operation Desert
7 Storm/Desert Shield and as a first sergeant for the Grave
8 Registration Company. I look back with great pride on this
9 solemn service that my soldiers and I performed to honor
10 those who made the ultimate sacrifice.

11 When your job involves looking daily at the human cost
12 of war, you develop an unwavering appreciation of what our
13 Nation owes to those who serve. That is one of the reasons
14 all of us are here today: to ensure that our Nation
15 fulfills the promises to all the men and women who have
16 served.

17 [Applause.]

18 Ms. Metcalf-Foster. One of the most critical promises
19 to those who were wounded, injured, or became ill is
20 providing timely access to high-quality health care. When
21 that promise faltered several years ago and thousands of
22 veterans were found waiting too long for care, Congress
23 created the Veterans Choice Program. Since then, there has
24 been ongoing debate about choice and the future of health
25 care.

1 Over the past year, an agreement finally emerged among
2 VA, congressional, and VSO leaders. They agreed that VA
3 must develop an integrated health care network with VA
4 acting as the coordinator and primary provider of care and
5 community providers filling access gaps. Last year, your
6 Committee responded by approving separate bills to do just
7 that. Although both bills have merit, we believe that S.
8 2193, the Caring for Our Veterans Act, offers the best plan
9 to meet the needs of enrolled veterans. We urge all of you
10 to continue working to find a bipartisan compromise to
11 strengthen and reform the VA health care system.

12 Just as important, no reform can succeed unless
13 Congress and the administration provide sufficient
14 resources. So we also call on you to fully fund veterans
15 health care.

16 [Applause.]

17 Ms. Metcalf-Foster. Messrs. Chairmen, DAV's highest
18 legislative priority for 2018 is to ensure all veterans, not
19 just those after 9/11, have access to VA's Comprehensive
20 Caregiver Program. I personally know the sacrifice
21 caregivers make. When my husband, Jimmy, who was also an
22 Army veteran, developed Alzheimer's and dementia, I was
23 suddenly thrust into the role of a caregiver. I did my best
24 to give him the support that he needed. But I also had to
25 work because we had limited income. As much as I wanted to

1 keep my soldier home, his condition worsened, I grew older,
2 and soon it was too much for me to handle. If Jimmy had
3 served after 9/11, we would have been eligible for
4 comprehensive VA caregiver assistance. He could have spent
5 the rest of his life where he belonged: at home with me.

6 Sadly, my story is not unique. Behind me are hundreds
7 of other veterans and caregivers who are unfairly left
8 behind. That is why DAV launched an Unsung Heroes
9 Initiative to ensure all caregivers of severely disabled
10 veterans have access to comprehensive caregiver benefits.

11 [Applause.]

12 Ms. Metcalf-Foster. We are pleased that the Senate
13 Committee voted to phase in full caregiver assistance to
14 veterans of all eras as part of S. 2193. We now call on the
15 full Senate and the House to pass legislation for our most
16 severely injured or ill veterans of all eras.

17 [Applause.]

18 Ms. Metcalf-Foster. Messrs. Chairmen, women veterans
19 are another key priority of DAV. As a service-connected
20 woman veteran who uses the VA system, I see that VA has made
21 significant progress, but there is more to be done. In
22 2014, DAV published a special report entitled "Women
23 Veterans: The Long Journey Home." DAV is in the process of
24 updating this critical study to identify remaining gaps. We
25 hope you will hold a hearing before the end of this Congress

1 to consider our recommendations.

2 I urge Congress to act now by passing the Deborah
3 Sampson Act to help ensure all women veterans using VA have
4 timely access to comprehensive quality care that meets their
5 unique needs.

6 [Applause.]

7 Ms. Metcalf-Foster. Last year, thanks to your
8 leadership, Congress passed several new laws to strengthen
9 and expand the delivery of veterans' benefits, including the
10 Appeals Modernization Act and the Forever GI Bill. At the
11 same time, we are concerned by proposals which could reduce
12 and even eliminate existing veterans' benefits. Proposals
13 to cut individual unemployability for thousands and reduce
14 disability compensation COLAs for millions would be
15 devastating to our Nation's veterans.

16 Fortunately, Congress rejected these proposals, but we
17 continue to hear these recommendations and even discussions
18 about changing the entire veterans' benefit system.

19 Some say our Nation just cannot afford the rising costs
20 of veterans' benefits. We say that a great Nation cannot
21 afford not to pay for veterans' benefits. These benefits
22 have already been paid in full by the blood, sweat, and
23 sacrifice of men and women who have served.

24 [Applause.]

25 Ms. Metcalf-Foster. Finally, Messrs. Chairmen, we want

1 you to know the DAV does more than just talk about
2 supporting veterans. With almost 1,300 chapters and more
3 than 1 million members across the country, DAV empowers our
4 Nation's heroes and their families. DAV has 4,400 service
5 officers across the Nation providing representation to over
6 1 million veterans. In 2017, we offered nearly 650,000
7 rides to get veterans to VA medical appointments. Our
8 13,000 DAV and DAV Auxiliary volunteers provide nearly 1.4
9 million hours of essential services to hospitalized
10 veterans.

11 Since 2014, our National Employment Program has led to
12 more than 50,000 job offers to veterans and spouses. Last
13 year, our Disaster Relief Program provided direct financing
14 to nearly 4,000 veterans affected by hurricanes, tornados,
15 floods, and fires.

16 Since 1988, the DAV Charitable Service Trust has
17 donated over \$100 million to nonprofits serving veterans and
18 their families. All of our services are offered at no cost
19 to the veterans and families and survivors. When it comes
20 to caring for American veterans, DAV is second to none.

21 [Applause.]

22 Ms. Metcalf-Foster. Messrs. Chairmen, Navy veteran,
23 former Senator, and Attorney General Robert F. Kennedy once
24 said, "Every generation inherits a world it never made; and,
25 as it does so, it automatically becomes the trustee of that

1 world for those who come after."

2 We are now the trustees. We must work together to
3 fulfill our promises to the men and the women who have
4 served. That is a legacy that I, that DAV, that all of us
5 must strive to leave for our next generation. May God bless
6 all of the men and women who have served, those who are
7 serving, and those who will serve on behalf of this great
8 Nation. And may God bless the United States of America.

9 [Applause.]

10 [The prepared statement of Ms. Metcalf-Foster follows:]

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1 Chairman Isakson. In a town full of speeches, that is
2 one of the best I ever heard.

3 Madam Metcalf-Foster, thank you very much for your
4 eloquent remarks and for the support of these Committees
5 that you have given us over the years. DAV is invaluable to
6 us.

7 Before we go to questions, I want to ask you to please
8 introduce your leadership team that is at the dais with you
9 this afternoon.

10 Ms. Metcalf-Foster. I sure will. To my right is Barry
11 Jesinoski, Garry Augustine, Joy Ilem, Jim Marszalek; our CEO
12 and adjutant, Marc Burgess; volunteer, John Kleindienst;
13 employment, Jeff Hall; and our DAVA National Commander,
14 William Craig Johniken.

15 [Applause.]

16 Chairman Isakson. We will now go to questions, and I
17 am going to reserve my time for the end so that members that
18 have been here so long already and have not had a chance to
19 say anything will have a chance to say something, except I
20 will say one thing to all of you, which many of you heard me
21 say over the last couple days while you have been in
22 Washington: We appreciate your support. We are working
23 very hard to see the veteran care bill get through the
24 Senate and then get to the able hands of Phil Roe and get it
25 out of the Congress and pass it for the veterans of America.

1 I am well aware, acutely aware of the importance of the
2 Caregivers Program. I am also acutely aware of the
3 challenges we have to meet that program. But I have been
4 committed since I took the chairmanship to doing everything
5 I can to work with the Committees to find a way to do it.
6 If you will work with us as we go through this process in
7 the House and Senate, we will do everything we can to begin
8 the process of seeing to it that program becomes everything
9 it needs to be for the veterans of America.

10 And with that said, I will introduce--I have got to go
11 in the right order here--Ranking Member, go to Phil? We
12 will go to the Chairman of the House Committee, Phil Roe.

13 Chairman Roe. Thank you, Mr. Chairman. And thank you
14 for your testimony, Commander. As the Chairman said, it was
15 excellent.

16 We do have a roundtable next week on the Caregiver
17 Program, March the 6th. You have our commitment on the
18 House side to work toward getting that done this year, so we
19 will do what we can.

20 Ms. Metcalf-Foster. Thank you.

21 Chairman Roe. Also, when you said "second to none," it
22 reminded me of my old division, 2nd Infantry Division,
23 second to none, when you said that.

24 [Laughter.]

25 Chairman Roe. I am going to go very quickly to some

1 questions. One, if you were designing a comprehensive VA
2 Community Care Program, what criteria would you set to
3 determine the circumstances in which veterans are able to
4 seek community care? In other words, how would you be able
5 to get the care outside the VA?

6 Ms. Metcalf-Foster. Thank you for that question, and I
7 would like my staff to respond to that.

8 Ms. Ilem. I am happy to, Commander. DAV has been very
9 straightforward on that. We certainly want any veteran to
10 be able to receive community care when VA cannot provide the
11 care that is necessary, if there is some medical indication
12 that it is absolutely necessary in the clinical
13 determination, and we also want to make sure that a veteran
14 does not have to travel an unreasonable amount of time or
15 period to get to that care.

16 We also want to make sure that veterans have options,
17 informed choices, and that they and their clinicians, their
18 provider, their health care provider, can work together to
19 determine if there are some unique circumstances for that
20 veteran that they need to seek care in the community. We
21 have wanted to make sure VA is the primary coordinator of
22 that care and, whenever possible, to provide that care. But
23 we understand VA cannot be all places at all times. There
24 are situations where VA does not have a provider available,
25 and we do not want veterans to wait. When they need to be

1 seen and where they need to be seen, you know, they should
2 have that option.

3 Chairman Roe. I think we are in 100 percent agreement
4 on that. I think I agree with you that the VA system should
5 be exactly like anybody else's insurance. You have primary
6 care providers in your plan. You have other physicians in
7 that plan that are part of your plan. Sometimes you have to
8 go out of network. And that would be what this would be.

9 I was in Medford, Oregon, not long ago, and since I
10 have been Chairman, I have been from Long Island to Los
11 Angeles seeing various places and traveling various places.
12 And just to let you all know, those of you who have not,
13 there has been a lot of controversy about the Denver VA, but
14 I can tell you one thing that is not controversial about
15 that VA that is out there. A lot of things were done wrong.
16 One thing they did very right was the spinal cord injury
17 unit. It is a world-class--I mean, I was amazed. As a
18 physician, I was amazed at the care that it is going to be
19 able to be given to our paralyzed veterans. So I think you
20 will be very proud of that when it is up and running.

21 Joy, you sort of answered this question. What role do
22 you think Veterans Choice should play in community care
23 determination--in other words, the veteran?

24 Ms. Ilem. As I just stated, we certainly want veterans
25 to have options for their care, and we know there always can

1 be unique circumstances. And even when VA may have some
2 place that is close by that, you know, the veteran could be
3 seen, there might be a specific circumstance. You know, I
4 think of perhaps a woman veteran who really wants to see a
5 woman health provider for their care for perhaps military
6 sexual trauma treatment, and the VA just does not have that,
7 or there is some sort of situation, that should be able to
8 be worked out between the provider and the veteran, because
9 I think it is the goal of everyone to make sure that the
10 veteran is satisfied with their care, they are going to get
11 quality care in the community, and that is our biggest
12 thing. We want to make sure those providers in the
13 community have expertise in veterans' health care issues,
14 specifically, you know, in specialized care. And I think
15 that it can be worked out where they can really make the
16 difference if they work together to make that decision.

17 Chairman Roe. Well, just a quick aside. I was in
18 Medford, Oregon, about 3 months ago or so, and Greg Walden,
19 the Chairman of the Energy and Commerce Committee in the
20 House, his congressional district is larger square miles
21 than my State is, the State of Tennessee. So if you have an
22 older veteran or any veteran that has to travel from Bend,
23 let us say, by Mount Hood, and it is snowing--it was snowing
24 when I was there in October, and it snowed a foot. So those
25 veterans need options to be able to--I was in Spokane not

1 long ago, and folks up near the Canadian border cannot get
2 to Spokane. So I think that is why we have to make Choice
3 work, and I am absolutely committed to make that happen.

4 Mr. Augustine. Mr. Chairman, I would just also like to
5 say we want to thank you especially for being so open and
6 reaching out to us to hear about what our thoughts are on
7 this. We have worked with your staff, and you have been
8 very open and receptive to our coming to you and talking to
9 you about this. So, again, a lot of it is common sense. We
10 want to make sure that veterans have the best care available
11 to them expeditiously, and sometimes it just takes
12 discussion between the provider and the veteran to determine
13 what is best for them. So thank you for your leadership on
14 this.

15 Chairman Roe. Thank you. Thank you very much, Garry.

16 One last question, and if you do not have time, do not
17 answer it. But the DAV has done incredible work in
18 researching the needs of women veterans and identifying the
19 gaps in their ability to access appropriate care. While VA
20 has made considerable progress in this area, what is one
21 significant barrier that you still see in existence that may
22 be preventing or discouraging women veterans from seeking
23 any number of services offered by VA?

24 Ms. Ilem. Well, we know that the number of women
25 coming to VA has dramatically increased, I mean more than

1 doubled and almost tripled over the last decade. And they
2 have struggled, VA has struggled to have enough women--or
3 providers that have expertise in women's health. So VA is
4 working very hard. They have dedicated the resources. They
5 are doing the training--there are many residencies--to make
6 sure that their clinicians can treat women veterans. But,
7 obviously, everyone wants to go to see someone that can
8 address their unique health care needs.

9 And also the culture, I think the Commander mentioned
10 in her testimony, we want a culture at every VA medical
11 center that is welcoming to women veterans, that provides a
12 safe environment for women veterans to get their care, and
13 they should be recognized for their military service and
14 feel that they are part of that veterans' health care
15 system, that they do not want anything any other veteran
16 would not want.

17 Chairman Roe. Thank you all. Now, I want to just say,
18 Commander, in my final moment here that you have a great
19 team that comes to my office, by the way. They advocate
20 very well for your side.

21 [Laughter.]

22 Ms. Metcalf-Foster. Thank you very much.

23 Chairman Isakson. Senator Tester.

24 Senator Tester. Thank you, Chairman Isakson.

25 Commander Metcalf-Foster, you talked in your opening

1 remarks about RFK and how we inherit a world that we did not
2 create, and I very much appreciate that. It reminds me of a
3 story.

4 When I first got appointed to this Committee, I had a
5 town hall meeting with a bunch of veterans, and a Vietnam
6 veteran stood up--and I cannot tell you his name; I cannot
7 even tell you where it happened. But I can remember what he
8 said. He stood up and he said, "We have men and women
9 coming back from the field of battle right now, and you are
10 not going to treat them the same way you treated us." And I
11 am going to tell you what. It hit home, and I think I have
12 done my level best to make sure that we treat veterans' care
13 as if it was a cost of war. And it is a fact. It is part
14 of our job here to make sure that you--and I am talking
15 about "you" being the veterans in this room and the folks
16 that you served with--get the care you were promised. It is
17 part of the deal.

18 [Applause.]

19 Senator Tester. Thank you. In my opening I said that
20 we should take our cues from the veterans and the
21 organizations like DAV that represent them. And, quite
22 frankly, these Committees have worked very, very well
23 together, Democrats, Republicans, bipartisan, bicameral.
24 And we cannot let political agendas overshadow what the
25 needs are for our veterans and their best interests.

1 Over the past few weeks, it was certainly cast out
2 about who is actually crafting the administration's veterans
3 policies and whether Secretary Shulkin is going to be
4 empowered or marginalized moving forward. Commander, does
5 the DAV meet regularly and in person with Secretary Shulkin
6 to highlight the issues that you think are important to the
7 veterans that you represent?

8 Ms. Metcalf-Foster. Yes, sir, we do, and I will pass
9 this over also to our headquarters staff.

10 Mr. Augustine. Thank you, Senator Tester. We
11 appreciate the question. We do meet regularly with Dr.
12 Shulkin, at least monthly. We also communicate with him in
13 emails and texts. He has been very receptive and very
14 gracious with his time and, again, is someone that is very
15 interested in what we have to say about what is happening in
16 the VA system and the path forward.

17 So we support Dr. Shulkin, Secretary Shulkin. As you
18 know, we have gone on the record as saying we feel that he
19 is still the best person to lead this organization, the VA,
20 and we are not the only ones. Our fellow VSOs have also
21 gone on the record.

22 Senator Tester. I appreciate that, and I would agree
23 with that. And either for you, Commander, or you, Garry,
24 how about in-person meetings or at least regular meetings
25 with the President or potentially his Chief of Staff?

1 Mr. Augustine. Actually, we have had a few meetings
2 with the President, but just the other day we had a meeting
3 with General Kelly, Chief of Staff, myself, and executive
4 directors from the major veterans service organizations. We
5 were all united in what we had to relate to him. He was
6 very engaged. He was very interested. He asked good
7 questions. He really indicated, to me anyway, that he was
8 interested in learning what is on our minds. So we are
9 encouraged about that. He indicated that he is going to try
10 and set up a meeting with the President in the next couple
11 of weeks. We did show our concern about what is happening
12 over at the VA right now. He was very interested in hearing
13 what we had to say. So I think at this point the
14 communication is open.

15 Senator Tester. So with your meetings with Secretary
16 Shulkin, with your meetings with the President, with your
17 meeting this week with Chief of Staff John Kelly, do you
18 feel confident that Secretary Shulkin is empowered to speak
19 for the President on VA issues?

20 Mr. Augustine. Interestingly enough, that was my first
21 question to General Kelly: Is the White House supportive of
22 the Secretary? He indicated to us that, in fact, the White
23 House does support the Secretary at this point. And we also
24 expressed some concern about some of the people around him,
25 and he promised to look into that and make sure that the

1 Secretary has the authority he needs.

2 Senator Tester. Thank you, Garry. Thank you,
3 Commander. And I will yield back my time for the second
4 round.

5 Chairman Isakson. Congressman Takano.

6 Mr. Takano. Thank you, Mr. Chairman. And thank you,
7 Commander Metcalf-Foster, for your testimony again and all
8 the important work that DAV does advocating for and
9 supporting veterans.

10 So, Commander, you mentioned DAV's work to ensure women
11 veterans are getting the support they deserve. DAV's 2014
12 report, "Women Veterans: The Long Journey Home,"
13 highlighted several important gaps that need to be closed
14 for women veterans. I look forward to your follow-up report
15 and continuing to make strides to support women veterans.

16 As a former educator myself--I was a public school
17 teacher in California for 24 years--I am curious if you
18 could tell me more about the gaps that women veterans face
19 when they go back to school and use their GI bill benefits.
20 Are there certain support services like child care that
21 would help women veterans fully use their GI bill benefits?

22 Ms. Metcalf-Foster. I can only speak for my area, but
23 I do know there are, especially for junior colleges and some
24 of the universities in Northern California. They do have
25 child care for the veterans, whether they use Chapter 21 or

1 the old GI bill.

2 Mr. Takano. Ms. Ilem, would you like to expand upon
3 that?

4 Ms. Ilem. If I could, I know that we were very pleased
5 when Congress passed the child care pilots--and they do
6 remain pilots, so there may not be available child care
7 services throughout the entire system. But certainly that
8 is one of the things that keeps coming up on any survey that
9 is done: What is a barrier to you accessing care, getting--
10 you know, attending class? Or something to that effect.
11 And child care does come up frequently, because oftentimes
12 women veterans are single or they are the primary caretaker
13 of children.

14 Another issue that continues to come up is making sure
15 that post appointment they have a network of peers, that
16 they have support to be able to access the unique programs
17 VA has, like their Homeless Program. That program is second
18 to none, but oftentimes we would hear complaints: "I had my
19 children with me." VA is not allowed by law to care for
20 those children. So it is essential that they have the pilot
21 programs they do to be able to network with the community in
22 those circumstances, keep that veteran with their children,
23 but still be able to access VA specialized services.

24 Mr. Takano. I seem to recall a statistic that women
25 veterans tend to use their GI bill at lesser rates. Is that

1 true, or am I not remembering correctly?

2 Ms. Ilem. I do not know that.

3 Mr. Takano. Okay, you do not know.

4 Ms. Ilem. Yeah, I am not sure.

5 Mr. Takano. A shared priority between members of our
6 Committees and the DAV is finding a path forward for how VA
7 balances internal capacity with resources in the community
8 to provide veterans timely access to quality care, so that
9 internal capacity versus the community care, the right
10 balance between those two.

11 Commander Metcalf-Foster, in your testimony you
12 mentioned that DAV believes the VA should remain the
13 coordinator and primary provider of care. Can you expand on
14 what that looks like?

15 Ms. Metcalf-Foster. Again, I will let my staff take
16 that question.

17 Ms. Ilem. You are correct. DAV has been very adamant
18 that we want VA to be strengthened and reformed during this
19 process of relooking at community care. Community care is
20 an essential part of providing care to veterans and meeting
21 their needs where they need their care to be delivered. We
22 must ensure that VA also has the staff and the resources
23 that it needs, including the information technology system,
24 its electronic health record, all of the things that are
25 going to help modernize the system. But making sure that we

1 have a strong VA there for the future generations of
2 veterans is essential, you know, for our membership who are
3 lifetime users of the VA health care system.

4 Mr. Takano. Well, you know, I do not know if I can get
5 my question in in the amount of time allotted. If there is
6 a second round, I will ask my question then, so I yield
7 back, Mr. Chairman.

8 Chairman Isakson. Congresswoman Radewagen.

9 Mrs. Radewagen. I want to thank Chairman Roe and
10 Chairman Isakson and the Ranking Members for holding this
11 series of joint hearings to hear from our VSOs. Thank you,
12 Commander Metcalf-Foster and panel members, for coming, and
13 a special thank you to the DAV for sending your
14 representatives to speak with my staff this morning.

15 I especially want to highlight DAV's efforts regarding
16 caregiver programs and improving gender-specific services
17 for female veterans. I am proud to cosponsor several DAV-
18 supported bills, including H.R. 1472, H.R. 1802, and H.R.
19 2452, and I look forward to continuing to work with DAV on
20 veterans legislation in the future.

21 Our VSOs are the gatekeepers for our veterans' voices
22 in Washington. The work you all do to ensure that our
23 veterans are afforded the benefits and services they have
24 earned is so important, and I want to thank you all for your
25 service to our Nation and those who stand in defense of her.

1 As we move forward with the second session of this
2 Congress and continue to address veterans' issues, I know
3 that your priorities and goals will be at the forefront of
4 our mission to improve the lives of our veterans, and I want
5 you all to know that my colleagues and I on both Committees
6 value your input and hold your efforts in the highest
7 regard.

8 I want to conclude with a special thank you to DAV
9 Department of Ohio for working with my office in the absence
10 of a territorial chapter in American Samoa. During my time
11 in Congress, I continue to emphasize our veterans in the
12 United States territories, and I appreciate your efforts in
13 assisting me to ensure that our veterans in the territories
14 are afforded the same opportunities and resources as those
15 in the States.

16 Thank you again for being here today. My colleagues
17 and I look forward to working with you all.

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

19 Chairman Isakson. Thank you.

20 Representative Brownley?

21 Ms. Brownley. Thank you, Mr. Chairman, and I too want
22 to add my voice of congratulations to the Commander. You
23 have broken another glass ceiling, and I know by your
24 leadership we will break, you will break, we collectively
25 will break many, many more. So thank you for stepping up,

1 and thank you for your leadership.

2 We have talked a little bit about barriers to women and
3 child care, and I just wanted to put a plug in that there is
4 a child care bill that has passed out of the House, and
5 while we are here in the Senate, if it passed out of the
6 Senate, we could put it on the President's desk right away.
7 So I wanted to give a plug for that.

8 [Applause.]

9 Ms. Brownley. Last week--I think it was last week or
10 the week before--we met with Secretary Shulkin. He came to
11 our Committee hearing to talk about the budget. We talked
12 about the Caregiver Program and the possibilities of
13 expanding the Caregiver Program, which I think all of us on
14 both sides of the aisle want to do, and that is certainly
15 our goal.

16 One of the pathways, I guess, to getting there was
17 Secretary Shulkin talked about changing the eligibility
18 standards which are aligned, I think, more with the Medicare
19 standards, meaning rather than a difficulty with one daily
20 activity, which is the case right now, expanding that to
21 three, but then giving pre- and post-9/11 veterans, all
22 veterans, access to the program.

23 So I know we are going to have a roundtable discussion
24 on this, and I look forward to that. There is obviously a
25 lot that needs to be fleshed out in the program, but I am

1 just wondering if you have a reaction to that proposal.

2 Mr. Augustine. Thank you, Congresswoman. It is one of
3 our--it is our top priority, as you know.

4 Ms. Brownley. I can see by your buttons.

5 Mr. Augustine. Yes.

6 [Laughter.]

7 Mr. Augustine. And sitting behind me is our past
8 National Commander Dennis Joyner, a triple amputee, a fellow
9 Vietnam combat veteran, and also in the front row is our
10 past National Commander Dave Riley. Both of these severely
11 disabled veterans are folks that are not eligible for the
12 caregiver benefit because they are pre-9/11. It is just not
13 fair that they have dealt with their injuries for decades
14 and their caregivers have not been able to pay into Social
15 Security, have not been able to get 401(k) contributions
16 from their employers because they had to quit their jobs to
17 take care of their veterans.

18 So we firmly believe that it is now the time to pass
19 increased eligibility for all injured and ill veterans of
20 all eras, and if we have to start with changing some
21 eligibility, well, we are willing to start that at this
22 point, with the idea that we are not done at that point.

23 Ms. Brownley. Thank you, sir. I appreciate that. And
24 I look forward to our collective discussion to actually get
25 there. I know the Chairmen, both Chairmen, I think are very

1 much committed to this.

2 The other question Secretary Shulkin also brought up in
3 our hearing is about the possibility of changing the
4 leadership structure within VHA, recognizing that when VA
5 hospitals across the country have issues or problems,
6 sometimes the VISNs really are not there to help and support
7 and give that sort of laser focus needed to solve those
8 problems at the hospital. And the Secretary was saying that
9 maybe it is time to change the relationship between staff
10 here in Washington at the central office and hospital
11 leadership with respect to the chain of command and to
12 management of supportive services. I was just curious to
13 know how you felt about that issue.

14 Ms. Ilem. I think Secretary Shulkin has indicated this
15 actually when he was Under Secretary for Health right from
16 the start. He decided at that first initial time when he
17 came in he would not make any significant change until he
18 had a little bit of time to really absorb how the system
19 works, what would be beneficial. But I know he has spoken
20 about that on a number of occasions, and certainly we want
21 it to strike a balance, you know, what is needed at the VA
22 central office level in developing a policy and putting out
23 good policy and directives to the field, and having an
24 opportunity to really make sure that people down at the VISN
25 level and at the facility level and all across the system

1 have high-quality care, access to services. And we know
2 that has been one of his biggest complaints is that it just
3 has not been consistent throughout the system. There are
4 pockets of excellence and other places that are struggling.

5 So I think we are open to listening to him and seeing
6 about--hearing about his idea and how it can be made more
7 efficient, run more efficiently, and to better serve our
8 veterans.

9 Ms. Brownley. Thank you.

10 Mr. Chairman, I know I am not your wife nor am I the
11 Commander, but thank you for letting me exceed my time, and
12 I yield back.

13 [Laughter.]

14 Chairman Isakson. I am sure I would be lucky either
15 way.

16 [Laughter.]

17 Chairman Isakson. Representative Bergman.

18 Mr. Bergman. Thank you, Mr. Chairman. And thanks to
19 everybody who is here today. For all of you who have worn
20 the cloth of our Nation, you know what you have given, and
21 we can never thank you enough. Because of you we are here.
22 I learned a long time ago never say "always" and never say
23 "never" because Murphy will make a fool of you very quickly
24 if you say "always" or "never." However, in the bowels of
25 the Capitol where we do, shall we say, very quiet briefings,

1 there is a quilt on the wall that made me rethink--I saw it
2 a couple weeks ago, and it said, "Freedom is always worth
3 fighting for." "Always."

4 [Applause.]

5 Mr. Bergman. So I am going to check with Murphy on
6 that one.

7 So I would like to hear from your perspective, as we
8 look at reforming, because I believe this Congress is going
9 to go down as a reform Congress--that is a good thing. As
10 we look at pilot projects where we look at potentially
11 combining, let us say, health care in this particular case,
12 VA resources where you might have a VA hospital, and maybe a
13 smaller hospital, it is not a big one like you might see in
14 the major metropolitan areas, but a smaller one that maybe
15 provides some limited services, where we can combine with a
16 local county hospital or a local hospital that potentially
17 also maybe sits on State lines, all those little hiccups
18 that get in the way of us delivering health care to
19 veterans. Would you be supportive of kind of a no-holds-
20 barred pilot project that is supported that would kind of
21 look at things really different?

22 Ms. Ilem. I think we have to be open to look at every
23 option as this reform is going forward, especially in our
24 rural communities. Those communities have not been well
25 served. They have been underserved for a number of reasons,

1 just being able to attract providers in those areas, as well
2 as to have it so that veterans do not have to travel so far
3 to get just basic primary care.

4 So I think we do need to be open to partnering with the
5 community in certain areas, especially if it is an area that
6 has not been able to attract providers, and many of the
7 pilot programs that have come through the VA's rural health
8 program have shown that those can work well. So I think
9 that that is essential to be open to unique circumstances
10 anywhere.

11 Mr. Bergman. Does anybody have any comments on the way
12 we make appointments for our veterans? Again, I do not deal
13 in rumor. I deal in fact. And the fact is that too many
14 times getting an appointment through a third-party
15 appointment system, Health Net or whatever it happens to be-
16 -this is not about a company. This is about a process. Any
17 of you have any thoughts on how we might look at that going
18 forward?

19 Mr. Augustine. It has been a problem, sir, and we have
20 been working with the VA. I think it has improved, quite
21 frankly. The scheduling has been brought back into the VA.
22 The third-party administrators, when they were doing it, it
23 was very uncoordinated. Many veterans did not get advised
24 about their appointments until sometimes after the
25 appointment was scheduled.

1 So it has been a problem. The Secretary has discussed
2 with us the need to bring the scheduling process back into
3 the VA so that veterans do not have to go through a third-
4 party administrator. And we do believe that there is a path
5 forward especially once they get the new IT system up and
6 running, because, you know, they are working with IT
7 equipment that is sometimes 30 years old. It is just
8 ridiculous.

9 So we look forward to continuing to find ways to
10 improve that system so veterans have an easier way to get an
11 appointment.

12 Mr. Bergman. Okay. Thank you.

13 Mr. Chairman, I yield back. Thank you.

14 Chairman Isakson. Thank you.

15 Representative O'Rourke?

16 Mr. O'Rourke. Thank you, Mr. Chairman.

17 Commander Metcalf-Foster, thank you for your service,
18 your leadership now, and through you, to your members. I
19 think of David Garcia in El Paso, one of your leaders there
20 who comes to every single one of our town hall meetings and
21 very often is the lead advocate in the community on a
22 veteran's issue that I may not have been aware of, but that
23 we then make our priority because of the urgency that he
24 brings to the issue at town hall meetings like that. And I
25 know that is true for all of my colleagues in their

1 congressional districts as well.

2 I want to thank you for making one of the legislative
3 priorities improving access to timely mental health care
4 help. I have learned from listening to my veterans and
5 their family members that care delayed becomes care denied,
6 and it is absolutely connected to the fact that today 20
7 veterans will take their own lives. It will happen every
8 single day until we meet this crisis with the urgency that
9 it demands. And so I want to follow your lead on the
10 legislative request. I am also grateful for your support
11 for Secretary Shulkin, who is the first VA Secretary to make
12 suicide reduction his number one clinical priority. That
13 will result in more lives saved.

14 And, lastly, I would like to get your thoughts on--or,
15 through you, somebody on your team--a bill that I have
16 worked on with Representative Coffman to help a specific
17 group of veterans, those who have an other-than-honorable
18 discharge, bad-paper discharge, who right now are
19 effectively precluded by law from being able to see a
20 psychiatrist or psychologist, though tens of thousands of
21 them, going back to the Korea era up through current combat,
22 have been diagnosed with post-traumatic stress disorder or
23 traumatic brain injury while in service to this country and
24 cannot get in and see a provider, and they are killing
25 themselves at twice the rate of the general veterans

1 population. We were able to pass a bill that will open up
2 mental health care to those veterans. There is a bill
3 pending in the Senate, and I know I have got colleagues here
4 on the dais from the Senate. It is rare that we get to meet
5 together. I would urge them to work on this issue with us.
6 But I would love to get the DAV's perspective on this issue
7 of expanding mental health care access to veterans with bad-
8 paper discharges.

9 Ms. Ilem. At DAV's last national convention last year,
10 we did pass a resolution, our membership approved a
11 resolution that does support making sure that veterans with
12 a less-than-honorable discharge do have access to mental
13 health services. We recognize that TBI, post-traumatic
14 stress, and other conditions that are related, we know, to
15 military service that may have gone undiagnosed at the time
16 have contributed perhaps to that discharge. And we think it
17 is essential given the Secretary's--I guess everyone's
18 responsibility, looking to VA to be the person--I mean the
19 organization that is going to make sure that we start to
20 reduce suicide among this population. And those efforts
21 that--you know, his expansion of that right away was, I
22 think, a critical piece in trying to get those people who
23 have not had access to VA health care, and DAV has been
24 supportive of ensuring that veterans who need VA health care
25 have access to it.

1 Mr. O'Rourke. Thank you. And I want to thank you
2 personally and Garry and others who worked with us. As you
3 know, we faced a real crisis in El Paso. Out of 141 mental
4 health care service centers in the VA, we were ranked 141st
5 for wait times. We were losing veterans because they could
6 not get in. We estimate in El Paso 37 percent of veterans
7 were not able to make a mental health care appointment who
8 tried to make a mental health care appointment. And all too
9 often I was meeting with their widows or their surviving
10 children after that veteran had taken his own life.

11 You have helped us to go from 68 full-time mental
12 health care providers in El Paso to today we have 112. More
13 veterans are getting in. There are more appointments open
14 to them. We are turning this around. And I will not be
15 satisfied until we are the best in the country. But the
16 case that you made by focusing VA hiring on primary care
17 providers, on mental health care providers, at a time that
18 we have, by the Secretary's own admission, 30,000 funded but
19 unfilled clinical positions in the VA. If we can get that
20 done through your leadership, I think we are going to be
21 saving more lives and more veterans in this country. So I
22 want to thank you, and any help you can provide in helping
23 our colleagues in the Senate to get the House-passed version
24 or some version of this passed so that we can get it on the
25 President's desk and open up care to veterans who have an

1 other-than-honorable discharge.

2 Thank you. And, Commander, thank you for your help.

3 I yield back to the Chairman.

4 Chairman Isakson. Thank you.

5 Dr. Wenstrup?

6 Mr. Wenstrup. Thank you, Mr. Chairman. Thank you all
7 for being here today. It is really a pleasure to be with
8 you, and we thank you for all the input that you give us as
9 we go about our chores on this Committee.

10 I also want to give a little shout to the people from
11 Ohio. I see a couple of my friends right here. Thank you
12 all. Let us hear it for Ohio.

13 [Applause.]

14 Mr. Wenstrup. When I first came to Congress, I got on
15 the Subcommittee on Health. Out of about 12 members, we had
16 five physicians on both sides of the aisle. And let me tell
17 you what an advantage that was to drive the policies and
18 also to work with everybody on the Committee to make care
19 the number one thing that we work on. Process is a
20 challenge. It always is. But the idea is we wanted to take
21 care of our veterans. And to this day, what we are really
22 working on is to make sure that what we have out there for
23 our veterans is a doctor-patient relationship where the two
24 of them get to make the decisions about their health care,
25 whether it is within the walls of the VA or if it needs to

1 be outside of the VA, that that needs to be the priority,
2 along with access, because you cannot deliver the care if
3 you do not have the access.

4 One of the things that we have been doing more of is
5 having roundtables, which I think has been very beneficial
6 to all of us, where we have representatives from the VSOs
7 that can come in and weigh in on the issues. Right now I am
8 pleased as a doctor and a veteran to chair the Subcommittee
9 on Health, and our Chairman is a doctor and a veteran, and
10 we have a Secretary who is a doctor. And so on the health
11 care side, I think, you know, we have got things pretty well
12 covered to really work the issues that we all face.

13 But I also want to tell you something else that I am
14 working on that I think is going to be valuable for our
15 veterans of today. No one is a veteran that did not wear
16 the uniform. You did that first. And so what I am
17 interested in seeing that we are working on and moving
18 towards is what can we do while people are still in uniform,
19 because I think one of the challenges that we face today for
20 a lot of our veterans is they get out of service, and they
21 went from being part of the best group or club anyone could
22 ever join, the military, they are in a position where they
23 are completely necessary and part of something bigger than
24 themselves, and when they get out and they are not sure
25 where they are going or they do not have a plan or they do

1 not have something set up for them already, then that is
2 when the problems start to begin.

3 So we are now working with Economic Opportunity, and we
4 are really trying to get into the TAP program and what we
5 are doing on the DOD side to make sure that when people
6 leave, they know where they are going and they have a set
7 plan. And I think we will do more for our veterans. And
8 not only that, I think the country will start to look at our
9 military and say, "You know what? That is the place I want
10 my son or daughter to go because I know there is a future
11 after that." And I think we will solve a lot of our issues
12 going down the road for the next generation of our veterans.
13 And I am pleased to say this is a bipartisan effort, and we
14 are getting the help from DOD. But I would love to have
15 your input on that because you have seen a lot. You have
16 seen the struggles that veterans have. You understand them
17 very well. And if we can do something more on the other end
18 before they are out of uniform, I think we will all benefit.
19 And I would love to have some opinion on that as we move
20 forward at this time.

21 Ms. Metcalf-Foster. Yeah, that is a very important
22 question, and thank you, and I will turn it over to my
23 staff.

24 Mr. Marszalek. Thank you, Commander. Great question.
25 We agree 100 percent that we have got to do better for those

1 that are transitioning out. DAV has a transition service
2 officer program. We have 33 TSOs currently that cover
3 nearly 100 different bases across the country. We touched
4 nearly 43,000 servicemembers as they were departing the
5 service last year. One of the biggest hurdles we have come
6 across, though, is being included in that process with DOD
7 and VA. It has been that way for the last 5 years or so,
8 just hurdle after hurdle after hurdle. So our TSOs have to
9 establish good relationships on the bases to try to get in
10 to see the servicemembers that are departing so they realize
11 what benefits they may be entitled to based upon their
12 service, whether it is health care or whether it is benefits
13 from the Veterans Benefits Administration. So it is very,
14 very important that we continue our efforts and collaborate
15 with VA and DOD to enhance those services.

16 Mr. Wenstrup. Well, thank you very much, and it is
17 typical of veterans to help other veterans, and I appreciate
18 you all doing that. And we definitely want to engage with
19 you further as we move forward on this idea.

20 Thank you. I yield back.

21 Chairman Isakson. Thank you very much.

22 Let me say to the members that have yet to question, we
23 have just enough time before the Senate vote at 4:00 for
24 everybody that is here that has got time, to take their
25 time, as long as they do not take too much time.

1 [Laughter.]

2 Chairman Isakson. Richard, that is not because you are
3 next that I am saying that.

4 [Laughter.]

5 Chairman Isakson. Richard and I have been friends a
6 long time, so I did not want him to think that was aimed at
7 him. But so everybody gets their chance, I will have a
8 quick gavel because we do have to go at 4:00, and we will
9 not be able to come back after 4 o'clock.

10 Senator Blumenthal?

11 Senator Blumenthal. Thank you, Mr. Chairman, for that
12 introduction.

13 [Laughter.]

14 Senator Blumenthal. And I can take a hint.

15 I want to just thank everybody in this room, all the
16 veterans you represent so ably, for your service. I want to
17 give a shout-out to your executive director, Mr. Augustine,
18 and his staff for representing you so ably. They are
19 working day in and day out. And I want to welcome anyone
20 from Connecticut who is here. I understand there may not be
21 anyone, but all who are here in spirit.

22 I want to second the remarks that have been made about
23 mental health care, which is so critically important to our
24 veterans, as a dad of two veterans. They are not disabled,
25 but I have seen through the eyes of their generation the

1 impacts of post-traumatic stress and traumatic brain injury
2 and also as a member of the Armed Services Committee, the
3 horrific consequences of the mental impacts of these 15
4 years of war. Never has our country fought for so long with
5 so small a part of the population directly involved.
6 Deployment after deployment have taken their toll on our
7 veterans and on their families as never before. And so I
8 want to strongly support the caregiver legislation that you
9 have supported because it applies to that Iraq-Afghanistan
10 generation, and it should apply to every generation.

11 [Applause.]

12 Senator Blumenthal. I am a sponsor of the Senate
13 version of the legislation that Representative O'Rourke
14 mentioned that would provide for health care to veterans who
15 have bad-paper discharges. I have also worked to enable
16 some of those veterans to appeal those bad-paper discharges
17 because as you have said so well, many of our veterans
18 received them as a result of invisible wounds that were
19 undiagnosed and untreated. And so some of the behavior that
20 resulted in their dishonorable discharges was directly
21 caused or is attributable to illnesses like post-traumatic
22 stress, which did not even exist as a diagnosis during the
23 Korean and Vietnam periods. And so the Secretaries of
24 Defense in recent years at my urging have provided an
25 outreach campaign to veterans who may have been discharged

1 with bad-paper discharges and who can appeal to the
2 discharge boards now. And I would just urge you to spread
3 that word because right now the Department of Defense has
4 provided less than fully adequate outreach.

5 Finally, let me just say I am very troubled by reports-
6 -and there was one in Roll Call on February 12th--about
7 diverting money away from maintenance, \$4 billion reserved
8 for veterans' programs meant for the maintenance of
9 veterans' health care facilities. I do not know about you
10 in your State, but in Connecticut, we desperately need money
11 to repair and maintain our veterans' facilities. We cannot
12 allow those facilities--

13 [Applause.]

14 Senator Blumenthal. We cannot allow them to go
15 downhill, as they are now, and so the plan that I have read
16 about--I do not want to be partisan here, but it is a plan
17 that was articulated by the Chairman of the Military
18 Construction VA Subcommittee who wanted to siphon some of
19 those funds away from maintenance and repair of VA
20 facilities to other programs, and I hope you will join me in
21 urging that we devote what is necessary to maintaining our
22 veterans' facilities.

23 Thank you, Mr. Chairman. I think I am still within my
24 time. A little bit left over.

25 Chairman Isakson. You did great, Senator. You are a

1 super star.

2 Representative Poliquin?

3 Mr. Poliquin. Thank you, Mr. Chairman, very much. I
4 appreciate it. And thank you all for being here, all of our
5 disabled veterans throughout the country.

6 You know, Maine that I represent--and I represent the
7 rural part of Maine, the 2nd Congressional District--we are
8 a small State, but we are a really great State. We are
9 absolutely a great State. We love our country. We love our
10 flag. We love our Constitution. More importantly, we love
11 our veterans. We get it. We get it big time. The second
12 highest, I believe, percent of our population among any
13 State that are veterans are in the State of Maine. So we
14 get it big time.

15 Now, we get picked on, Mr. Chairman, because we are a
16 small State, but today, to make sure that does not happen,
17 we have six tremendous veterans, heroes from the State of
18 Maine down here. I am going to ask these fellows to stand
19 up and be recognized because they are here to protect me:
20 Richard Fournier, Gary Burns, Shawn Jernigan, Brandon
21 McKinney, and Jim Laverdiere. Where are you guys? Stand up
22 and be recognized.

23 [Applause.]

24 Mr. Poliquin. As I mentioned to you, the 2nd
25 Congressional District of Maine, Commander, and your

1 associates, is probably the largest congressional district
2 east of the Mississippi. I think it is. And we have an 8-
3 hour drive to go from Fryeburg up to Madawaska. We have got
4 moose and deer and all kinds of critters in the road we try
5 to avoid. Four hundred small towns, small towns that love
6 our veterans. And one of the big concerns I have and one of
7 the reasons I am serving on this Committee is because I am
8 very concerned about access to health care by our veterans
9 that live in rural parts of the State.

10 Now, I understand that veterans love to be with
11 veterans, and they heal better with veterans. We have the
12 oldest VA hospital in the country in the State of Maine,
13 Togus in Augusta, Maine, that was established right after
14 the Civil War to take care of our returning veterans.

15 Now, the Choice Program is a program that is meant to
16 augment the VA, not replace the VA. I want to make that
17 extremely clear, because sometimes you hear that word about
18 privatization. That ain't going to happen as long as I am
19 here on this Committee.

20 [Applause.]

21 Mr. Poliquin. But at the same time, Commander, when we
22 have great veterans who have given us our freedom, given us
23 our country, given us our way of life, that live up in
24 Madawaska or Lubec, Maine, and it is February, and it is 20
25 below, and the snow is blowing and the wind is blowing

1 sideways--of course, if it is that cold, it is probably not
2 snowing, anyway, but you know what I mean. And you have got
3 a 5-hour drive to Togus in August. I think it is a good
4 idea to make sure these veterans can receive their health
5 care closer to home. And that is what we want to make sure
6 of, and I know that Chairman Roe and all the work that Jodey
7 is doing on this Committee, and everybody else in a
8 bipartisan way, we want to make that work.

9 So what I want to ask you, Commander, in my remaining
10 time is: Do we have this right? Is there anything that I
11 am missing about access to health care for our folks that
12 live in rural America, our veterans, our heroes that live in
13 rural America? And what advice can you give us as we go
14 forward to make this Choice Program better?

15 Ms. Metcalf-Foster. Thank you for that question, and I
16 will also refer that to my staff.

17 Mr. Augustine. Thank you very much. A very important
18 question. We also believe it is only common sense to allow
19 veterans to go closer to home when it is a hardship for them
20 to get to a VA. Our only concern, sir, is that we make sure
21 that the doctors they are seeing are part of an integrated
22 network so that the records get back to the VA to keep that
23 coordinated care and that integrated care that the VA is so
24 famous for. We do not want the care to be fragmented, and
25 we do not want the veterans to lose that connection to the

1 VA because it is very important over their life span to be
2 able to have the VA keep track of what is going on with
3 them, especially as they age and become more disabled.

4 Mr. Poliquin. That is such a good point, sir, and I
5 know that we are committed and we have appropriated money to
6 make sure that we integrate all these IT systems and so
7 forth, so we want to make that happen.

8 In my remaining time, if I may, Mr. Chair, I will tell
9 you one other thing that is a concern of mine. It is that
10 our small rural hospitals in Maine, and I am sure throughout
11 the country, that are contracting with the VA to provide
12 choice services sometimes are not getting paid on time. And
13 that threatens the viability of our rural hospitals not only
14 for our veterans but for the other folks in the area.

15 I have met with Dr. Shulkin on this. Our Committee has
16 met with Dr. Shulkin on this. I am going to continue to
17 meet with Dr. Shulkin on this to make sure our rural
18 hospitals get paid for the service they are providing you
19 and stay open for everybody else.

20 Mr. Augustine. Absolutely, sir.

21 [Applause.]

22 Mr. Augustine. The other part of that concern is when
23 they do not get paid, our veterans get billed.

24 Mr. Poliquin. Yes, sir.

25 Mr. Augustine. And that is a very serious problem for

1 our folks who have been authorized to go and get that care.
2 When they start getting billed for things that they are not
3 supposed to have to pay for, it causes an extreme amount of
4 stress.

5 Mr. Poliquin. I get it, sir. Thank you very much to
6 everybody.

7 Mr. Chairman, I hate to yield back time I do not have.

8 [Laughter.]

9 Chairman Isakson. Duly noted.

10 Senator Murray?

11 Senator Murray. Mr. Chairman, thank you very much, and
12 thank you to all of you for being here today and for your
13 many years of service. We all really appreciate it.

14 Let me start by thanking the DAV for your constant
15 support of the Caregivers Program and for your continued
16 help in the effort to expand these benefits to pre-9/11
17 caregivers. And, Commander, I thank you for your personal
18 story in your opening remarks. I hear that all the time
19 from so many veterans, and we have to address that.

20 Now, the VA has recently supported increasing the
21 number of activities of daily living, known as ADLs,
22 required to be eligible for the Caregivers Program as a
23 cost-saving measure. That is a very arbitrary measure that
24 does not fully reflect someone's caregiving needs. ADLs are
25 things like feeding yourself or using the restroom on your

1 own or dressing yourself. Someone who has difficulty with
2 one ADL can still have significant needs, and I believe we
3 should not turn our backs on them.

4 Can you for this Committee describe from the
5 caregiver's perspective how difficult it can be to provide
6 care for someone with an inability to perform even one ADL?

7 Ms. Metcalf-Foster. Yes. Personally, ma'am, it is
8 very difficult, as you say. My personal story can tell
9 pretty much of that. When my husband, as I said, started
10 with his Alzheimer's and dementia, I could not take care of
11 him anymore, and the taxpayers had to end up taking care of
12 him because he had to go to the VA. And it was just
13 unbelievable what we had to go through, and that is why DAV
14 is fighting daily to protect this program, the pre-9/11.

15 Senator Murray. Does anybody else want to comment?

16 Ms. Ilem. Senator Murray, we know you have been a
17 champion on this issue from the beginning, and we really
18 appreciate that, and we know that all veterans, whether it
19 is one ADL or three, need that care and the caregiver needs
20 the support that comes along with the comprehensive program.
21 But we are very pleased that both sides of the House and
22 Senate Committees are talking about this issue now. We want
23 everyone to work together. We are so excited that this can
24 be a reality. We are going to do everything we can to
25 participate, to lend our voice, to provide input into the

1 discussion. And, again, we appreciate your efforts and your
2 hard work and determination on this issue to make the best
3 for all veterans who need that type of care.

4 Senator Murray. Thank you. And the VA has stated that
5 they are not going to support expanding the Caregivers
6 Program to veterans of all ages because of "funding
7 concerns," yet at the same time, senior officials at the VA
8 also continue to request massive cuts in funding for the
9 current program, which creates its own problems.

10 I have repeatedly worked to secure additional funding
11 for this program through the appropriations process. This
12 should not be an issue. When some are rushing to spend over
13 \$100 billion to send more veterans into the private sector,
14 it is truly disingenuous to say there is not a small amount
15 of money available to finally open up this critical program
16 for veterans of all eras. Many of your members have been
17 waiting for years for access to this program, and in this
18 moment it could finally get done. And I wanted to ask you,
19 do you think there is any excuse for not finally fully
20 achieving this expansion for our Nation's hidden heroes?

21 Ms. Metcalf-Foster. I think there is no excuse.

22 Senator Murray. Thank you.

23 [Applause.]

24 Senator Murray. Thank you.

25 Chairman Isakson. Thank you, Senator Murray.

1 Representative Arrington?

2 Mr. Arrington. Thank you, Mr. Chairman. And thank you
3 all for being here. Commander, congratulations on your
4 leadership role with the DAV, and I appreciate your time and
5 all your efforts, and I thank your colleagues for their
6 representation of our disabled veterans. And mostly I thank
7 our veterans who are here with us who have sacrificed and
8 served so that we would have a safe, strong, and free
9 America for me and my kids. So God bless you guys. You are
10 our heroes. And I will tell you that as a new Member of
11 Congress, this assignment on this VA Committee is absolutely
12 the most rewarding assignment that I have. I did not serve
13 in the military, but I get to serve you. And I get to fight
14 for you and those who fought for me, and I take that very
15 seriously. I am also grateful to Chairman Roe for allowing
16 me to serve as Chair of the Economic Opportunity
17 Subcommittee.

18 I do not know if my colleague and Ranking Member Mr.
19 O'Rourke from the great State of Texas gave a shameless
20 shout-out to the Texas disabled veterans, but if he did not,
21 then give it up for our Texas veterans now. Come on now. I
22 know you are here.

23 [Applause.]

24 Mr. Arrington. Now, my colleague Mr. Poliquin said he
25 comes from the little great State. We come from the big

1 great State.

2 [Laughter.]

3 Mr. Arrington. And it ain't bragging if it is true.

4 Okay. Now, this is some serious stuff here, and I want
5 to lay this out for you. This is so important to me because
6 this not only is my most rewarding assignment, but this has
7 been my most productive. We have a Committee where we
8 actually put our partisan differences aside and put America
9 first. Can you believe that? That is why we have passed 35
10 bills--

11 [Applause.]

12 Mr. Arrington. --out of the House that are veteran-
13 related bills and 12 have become law. And under this man's
14 leadership--and I would give credit also to Ranking Member
15 Walz because it was a bipartisan effort to improve access to
16 care, to increase accountability and change the culture of
17 the VA, and to do many other things like the Forever GI Bill
18 and the list goes on.

19 Let me tell you what we have not done. We have not
20 reined in the unions at the VA, and it is a real problem,
21 guys. The first Committee hearing I had, the GAO reported
22 that hundreds of VA employees were spending 100 percent of
23 their time on union activity--100 percent of their time.
24 Now, the law says that you cannot administer official time
25 or union activity unless you do it in a way that is

1 reasonable, necessary, and in the best interest of the
2 public. I am telling you that back home in West Texas not a
3 single veteran I have talked to thinks that somebody
4 spending 100 percent of their time on anything other than
5 the job they were hired to do to serve the veterans is
6 reasonable, necessary, or in the best interest of the
7 veteran or the taxpayers. Do you agree with me?

8 Ms. Metcalf-Foster. Yes.

9 [Applause.]

10 Mr. Arrington. So my bill is not a bill to do away
11 with the unions. It is to rein them in so that nobody
12 spends more than 25 percent of their time on anything other
13 than the job that they were hired to do, that presumably
14 there was a need, a need to serve our veterans who stand in
15 line and wait for their disability appeals or stand in line
16 and wait for care. This is unacceptable, and I need your
17 help. So I am trying to fight for you, and I need you to
18 help fight for all veterans and change the culture at the VA
19 and stop this nonsense. You guys, when you were serving,
20 you did not have a union. You did not have bargaining
21 rights. You did not have official time. Let us rein it in
22 and let us focus on the job at hand, and that is serving our
23 veterans.

24 Again, are you with me on this?

25 [Applause.]

1 Mr. Arrington. I am just a freshman member. I need
2 help.

3 I have got a bill called the "VET Protection Act." It
4 has been passed out of the Committee, and we need it passed
5 out of the House. It is H.R. 1461. I want to reserve some
6 time for the Commander if she wants to comment, or anybody
7 on her team. Obviously, I have strong feelings about this.
8 I want to get this done. I am not going to stop, I am not
9 going to quit until we get this done. It is the right thing
10 to do for our veterans.

11 Commander, if you have any thoughts on that, I would
12 love to hear about them.

13 Ms. Metcalf-Foster. I would refer that to my team
14 here.

15 Ms. Ilem. Well, we certainly want to work with you and
16 your staff to make sure that our veterans get the best care.
17 You know, we know that there are many VA dedicated staff in
18 VA health care.

19 Mr. Arrington. I agree.

20 Ms. Ilem. And the benefit system, and that is our
21 priority within our organization. These are complex issues,
22 as you know, and I know that you are doing what you think is
23 in the best interest of providing the best care for our
24 veterans and being there for them, and that we do
25 appreciate. So we will continue to, you know, be available

1 to you and your staff to look at these issues as they are
2 being considered, and we hope that the VA and Congress and
3 your Committee will be looking at these issues and making
4 sure that the priorities are straight. And everyone, I
5 think, has the same goal, final goal in mind, to make sure
6 that VA is there to care for our veterans.

7 Mr. Arrington. Mr. Chairman, my time has expired.

8 Chairman Roe. Mr. Chairman, I would like to just say
9 one thing to my good friend Mr. Arrington from Texas. There
10 would not be a Texas if it was not for Tennessee.

11 I yield back.

12 [Laughter.]

13 Chairman Isakson. I ain't going to pick that fight, I
14 guarantee you.

15 Representative Esty?

16 Ms. Esty. Thank you, Mr. Chairman, and I really want
17 to thank all of you. And, Commander, congratulations.

18 Ms. Metcalf-Foster. Thank you.

19 Ms. Esty. A noteworthy achievement, and we are
20 delighted to welcome you and your whole team. And,
21 particularly, another shout-out to Connecticut. I know I
22 saw folks in the hall. That was in part who I was detained
23 by in coming over here to the Senate side, but you need to
24 know how essential you are to everything that we do. I know
25 in my office I have two veterans employed in my district

1 office, a wounded warrior and another incredibly
2 enthusiastic 10-year veteran of the Army, and without your
3 help and assistance with the VSOs, they could not get their
4 work done. The VA could not do its work, we could not do
5 our work without what you do every day. So please know how
6 much we appreciate that. And I know it is confusing,
7 especially if you get stuck in Rayburn. I have got to help
8 you out. We need somebody from the Army to figure out how
9 to map Rayburn. So, again--

10 [Cheers.]

11 Ms. Esty. Anybody could do a better job than what they
12 did with Rayburn, all the services.

13 There are a couple of topics I wanted to touch on. One
14 was to return to the caregivers. I am one of the lead
15 sponsors in the House of a bill to expand this to every
16 single caregiver. I know we have World War II--how many
17 from World War II here? Anybody from World War II? Korea?
18 All right. And Vietnam? I have folks in my district who
19 need this care right now, and they should not have to wait.

20 So, again, I know Senator Murray was already passionate
21 and her leadership on this has been extraordinary, but we
22 are going to need your help in making the case before it is
23 too late for people who have been waiting for too long. So
24 please know your advocacy is going to be absolutely
25 essential. We need to get this done. We need to extend the

1 caregiver assistance to all service-related illnesses and
2 injuries for servicemembers of all eras.

3 [Applause.]

4 Ms. Esty. So know how passionate we are about that.
5 And if we can find a way for tax cuts, we can find a way to
6 support our veterans.

7 The second issue I wanted to bring up was on appeals.
8 I am honored to serve as the Ranking Member on the Appeals
9 Subcommittee. As you know, we have just put through this
10 big appeals modernization bill. Can you give us help on how
11 are you experiencing it? What are you hearing out in the
12 field? We have got some pilot projects going. We are not
13 entirely happy with the uptake. What sense can you give us
14 of what we can do to improve that program, which is designed
15 to make the process be easier, smoother, faster, more
16 accurate? So, Commander, or anyone on your team, please.

17 Ms. Metcalf-Foster. Thank you. Great question. I
18 will refer that to our staff.

19 Mr. Marszalek. Thank you, Commander. And I want to
20 thank you for your support on the appeals legislation. You
21 are right. We have the pilot, and it has been a small
22 uptake of people. There were over 11,000 letters sent to
23 DAV-represented clients and about 350 opted into RAMP, which
24 has two lanes, which is the higher-level review or a
25 supplemental claim lane.

1 I will tell you that we have had the VA speak to our
2 membership yesterday about RAMP and the benefits of
3 participating. There are some cases in the Commander's
4 written testimony. I could talk about a couple real quick
5 where a Gulf War era veteran has had an appeal pending for
6 over 10 years, got a decision in RAMP in under 2 months, and
7 retroactive benefits, nearly \$280,000.

8 [Applause.]

9 Mr. Marszalek. There are two more, very similar, that
10 received over \$100,000 in retroactive benefits. Now, that
11 is the problem. The system was broken that is currently in
12 place, so under RAMP you have some options, and we are fully
13 supportive. And I think the education and the communication
14 of the program is what is key. People do not know about it
15 right now. It is only being operated out of a few regional
16 offices: Denver, Seattle, San Diego, and Arizona. And at
17 those locations now they are given the option that any
18 veteran that we come across that we believe would benefit
19 from RAMP, we can opt them in without them being invited.

20 So we continue to work closely with the VA. We have a
21 meeting tomorrow at the board. Chairman Mason called a
22 meeting to meet with all the VSOs to talk about how we can
23 possibly pilot those options that you are going to have at
24 the board. You will have a couple different options if you
25 want to send your appeal directly to the board. So we are

1 going to start those discussions tomorrow.

2 So I think us collaborating with Congress, VSOs, the
3 VA, and the board all working together have developed a
4 really great program that is going to be very, very
5 beneficial for veterans moving forward. And once the word
6 continues to get out, you are going to have a lot of people
7 participating in RAMP.

8 Ms. Esty. Thank you. And just a quick question. I
9 know you are doing a study on women veterans. That is a
10 particular passion of mine. Are you ready to share any
11 observations that would be helpful to us in Congress at this
12 time?

13 Ms. Ilem. It is still being developed, but we
14 certainly hope that we will have the opportunity that
15 Chairman Roe and Chairman Isakson will hold a hearing on
16 women veterans before the end of this Congress. There are a
17 number of bills, and your support and the Deborah Sampson
18 Act, the House version of the bill, and the other work that
19 you have done as being an advocate of women veterans is very
20 much appreciated. And we think it is time. It has been a
21 couple of years now since a hearing, and I think having the
22 VA let us know what progress has been made since our last
23 report and about that time our new report should be
24 available.

25 Ms. Esty. Thank you very much.

1 Chairman Roe. [Presiding.] The gentlelady's time has
2 expired.

3 Mr. Correa, you are recognized for 5 minutes.

4 Mr. Correa. Thank you, Mr. Chairman. I want to thank
5 the Chairs for holding this most important hearing, and very
6 quickly, I wanted to see how many are here from California.

7 [Cheers.]

8 Mr. Correa. I cannot hear you. What was that?

9 [Cheers.]

10 Mr. Correa. There you go. California, we are home to
11 the largest number of veterans in this great country. I
12 want to say we want more of you there. And I want to say
13 thank you for the groups of veterans that come by to visit
14 with me and express your legislative priorities and
15 concerns. I agree with you. I am here to listen because
16 you know what? We need to have you tell us what you need
17 out there, not us pontificate to you what is right or wrong.

18 I am not going to repeat what has already been said by
19 some of my colleagues here, but, you know, the caregiver
20 issue, gender-specific health care to our veterans, these
21 are, some folks say, expensive issues, and they are. But
22 you know the old saying is, "Freedom is not free." And the
23 cost of freedom has to be shared by all of us. And as a
24 society--

25 [Applause.]

1 Mr. Correa. --we need to make sure that we take care
2 of our veterans 100 percent. Pre- or post-9/11, you know
3 what? We have got to take care of all of you.

4 Again, I am here to listen, not to lecture but listen
5 to you and your needs. And, please, you know in my district
6 office or here in Washington, come by and talk to us
7 whenever you need to.

8 Thank you very much.

9 [Applause.]

10 Chairman Roe. I appreciate the gentleman yielding.
11 And what he did not tell you, he was in California, and I
12 think he was Chairman on the Senate side of the Veterans'
13 Affairs Committee in the State of California. So he has
14 vast experience with veterans' issues, and it has really
15 been great to work with you on the Veterans' Affairs
16 Committee.

17 Mr. Correa. Thank you, Mr. Chair.

18 Chairman Roe. Mr. Dunn.

19 Mr. Dunn. Thank you, Mr. Chairman.

20 Out of respect for my colleague's time and that of our
21 guests here today, I will keep my remarks brief. First, I
22 want to thank the Chairmen and Ranking Members of the House
23 and Senate Committees of Veterans Affairs for hosting this
24 joint hearing.

25 Although I am fairly new to the institution of

1 Congress, I've been around long enough to cherish the
2 moments when the House and Senate can come together around
3 shared priorities. We're joined today by several
4 distinguished representatives of veterans service
5 organizations that are providing meaningful support and
6 services to veterans throughout the country.

7 This Committee is close to my heart. I am the son of a
8 30-year veteran, the father of a veteran, and a veteran
9 myself. I am deeply familiar with the special concern of
10 Veterans and their families, who make great sacrifices as
11 well.

12 I want to thank all of you for taking part in this
13 discussion about how we can best serve the veterans we
14 present and strengthen our communities in the process.
15 I look forward to reviewing your testimony, and working with
16 all of you over the course of the next year.

17 Chairman Roe. Do you have any closing comments?

18 Mr. Takano. No, Mr. Chairman, I do not.

19 Chairman Roe. Okay. Well, thank you all. I think
20 Senator Isakson had another--I think it is a judge being
21 confirmed that he knew and he had to step out for a second.
22 I want to thank you all for the work you do at DAV for
23 America's--not only just America's disabled veterans but all
24 veterans, because the issues that you deal with affect us
25 all, whether we are disabled or not. And as I said,

1 Commander, you have a great team, and congratulations on
2 assembling this team and leading this team and coming to
3 Congress. And all the members out there behind you, thank
4 you so much for coming to Washington, D.C. Your numbers
5 here speak volumes for us, and I wish the whole country
6 could see this room full of disabled veterans and veterans
7 who are here to support veterans' issues.

8 In the last year, we have had--I have thought about it.
9 It was an incredible year. We passed three choice bills to
10 fund Choice. We found the money for that. There may not
11 have been money for other things. But we found that. This
12 Congress found that. We did appeals modernization. I
13 explained to you about my friend who waited way too long, 10
14 years, unbelievable how long someone could wait to get just
15 an answer, a simple answer, that probably was done in no
16 time at all. Accountability Mr. Arrington was speaking of.
17 The Secretary asked for this. The Secretary got this from
18 this Congress. The Forever GI Bill, the Harry Colmery GI
19 bill. Look, I used the GI bill in 1975 and 1976, \$300 a
20 month for 2 years. To this day, I am appreciative that my
21 country gave me that. I needed that at that time. I had a
22 young family. I had an 8-week-old baby and a 4-year-old
23 son, and today, 40-something years later, I am appreciative
24 of what my country did for me. It helped me then when I
25 needed the help.

1 [Applause.]

2 Chairman Roe. This Committee has worked very hard and
3 we have got a lot more things this year we want to do, and
4 let me tell you what those are. We want to get a permanent-
5 -consolidate Choice. There are six--now seven ways to get
6 non-VA care, which 36 percent of all VA health care is
7 outside the VA. Consolidate that to one simple way to do
8 it, and I think there is a way forward. I think we have a
9 plan to do that.

10 IT modernization. I have already been out in Seattle
11 at Fairchild Air Force Base looking at what DOD is doing. I
12 will be back out in Washington State to look at the in-
13 hospital--I do not need any more PowerPoint presentations on
14 their IT system. I want to sit down at a computer and see
15 how they actually work. It is very important and very hard
16 to do, but it is essential for the VA to carry out its
17 mission.

18 Suicide prevention. I was Googling up here just a
19 second ago, and to show you how important this issue is, a
20 guy named Calvin John Ward from my district who won the
21 Congressional Medal of Honor, re-upped in the military, and
22 got a dishonorable discharge. He was an alcoholic. The man
23 had PTSD. He was 17 years old when he took out a German
24 machine gun nest along with one other guy close by, and this
25 man got \$10 a month the rest of his life until he died. As

1 a matter of fact, he committed suicide in his 60s. And this
2 was a Congressional Medal of Honor winner. So what Mr.
3 O'Rourke was talking about, about taking care of these men
4 and women, is hugely important.

5 Women's health care. I know, Commander, you brought
6 that up, and that is near and dear to my heart. That is
7 what I did for over 30 years in private practice. VAs were
8 not set up for that. VAs were set up for men. When I
9 served in the military in Korea, in 1973, I did not see any
10 women in our infantry division. There were none. Now they
11 serve right along next to that, and it is not a place that
12 has been women-friendly. I totally agree with that. But
13 they are changing. As I have visited many VAs, they take me
14 to their women's centers, and they are very well laid out
15 thanks to you all, thanks to what you have done.

16 The Caregiver Program, you are more than welcome--we
17 are going to have next week our hearing. I know your staff
18 will be there, and we plan to work out the kinks in that and
19 get that program done this year. That is my plan to do
20 that. So with your help--

21 [Applause.]

22 Chairman Roe. And I think you mentioned another
23 hearing on women's health. I think we can probably get that
24 done this year. If we get all that done in an election
25 year, that will be amazing. But that is our plan to do

1 that.

2 I want to thank you for being here, and with no further
3 comment, the meeting is adjourned.

4 [Applause.]

5 [Whereupon, at 4:00 p.m., the Committee was adjourned.]

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