

1 THE LEGISLATIVE PRESENTATIONS OF
 2 THE PARALYZED VETERANS OF AMERICA, AMVETS,
 3 MILITARY OFFICERS ASSOCIATION OF AMERICA,
 4 MILITARY ORDER OF THE PURPLE HEART,
 5 VIETNAM VETERANS OF AMERICA,
 6 BLINDED VETERANS ASSOCIATION, IRAQ AND
 7 AFGHANISTAN VETERANS OF AMERICA, AND
 8 NON COMMISSIONED OFFICERS ASSOCIATION

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10 WEDNESDAY, MAY 20, 2015

11 United States Senate,
 12 Committee on Veterans Affairs,
 13 Joint with the
 14 House of Representatives,
 15 Committee on Veterans Affairs,
 16 Washington, D.C.

17 The committees met, pursuant to notice, at 10:02 a.m.,
 18 in Room 216, Hart Senate Office Building, Hon. Johnny
 19 Isakson, chairman of the Senate Committee on Veterans
 20 Affairs, presiding.

21 Present: Senators Isakson, Moran, Boozman, Tillis,
 22 Sullivan, and Blumenthal. Representatives Miller, Lamborn,
 23 Roe, Coffman, Wenstrup, Abraham, Costello, Radewagen, Bost,
 24 Brown, Ruiz, O'Rourke, Rice, and Walz.

25 OPENING STATEMENT OF CHAIRMAN MILLER

1 Chairman Miller. Good morning. This hearing will come
2 to order. I am pleased to welcome everybody today and to
3 join with members of the House and Senate Committees on
4 Veterans Affairs to hear from our distinguished guests as
5 they present their legislative priorities.

6 In the interest of time, after hearing from Chairman
7 Isakson, who is on his way, and Ranking Member Rice and
8 Ranking Member Blumenthal, I would like to ask all other
9 committee members to waive their opening statements and
10 there will be an opportunity for remarks during the question
11 and answer period following today's testimony. Hearing no
12 objection, so ordered.

13 Our witnesses today will include Al Kovach, National
14 President for the Paralyzed Veterans of America; Commander
15 Larry Via, National Commander of AMVETS; Colonel Robert
16 Norton, United States Army, Retired, Deputy Director of
17 Government Relations for the Military Officers Association
18 of America; Patrick Little, National Commander of the
19 Military Order of the Purple Heart; John Rowan, National
20 President, Vietnam Veterans of America; Glenn Minney,
21 Director of Government Relations for Blinded Veterans
22 Association; Paul Rieckhoff, Founder and CEO of Iraq and
23 Afghanistan Veterans of America; and, of course, Sergeant
24 Major Gene Overstreet, President, Non Commissioned Officers
25 Association.

1 The witnesses here today and the organizations that
2 they represent serve a necessary and an admirable role to
3 ensure the men and women of our armed forces have the care,
4 benefits, and opportunities they deserve when they come
5 home. I am thankful for the dedication and the noble
6 service of each of the organizations represented here today
7 and their representatives, especially those who have worn
8 the uniform themselves.

9 Our returning warfighters deserve the very best. I am
10 honored in my position as Chairman of the House Committee on
11 Veterans Affairs to work alongside these groups to make sure
12 that is exactly what they get.

13 I would like to personally welcome everyone who has
14 made the trip here from the great State of Florida, and if
15 you would, just raise your hand if you are from the Sunshine
16 State. It feels just like home out there. Yesterday was
17 just like the panhandle of Florida, much different today.
18 Very nice. Glad to have you all here with us. Thank you.

19 I want to welcome the members of each of the
20 organizations' Auxiliary. Thank you for your work behind
21 the scenes that benefits our veterans, their families, and
22 their survivors.

23 Each organization here today has its own legislative
24 priorities, but everyone in this room has a common goal, to
25 ensure that the present and future veterans of this great

1 nation are, in fact, afforded the best possible care for the
2 selfless service that they provided.

3 Over the past year, we have uncovered severe problems
4 within the Department of Veterans Affairs that have required
5 tremendous efforts from VSOs like yours and our committees
6 to improve access to care and to dismantle the diseased
7 culture in the Department that has allowed certain employees
8 to escape much-needed accountability. We have made great
9 strides to meet these goals together, but there is still a
10 great deal of work that remains to be done.

11 Recently, I introduced three important pieces of
12 legislation that would improve accountability within VA.
13 First, H.R. 473 would make three important changes affecting
14 Senior Executive Service employees. It would give the
15 Secretary the authority to reduce an SES employee's
16 retirement pay if they are convicted of a felony related to
17 their work performance, ensuring that they are not being
18 rewarded for their misdeeds. Similarly, the performance
19 evaluation program that SES employees are subject to would
20 be reformed in order to prevent bad acts from being covered
21 up by the undeserved receipt of high reviews. Additionally,
22 this bill would prohibit SES employees from being placed on
23 administrative leave for more than a 14-day period, which
24 would prevent VA from continuing their practice of, in many
25 cases, placing an employee on open-ended paid vacation as a

1 reward for bad behavior instead of removing them from
2 federal service.

3 Next, H.R. 571, which is the Veterans Affairs
4 Retaliation Prevention Act of 2015. It would improve the
5 process for whistleblowers within the Department to report
6 waste, fraud, and abuse, to correct problems at the lowest
7 level in the agency possible. Perhaps more importantly,
8 this bill would strengthen and expand accountability of
9 supervisors who would seek to retaliate against
10 conscientious employees who report wrongdoing. It would
11 also require VA to undertake more comprehensive training
12 procedures to ensure that employees are well aware of their
13 rights and methods to report wrongdoing and supervisors know
14 there are serious consequences from engaging in retaliation.
15 It has already amassed substantial support from good
16 government groups focused on whistleblower protection.

17 And, in addition to these bills, last month, I
18 introduced H.R. 1994, the VA Accountability Act of 2015,
19 which would give the Secretary the ability to remove any VA
20 employee based on performance or misconduct in a similar
21 process that was found in the Choice Act, which was signed
22 into law last summer. Also built into this bill are
23 protections to ensure this process is not applied to
24 whistleblowers, an extension of non-medical employee
25 probationary periods, and a requirement that GAO conduct a

1 study of VA time, space, and resources devoted to labor
2 union activities.

3 I encourage those of you here today, if you have not
4 already researched this legislation, please do so, because
5 we would welcome your support of these crucial pieces of
6 legislation.

7 I look forward to hearing from each of you today and
8 the groups that you represent.

9 I now yield five minutes to the Senator from Georgia,
10 the Chairman of the Senate Veterans Affairs Committee, my
11 good friend, Mr. Isakson. Senator, Mr. Chairman, you, in
12 fact, are recognized.

13 OPENING STATEMENT OF CHAIRMAN ISAKSON

14 Chairman Isakson. I was not AWOL--

15 [Laughter.]

16 Chairman Isakson. --but I am going to do laps because
17 I was late. I apologize very much.

18 I will follow up briefly on what Chairman Miller said.
19 We are delighted to have you here today. We appreciate the
20 strength of the VSOs and what they do to support the
21 veterans of America.

22 We have a lot of challenges at the VA, but the Chairman
23 from the House and myself have committed ourselves to see to
24 it that we are not just caretakers of the status quo, but
25 that we are instigators of improvement in the VA. We think

1 VA health care is important. We want Veterans Choice to
2 work. And, we want veterans health care to work, and we
3 want the veterans to have the best health care they could
4 possibly get.

5 We want to see to it that the expenditure of the
6 taxpayers' money by the VA is more sound. What has happened
7 in Denver should never happen again, because every time you
8 overspend on one hospital, you underspend on another one.
9 We need to see to it that VA is investing in the men and
10 women who invested their lives in protecting the United
11 States of America, and Chairman Miller and I are committed
12 to doing that.

13 We appreciate your representation of the veterans today
14 and I look forward to hearing your testimony.

15 Chairman Miller. Thank you, Mr. Chairman.

16 I yield now to the Ranking Member on the House side
17 today, Ms. Rice, for five minutes.

18 OPENING STATEMENT OF MS. RICE

19 Ms. Rice. Thank you, Mr. Chairman.

20 I want to thank all of the witnesses for coming here
21 today. I would like to echo everything that Chairman
22 Isakson and Chairman Miller said, and in the interest of
23 time, I will hold my remarks and reserve the balance of my
24 time.

25 Thank you, Mr. Chairman.

1 Chairman Miller. Mr. Blumenthal, Ranking Member on the
2 Senate side, for five minutes.

3 OPENING STATEMENT OF SENATOR BLUMENTHAL

4 Senator Blumenthal. Thanks, Mr. Chairman, and thank
5 you to you, Chairman Miller, and Chairman Isakson for your
6 leadership on this committee, most especially for your
7 support of the Clay Hunt Veteran Suicide Prevention bill. I
8 want to thank every one of the panel who are here today for
9 your support and your leadership on this critical measure
10 that was led by Senator McCain and myself with the help of
11 Representative Walz and others on the House side, just as an
12 example of the fact we can get things done. We can help
13 veterans. We can make a difference. And, I know you are
14 making a difference as leaders of your organizations.

15 As we focus on health care, we should never lose sight
16 of the other challenges before us--veterans' homelessness,
17 veterans' underemployment and unemployment, veterans' needs
18 for skill training and education and jobs, some of the scams
19 that prey on veterans, both around military bases and
20 elsewhere, that exploit G.I. benefits available to them in
21 education. All of these challenges ahead, I hope we will
22 address and face on this committee and broaden our attention
23 from strictly health care-related.

24 Senator Isakson is absolutely right that the debacle in
25 Denver should never happen again, but in some sense, it has

1 happened again because of cost overruns and delays on other
2 VA construction projects. And, so, the need for reform is
3 not only in Denver, but more broadly on VA construction
4 programs, in fact, very likely taking away that
5 responsibility or at least having them overseen and
6 supervised by the Corps of Engineers.

7 And, let me just finish on this note. In terms of the
8 health care challenges ahead, we need to face the fact that
9 the health effects of toxic exposures in this war--these
10 wars and others--can impact not only servicemen and women
11 who are exposed to the waste dumps and nerve agents and
12 other battlefield exposures, but also to their children and
13 grandchildren. And, so, the Toxic Exposure Research Act
14 that I introduced earlier this year with Senator Moran,
15 Representatives Honda and Benishek, will provide for a
16 national center at a VA medical center to engage in critical
17 research on this issue and also, equally if not more
18 important, mandate government disclosure, the
19 declassification of documents that need not be classified,
20 but will provide critical information to men and women who
21 risked their lives for this country and deserve to know what
22 the exposures have been on the battlefield to possibly toxic
23 substances impacting not only their health, but the health
24 of their families and their children and grandchildren.

25 So, thank you, Mr. Chairman, for your leadership.

1 Thanks for giving me this opportunity.

2 Chairman Miller. Thank you very much, Senator. I
3 appreciate that.

4 Again, if all members would hold their opening
5 statements and we will enter them in the appropriate time.

6 I would also begin by apologizing. I am going to have
7 to leave. I need to go meet with the Speaker and also the
8 Secretary as we try to work toward some resolution of what
9 is going on at the hospital in Aurora, Colorado. I think we
10 have all stated and can all agree this should never have
11 occurred and we are trying to find a pathway forward and we
12 are looking for people that will help us, and if we have to
13 drag the Department kicking and screaming through this
14 process, we will do that. I am not afraid of them. I think
15 our veterans in not only Colorado, but the United States of
16 America deserve nothing less than an appropriate expenditure
17 of federal dollars with proper oversight and management.

18 With that, Mr. Kovach, you are recognized, and I will
19 ask Mr. Roe if he would take the chair.

1 STATEMENT OF AL KOVACH, NATIONAL PRESIDENT,
2 PARALYZED VETERANS OF AMERICA

3 Mr. Kovach. Thank you. Chairman Isakson, Chairman
4 Miller, and members of the committees, I appreciate the
5 opportunity to testify today. For nearly 70 years,
6 Paralyzed Veterans of America has served as the lead voice
7 on a number of issues that affect severely disabled and
8 injured veterans.

9 PVA is deeply concerned with the funding levels
10 included in the fiscal year 2016 VA appropriations bill that
11 recently passed the House of Representatives. The funding
12 levels outlined in this critical bill suggest that Congress,
13 particularly the House, is not committed to addressing the
14 internal capacity problems that the VA faces, first and
15 foremost, the spinal cord injury and disease service link.

16 Moreover, it reflects an attitude that suggests that
17 the VA should figure out how to do more with less. But,
18 taking care of veterans on the cheap was never part of the
19 deal when our country mortgaged its future on the lives of
20 the few who came forward to protect it. If Congress is
21 serious about fixing the problems with timely access to
22 high-quality care and timely delivery of appropriate
23 benefits, then it needs to get serious about the funding
24 levels it will provide for the VA.

25 Much as the Choice Act ignores the consequences the law

1 may have on veterans with catastrophic disabilities, PVA is
2 dismayed that Congress has continued to allow the inequity
3 of the Comprehensive Family Caregiver Program to stand. As
4 a result of Public Law 111-163, the VA only provides
5 comprehensive benefits to caregivers of service-connected
6 veterans injured after 9/11. No reasonable justification
7 can be provided as to why veterans injured prior to 9/11
8 should be excluded from the Caregiver Program. No single
9 group of veterans understands the necessity of caregiver
10 support better than PVA members.

11 There are men and women who fought for our country in
12 earlier times who also rely on caregivers, yet their service
13 and sacrifice has been devalued by time-induced amnesia.
14 Imagine being a veteran who incurred a catastrophic injury
15 while facing Saddam Hussein's Republican Guard during the
16 First Gulf War. Now, tell that veteran and his family
17 caregiver that they are not eligible for the Comprehensive
18 Family Caregiver Program because Congress has chosen not to
19 pay for it.

20 While we are grateful for the benefits already provided
21 to post-9/11 caregivers, we believe all veteran caregivers
22 deserve the support. It is a part of the cost of sending
23 service members into harm's way. Do not force caregivers to
24 pay your entire debt.

25 Finally, PVA is deeply concerned about the major

1 construction problems that currently plague the VA. We are
2 also very disappointed that the House VA appropriations bill
3 slashes requested funding for major construction by more
4 than \$580 million. While there are certainly valid concerns
5 about construction problems such as Denver, Orlando, and New
6 Orleans, all other construction projects and the veterans
7 whose access to health care rely on their completion are now
8 being punished by the Congressional decision. We call on
9 Congress to restore the significant dollars that you have
10 stripped from the major construction request.

11 None of these failures is more egregious than the
12 problems in Denver. The problems with the Denver VA
13 construction project were years in the making. Many staff
14 members who remain at VA bear responsibility for the
15 problems that have plagued this project to the tune of over
16 \$1.7 billion. This is a case ripe for the accountability
17 measures sanctioned by the Choice Act and other measures
18 being considered.

19 In the end, these committees need to consider what best
20 serves veterans in Denver, Colorado, and surrounding states
21 and not what best serves political interests. This includes
22 veterans with spinal cord injuries who were promised the
23 construction of a 30-bed spinal cord injury center that
24 would avert the need to drive nearly 500 miles to
25 Albuquerque, or over 1,000 miles to Long Beach to receive

1 treatment for bedsores, kidney dysfunction, respiratory
2 failures, and other conditions which are--which is time is
3 of the essence.

4 Some talk about Veterans Choice as if private sector is
5 the only choice. For our members, that choice by a mile
6 would be Denver. We are encouraged by the VA memo on Denver
7 outlining a way forward on this project and we hope that the
8 committees will address this request with urgency and
9 seriousness it deserves before reaching the authorization
10 cap. We urge Congress to give VA Secretary McDonald the
11 opportunity to fix this problem which he has inherited from
12 his predecessors.

13 I would like to thank you again for the opportunity to
14 testify today. I would be happy to answer any questions you
15 may have.

16 [The prepared statement of Mr. Kovach follows:]

1 Mr. Roe. Thank you, Mr. Kovach.

2 Mr. Via, you are now recognized for five minutes.

1 STATEMENT OF LARRY E. VIA, NATIONAL COMMANDER,
2 AMERICAN VETERANS (AMVETS)

3 Mr. Via. Mr. Chairman and distinguished committee
4 members, on behalf of the quarter-million AMVETS members, we
5 appreciate this opportunity to share our legislative
6 concerns and comments on issues important to all veterans.

7 Guided by our core principles of veterans, families,
8 patriots, and volunteers, AMVETS seeks to enhance and defend
9 the earned benefits of all American men and women who served
10 or have served and have served honorably and selflessly in
11 our Armed Forces through leadership, advocacy, and service.
12 As a leading advocate of veterans' rights and benefits as
13 well as one of the four authors of the Independent Budget,
14 AMVETS serves as one of the preeminent voices of American
15 veterans on Capitol Hill.

16 While military action continued to decline in
17 Afghanistan, there has been a commensurate increase in
18 emerging threats from around the globe. Even as we look
19 ahead to future threats, we must not forget the legacy of
20 unmatched damage to the physical and mental well-being of
21 those who served in the most recent conflicts. It is both
22 your responsibility and ours to ensure that veterans receive
23 any and all appropriate health care and other benefits in a
24 timely, competent, compassionate, and efficient manner.

25 Our top priorities in these sessions are Federal

1 Government reform, toxic wounds, veterans' discrimination.

2 Federal government reform: VA accountability,
3 including extended advance appropriations to remaining
4 discretionary and mandatory accounts. AMVETS fully supports
5 the following legislation: H.R. 575, Stop Wasteful Bonuses
6 in the Department of Veterans Affairs Act of 2015; H.R. 658,
7 VA Regional Office Accountability Act; H.R. 571, Veterans
8 Affairs Rehabilitation Prevention Act; H.R. 502, Veterans
9 Health Administration Management Improvement Act; H.R. 473,
10 Increasing the Department of Veterans Affairs Accountability
11 to Veterans Act of 2015.

12 DOD, including auditing the Pentagon, and fiscal
13 matters, including getting better control of the national
14 debt and spending. AMVETS fully supports the following
15 legislation: H.R. 119, Budget and Accounting Transparency
16 Act; THRIFT Act of 2015; H.R. 522, Commission on
17 Accountability and Review of Federal Agencies Act.

18 Toxic wounds: This has become an issue for AMVETS this
19 year, since we are chairing the National Toxic Wound Task
20 Force. As such, we plan to take every opportunity to
21 advocate for all veterans suffering from the effects of
22 forms of toxic wounds, toxic exposure. AMVETS fully
23 supports H.R. 1769, the Toxic Exposure Research Act of 2015;
24 H.R. 35, Low-Dose Radiation Research Act; H.R. 969, the Blue
25 Water Navy Vietnam Veterans Act; H.R. 994, the Radiation

1 Exposure Compensation Act Amendments of 2015.

2 AMVETS supports continued funding for the CDMRP Gulf
3 War illness research program at last year's level of \$20
4 million. We also support legislation to restore the
5 oversight component and independence of the Research
6 Advisory Committee on Gulf War veterans' illness.

7 [The prepared statement of Mr. Via follows:]

1 Mr. Roe. Thank you, sir.

2 Colonel Norton, you are recognized for five minutes..

1 STATEMENT OF COLONEL ROBERT F. NORTON, USA (RET.),
2 DEPUTY DIRECTOR, GOVERNMENT RELATIONS, MILITARY
3 OFFICERS ASSOCIATION OF AMERICA

4 Colonel Norton. Thank you, Mr. Chairman. Also, thank
5 you to the Ranking Members and members of the committees.

6 It has been a distinct honor for me to testify on
7 behalf of our 390,000 members for more than 18 years. My
8 statement includes recommendations on specific bills under
9 the committee's jurisdiction, but I would like to say up
10 front that the leadership and support of the committees and
11 Congress for our nation's veterans has been very gratifying
12 to us, especially over these last 13 years of war. We thank
13 you sincerely for all you do for our nation's military
14 members, veterans, family members, and survivors.

15 I will begin with the challenges veterans face in
16 accessing VA care. VA has outsourced care for years, but
17 the process remains cumbersome for veterans, providers, and
18 the VA. Last year, even prior to the Choice Card Program
19 enactment, VA spent over \$5 billion on purchased care. Last
20 week's hearings on the Choice Card brought into focus the
21 challenges of integrating purchased care into an overall
22 plan for delivering care to all our nation's veterans.

23 We liken it to a wobbly three-layered cake. The first
24 layer is local purchased care contracts. The second layer
25 is the PC3 contracts, which got some primary care icing

1 added on to the specialty care contract. And the third
2 layer is the Choice Card Program for rural veterans and
3 veterans stuck on long waiting lists. The result, as one
4 witness said last week, is that the VA is sometimes
5 competing against itself because of the lack of coordination
6 between local purchased care contracts and the Choice
7 Program network. This results in poor customer service to
8 our nation's veterans.

9 Outsourced care for veterans as a complement to direct
10 care is here to stay in some form. The question is how to
11 best plan for it for the future. We regard this question as
12 an opportunity for all stakeholders to engage with the
13 Commission on Care established in the Choice Act to map out
14 a long-term strategy for VA care in the 21st century. We
15 agree with our service organization partners that the
16 Commission should have one year, not just 180 days, to do
17 its work.

18 We also urge the VA to continue to build internal
19 capacity in three areas: Hiring and training providers,
20 fixing the scheduling system, and reengineering clinical
21 space along the lines of leading civilian health care
22 entities.

23 Women veterans are the fastest growing cohort entering
24 the VA system and the VA must step up its game by becoming
25 more responsive to their needs.

1 Our statement points out that American society at large
2 is struggling to recruit and train sufficient numbers of
3 mental health providers. The VA has a critical role to play
4 in this arena, since it trains about 70 percent of our
5 nation's physicians. That training needs to include
6 training on the unique cultural environment of military
7 service.

8 In the benefits area, we are pleased to see a steady
9 decline in the backlog of initial claims, and we endorse
10 bipartisan legislation sponsored by Senators Heller and
11 Casey aimed at further improvements of the claims system.
12 It is also time to reengineer the appealed claims process.
13 Those claims take upwards of three years to resolve.

14 Turning to the G.I. Bill, MOAA was pleased to see the
15 Military Compensation and Retirement Modernization
16 Commission endorse a long-held MOAA position to sunset the
17 Montgomery G.I. Bill and the REAP Program for activated
18 Reservists in favor of the Post-9/11 G.I. Bill. We ask the
19 committees also to recodify the Reserve Montgomery G.I. Bill
20 into Title 38 from Title 10, where it has languished for the
21 past 15 years. We also ask that you modify the Fry
22 Scholarship so that surviving spouses who lost their
23 military spouse early on in Iraq or Afghanistan will have
24 sufficient time to complete their educations under this new
25 benefit.

1 MOAA strongly supports extending Caregiver Act services
2 to severely disabled veterans of all conflict eras, and we
3 thank Senator Murray and Senator Collins and other members
4 of the House and Senate for their bipartisan legislation. I
5 met Coast Guard veteran Alexis Courneen and her caregiver
6 husband Jason at one of the press conferences on a bill to
7 extend caregiver services. Alexis suffered a severe
8 traumatic brain injury while serving in the Coast Guard.
9 Because she was injured in 1999, she is ineligible for
10 Caregivers Act services and support. There is no policy
11 reason to exclude Alexis and Jason from Caregivers Act
12 benefits and we urge the committee's support on this issue.

13 As a Vietnam veteran, I want to offer MOAA's support
14 for Blue Water Navy legislation. Veterans who served on
15 Navy vessels off the coast of Vietnam were exposed to Agent
16 Orange according to many confirmed studies and deserve the
17 same benefits for that exposure as their comrades who served
18 boots on the ground.

19 MOAA continues to support bipartisan legislation to
20 honor as veterans career Reservists who have not been called
21 up under federal active duty orders.

22 I want to conclude, Mr. Chairman, by saying that we
23 work closely with all of the groups here at the table and
24 many others to advance the needs of our veterans across the
25 country. I thank you again for the opportunity to present

1 our recommendations to the committees and look forward to
2 your questions. Thank you.

3 [The prepared statement of Colonel Norton follows:]

1 Mr. Roe. Thank you, Colonel Norton.

2 Mr. Little, you are now recognized for five minutes.

1 STATEMENT OF J. PATRICK LITTLE, NATIONAL
2 COMMANDER, MILITARY ORDER OF THE PURPLE HEART

3 Mr. Little. Good morning, Chairman and members of the
4 committees. As the National Commander of the Military Order
5 of the Purple Heart, it is an honor and privilege to appear
6 before this body representing members of our organization.

7 As my full testimony will be entered on the record, I would
8 like to hit just a few of the highlights in my oral remarks.

9 The Military Order of the Purple Heart is unique among
10 Veterans Service Organizations in that our membership is
11 comprised solely of veterans who were wounded in combat by
12 the enemies of the United States, not just on the
13 battlefield abroad, as in the traditional wars that this
14 nation has known, but now even at home, as the global war on
15 terrorism has brought the battlefield to our own shores.
16 For the wounds they suffered, each of our members received
17 the Purple Heart medal. Since creation of the Purple Heart
18 in 1932, the Military Order of the Purple Heart has been the
19 original wounded warrior organization.

20 Through our National Service Program, which consists of
21 87 Service Officers and 41 support personnel, we proudly
22 serve all veterans of all wars at no cost by providing
23 tangible benefits to those veterans and their families who
24 require our assistance. In the past 18 months alone, our
25 Service Officers have assisted veterans and their families

1 in filing 22,560 VA claims, resulting in \$460 million in
2 monetary awards. At the same time, 1,335 of our members
3 donated 142,000 hours as VA volunteers, which the VA valued
4 at \$3.8 million, which included \$500,000 in cash donations.

5 In addition to funding the National Service Officers,
6 VAVS, and other programs of the Military Order of the Purple
7 Heart, our Purple Heart Service Foundation helps finance
8 research and assistance to tackle the unseen wounds
9 impacting things like post-traumatic stress, traumatic brain
10 injury, suicide, and sexual abuse. Through grants and
11 outreach programs, we lend support to other organizations
12 whose programs align with Purple Heart's mission, as well as
13 make small direct contributions to veterans facing
14 exceptional difficult financial challenge.

15 Before I discuss the current concerns and priorities, I
16 would be remiss if I did not acknowledge the good work of
17 the previous Congress for passing legislation that has made
18 such a positive impact on the lives of veterans and their
19 families. On behalf of the Military Order of the Purple
20 Heart, I would like to thank the previous Congress for
21 passing legislation that was good and made a positive impact
22 on the lives of veterans and their families, particularly
23 the Veterans Access, Choice, and Accountability Act of 2014.
24 The advance funding for additional VA accounts is also
25 appreciated.

1 I would especially like to thank this Congress for
2 passing H.R. 203, the Clay Hunt legislation. I think it
3 demonstrates that we all agree that something must be done
4 immediately to ensure that those who are willing to risk
5 their lives for this great nation are given both the mental
6 and physical health care needed upon their return from the
7 battlefield. The Military Order of the Purple Heart
8 believes that whatever physical problems may face our
9 nation, they should have no bearing on the level of health
10 care or other benefits provided to those who require medical
11 treatment as a result of honorable military service.

12 As I mentioned before, the Military Order of the Purple
13 Heart legislative priorities for 2015 are spelled out in
14 detail. However, I would like to take just a few minutes to
15 highlight a few.

16 VA claims: This is an issue that Congress, the VA, and
17 the VSOs have all been struggling with for years. There has
18 been some progress, but more remains to be done. The VA now
19 reports that as of January 2015, the backlog of claims older
20 than 125 days is just over 200,000. That is good when
21 compared to 600,000 in 2013. But, while we have some
22 improvement, there are still veterans who have been fighting
23 the system for years to receive the benefits they earned.
24 VA needs to continue to be transparent and work with
25 Congress and the VSOs to make this move forward.

1 TBI is the signature injury of modern combat and it is
2 estimated that at least 20 percent of the wounded in Iraq
3 and Afghanistan have been affected by TBI. We have heard
4 that in some cases, TBI is being diagnosed as PTS with the
5 effort of lowering disability compensation. We recommend
6 that the VA should screen all Iraq and Afghanistan veterans
7 for TBI and provide those who screen positive with the
8 latest treatment.

9 Mr. Chairman, I would be remiss if I did not use this
10 opportunity to raise an issue of serious concern to the
11 Military Order of the Purple Heart. During the Armed
12 Services Committee markup of the 2016 National Defense
13 Authorization Act, an en bloc amendment was approved that
14 included an amendment to award a Purple Heart medal to the
15 victims of the 1995 Oklahoma City bombing. We are dismayed
16 by and adamantly opposed to this amendment. While the
17 Military Order of the Purple Heart is sympathetic to the
18 loss suffered by the families and friends of the victims of
19 the Oklahoma City bombings, and especially those who were
20 serving at the time in the Armed Forces of the U.S., it
21 cannot support or condone award of America's oldest and
22 venerated combat decoration for the act of pure domestic
23 violence.

24 The attack on the Oklahoma City Federal Building was
25 carried out by Timothy McVeigh and Terry Nichols solely in

1 retaliation for a perceived federal government mishandling
2 of the 1993 siege at Ruby Ridge. It was timed to coincide
3 with the second anniversary of the deadly fire that ended
4 the siege in Waco, Texas.

5 This concludes my testimony. I will be pleased to
6 answer any questions. Thank you.

7 [The prepared statement of Mr. Little follows:]

1 Mr. Roe. Thank you, Mr. Little.

2 Mr. Rowan, you are now recognized for five minutes.

1 STATEMENT OF JOHN ROWAN, NATIONAL PRESIDENT,
2 VIETNAM VETERANS OF AMERICA

3 Mr. Rowan. Good morning, everyone. Good morning,
4 Senator Isakson. It is good to see you, and Dr. Roe and Ms.
5 Rice and other Senators and Representatives here this
6 morning.

7 I want to focus on two things. First, S. 901 and H.R.
8 1769, the Toxic Exposure Research Act of 2015. We want to
9 thank Senators Moran and Blumenthal and Representatives
10 Benishek and Honda for introducing this important landmark
11 legislation and those Senators and Representatives who have
12 and will cosponsor this legislation.

13 We are disappointed that H.R. 1769 was withdrawn from
14 tomorrow's markup session. We understand that there is some
15 concern that this bill has not been scored yet. In
16 discussing this with my staff, it is our estimate that the
17 cost might be as high as \$20 to \$25 million, based on
18 initial appropriations for the Gulf War Resource Center. We
19 would be happy to discuss this with the committee staff or
20 any of the members as well as the Congressional Budget
21 Office, and we urge the committee's leadership to expedite
22 this review.

23 What is disconcerting, however, is that this
24 information campaign that appears to be emanating from
25 various staff at the VA. This is typical of the reaction

1 Vietnam veterans have received from the first day we raised
2 the specter of Agent Orange and its effect on us and, later,
3 our offspring. Delay, deny until they die. Unfortunately,
4 their efforts have half succeeded. All too many Vietnam
5 veterans have passed away without confirming what it was
6 that killed them until it was too late, like ischemic heart
7 condition.

8 We have 75,000 members. In this month's Veteran, our
9 paper, the chaplain lists almost 200 members who have passed
10 away. This is not uncommon. To give you an example, vet,
11 62, heart attack; vet, 77, AO-related cancer; vet, 66,
12 Parkinson's; vet, 70, lung cancer; vet, 69, ischemic heart
13 disease; vet, 67, Alzheimer's; vet, 59, Parkinson's; vet,
14 67, brain cancer; vet, 66, ALS; and one that might hit a
15 little closer to home, Jerome Xavier O'Donovan, 70, AO-
16 related type 2 diabetes, liver and renal failure. He was a
17 Marine officer in Vietnam who served with Colonel Oliver
18 North and was the former Republican Minority Leader of the
19 New York City Council.

20 In their testimony at the subcommittee hearing, the VA
21 said that this bill would duplicate research efforts in
22 other federal agencies. While other entities may study
23 particular illnesses, nobody is or has studied us or our
24 offspring, and certainly not in conjunction with our
25 military service. Once again, they are trying to focus on

1 causation, while studies focus on the degree of association,
2 not causation.

3 VA cost estimates are \$7.2 million for the first year,
4 \$96 million over five years, and \$222 million over ten
5 years. This sounds like a lot until you realize that the VA
6 has allocated between \$660 and \$700 million a year for the
7 research and has never done a study on the effects of Agent
8 Orange--never. Fifty years of veterans of Vietnam, no
9 studies. This money is supposed to study the wounds,
10 maladies, injuries, and illnesses associated with military
11 service, not the whims of VA researchers and their
12 university counterparts.

13 Interestingly, one study that has been done on Vietnam
14 veterans, the National Vietnam Veterans Longitudinal Study,
15 was completed last year and has yet to be publicly released.
16 Why?

17 By the way, the Gulf War Resource Center is an example
18 of how VA bureaucrats have eliminated those who cared and
19 hijacked what should have been a valuable resource in order
20 to ensure that their "nothing is wrong" stance continues,
21 despite the fact that 48 percent of the Gulf War veterans
22 are currently listed as disabled.

23 The other thing we want to touch on is the appeals
24 process. In order to lower the backlog on initial claims,
25 the Decision Review Officers in the regional offices have

1 been taken off their regular work, and as a result, the
2 appeals process has broken down. This has been compounded
3 by the staff at various ROs being told they are not to have
4 contact with the VSOs, thus eliminating any ability to get
5 something resolved at the regional level and forcing
6 everyone to file an appeal. This is further exacerbated by
7 the failure of the regional office to complete the required
8 paperwork to certify the appeal, leaving veterans in limbo.
9 Our appeals staff has seen a distinct drop in claims because
10 of these actions.

11 Recently, in Puerto Rico, our staff going over claims
12 down there found some appeals languishing for as long as
13 seven years--seven years. This is seven years where a case
14 was moved to go to appeal, but was never formally certified.
15 It is not counted in the regional office and it is not
16 counted at the Board of Veterans Appeals. That case does
17 not exist until somebody certifies it. This is criminal, in
18 my opinion. This intolerable situation must be rectified.

19 We win, if you want to call it that, 70 percent of the
20 clients that we service at the appeals level. This is my
21 tenth year. In ten years, we have been doing the same thing
22 every year at the appeals. We win 70 percent. Fifty
23 percent of those are remands, 20 percent--20 or 25 percent
24 are direct--clients getting direct ratings. That is
25 unbelievable. There is no other business in the world that

1 would lose 70 percent of the time and stay in business--70
2 percent of the time. And, we are not alone. The other
3 folks at this table run around the same numbers. I think
4 the lowest is about 55 or 60, and it goes up from there.

5 And, it just--all that means is the veteran has to wait
6 many, many years to get what is due them, and many of them,
7 of course, fall into all kinds of issues with poverty and
8 everything else, given that we are talking about disability
9 claims.

10 The whole system needs to be blown up, quite frankly,
11 and Congress really needs to take a serious look at this
12 whole issue. Thank you.

13 [The prepared statement of Mr. Rowan follows:]

1 Mr. Roe. Mr. Rowan, thank you for your testimony.

2 Mr. Minney, you are recognized for five minutes.

1 STATEMENT OF GLENN MINNEY, DIRECTOR OF GOVERNMENT
2 RELATIONS, BLINDED VETERANS ASSOCIATION

3 Mr. Minney. Thank you, Chairman Isakson, Chairman Roe,
4 Ranking Member Brown, and members of the panel.

5 One of the issues that I would like to bring up on
6 behalf of the Blinded Veterans Association and our National
7 President, Mark Cornell, is S. 171 and H.R. 288. What those
8 bills are asking for are transportation for the
9 catastrophically disabled veteran to one of the many VA
10 rehab centers we have. There are 13 blind rehab centers
11 and, I think, approximately 26 spinal cord injury
12 facilities. The way the law is written, Title 38, Section
13 111, the Secretary will grant travel only to those members
14 who are service-connected for catastrophically disabled.

15 Most of our members in the Blinded Veterans
16 Association, their blindness is due to age-related illness--
17 macular degeneration, diabetic retinopathy, and so forth--so
18 they do not qualify for travel to these blind rehab centers.
19 Blind rehab centers right now have only a 70 percent bed
20 occupancy. Why is that? Because we cannot get these
21 veterans to the blind rehab centers.

22 There is no cure for blindness, so what we have, we
23 have rehab, and we need to get these blind and paralyzed
24 veterans to these rehab facilities so that they can once
25 again be active members of their community.

1 Approximately, I think, three-quarters, like I said, of
2 the beds are only filled. Right now, it costs, on average,
3 for a veteran to be housed in a state veterans home,
4 depending on the state, between \$70,000 and \$90,000 a year
5 per veteran. A one-time round-trip plane ticket is \$500 to
6 \$800 to one of these rehab facilities. I am not a
7 mathematician, but believe me, I think spending \$500 to \$800
8 one time is better than spending \$70,000 to \$90,000 a year
9 per veteran to house them in a state veterans home.

10 They say if you give a man a fish, you can feed him for
11 a day. If you train him to fish, he can eat for a lifetime.
12 Well, that is what this bill is doing. We are wanting these
13 individuals to get the rehab training necessary so that they
14 can continue to be part of the community and better
15 themselves.

16 Another issue that we are looking at is 508 compliance.
17 In 1973, the ADA law was enacted stating that the federal
18 government, all information technology will be accessible to
19 those individuals with disabilities. Well, since 1973, the
20 Department of Veterans Affairs still is not at all compliant
21 with the 508 laws, meaning the blind veterans and paralyzed
22 veterans who utilize screen readers, Dragon, and other
23 computer technologies cannot access VA websites.

24 Our Service Officers in BVA are also blind veterans.
25 When they file claims for our blind veterans, they cannot

1 complete the claims because they are not 508 compliant. The
2 VA wants to eliminate filing claims with a paper trail. I
3 think that is wonderful. It is speedier. But, guess what.
4 That hinders the blind veteran population because we cannot
5 utilize the computer technology and the online forms that
6 the VA is pushing. Thank you.

7 Also, the kiosks throughout the VA, they are a great
8 tool. Once again, they are not 508 compliant. The blind
9 veterans cannot utilize them. So, we would like for the
10 House and the Senate to look at the VA and pressure them to
11 become 508 compliant.

12 And, lastly, the Public Law 111-163 was passed in 2010,
13 which stated the Secretary of Veterans Affairs was to
14 provide scholarships for individuals who want to get into
15 blind rehab. Well, since 2010, not one scholarship has been
16 given and it has never been advertised, either. So, we are--
17 --and it is granted \$5 million a year. Where is that \$5
18 million a year going for the past five years? We have lost
19 one-third of our blind rehab specialists at the blind rehab
20 centers over the last decade and we are planning on losing
21 another third this decade, so we would like for this panel
22 to convince the Secretary to make public these scholarships
23 and also see to it that the money that has been appropriated
24 is actually still there and being utilized for this.

25 That is my statement. Thank you very much, and I will

1 be willing to answer any questions at the end. Thank you.

2 [The prepared statement of Mr. Minney follows:]

1 Mr. Roe. Mr. Minney, thanks very much.

2 Mr. Rieckhoff, you are recognized for five minutes.

1 STATEMENT OF PAUL RIECKHOFF, FOUNDER AND CHIEF
2 EXECUTIVE OFFICER, IRAQ AND AFGHANISTAN VETERANS
3 OF AMERICA

4 Mr. Rieckhoff. Thank you, sir. Chairman Isakson,
5 Ranking Member Brown, distinguished members of the
6 committee, good morning. On behalf of Iraq and Afghanistan
7 Veterans of America and nearly 400,000 members, thank you
8 for the opportunity to share our priorities for 2015.

9 This time last year, I came before you to sound an
10 alarm about the issue of suicide. In response to this call,
11 we worked closely with you to draft, introduce, and finally
12 pass the Clay Hunt Suicide Prevention for American Veterans
13 Act. This bipartisan effort to get it done was historic,
14 and Clay Hunt was a friend. It showed America what Congress
15 can achieve when we are united, regardless of party. The
16 road was long, longer than it should have been, but
17 together, we got it done, and we sincerely thank you for
18 your support.

19 But, the fight is far from over and the stakes have
20 never been higher. Twenty-fifteen will be the most
21 important year ever for Iraq and Afghanistan veterans. The
22 VA scandal left us betrayed. Unemployment is too high.
23 Suicides continue. Our country often seems to forget that
24 we are still at war in Iraq and Afghanistan. And, here in
25 Washington, we see a Congress divided, and with an election

1 looming, it will only get worse.

2 But, veterans can be the one thing that unites you and
3 all Americans. We need you to put politics aside, listen to
4 our community, and get to work.

5 For 2015, IAVA has an extensive list of recommendations
6 that will serve as a blueprint for how you, and also DOD,
7 VA, the White House, the President, governors, mayors, and
8 all Americans can really support IAVA veterans. Our plan is
9 led by four priorities as determined by our members that we
10 call IAVA's big four for 2015. We look forward to working
11 with you to pass a Clay Hunt-style comprehensive piece of
12 legislation tackling each and every one of them.

13 Number one, continuing to combat suicide. The SAV Act
14 was just the first step toward addressing the issue of
15 suicide. We lose our brothers and sisters every day, of all
16 generations. Now, the VA needs to swiftly implement the SAV
17 Act and Congress should continue working on next steps and a
18 SAV Act 2.0 focused on access, supply, and quality.

19 Number two, invest in the success of women veterans.
20 It is time to get focused. Female service members make up
21 the fastest growing segment of the veteran population. They
22 account for 20 percent of IAVA membership and 35 percent of
23 our leaders. Our research department recently conducted a
24 survey of almost 2,000 women and a seven-city tour hosting
25 focus groups. These events highlighted the huge challenges

1 female veterans continue to face accessing care from the VA.
2 Female veterans highlighted multiple occasions where just
3 being recognized as a veteran by the VA was a challenge,
4 receiving letters addressed to Mr., or having to correct
5 their medical charts where they were listed as male.

6 Yet, we still found our members are active users of VA
7 medical care, yet our analysis shows that only half felt VA
8 employees treat women veterans with respect, just half.
9 That shows how far we have to go. Progress has been made,
10 but the VA and the nation at large is still far behind in
11 recognizing and supporting our women warriors. We must
12 strengthen public awareness and research, improve female-
13 specific care, improve employment, housing, and child care
14 services, especially.

15 Number three, finally reform VA and DOD for today's
16 veterans. After the outrageous scandal, the problems we
17 face became abundantly clear to the entire world. Much of
18 the crisis was preventable and predictable if leaders has
19 listened to our veterans. But, in this moment now, there is
20 an opportunity to finally reform a broken system. The new
21 VA Secretary and Secretary of Defense must be given the
22 tools, resources, authority, and space to succeed, while, of
23 course, being held accountable. The President must be
24 involved, too.

25 Additionally, funding and key structures at the VA must

1 be protected from short-sighted cuts and political
2 posturing. This is the year we can all work together to
3 finally create a veteran-centric system that is tailored to
4 meet our needs for decades to come.

5 It is no secret challenges exist. Almost daily,
6 reports surface outlining problems at the VA. While most of
7 these incidents did not happen under Secretary McDonald's
8 watch, he must deal with them aggressively. That is why
9 IAVA supported Chairman Miller's VA Accountability Act, to
10 give the Secretary the authority to remove bad actors and
11 clean up the VA. But, since Secretary McDonald has been on
12 the job, the VA has improved. The claims backlog has been
13 significantly reduced, still a long way to go. Homelessness
14 is down. And the Veterans Crisis Line remains a critical
15 resource for our veterans in need and a key partner for
16 IAVA's Rapid Response Referral Program.

17 But, it is not enough. We must finally end the
18 backlog, seamlessly transfer care from the DOD to the VA,
19 defend troops against military sexual trauma, and support
20 the survivors of military sexual trauma and sexual assault
21 at the VA.

22 We all knew this would be a long road, and Bob McDonald
23 is the right man for the job, and you must give him the
24 funding and the flexibility to finally reform VA once and
25 for all.

1 Number four, defend veteran and military education
2 benefits. The Post-9/11 G.I. Bill has now sent over one
3 million veterans to college, many graduating this week. We
4 continue to get e-mails and tweets by the day of folks who
5 are grateful for that benefit and taking advantage of it.
6 But, predatory actors in the for-profit school sector
7 continue to take advantage of them. Congress must finally
8 close loopholes that reward bad actors for targeting
9 veterans. You must strengthen regulations to help veterans
10 choose the best education programs for their career goals
11 and help them graduate.

12 Beyond our big four for 2015, you must also continue to
13 support the families of the fallen, focus on unemployment,
14 innovate health care, support those exposed to burn pits and
15 toxic exposures, support our military families, expand on
16 the success of Veterans Courts, and end veterans'
17 homelessness. it is a long list, but our veterans deserve
18 it. And after over a decade of war, they have waited long
19 enough for reinforcements.

20 But, our veterans are not a charity, they are an
21 investment, and now is the time to double-down on that
22 investment and to stay focused. Just days before Memorial
23 Day, it is time to stand as one and to get to work.

24 Thank you again for the opportunity to share our
25 priorities with you here today on behalf of our IAVA members

1 around the world, and we look forward to working with each
2 of you in the critical year ahead.

3 [The prepared statement of Mr. Rieckhoff follows:]

1 Mr. Roe. Thank you, Mr. Rieckhoff.

2 And, Colonel Norton knows this, but I now recognize the
3 highest ranking member, which is the Sergeant Major, which
4 would be Sergeant Major Overstreet. You are recognized for
5 five minutes.

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

4 Sergeant Major Overstreet. Thank you, Mr. Chairman.
5 Chairman Isakson, Ranking Member Mrs. Brown, and to all our
6 distinguished committee members, thank you very much for
7 what you do.

8 My name is Gene Overstreet. I am the President of the
9 Non Commissioned Officers Association of the United States
10 of America and our members appreciate the opportunity to
11 present our legislative agenda and priorities before you
12 formally, so we would like to thank you for that.

13 I am here today to urge you and to commit your
14 continued commitment to our Armed Forces, and the reason I
15 say that, as each of you visit our hospitals, when you visit
16 Bethesda, when you visit Fort Sam, when you visit our burn
17 centers, you see the commitment of our service members to
18 this nation, and I think that we should have no less
19 commitment to them in taking care of them.

20 Obviously, being at the end of the row here, most of
21 the priorities have been outlined, and in our written
22 testimony, all those priorities are testified. So, what I
23 would like to do is talk in some general terms to you, if I
24 may.

25 It seems that--first of all, I would like to say thank

1 you for your continued commitment on over-watch for the VA,
2 what you are doing in Denver, what you are doing on all the
3 bills and everything else, because you need to know that
4 everyone at this table monitors those every day and we
5 applaud your continued success and support on that.

6 We would like to say that it is done, but we know there
7 are many other things that are left to be done and we
8 appreciate moving forward with you.

9 Some would say that they should paint all federal
10 workers with the same brush. We should have all the same
11 benefits and all the same pay and all the other things that
12 everyone suggests, but I totally disagree with that. Just
13 down the mall here, there is a piece of black granite down
14 there with 58,256 names on that. I think that is a little
15 different commitment than the average federal worker, if you
16 know what I am saying.

17 And just here in a few days--in five days, actually--
18 many of you, certainly myself, will be over at a place
19 called Arlington Cemetery to see the commitment that our
20 servicemen and women have had thus far. That is the
21 ultimate commitment right there. Once again, I do not think
22 that we should do anything less for them. It is kind of a
23 risk/reward scenario and we need to know which to apply for
24 each of those.

25 The MCRCM report, even though it does not directly

1 affect you, it is going to have a trickle-down effect on
2 you, and a lot of things that happen there are going to come
3 to you sooner or later, as it always does. One thing I am
4 kind of perplexed, that we had no enlisted guys on there.
5 We do have some guys who can read and write now, and you
6 even have some that can do numbers--

7 [Laughter.]

8 Sergeant Major Overstreet. --but, nonetheless--and, I
9 am a little concerned about that, because it gives the
10 compensation, it deals with medical, it depends--all of
11 those things are within that.

12 It actually kind of suggests that the military
13 compensation and pay and benefits are broken. I kind of
14 disagree with that. I do not think it was totally broken.
15 I am not saying that we could not give a little rudder steer
16 to it and make it better than what we have it, but I do not
17 believe that it is completely broken.

18 I think there are a lot of things that have happened in
19 our years of combat here. For example, between 1950 and
20 1999, we had about 30 percent of our veterans on some kind
21 of disability. The last 14 years, that has raised to 47.7
22 percent. Unbelievable. And, if you look at the number we
23 are getting at, the disabled receive, 8.5, and that has gone
24 up to over 19 percent. Absolutely crazy.

25 So, some say it is not about money. Well, it probably

1 is about money. I think it has a lot to do with that.

2 We interviewed a colonel in the San Antonio Express
3 News and the colonel said--and he is now a GS-15--he said he
4 could do less. He could take less. He could not go to the
5 commissary. He could not do all of those things, and he
6 would be willing to do that. But, I do not have to remind
7 you that everybody did not retire as a colonel, I am sorry
8 to say.

9 As a matter of fact, I was down at the headquarters of
10 the Marine Corps yesterday and I was talking to a good
11 friend of mine, a colonel down there that runs the
12 Separations Branch, and I said, Colonel, what does a gunnery
13 sergeant, an E-7, make today if he were to retire today with
14 all the bells and whistles? He said, "Sir, maybe he makes
15 about \$25,000 a year."

16 And, when he or she are contributing to their own
17 military benefits and everything else, that is not going to
18 reach. That is certainly not going to reach if we are going
19 to change this thing and really make them contribute to more
20 of the medical and things of that nature. We are changing
21 that around. Like I said, at some point in time, it is
22 going to come to you.

23 And, sometimes when we rush into those decisions, like
24 the early outs and stuff like that, I know a lot of them
25 that have taken the early outs and they regret it. They

1 know it seemed like a good deal on the front end. So, as we
2 move forward, I think to all of these major changes that we
3 are looking at, maybe we need to slow down just a little bit
4 and really hold them up to the light and see if it is really
5 good for our veterans and what effect--what long-term effect
6 it is going to have down the road.

7 So, I realize my time is over, and once again, I want
8 to thank all of you for your continued success and what you
9 do for us each and every day. That does not go unnoticed or
10 unappreciated. And, we stand by to answer any questions
11 that we might have from you. Thank you so much.

12 [The prepared statement of Sergeant Major Overstreet
13 follows:]

1 Mr. Roe. Thank you, Sergeant Major.

2 I appreciate all of you being here and your testimony
3 and for all the people that are in the audience here.

4 I will now yield myself five minutes for questions, and
5 before we start, I have a special guest. Today is Foster
6 Youth Shadow Program, and I have a young woman, Cara Megahan
7 [phonetic] from Newport, Tennessee, who is shadowing me.
8 There are 63 young people who lived in foster care, and
9 Cara, if you would stand up, wherever you are--I know you
10 are here somewhere--yes, there in the back.

11 [Applause.]

12 Mr. Roe. These young people have overcome tremendous
13 obstacles, and I just wanted to congratulate her for being
14 here.

15 And, if there are any Tennesseans here, which I know
16 there are, if you would hold your hand up, I would
17 appreciate it. Well, the Volunteer State did not show up
18 today, so that is not good.

19 I want to start by saying it has been a privilege, my
20 six years and change that I have been on the Veterans
21 Affairs Committee, but I share a frustration all of you all
22 share. When I got here, we were spending about \$100 billion
23 a year, which is a lot of money, on VA care and
24 administration and benefits. We have gone up 74 percent
25 since I have been here, where the other part of spending in

1 the, the discretionary spending in our government has stayed
2 level. Seventy-four percent in the six years I have been in
3 this Congress, and how we are spending the money is
4 absolutely driving me crazy. It is almost impossible to
5 make a politician speechless, but the VA has succeeded.

6 And, I look at things like the Aurora, Colorado VA. It
7 has been promised for years. It is--from the time the
8 construction began to now, it is a billion--that is a
9 thousand million--dollars over-budget. And, you mentioned
10 about the care, Mr. Kovach. I could not agree with you
11 more. It is an arbitrary date. We could be spending that
12 money on health care for people, on custodial care. All
13 those things are very expensive. I have got a mother who is
14 92 now that we are doing that. It is very expensive to do.
15 And, all of those things that could have been spent on
16 veterans health care that we overspent, bungled, whatever.

17 The Veterans Choice Card--just last week, and many of
18 you were probably in the audience, of the first \$500 million
19 that has been spent on that program, 60 percent was on
20 administration. I looked at the number of visits that had
21 actually been scheduled for veterans, 43,000. That is only
22 \$11,000 per scheduled visit. That is ridiculous.

23 And, I looked at my own medical group. After I left
24 the--I told the Chairman, after I left the hearing, I
25 started thinking. Well, there were 11 of us in our group,

1 in our practice, and we saw over 40,000 people a year, and I
2 can promise you, if we had been paid \$500 million, I would
3 be on a yacht somewhere. I would not be having a speech
4 today in front of you all.

5 So, what can we do--Chairman Coffman is here--what can
6 we do in the VA? I can assure you, as long as I am allowed
7 to stay on the Veterans Affairs Committee, I am going to
8 keep an absolute laser focus on this money that is wasted,
9 because that means, when you waste money, moving a senior VA
10 official from Washington to Philadelphia to the tune of
11 \$300,000. I mean, how in the world can you get up and look
12 in the mirror in the morning and not throw up when that
13 happens?

14 And, I just ask you all--I throw it out to anybody who
15 wants to take it--what should we do in the Congress? We are
16 going to support many of these bills that you mentioned, but
17 to keep on wasting the valuable resources the taxpayers give
18 to take care of veterans when we all know they are limited?
19 Mr. Rowan, yes, sir.

20 Mr. Rowan. Swear them in. Swear everybody in who
21 comes before you.

22 Mr. Roe. We are doing that now.

23 Mr. Rowan. Good.

24 Mr. Roe. That has changed since I--and I would have
25 never thought in my lifetime, when I came up here, that

1 anybody would come up in front of a Congressional committee
2 and deliberately mislead us. Maybe I am naive. I probably
3 am naive. But, the truth always needs to be told in front
4 of these committees, and Mr. Rowan, we are doing that now.

5 Mr. Rowan. Yes. The other thing is, I think, when you
6 look at your budgets, pare away the administrative overhead.
7 It is just ridiculous. The VISNs have just got fat with all
8 kinds of administrators. They are not health-related
9 people. You need to get the VA to break down their staff,
10 which they do not do very well at all, between
11 administrators and health providers, and I think if you
12 start seeing that in your accountability aspects, you would
13 get a much clearer idea of what is going on.

14 Mr. Roe. I think the other thing we have to do--and
15 the VA has had the capacity to allow veterans to go off,
16 because I saw them, as a physician, I saw veterans in my
17 office, and they absolutely make it so hard. It is
18 unbelievable, you would make it so hard for a veteran who
19 wants care to get outside the VA system. That is mind
20 boggling to me. If you have a service that is provided in
21 the community, the veteran wants to go there, they cannot
22 get the service at the VA, just let the veteran go do that.

23 And, Mr. Minney, you are absolutely spot on, and I, as
24 one Congressman, want to help you make sure that we can get
25 those blinded veterans, whether they were service connected

1 or not. But, you are absolutely right. I work with the
2 blind at home closely, and you are correct. It is much
3 cheaper to do what you are talking about doing than
4 institutionalizing the veteran.

5 My time has expired. Senator Isakson, you are now
6 recognized for five minutes.

7 Chairman Isakson. Well, thank you, Dr. Roe.

8 Sergeant Major Overstreet, you may have been last, but
9 as a former Staff Sergeant in the United States Air Force
10 and the Air Guard, we all know the NCOs really run the
11 military, so we appreciate what you do very much.

12 [Applause.]

13 Chairman Isakson. Mr. Rieckhoff, I want to associate
14 myself with your testimony. Your five points that you made
15 at the end were very telling, in particular the focus on
16 Secretary McDonald. A lot of the problems at the VA were
17 not of his making, but solving them have been put in his
18 lap. He is going to need an awful lot of support. In fact,
19 the last conversation I had last night, at 11:00, was by
20 cell phone with Bob McDonald. We are trying to work through
21 the difficulty to get us through the Denver project and get
22 us a new footing. We can get VA out of the construction
23 business and back in the health care business. Let the
24 Corps of Engineers do the constructing, and let us make sure
25 we learn from the bad mistakes that were made in Aurora.

1 But, your testimony was very telling and I appreciate it.

2 Colonel Norton, I want to talk about Alexis for just a
3 second. Alexis was injured serving in the Coast Guard, is
4 that correct?

5 Colonel Norton. Yes.

6 Chairman Isakson. Was injured in 1999, is that
7 correct?

8 Colonel Norton. That is correct, Senator.

9 Chairman Isakson. Because she was injured before
10 9/11/2001, there are no caregiver benefits to her?

11 Colonel Norton. That is correct.

12 Chairman Isakson. If she had been injured after
13 9/11/2001, what would her caregiver benefits be?

14 Colonel Norton. She and her husband would be eligible
15 for the special benefits and services and support. That
16 includes training, respite care, CHAMP-VA, a whole range of
17 benefits that are eligible--available only to the post-9/11
18 era severely disabled veterans and their full-time
19 caregivers.

20 Chairman Isakson. And, Mr. Kovach, you represent the
21 Paralyzed Veterans, is that correct?

22 Mr. Kovach. That is correct.

23 Chairman Isakson. And, I think paralysis was probably
24 the signature injury of the Vietnam conflict, is that not
25 correct?

1 Mr. Kovach. That is true.

2 Chairman Isakson. All of which took place before
3 9/11/2001. But, the affliction is every bit as bad as
4 anybody injured 9/11/2001 or later, is that correct?

5 Mr. Kovach. That is correct. And, you know, their
6 caregivers are also aging. I know my wife, she speaks three
7 languages and has two college degrees and she has put her
8 career on hold to care for me. When I pass away, she has no
9 benefits. Everything goes away. She has never paid into
10 Social Security. She has never paid into a 401(k). All my
11 benefits go away when I pass and she has got nothing. So,
12 there needs to be some sort of safety net for our
13 caregivers.

14 I am thinking about the ones you are talking about that
15 are 65 and 75 years old that are caring for veterans from
16 the Vietnam War. You know, they need a break. I mean, you
17 can imagine a 65-year-old woman trying to get a man into the
18 bed or transfer him into the shower or get him dressed.
19 That is hard work. They need support.

20 Chairman Isakson. Well, both your testimony and that
21 of Colonel Norton will allow us to focus exactly on that
22 issue, and I can promise you this. I do not know that we
23 can do it overnight, but that is something we really need to
24 focus on because it really is--it is a telling line of
25 demarcation that is leaving out a lot of American veterans

1 and their caregivers and that is really not right. So, we
2 need to try and see what we can do to address that one way
3 or another.

4 Mr. Rowan, thank you for your testimony. Do you think
5 putting them under oath will get us the truth?

6 Colonel Norton. It would not hurt.

7 Chairman Isakson. If we put one of them in jail for
8 violating the truth, it would help--

9 Colonel Norton. That would really help.

10 [Laughter.]

11 Colonel Norton. I only go on this because in a past
12 life, I was an investigator for the New York City Council,
13 and when they started doing that, it had a whole lot of
14 different testimony coming out of people, especially when we
15 did talk about sending somebody to jail.

16 Chairman Isakson. Well, the reason I mention that is
17 that we all, Dr. Roe and I and the other members here all
18 know that accountability in the VA is something we really
19 tried to focus on, being accountable for the decisions they
20 make. But, we also need to be people accountable for the
21 information they let out that casts a light on the VA that
22 may or may not be exactly the best light or the correct
23 light. And, I think everybody needs to be held accountable,
24 both those who are responsible to carry out duties as well
25 as those who are dropping information in the media that

1 casts the VA in a bad light. They ought to be held
2 accountable for the truth in that testimony.

3 It is about time we got to the bottom of the barrel at
4 the VA, found out where the root cause of problems are and
5 root them out, because in my personal opinion, 90 percent of
6 the employees at the VA are just great. They are doing a
7 hard job. They are doing a good job. They want to help.
8 Veterans like their health care. But, that 90 percent is
9 being hurt by the ten percent or less who are either in a
10 fiefdom they want to protect or just want to have
11 mischievous activities, and I think it is partly that is
12 because of over-employment and under-productivity.

13 But, your testimony was very helpful and I just want to
14 thank you for bringing that out.

15 Colonel Norton. If I might add, Senator, and I would
16 suggest to you that the difference in the employees is the
17 difference between those who are providing health care, who
18 are the ones that we meet, where the rubber meets the road,
19 who are doing a hell of a job, as compared to administrative
20 types who get themselves into all kinds of trouble.

21 Chairman Isakson. As my pastor says in church, amen.
22 You are exactly correct.

23 Thank you all for your service to America and thank you
24 for your testimony today.

25 Mr. Roe. Thank you, Mr. Chairman.

1 Ms. Brown, you are now recognized for five minutes.

2 Ms. Brown. Thank you. First of all, let me thank each
3 one of you for your service. I was a little late today
4 because I went to the Women's Memorial. We have that
5 service, and we have had it every year for 18 years.
6 Colonel Vaught started the program and has done an excellent
7 job.

8 Let me just say, I am a little uncomfortable when I see
9 all of you military people there and not one woman. Women
10 are the fastest growing group of service, and as we move
11 forward with our planning, and the schedulers or whoever
12 make these decisions, I would like to see that we have a
13 female veteran or service representative here with us. And,
14 I feel that I need to make that statement, particularly
15 after I just left the Women's Memorial.

16 Now, let me just say that we can blame the VA for a lot
17 of things, but it is our responsibility as members of
18 Congress. As I stand here today, on the 24th of this month,
19 the Denver project is scheduled to shut down. I am going on
20 the 29th and it will be an interesting time, because they
21 will be shut down. And, it is going to cost us \$20 billion
22 to shut it down--I mean, \$20 million to shut it down and \$2
23 million a month to protect it. To me, it is a waste of
24 taxpayers' dollars.

25 Now, the problem with Denver did not start overnight,

1 and it did not start with this administration. It has had
2 several additional administrations involved in it and
3 several different Congresses. Now, we need to step up to
4 the plate and come up with a solution and not waste
5 taxpayers' dollars and not disenfranchise those veterans
6 from Denver.

7 I represent Florida. I am happy to say that on this
8 Friday, we are going to open up the veterans' cemetery in
9 Florida, and on the 29th--no, the 26th, we are going to open
10 up the VA hospital in Orlando, Florida, that I have been
11 working on and we as a delegation have been working on for
12 over 25 years. Right, we should not take 25 years to do it,
13 but it will open up.

14 I want your comments about what is getting ready to
15 happen in Denver and the Congress' lack of whatever, not
16 being able to work together to get this problem solved. It
17 is unacceptable, in my opinion.

18 Do you want to say something about it, Mr. Chairman?

19 Chairman Isakson. May I say something?

20 Ms. Brown. Yes, sir. I yield my time.

21 Chairman Isakson. No, I would not take the lovely
22 lady's time. All the women must have been at that thing
23 where you were--

24 Ms. Brown. They were there. They were there.

25 Chairman Isakson. I want to tell you, three of these

1 men said good things about women's health care.

2 Ms. Brown. And I appreciate it.

3 Chairman Isakson. They did a good job.

4 On the--I just want to put this point out. I
5 appreciate everything Representative Brown said, Ranking
6 Member Brown said, and she is correct. But, as we speak,
7 the reason Jeff Miller is not here, he is at the House
8 working on this Denver situation. My last phone call last
9 night at 11:00 was with Secretary McDonald working on the
10 situation. We do not want the money to go to waste. We do
11 not want what has happened to be something that is repeated
12 again in the future.

13 But, we also have--we talked about accountability, Mr.
14 Rowan. It is time, if we are going to bury the hatchet,
15 that we bury it in the truth and we plan for the future and
16 do it right. So, we are trying to make sure that everybody
17 at the VA comes together with everybody at the Congress with
18 the right road forward on completing the Denver hospital.
19 Nobody is going to waste the taxpayers' money at this point,
20 but we have got to make sure the wasting of taxpayers' money
21 that has taken place in the past stops, and that is what we
22 are trying to do.

23 Ms. Brown. Thank you, and--

24 Chairman Isakson. I appreciate you calling attention
25 to that.

1 Ms. Brown. Thank you, and I take my time back, as I do
2 have a question. It is pertaining to the G.I. Bill and also
3 the Veterans Court. I have gone to several of the Veterans
4 Court programs and they are very successful. We have
5 several in my area, but they are not available to veterans
6 all over the country. What are some of your
7 recommendations?

8 Mr. Rieckhoff. I will address that, ma'am

9 Ms. Brown. Yes, sir.

10 Mr. Rieckhoff. First off, we prioritize women veterans
11 at IAVA. Twenty percent--I mentioned it earlier--20 percent
12 of our membership is female and 35 percent of our
13 leadership, which is an indication of the potential that
14 women represent for this community, and we are looking
15 forward to working with you on making that a priority for
16 this committee, but for this entire country. America needs
17 to understand that they are in combat, they are being
18 wounded, and they are serving on the front lines every day--

19 Ms. Brown. Fastest growing group.

20 Mr. Rieckhoff. Yes, ma'am. Yes, ma'am.

21 When it comes to Denver, just briefly, we hope you all
22 can get in a room without us and without the cameras and
23 work this stuff out.

24 Ms. Brown. I thought we had done that.

25 Mr. Rieckhoff. Well, apparently not.

1 Ms. Brown. Absolutely. I thought it had happened.

2 Mr. Rieckhoff. We hope that you all can--

3 Ms. Brown. We met with the Secretary--

4 Mr. Rieckhoff. We have provided extensive feedback and
5 we will continue to do so. But, the partisan squabbling and
6 the grandstanding and all of that has got to stop. Our
7 veterans just need results, and--

8 Ms. Brown. See, I am with you. I am on that page.
9 What happens when failure is not an option? We get it done.

10 Mr. Rieckhoff. Well, we have not been getting it done
11 as a group, ma'am, and that is part of what our testimony
12 has revealed. So, we hope that we can all work together on
13 that and move forward.

14 Ms. Brown. I do not know about this "we." I am not
15 French. I do my part.

16 Mr. Rieckhoff. All right. Yes, ma'am.

17 [Laughter.]

18 Mr. Rieckhoff. We are focused on the G.I. Bill, as
19 well. Our recommendations are in our testimony. We look
20 forward to working with you, but we hope that this is the
21 beginning and not the end.

22 Ms. Brown. Yes, sir. I want to talk about the
23 blinded, because that is very important to me. My sister-
24 in-law is blind, and they do have equipment, but you are
25 saying that the VA does not have that equipment for the use

1 of the veterans? I think we met and talked about that.

2 Mr. Minney. Yes, ma'am. We did meet, in the hallway,
3 actually.

4 Ms. Brown. I remember.

5 Mr. Minney. No, the equipment is there. It is at the
6 blind rehab centers. The problem is getting the veteran to
7 the blind rehab centers. If they are not service connected,
8 the VA will not pay for their travel to get there, and
9 blindness does not discriminate between service connected
10 and non-service connected.

11 Ms. Brown. So, you are saying that the Secretary does
12 not have the authority to do it, it is a legislative issue?

13 Mr. Minney. The way the law is written, Title 38,
14 Section 111, it says the Secretary will grant travel to the
15 service connected veteran, and that is what we want in S.
16 171 and H.R. 288. We want that word in part (G), service
17 connected, removed, and catastrophically disabled, blind,
18 and paralyzed be added.

19 Ms. Brown. Yes, sir. Well, we will definitely work on
20 that, and I want you to know, I visited one of those
21 centers. They are doing an excellent job. In addition to
22 that, I visited some of the prison systems that actually
23 train the dogs that work with them. So, there are a lot of
24 good supportive partnerships that are going on.

25 And, thank you all again for your service and I yield

1 back the balance of my time.

2 Mr. Roe. I thank the gentlelady for yielding.

3 And now, Oversight and Investigations Subcommittee
4 Chairman Mr. Coffman, you are recognized for five minutes.

5 Mr. Coffman. Thank you, Mr. Chairman.

6 First of all, are there any folks from Colorado?

7 Please raise your hand.

8 Chairman Isakson. They are working on the hospital.

9 Mr. Coffman. They are working on the hospital. Thank
10 God for that.

11 [Laughter.]

12 Mr. Coffman. I want to thank our Ranking Member
13 Corrine Brown, Chairman Isakson, Chairman Miller, Ranking
14 Member Senator Blumenthal for their help and their
15 leadership in trying to get this hospital done, which is in
16 my district, but I think is, unfortunately, seems to be
17 emerging as more of a parochial issue, as if somehow this is
18 a Rocky Mountain Region or a Colorado issue, and it is
19 really not, because the men and women that will utilize this
20 hospital did not serve the State of Colorado, did not serve
21 the Rocky Mountain Region. They served this nation, and
22 they served this nation in uniform and made tremendous
23 sacrifices on behalf of all of our freedom, and so this
24 needs to be recognized as a national issue and not some
25 local thing. I just think that is very important going

1 forward.

2 Let me ask you all this question, and that is--well,
3 first of all, Mr. Kovach, we have an incredible spinal
4 injury center in the State of Colorado called Craig
5 Hospital. What is your view about allowing veterans to have
6 access to that facility, should they choose so, for their
7 treatment?

8 Mr. Kovach. PVA certainly supports choice, but we
9 believe that choice should be the VA hospital. I have
10 plenty of friends that rehabbed at Craig. I know what they
11 have got at Craig, and it is not as good as the VA. I can
12 say that firsthand. It is not.

13 Mr. Coffman. Whose decision should it be? Is it the
14 patient's decision or is it VA's decision?

15 Mr. Kovach. I think it is up to the patient to make
16 that decision, but I can guarantee you that if you ask a
17 patient whether or not they want to go to Craig or they want
18 to go to the VA, they are going to want to go to the VA.

19 Mr. Coffman. Really? Okay.

20 One issue that I am concerned about is the transition
21 from active duty military into civilian life. Sergeant
22 Major, I was on the enlisted side as an NCO, but I was also
23 on the officer side. I suppose you have got a thumbs down
24 on that one. But, enlisted Army NCO, officer, Marine Corps.
25 I had an easy time going from the enlisted Army to civilian

1 life because I actually went to college under the G.I. Bill.
2 It was much tougher as a junior officer leaving the United
3 States Marine Corps and going into civilian life.

4 I wanted to be in business management, but did not have
5 a business degree, and had been in Army infantry, Marine
6 Corps infantry. And, I was so frustrated at one time,
7 instead of putting on my resume that I had been an infantry
8 officer in the Marine Corps specializing in amphibious
9 warfare, I put down that I was involved in international
10 real estate specializing in the acquisition of beachfront
11 property.

12 [Laughter.]

13 Mr. Coffman. That did not work, and so I ended up
14 having to start my own business, but I could do that because
15 I was a young person and I was an officer, so I had more
16 savings than had I been an enlisted person.

17 What do you all envision in terms of being able to
18 broaden opportunities under the G.I. Bill in terms of OJT,
19 apprenticeship-type training to be able to make it more work
20 related than going to school? Would anybody like to comment
21 on that?

22 Colonel Norton. I might take a shot at it.

23 Mr. Coffman. Yes, go ahead.

24 Colonel Norton. John?

25 Mr. Coffman. Okay. Go ahead.

1 Mr. Rowan. Let me just say one quick thing. The G.I.
2 Bill is an education program this time. You need to go back
3 to what your colleagues did in 1944. The G.I. Bill
4 encompassed a whole series of things, not the least of which
5 was giving people ability to start a business. You could
6 not have a business almost if it did not say veteran tailor,
7 veteran construction, veteran something, often funded by
8 small business loans going through the G.I. Bill, and those
9 need to be resurrected, as well. Thank God, they brought
10 back the education part of that G.I. Bill, but they need to
11 look at some of the other aspects of it, as well.

12 Mr. Coffman. Good. Colonel Norton.

13 Colonel Norton. Yes, thank you, Mr. Coffman. A couple
14 of things. One is there is a proposal in the hopper, as I
15 think you know, that would require all people coming out of
16 military service to go through the G.I. Bill education track
17 as part of their TAP program. We think that is really
18 important that they have that initial exposure to the
19 importance of education and training opportunities that the
20 G.I. Bill affords.

21 Another aspect of this issue, I believe, is that DOD is
22 gradually moving forward with getting service members
23 civilian credentials and licensing in fields that they are
24 getting trained on on active duty. That is extremely
25 important so that they will have more options when they come

1 out the door. If you are an avionics repairman on active
2 duty, you should be able to get that civilian license before
3 you leave so at least you have that option moving forward.
4 And, there are a number of other things that we have
5 recommended in our statement. Thank you.

6 Mr. Rieckhoff. Sir, if I may--may I address that, sir?

7 Mr. Coffman. Yes.

8 Mr. Rieckhoff. Yes. Our members are using the G.I.
9 Bill at an incredible rate, and we worked with many of you
10 to help create that and pass that and upgrade it. But, I
11 think what we have seen is that the employment environment
12 and the education environment is pretty dynamic and rapidly
13 changing and the G.I. Bill is not necessarily keeping up.

14 Three recommendations that we made specifically is
15 allow post-9/11 bill to--allow veterans to use the remaining
16 entitlement to repay student loans. Loans are a huge
17 challenge for our community.

18 But, continually, we hear that veterans want to cash in
19 their benefits to use it as seed money to start a small
20 business. They ask us over and over again, is there
21 flexibility to allow us to start a small business, to start
22 a new career? They are incredibly entrepreneurial, and we
23 would love to work with your team on expanding and exploring
24 that, because there is a desire to grow and create small
25 businesses at a very high level.

1 And, also, other issues that I want to highlight is
2 allowing medically discharged veterans and retirees to
3 transfer their unused benefits to their spouses and
4 dependents. There are a number of upgrades we can make this
5 year to the G.I. Bill with the lessons learned, and in a
6 week where we are going to see a whole another crop
7 graduate. It has got to continue to be a work in progress.

8 Mr. Coffman. Thank you.

9 Mr. Chairman, I yield back.

10 Mr. Roe. I thank the gentleman for yielding.

11 Senator Blumenthal, you are recognized for five
12 minutes.

13 Senator Blumenthal. Thanks very much, Mr. Chairman,
14 and again, my thanks to each of you for being here. I
15 apologize that I was temporarily away because I had to
16 attend a legislative markup at another committee.

17 And, I want to just pick up on your point, Mr.
18 Rieckhoff. I think that the college affordability, college
19 loan issue is one of the paramount issues of our time,
20 particularly as it relates to veterans, and I hope that you
21 and others on this panel and your leadership and your
22 members will give us the benefit of your views on this issue
23 so that we can make education benefits both more flexible
24 and more effective, and I say that as a dad who has two
25 sons, one who served in Afghanistan, another serving in the

1 military now, as well as two other children not in the
2 military.

3 I want to focus for the moment on the issue of the
4 disability claims backlog. You know, in the Congress, in
5 the media, there are issues du jour, so the Denver-Aurora
6 facility right now is the issue du jour. But, this issue of
7 disability claims backlogs, so far as I am concerned,
8 continues to be a major challenge, and I wonder if that is
9 true in your experience, as well, and whether you could
10 comment on whether the VA is doing better. The numbers say
11 there has been some progress in addressing the backlog, but
12 still, we have a long, long way to go. In fact, we are
13 seeing a growing appellate workload at the Board of Veterans
14 Appeals and the regional offices, which means that, like the
15 proverbial snake that swallows a mouse, we can see the
16 backlog problem moving at a different place in the system.

17 Sir.

18 Mr. Rowan. Yes, Senator, good to see you. Yes, I
19 talked about that, and I would like to focus, again, the
20 reason why the backlog is coming down is twofold. One, the
21 hump that we had that was caused by both the returning
22 veterans of the recent wars as well as the number of Vietnam
23 veterans applying for compensation for diseases that have
24 now been recognized just created this huge demand. That is
25 finally curving downwards.

1 The other thing was that they took all of their
2 resources and put it into initial claims, and I focused on
3 the Decision Review Officer is the key point or person on
4 these regional offices. They have taken them out of their
5 regular job to the detriment of the appeals process, because
6 now they are not doing the certifications that are necessary
7 to take a veteran's appeal from the regional office to the
8 Board of Veterans Appeals and they are in limbo, oftentimes
9 for many years now, which is just short-circuiting the whole
10 situation.

11 More importantly, what is concerning to me, at least
12 through talking to our Service Reps in the field, is it is
13 like the VA is considering us the enemy. In many regional
14 offices, our people are not allowed to talk to anybody. You
15 have an issue on a claim that has come back, you cannot talk
16 to anybody. You just have to take it and deal with it. Too
17 bad.

18 I was a Service Rep when--I retired in 2002, and until
19 I got this job in 2005, I worked for three years as a
20 Service Rep in the Manhattan VA Regional Office. If I had
21 an issue on a claim that came back to me, I could bring it
22 to the rater, never mind the Decision Review Officer, to go
23 over it if I saw an obvious error. You cannot do that
24 anymore. They are, like, go. Do not talk to us. Plus,
25 they want to create super-regional offices to take it even

1 further away from the regional offices and the cases further
2 away from us who work in the field, all the VSOs in the
3 regional areas. So, we do not get to see anybody, and
4 cannot talk to anybody. It is like we are the enemy.
5 Instead of working with us, they are working against us.

6 And, I really think that what is going on right now is
7 criminal, this whole idea that a veteran's claim does not go
8 anywhere and is not counted as a bad mark on the regional
9 office, and is not counted in the Board of Veterans Appeals
10 queue, and yet can sit there for years. And, we know once
11 it gets to BVA, it is still going to take three to five
12 years to adjudicate.

13 And, as I have pointed out time and time again, and I
14 will point it out one more time, we win 70 percent of the
15 time. That means that veteran waited anywhere from three to
16 five to seven years because the regional office basically
17 screwed up and did not do the right thing by them the first
18 time, and that is unconscionable. And, I think this issue
19 that is going on because of the leadership is just, frankly,
20 criminal, that somebody could sit on something that should
21 take them ten minutes to fill out and wait years and years
22 to get it done.

23 And, frankly, I have been trying to get a letter out of
24 my operation to go to the Under Secretary on this whole
25 issue, because, frankly, we found situations in Puerto Rico

1 that were just obscene, and if they do not resolve these,
2 somebody's head has got to roll.

3 Senator Blumenthal. I thank you for that very eloquent
4 comment.

5 Mr. Rieckhoff.

6 Mr. Rieckhoff. Yes, sir. It is still a problem. It
7 is still a big problem. I think we have got to put this in
8 context. Yes, the VA has dropped the backlog, but they
9 drove the car into the ditch. It was predictable. It was
10 preventable. They drove it in the ditch and they want to be
11 congratulated for partially pulling it out, okay. So, we
12 still see hundreds of thousands of folks who are facing an
13 adversarial system, and I think that John appropriately
14 addressed that.

15 I would encourage everyone watching, listening, and in
16 this chamber to go to thewaitwecarry.org.
17 [Thewaitwecarry.org](http://thewaitwecarry.org) is a data visualization website that we
18 created that allowed veterans to show how long they have
19 been waiting. You can go by state. You can go by region.
20 You can see individual stories and see how long they have
21 been waiting, so we can look ahead and hopefully predict the
22 next Phoenix and prevent the next Phoenix.

23 But, also, the key issue that I encourage this
24 committee to address is we all know they are working on it.
25 What do veterans do in the meantime? That is the problem

1 that continues to plague our community. When you have
2 financial stress, you have emotional stress. Where do you
3 go for help in the meantime while VA sorts this out? They
4 come to us, and we are overwhelmed with demand, and other
5 nonprofits and MSOs and VSOs feel the same way. So, I would
6 encourage you to think creatively about how to provide
7 immediate flexible support, especially financial and
8 emotional support, to those folks who are stuck waiting,
9 sometimes years.

10 Senator Blumenthal. Thank you.

11 I have one more thanks, to Mr. Kovach and to others who
12 have mentioned the issue of expanding access in Choice to
13 make veterans eligible when a local VA facility cannot
14 provide the service that is needed. When we measure
15 service, it ought to be for the medical care that the
16 veteran needs, not simply whether there is a facility there
17 to provide it. And, I am assuming that other members of
18 this panel are in agreement, as well, with that view.

19 Thank you all.

20 Mr. Roe. Thank you, Senator Blumenthal.

21 I now recognize Dr. Abraham for five minutes.

22 Mr. Abraham. Well, I, too, like Dr. Roe, am honored to
23 have a foster student with me today. She is from Bossier
24 City, Louisiana, and is going to go into a pre-med
25 curriculum and hopefully she will do very well. Mariah,

1 would you stand up, please.

2 [Applause.]

3 Mr. Abraham. Thank you much.

4 And, certainly, just a quick remembrance, as everybody
5 here in the room, with Memorial Day coming up, the surviving
6 family members of our fallen heroes. We know they still
7 continue to carry the water and the extreme burden. So,
8 just a heartfelt thanks for that.

9 Representative O'Rourke and I were in a meeting this
10 morning with Secretary McDonald and Under Secretary Sloan
11 and a whole cadre of his people that help him make these
12 decisions that we and you have talked about today, and I
13 think it was you, Mr. Rieckhoff, that said, you know, they
14 do, I think, also have their heart in the right place. We
15 have to be in the position--I will use a poor term, but we
16 will have to lance the abscess, so to speak, before the
17 healing starts, and hopefully, we are in that process now of
18 exposing the bad things, and these we all know, and you guys
19 know better than anybody else because you have lived the
20 life, that these things have been under the radar for years
21 and years and they are just coming to the surface, and that
22 is a good thing, that we are getting them out in the open
23 and, hopefully, we can fix it.

24 Mr. Kovach, going back to you, I was a cosponsor of a
25 bill that was just dropped the apprenticeship on the G.I.

1 Bill that will allow some of these funds to be used in a
2 non-collegiate funding area. I think it is a great idea,
3 and certainly it will help.

4 The question I have, and Mr. Rowan, Mr. Rieckhoff, and
5 anybody else on the panel, the thing that Senator Blumenthal
6 just alluded to on this backlog of disability claims, give
7 me one or two specific things we need to do--I understand
8 how bad it is. I am the Chair of the Subcommittee on
9 Disability Assistance, so we see those figures, and we want
10 to fix this and we want to fix it efficiently and as quickly
11 as we can. But, help us out here.

12 Mr. Rowan, I know you were saying as far as the
13 officers that no longer address these claims, but give us
14 some specifics that we can take back to our committees and
15 start. Yes, sir.

16 Mr. Rowan. Well, I mean, I would add, one simple
17 change that could be done right now on the Board of Veterans
18 Appeals is to allow the veterans appeals attorneys, when
19 they make a ruling, make it precedential, so that when
20 somebody decides something, it now becomes law so that any
21 other case that is similar to that should be adjudicated
22 along those lines. I mean, this is the only kind of legal
23 structure where that does not occur, and, so, we can get BVA
24 attorneys sitting next each other making totally different
25 rulings on the same type of case. That is number one.

1 The other thing is figuring out how to really redo that
2 whole system. I mean, it just does not make sense.

3 The other thing, I think, is get us back access at the
4 regional offices. Stop having our claims sent everywhere
5 except where we are. I mean, I have a regional--one of my
6 people is working in the Buffalo Regional Office in New
7 York. She services about a dozen counties in Western New
8 York. She cannot talk to anybody now. It is like they have
9 set up this wall between her and all the people in the
10 regional office on their claims. It is crazy. It would
11 just resolve so many issues if we actually had a Decision
12 Review Officer who could make a decision, and we do not.

13 Mr. Abraham. Colonel.

14 Colonel Norton. Thank you. Just two things to add,
15 briefly. One is we believe that the new bill recently
16 introduced by Senators Heller and Casey has some practical
17 low-cost process improvement measures on the claims system,
18 so we commend that to your attention.

19 The second item is that we have been, and many of the
20 groups at this table have been working with the DAV on
21 basically reengineering the appealed claims process to make
22 it more efficient, to speed it up, basically allow the
23 veteran the option of bypassing certain steps in order for
24 the claim to move more quickly through the system on appeal,
25 but retain with the veteran the option of going back into

1 the legacy system. And, there have been, as you know, at
2 least one or more hearings on this, and we believe that the
3 basic concept that put forward for a sped-up appeal process
4 is a good one and we would commend it to your attention.

5 Mr. Kovach. Thank you. I am out of time. Thank you,
6 gentlemen.

7 I yield back, Mr. Chairman.

8 Mr. Roe. Thank you, gentlemen, for yielding.

9 Mr. O'Rourke, you are recognized.

10 Mr. O'Rourke. Thank you, Dr. Roe.

11 I will follow your lead and that of Dr. Abraham and
12 acknowledge Ernesto Olivares [phonetic]. Ernesto, are you
13 here today? Ernesto is in the back.

14 [Applause.]

15 Mr. O'Rourke. Thank you for joining us, you know,
16 grateful that he is spending a day with us here in Congress,
17 and then also wonderful that he gets to hear from each of
18 you, and he has been here throughout the entire testimony,
19 so I think that can only be good.

20 I wanted to reflect on some of what Dr. Abraham and I
21 heard this morning with the Secretary. One figure that just
22 astounds me is that there are 50,000 positions open within
23 the VA that they are seeking to hire for today. Another
24 statistic that floors me is that the AP reported last month,
25 despite this year of intensive focus on wait times, wait

1 times have improved approximately zero percent across the
2 country. And, Under Secretary Gibson admitted today that
3 while access has improved, more veterans are getting seen,
4 wait times are actually going up because more veterans are
5 being seen. There are more providers in the system. There
6 is, even though it is problematic, there is more choice.

7 And, so, I think one of the difficult questions we need
8 to address, and I want to get your thoughts on this, is
9 whether we should not be a little bit more strategic on what
10 we are hiring for and then what we are referring out.

11 You know, Mr. Rieckhoff, I am struck by your top
12 priority, preventing suicides and caring for those who come
13 back with the signature wounds of these most recent wars,
14 post-traumatic stress, traumatic brain injury. Tell me your
15 thoughts on focusing that hiring that has to take place on
16 the VA primarily on capacity to serve those transitioning
17 service members, the mental health providers that we need to
18 have, and focus on taking care of those unique conditions,
19 wounds, disabilities, injuries sustained in combat or
20 service, and the tradeoff, I think, that is implied in that
21 is that you then refer out those things that are not
22 uniquely service connected, and there is going to be a
23 tradeoff involved if we are going to solve this.

24 We can pretend we are going to hire all 50,000, build
25 hospitals in every community, like the one I serve in El

1 Paso, or acknowledge that we are going to have to set some
2 priorities. I would love to get your take on this.

3 Mr. Rieckhoff. Sir, we created the Clay Hunt bill
4 after we lost Clay. I left Clay's funeral and was on my way
5 to the plane and found out about another suicide on the way
6 there. This is real. It is growing. And, the Clay Hunt
7 SAV Act was a good step forward, but no one should be
8 thinking that this problem is anywhere near close to solved.
9 That is why we are keeping it our number one priority this
10 year.

11 And, I think, framing it in a bigger sense--the thing
12 that is lacking is a national call to action. It was great
13 that we had a White House signing, but most of America saw
14 that and said, great, Washington took care of this, and
15 moved on. We have got a critical shortage of mental health
16 workers and we have got a badly damaged VA brand that Bob
17 McDonald is trying to fix, but folks do not want to work at
18 the VA right now.

19 So, we have got to incentivize them and find ways that
20 they can not just work at the VA, but serve veterans, and
21 that has got to be a call to action that the President
22 should make to the entire country and say, we have a suicide
23 problem. We have a mental health crush. We need every
24 American to step up. You can step up and work at the VA,
25 work at the DOD, work for a private nonprofit, go back to

1 school, and amazingly, in all of these areas, I think the
2 undervalued resource is us. The post-9/11 veterans are
3 standing by to help each other--

4 Mr. O'Rourke. Sorry to interrupt you--

5 Mr. Rieckhoff. Yes.

6 Mr. O'Rourke. --but I really want to make sure that I
7 ask this in as blunt of terms as possible.

8 Mr. Rieckhoff. Yes.

9 Mr. O'Rourke. What if the VA was a Center of
10 Excellence for PTS, TBI, unique combat and service connected
11 issues, and there is a 100 percent chance that when you need
12 to see that mental health provider, you are going to get in
13 right away and it is going to be world class care. And,
14 then, the tradeoff is, there is a pretty good chance that if
15 you have the flu, diabetes, or something that may not be
16 uniquely connected to service or is comparable to what the
17 general population sees, you are going to get referred out,
18 maybe not 100 percent of the time, but more likely.

19 Mr. Rieckhoff. Yes. I mean, this is--

20 Mr. O'Rourke. What do you think about that as--

21 Mr. Rieckhoff. This is the age-old false choice put
22 forward to veterans, that we should figure out who goes to
23 the front of the line. Nobody should wait. I think that is
24 the bottom line. If you have service connected--

25 Mr. O'Rourke. I do not think that is going to fix it.

1 I--

2 Mr. Rieckhoff. Well, I do not think that a lot of
3 these ideas are necessarily going to work that we have heard
4 from Congress in the last couple of years. But, the bottom
5 line is supply is growing and demand is flat or even
6 falling. We do not have enough qualified people to deal
7 with suicide. We do not have enough qualified people to
8 deal with PTSD. We have got to address the supply problem,
9 and I think we have also got to address that VA cannot do it
10 alone.

11 Mr. O'Rourke. Yes.

12 Mr. Rieckhoff. Most of our members are torn, and a lot
13 of them will never go to the VA, especially after the VA
14 scandal. We encourage them to do that, but we have got to
15 recognize that hospital networks, private nonprofits, church
16 groups, everyone else is picking up the slack. So, we have
17 got to look at this as more than a VA problem. We have got
18 to look at it as a national health care priority--

19 Mr. O'Rourke. And--

20 Mr. Rieckhoff. --and that is, I think, where we need
21 to start. Otherwise, we are going to be middling around the
22 edges--

23 Mr. O'Rourke. Right.

24 Mr. Rieckhoff. --with only the people who are
25 currently using VA services.

1 Mr. O'Rourke. And, I am going to yield back, but I
2 think we agree on almost everything. It is incredibly
3 urgent. It is going to require everyone, not just the VA,
4 but the communities in which we live and work, the provider
5 population outside of the VA. But, if something truly is
6 going to be a priority and urgent, I think it needs to be
7 treated that way with limited resources, and I think there
8 will have to be some tradeoffs. So, anyhow, but I
9 appreciate your response.

10 Mr. Rieckhoff. Thank you, sir.

11 Mr. O'Rourke. I yield back to Dr. Roe.

12 Mr. Roe. I thank the gentleman for yielding.

13 I will now take this opportunity to recognize my good
14 friend--

15 Mr. Rowan. Dr. Roe, can I just say one thing? I have
16 to say this for the record. First of all, the majority of
17 suicides are not the young folks coming home, they are us.
18 There are enough of them, unfortunately, that it is terrible
19 and needs to be dealt with immediately, but unfortunately,
20 it is the older veterans who are committing suicide at an
21 incredible rate, have been for years, still are, and many of
22 them because they are retiring out, they are getting into
23 all kinds of hot water.

24 The other thing is this. The VA needs to take people
25 right out of school, which they will not do. I had a friend

1 of mine. She wanted to go work for the VA. She got her
2 Master's degree. She was qualified, but they said, oh, no,
3 you have got to have at least a couple years of work
4 service. I would rather take a kid out of school that I can
5 train the way I want to train them than have to rely on
6 somebody who is going to quit a job after working somewhere
7 else for two or three years. So, they need to do more of
8 that right out of school, getting people right out of
9 school.

10 The other thing is, and this is one of my--the VA needs
11 to document their recruitment efforts by specialty and
12 report to Congress who it is they are hiring and where they
13 are going to look for them.

14 Mr. Roe. Just to emphasize, I am glad somebody took
15 this kid right out of school and hired him as a doctor. I
16 much appreciated them doing that. And, you are absolutely
17 correct. Ms. Brown and I were talking about this. One of
18 the problems is not that people do not want to work for the
19 VA, it is just getting hired takes forever, and that is the
20 problem.

21 Ms. Brown. That is it. That is the problem.

22 [Applause.]

23 Mr. Roe. I will now take this--I will yield.

24 Ms. Brown. Yes, thank you. I mean, it is a misnomer
25 to sit here and say people do not want to work for the VA.

1 Mr. Roe. They do.

2 Ms. Brown. They do want to work for the VA. What
3 happens is it takes too long, the process, and by the time
4 they go through the system, someone else has already hired
5 them. So, let us not sit here and say that people do not
6 want to go to the VA. They do. And, they want to work at
7 the VA. Let us be clear. We have doctors and nurses and
8 professionals, there are veterans coming out that want to
9 work at the VA, but our process is too long.

10 I yield.

11 Mr. Roe. I thank the gentlelady for yielding.

12 I will now take this opportunity to recognize my good
13 friend, Senator Boozman, who, when he served in the Superior
14 House, which is the House of Representatives, was on the
15 Veterans Affairs Committee. I now yield to Senator Boozman.

16 Senator Boozman. Thank you very much, and thank all of
17 you all for being here, and thank you so much for your
18 advocacy. You all do a tremendous job in pushing things
19 forward.

20 I agree with you, Mr. Rieckhoff. The danger is in the
21 signing ceremony, you know, everybody is patting themselves
22 on the back, the nation is patting themselves on the back,
23 much of Congress, and then you forget about these things.
24 We do have to keep it at the top of the list.

25 And then, Mr. Rowan, you made an excellent point, that

1 the majority of people that are committing suicide are
2 actually in their 50s and things. So, it is just something
3 that we have to go forward with.

4 Mr. Minney, you mentioned the travel for non-service
5 connected individuals with vision problems. What is the
6 major disease that they have that is affecting them? Do you
7 know what the primary non-service connected disease that is
8 causing blindness?

9 Mr. Minney. Right now, it is a toss-up between macular
10 degeneration and diabetic retinopathy, diabetic retinopathy
11 being associated with diabetes. The Vietnam community, how
12 they are coming down with diabetes due to Agent Orange, so
13 now that diabetes is causing diabetic retinopathy.

14 Senator Boozman. So, diabetes connected to Agent
15 Orange, and then the resulting vision impairment, that is
16 not service connected?

17 Mr. Minney. It is a fight to get the second and third-
18 -secondary disease associated.

19 Senator Boozman. Okay. Well, we need to fix that.
20 That is an excellent point.

21 One of the problems that we are having in Arkansas, and
22 I know throughout the country, there has been a problem with
23 VA reimbursing local hospitals for the emergency medical
24 care for veterans. When this happens, the hospital or
25 collection agency hired by the hospital may go after the

1 veteran for the payment if they do not receive it from the
2 VA.

3 I guess my question to the panel, is that something
4 that you are hearing about? I have a lot of concern about
5 that, because not only is it a problem now, again, with the
6 veteran, but also with the hospitals. If you do not pay
7 them, they are not going to participate.

8 The other problem is, if we cannot do it right now
9 under this limited program that we have had in the past,
10 what is going to happen as the 40-mile rule develops, and
11 hopefully, we will see more and more people utilizing that
12 as they get comfortable with that. If we cannot do this
13 program, then we are going to have huge problems with that
14 program. And, again, the danger is that if you do not pay
15 the providers, they simply will not participate, and then,
16 you know, potentially could spill over into TRICARE and some
17 of the other things that we worked so hard to make sure that
18 it is accessible to veterans.

19 So, is anybody hearing any of those things out there?
20 Not so much? Good.

21 Colonel Norton. Senator, I would just comment, not so
22 much hearing on that, but we are hearing a related challenge
23 and problem is that some veterans who are referred outside
24 for care, often that results in a prescription of some kind
25 by the civilian provider and that becomes enormously

1 challenging because then the veteran goes to the local CVS
2 or other retail drug provider, has to pay out-of-pocket,
3 then when they go back to the VA, the VA will not recognize
4 the script or they have to say, well, you have to come to
5 the VA and be seen by us so we can write a script on our
6 formulary.

7 So, this is a huge issue that really was not addressed
8 in the Choice Act. The whole prescription medication aspect
9 of outside referred care is still an enormous gap that needs
10 to be taken up and looked at.

11 Senator Boozman. I think you make a great point, and
12 pharmacy is just something that we have got to address, not
13 only in that area, but also the problem with DOD, you know,
14 them, we talk about suicide things, getting people stable
15 while they are still in the service. All of a sudden, they
16 come out and then the pharmacy in the VA, those drugs not
17 being on their formulary, and then all of a sudden changing
18 people where you have had, you know, a lot of work and a lot
19 of attention paid to try and get people on the right track.
20 So, that is something that we need as a group, as a
21 Congress, and you all, also, that is something we really
22 need to work on.

23 So, thank you all very much, again, for your service in
24 so many different ways. We appreciate you.

25 Mr. Roe. I thank the gentleman for yielding.

1 Sergeant Major Walz, you are recognized for five
2 minutes.

3 Mr. Walz. Thank you, Chairman, and thank you all for
4 being here.

5 To both the folks at the table and the folks behind, we
6 are always here on challenging issues, but I leave always
7 more optimistic than I have ever been because there is no
8 one else I would want to be fighting these fights than you.

9 I think back to that national character issue when
10 President Kennedy got asked about going to the moon and they
11 said, we do not do it because it is easy, we do it because
12 it is hard. I do not think he envisioned getting damn care
13 at the VA when he was saying that, that we do it because it
14 is hard--

15 [Laughter.]

16 Mr. Walz. --but the fact of the matter is, it is up to
17 us to get this right.

18 And, Senator Boozman is exactly right on the
19 formularies. Paul, you know this, because you guys wrote it
20 into it. We harmonized the formularies between DOD and VA
21 and it was stripped out at the end. That is kind of the
22 nature of the sausage making here, but it is, again, that is
23 why you do 2.0 and 3.0 and you keep at it.

24 So, I know for all of you, this has to feel a bit like
25 Groundhog Day. We are back here year after year, but that

1 is the point of it. I think, though, and I get the feeling
2 on this, it is different now. It is different because of
3 crisis, and again, anyone who throws up their hands and
4 says, who could have predicted that, some of you sitting at
5 this table know that before Phoenix happened, you were
6 talking about it and we were talking with the administration
7 folks about it and got nowhere. So, it is not a surprise to
8 anyone, nor will it be a surprise on these injuries that are
9 coming.

10 John and others pointed this out. There are bubbles
11 coming. It peaks 40 years after the conflicts. Turn around
12 and look at the OIF/OEF veterans. Their bubble is not
13 coming until 2050. So, for us to shape--you know, there
14 will be some Congressman sitting up here at that time
15 saying, dang, we could not have predicted that this was
16 going to happen, and, yes, you could have. So, make the
17 changes now.

18 And, it is not a false choice. We hold people
19 accountable. We make people accountable. We swear them in.
20 If they are criminal, we send them where they need to go.
21 But, we can simultaneously, as Senator Isakson said, plan
22 for the future and fix it. So, let us do both together.
23 This is our chance to make a generational change, and it has
24 to be there, because here is the alternative.

25 No one else is going to do it, if it is not the folks

1 who are here and the folks that are doing this. There is
2 going to be resistance because it is the nature of
3 bureaucracies, both public and private, to resist change.
4 But, here is the good news, is we can make changes. We
5 started to, and Paul was right. Clay Hunt was a step in the
6 right direction, but as everyone else here said, this is
7 about mental health parity and the view of the public sector
8 to view that, too, because that is where it is going to
9 start. We can change behaviors. We can change how people
10 think about it.

11 I want to come to a granular issue on this, though,
12 because I think we cannot lose sight of this. There are
13 things we can start fixing today and make differences in
14 people's lives on that. And, John, Mr. Rowan, I wonder if
15 you would tell me, could you explain just really quickly,
16 what is the relationship with IOM and the VA? What do they
17 do together and what is going on here?

18 Mr. Rowan. Well, the Institute of Medicine was brought
19 into play back in the 1991 Act, of the Agent Orange Act of
20 1991, where, basically, the Institute of Medicine was asked
21 on a biannual basis to report out on research that they
22 would look at--of Agent Orange-related research and any
23 diseases that they felt were identified as a result of that,
24 that would then end up on the presumptive list, which
25 unfortunately, now, is rather substantial for Vietnam

1 veterans. And, that has been the thing.

2 The problem with it, of course, is one of the reasons
3 why we talk about doing research is, in fact, that there is
4 no research. The VA has never done research on Agent
5 Orange. So, IOM was scratching around wherever they could
6 find stuff instead of having original research to review. I
7 mean, it was a shame. And, the IOM, in the toxic research
8 acts we are talking about, we are also talking about Toxic
9 Wound Act, which we are hoping to have as the second round
10 after we get the first one passed, which would basically
11 extend the 1991 Act to include Persian Gulf and more recent
12 veterans where the Institute of Medicine would start
13 studying them now.

14 The one thing nice about the IOM was they were
15 considered off to the side, although it is interesting.
16 Once again, we see the VA just recently put up barriers.
17 So, when the IOM basically told the VA, you guys really
18 screwed up when it came to the C-123 crew members and pilots
19 and crew, that they agreed those planes were toxic, even
20 despite the VA basically disavowing all knowledge--

21 Mr. Walz. This is the point that I want to bring up--

22 Mr. Rowan. Yes, and--

23 Mr. Walz. --and this is why I say this to my
24 colleagues.

25 Mr. Rowan. Yes.

1 Mr. Walz. While it may be a granular issue, it is a
2 broader one, because this is about research, this is about
3 best practices, and this is about cutting off problems
4 before they become as big as they are. We know we are going
5 to see these things, from burn pits to--

6 Mr. Rowan. Right.

7 Mr. Walz. --depleted uranium to other things. They
8 are coming. The research needs to be done now. The
9 treatment plans need to be done now. And, we need to
10 acknowledge this.

11 And, I bring this up because I think it shows--and the
12 Secretary assures us and I hope he continues to push on
13 this--this insular nature of the VA cannot take outside
14 experts on this in partnerships. It is a waste of
15 resources. It has ended up setting us up for another
16 situation with Agent Orange claims that will come later for
17 this generation, and this is what I am talking about. We
18 can prevent those things now if we choose to do so.

19 So, thank you. Keep pushing--

20 Mr. Rowan. Yes. Just, if I might, to continue that,
21 the other thing was, it was the DOD very clearly had
22 research that showed that these planes were toxic, but the
23 VA would not talk about it and would not acknowledge it and
24 basically hid it. I mean, there is just a mindset somewhere
25 in there that, just, people do not think these kinds of

1 illnesses count.

2 Mr. Walz. Well, we are going to come back at it, and
3 some of you will be here and we will try and push that soon.

4 Thank you, Chairman.

5 Mr. Roe. I thank the gentleman for yielding.

6 Mr. Lamborn, you are recognized.

7 Mr. Lamborn. Thank you, Mr. Chairman.

8 It is great to be here and to see all of you who have
9 served, like Senator Boozman said, in so many ways, so I
10 appreciate that.

11 And, I know the issue of the Denver hospital has come
12 up. I am from Southern Colorado, and although it is not in
13 my district, lots of my 100,000 veterans do need that
14 hospital to be finished. The existing facility is just not
15 up to par. So, I know it is a miss financially, and I do
16 not know the final solution, but we just--we have to find a
17 way to bring all or part of the hospital to completion so it
18 can be used.

19 But, for any one of you, I would like to ask this
20 question. I also asked this of Secretary McDonald when he
21 was here earlier this year, and that is how can we find a
22 better way to have a seamless transition for our active duty
23 men and women leaving the Department of Defense going into
24 the VA? I know just moments ago we talked about matching
25 formularies. That is probably one step in the right

1 direction. But, what are some other ways that you would
2 like to propose that we can work on for a better and more
3 seamless transition?

4 Mr. Minney. Congressman, if I may--

5 Mr. Lamborn. Yes.

6 Mr. Minney. The one issue I can see is, at this time,
7 the Department of Veterans Affairs is only employed by 33
8 percent veterans. Now, there are supposed to be veterans
9 taking care of veterans.

10 Mr. Lamborn. Mm-hmm.

11 Mr. Minney. So, if you take the 66 percent that are
12 not veterans, once the veteran transitions, those folks do
13 not understand the military health care system or even the
14 military way of life. So, I think one of the best ways to
15 do it is to actually hire more veterans within the VA health
16 care system, or even VBA, as well.

17 Mr. Lamborn. Excellent. Excellent.

18 Mr. Minney. That is one approach, so--

19 Mr. Lamborn. Thank you.

20 Mr. Minney. You are welcome.

21 Mr. Lamborn. Mr. Rieckhoff.

22 Mr. Rieckhoff. Sir, yes. We have got five specific
23 recommendations, but just to tick them off, provide
24 oversight by monitoring the progress and development of the
25 interoperable DOD and VA health records. Remember that? I

1 mean, we all stood up with the President, I think it was
2 five years ago, and talked about the initiation of a plan.
3 Well, that plan is still somewhere ongoing.

4 Automatically enroll all troops leaving active duty
5 service in VA health care with an option to opt out. Get
6 them in when they are still in and have that be more
7 seamless.

8 Fully implement the DOD plan to develop an automated
9 system to transfer the service treatment records to the VA
10 electronically.

11 Fully implement the comprehensive exit physical before
12 a service member leaves the military.

13 And, improve the transition of National Guard medical
14 and service records from state units to the VA. Those are
15 five suggestions that we have, and happy to follow up with
16 your staff in more detail, sir.

17 Mr. Lamborn. Well, please do. Thank you.

18 Sergeant Major Overstreet. You know, we have had that
19 for, like you said, the last five years. We had a plan, but
20 we had not executed the plan, and I do not think the plan
21 will be executed until you sit down with people from the
22 leadership, from DOD and VA and say, okay, what is the
23 malfunction? This is where we are going. How are you going
24 to implement it? Until someone has oversight on that and
25 positive direction, it is not going to happen.

1 Mr. Lamborn. Thank you.

2 Would anyone else like to help answer?

3 Colonel Norton. Congressman, we would suggest more
4 needs to be done in terms of the recruitment of physicians,
5 nurses, and other medical professionals from DOD when either
6 they complete their term of service or when they retire,
7 things like fellowships, post-doctoral opportunities,
8 research, even recruitment stipends, if you will, to attract
9 them into VA service. But, that gets back to Ranking Member
10 Brown's point about the long delays in the VA process. If
11 somebody is certified as a physician in the Department of
12 Defense, it ought to be quick, easy, and seamless to move
13 them over into the VA and provide opportunities for them,
14 including reasonable incentives for them to want to
15 affiliate as a VA medical professional.

16 Mr. Lamborn. Mr. Minney.

17 Mr. Minney. Once again, at this time, there are
18 between 40,000 and 50,000 unemployed Navy corpsmen, Army
19 medics, and Air Force health technicians. The Department of
20 Veterans Affairs will not hire them based on their military
21 DOD education. An individual could be an x-ray tech in the
22 Army for ten years, want to go to work for the VA, and the
23 VA says, well, we are not going to hire you because you are
24 not credentialed. Well, there is part of the problem. DOD
25 needs to credential the enlisted military medical personnel

1 so that they can have the opportunity to go to work for the
2 VA. So, there is a disconnect right there. If you can take
3 care of an individual while they are in uniform, why can you
4 not take care of them when they are a veteran?

5 Mr. Lamborn. Okay. Thank you.

6 And, Mr. Rowan.

7 Mr. Rowan. Yes. I am going to speak for my Treasurer,
8 who I know would love to jump in on this issue. His son is
9 a major in the Air Force and a neurosurgeon. He is--
10 neurologist, excuse me. See, he is speaking up.

11 [Laughter.]

12 Mr. Rowan. But, the bottom line is this. He is
13 looking around to get out, quite honestly, and the bottom
14 line is the headhunters are telling him, do not even think
15 about the VA. They are not looking. They are just not
16 looking. And, despite the Secretary having told my
17 Secretary that he was going to go after his son, he never
18 did.

19 Mr. Lamborn. Okay. Hey, thank you again for your
20 answers and for the service that you provide.

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

22 Mr. Roe. I thank the gentleman for yielding, and
23 again, I want to thank all of you all for being here today
24 and to thank you and your organizations for what you do for
25 our veterans and their families.

1 Now, I will take this opportunity to yield to Ranking
2 Member Brown for any closing comments.

3 Ms. Brown. Well, I just want to thank you all for your
4 service, for your comments. Clearly, we have got a lot of
5 work to do, but as we go into Memorial Day, thanking all of
6 the veterans for their service, and the women veterans, you
7 know, the first President, George Washington, said, whether
8 or not young people want to join the military will depend on
9 how we treat the veterans, and I am committed that we will
10 continue to work to give them the service and the quality
11 care that they need.

12 I mentioned earlier, and he is still here, about
13 Denver. On the 24th, if we in Congress have not come up
14 with a plan to authorize additional--so they can spend
15 money, that project is going to close. That will cost \$20
16 million, and it will cost \$2 million a month. That is a
17 waste of taxpayers' dollars.

18 You know, we can blame VA. I say we can blame the
19 Congress, because we had not authorized any hospitals in 50
20 years. Blame whoever you want to, but the veterans should
21 not get the service they need. What happens when failure is
22 not an option? We have got to get it done. Thank you.

23 Mr. Roe. I thank the gentlelady for yielding.

24 I want to take this opportunity once again to thank all
25 the people who are here, all the organizations. And, one of

1 the things I think you are seeing with this committee, I
2 have been six-and-a-half years, Ms. Brown has been here for
3 over 20, and--

4 Ms. Brown. Twenty-three.

5 Mr. Roe. Twenty-three, correction. And, one of the
6 things that I have noticed in these hearings is the
7 attendance of the members. There is much more interest in
8 the last year. It has doubled or tripled. And, they are
9 very meaningful. I have learned a lot of things today, and
10 things that are going to be fairly simple--prescription
11 drugs--things that are not going to be hard to fix, we can.
12 And, it is a bipartisan effort, I might add.

13 I think you are seeing input from both. I think the
14 Veterans Choice Card--the Veterans Choice Act, I mean, is
15 not being implemented as the Congress intended it. We will
16 have to do oversight on that.

17 But, I can also tell you, being a Vietnam-era veteran--
18 I served in Korea in 1973 and 1974--I see a lot more
19 emphasis toward helping veterans than I saw when I got out
20 of the Army in 1974, I can tell you that. I mean,
21 basically, the gate did not hit me on the back end going
22 out, and that was about it. That was the only connection I
23 got. I mean, there was really no TAP program. There was
24 not anything. So, we are doing much better.

25 The Post-9/11 G.I. Bill is a phenomenal benefit, and if

1 a million young people have accessed that, our country is
2 better off for it. We will get the money back in spades.
3 There is no question about that, we will. We will benefit
4 mightily from that.

5 On the veterans hospital in Denver, I mentioned this in
6 a hearing. They built the Coliseum in Rome in eight years,
7 and it looks like we are going to exceed that with the VA.
8 Now, they had different labor issues, I realize that, and
9 they did not have the EPA on them. But, it looks like that
10 you could build a hospital for less than \$1,700 a square
11 foot.

12 And, I think about how much metformin, how much care
13 that Mr. Kovach mentioned that we could be giving our
14 veterans, and it takes away from other veterans construction
15 projects that could be done. So, I did not sign on to be
16 the project manager for every VA hospital built. They can
17 do better, and they will do better. I think the oversight
18 from our committee will do that.

19 It is a privilege, as I said to start my comments, to
20 serve on this committee, to serve those now who served us,
21 and I will--this is just my view. I have been to
22 Afghanistan twice, hope to go again. We have the most
23 courageous volunteer and highly trained military in the
24 history of this country. It is amazing, the professionalism
25 of these young people.

1 Now, I say this every time I speak. I am a fiscal
2 conservative, but there are three things I will never, ever,
3 ever apologize for spending money on. One, if you are a
4 soldier in the field, I want you to have whatever you need
5 to protect you and your comrades, period, whatever you need.

6 Number two, when you have made that service, when you
7 come home, I want this country to serve you again as you
8 served it.

9 And, thirdly, I am going to also support my agriculture
10 community, because I like to eat.

11 [Laughter.]

12 Mr. Roe. So, I want to make sure that my farmers are
13 taken care of.

14 I appreciate you all being here, and closing up, I ask
15 unanimous consent that all members have five legislative
16 days to revise and extend their remarks and include
17 extraneous material, and without objection, so ordered.

18 I would like to include in the record at this point a
19 prepared statement from the Association of the United States
20 Army.

21 [The prepared statement of the Association of the
22 United States Army follows:]

1 Mr. Roe. With that, this hearing is adjourned.

2 [Whereupon, at 12:08 p.m., the committees were

3 adjourned.]