

Stenographic Transcript
Before the

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES SENATE

STATE OF VETERANS SERVICES IN ALASKA

Monday, August 26, 2013

Anchorage, Alaska

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STATE OF VETERANS SERVICES IN ALASKA

Monday, August 26, 2013

U.S. Senate
Committee on Veterans' Affairs
Anchorage, Alaska

The committee met, pursuant to notice, at 9:30 a.m., in the Gathering Room, Southcentral Foundation, 4501 Diplomacy Drive, Anchorage, Alaska, Hon. Mark Begich presiding.

Present: Senator Begich [presiding].

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OPENING STATEMENT OF SENATOR BEGICH

Senator Begich. Are we all set? Are we good? We would like to call Subcommittee on Veterans' Affairs Committee -- on Veterans' Services and Alaska field hearing to order. Thank you all very much.

Is that loud, or is that just -- is that okay? Okay.

Thank you all very much for joining us.

Before I start, if I can have those that are able to, if we can have all the veterans just stand up so we can recognize you. Thank you for your attendance here today. Let us give them a round of applause. Thank you very much.

[Applause.]

Senator Begich. I appreciate it. I'd like to -- welcome. Could I have you just stand up for a second and just introduce yourself? We're very proud to have Alaska on a national level. He's now the National Commander of the Purple Heart. Ron, just introduce yourself if you could.

Mr. Siegel. I'm Ron Siegel. I live here in Anchorage. I just -- I am the National Commander of the Military Order of the Purple Heart. Doing a lot of traveling working on a lot of issues, and one of the biggest -- I have already done one thing I'm extremely proud of, and I am going to toot my horn a little bit. I just elected the first female national officer at the national level. Her name is Wendy Buckingham. She lives in D.C., and she is going to be in

1 charge of -- I have given her the title of director of
2 Women's Veterans' Issues. She is great. She's going to be
3 a real asset to not just the Military Order of the Purple
4 Heart, but to the whole mission.

5 So we are expecting some great things there. And we
6 are just getting longer in numbers.

7 Senator Begich. Thank you, Ron.

8 Mr. Siegel. Thank you.

9 [Applause.]

10 Senator Begich. We are always proud to show off an
11 Alaskan, who receives such a high honor, but also
12 congratulations again appointing for the first time the
13 first woman to a national office -- officer in the
14 organization. Thank you very much for doing that.

15 Good morning, and welcome to today's hearing on
16 veterans services in Alaska. Thank you all for joining us.
17 I know August -- you know, this is tough. I was at the
18 State fair yesterday when it is a blue sky like this and it
19 is the State fair starting, and these two things usually do
20 not match.

21 [Laughter.]

22 Senator Begich. So being inside, I appreciate you
23 taking the time to be here. There are lots of other things
24 to be doing, getting ready for hunting, fishing, and, of
25 course, the blue sky of the State fair is a miracle. And

1 so, we would like to be out there. But thank you very much
2 for joining us. A special thanks again to the veterans who
3 are joining us today. We appreciate your service to this
4 country.

5 Honestly, it has been an honor to serve on the
6 Veterans' Affairs Committee for the last five years, and we
7 want to thank the Southcentral Foundation for the gathering
8 and the use of your cabin. Thank you very much for this
9 great room. I have used it a couple of times, and it is a
10 great facility. It is a great healthcare organization that
11 we like to brag about around not only the State office, but
12 around the country and the world. So thank you for allowing
13 us to utilize this facility.

14 To each of you, we have two panels today, which we
15 believe will be valuable resources for me as a member of the
16 committee, and information that will be part of the official
17 process of the Veterans' Committee to understand what needs
18 to be done here in Alaska, but also this will be helpful for
19 us on the national level. So we thank you, the panels that
20 are here today.

21 As we continue to address the issues important to our
22 Nation's veterans and their families, I look forward again
23 to their continued comments, not just here at this hearing,
24 but as we move through the legislative process, which will
25 go on for a period of time here.

1 The purpose of this hearing is to address the State's
2 veterans' services in Alaska. I know this is truly a
3 daunting title, and we will not cover all the issues that
4 impact veterans in Alaska. We have asked you here today to
5 talk about women veterans, job training, healthcare access,
6 benefits, and more.

7 At times, the VA's challenges cast a large shadow over
8 what the VA does well. I think it is important that we
9 acknowledge the things that the VA is accomplishing each and
10 every day for veterans. It is us up to us -- all of us --
11 to ensure that service members are prepared for the
12 difficulties facing them as they leave for active duty or as
13 they require services.

14 The bottom line is simple: no veteran, family member,
15 or caregiver should ever have to fight the Federal
16 government to receive their earned and well-deserved
17 benefits.

18 To all the witnesses here today, welcome. I look
19 forward to hearing your testimony and working with you in
20 the future. And let me go ahead and introduce the first
21 panel, and then what we will do is as we do the panel, we
22 will probably come this through the testimony, and then we
23 will end with you, Katherine, if that is okay.

24 At this time, I would like to welcome the members of
25 our first panel. First, we will hear from Vanessa Meade

1 from the Alaska Veterans Organization for Women. Also with
2 us is Brandon McGuire, recruitment organizer for Local 367,
3 the Plumbers and Pipefitters Union. Following Mr. McGuire's
4 testimony, we will close out the first panel with Katherine
5 Gottlieb, president and CEO of the Southcentral Foundation.

6 And with that, let us go ahead and start with Ms.
7 Meade. And what we will do is each person will have their
8 testimony, and then I will ask the questions that I will
9 ask, and then we will submit the remainder, depending on the
10 time, to the record.

11 Also, we have done something different. Usually the
12 way these Senate hearings work is these guys are usually
13 there looking this way, and they have their backs to you. We
14 decided to do something a little different, so as they are
15 speaking, it will seem a little odd than what we do for
16 precedents. But really we want to let you all hear the
17 testimony and be able to acknowledge some of the questions
18 and the services that you all have.

19 So, Ms. Meade? Go ahead. Try again.

20 Ms. Meade. Okay.

21 Senator Begich. I think what happens is we might --
22 hang on. You are good. Perfect

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STATEMENT OF VANESSA MEADE, VETERAN

Ms. Meade. Thank you, Senator Begich.

Senator Begich. They are not going to figure it out. They are back there in a magic room behind that mirror. Give them a second here. Hang on. This is a wakeup call.

[Laughter.]

Senator Begich. Perfect.

Ms. Meade. First, I would like to thank you for this opportunity, Senator Begich. It is a privilege and an honor to be here and to speak with you all today. I will be focusing my testimony regarding the services addressing the needs of female veterans here in Alaska.

I started Alaska Veterans Organization for Women in 2011. And in February of this year, we became program under YWCA Alaska. And we are really excited about that.

So as a woman and as a Gulf War veteran, I first want to commend the changes I have seen over the years that the VA has done to address women veterans issues. I remember whenever I first got back from deployment where I was deployed for the first cohort, got back. Went to a VA, and they did not even have female bathrooms. So I think we have come a long way, and there is still a ways to go.

I think we could do a little bit better as far as creating more access for women veterans. We have 8,500 women veterans in the State of Alaska, and less than 2,000

1 of those are using VA services right now. And again, I want
2 to commend the VA as far as being able to set up the women
3 veterans' program coordinator, which I think has been an
4 integral part of more women veterans becoming a part of VA
5 services.

6 Here in Alaska, we have -- we have really been focusing
7 on -- one of the reasons I started A.V.O.W. was to kind of
8 help create a bridge between the VA and people who maybe had
9 not accessed services. A lot of women vets do not even
10 really state that they are veterans. I have had several
11 friends of mine that we were talking, and then we all
12 figured out that we were veterans, and we just -- it is one
13 thing that we do not talk about. So that is one of the
14 things is getting out there and getting people to talk about
15 it more, and for women to be recognized in the same way that
16 men are.

17 So I was going to speak a little bit about some of the
18 things I have heard in the last -- since 2011 from women
19 veterans. So I am speaking on behalf of not just myself,
20 but some things that have come up that have kind of been a
21 theme.

22 One of the things is that the VA veterans program --
23 and one of the women came up to me and said, you know, I
24 really do not understand that the VA is saying that they are
25 helping -- they are trying to get women's veterans.

1 Whenever I go to see the women veterans program coordinator,
2 she is located in the hallway at the VA in a cubicle, and it
3 is not very private. This has come up more than once. And
4 so, it is kind of hard to address that if you do not -- it
5 is kind of the whole thing of how that is perceived by women
6 veterans.

7 Another thing is that we continually hear that the VA
8 has a women's clinic, and while there are specific women
9 veterans service providers, there are not -- there is not a
10 specific clinic for women veterans. And a lot of women
11 veterans that I speak with have issues around experiencing
12 military sexual assault, and so sexual harassment. And it
13 is difficult for them to go into a place and then to go into
14 a place where it is not -- where there is no gender-specific
15 area for women to be able to go to. It creates a lot of a
16 difficulties.

17 One woman was talking about how she had gone in for an
18 appointment, a gynecological appointment, and a male veteran
19 accidentally came into the room. And she had had
20 experiences of military sexual assault, and it was a very
21 difficult thing for her to have somebody come walking into
22 the room while she was waiting for her appointment. So I
23 think that is something we can do better at, too.

24 Having multiple service providers is another thing that
25 has come up several times. I understand, and I maybe need

1 to be corrected, I am not sure, but I understand that there
2 is supposed to be a mandate for there to be one service
3 provider for women veterans to be able to go to get their
4 female-specific care taken care of. And here in Alaska, we
5 still have a lot of people that are -- have three or more
6 service providers. In other words, you go in for an
7 appointment, you have to go to three different appointments
8 for, let us say, an annual physical, and take off work, and
9 to do those kind of things. It makes it really difficult.

10 I think one of our major -- I think I would really,
11 really like to see -- the VA is doing a lot of really
12 wonderful things, and there are various ways that, I think,
13 women services can be improved. And one of those is through
14 working through more community agencies and doing case
15 management type services as well, because if you need VA
16 services, you go to the VA and it is contained within the
17 VA.

18 But if you need to -- like women veterans are the
19 fastest-growing population right now. There are also a lot
20 of women veterans that are homeless and different things
21 like that. So trying to work with community agencies or
22 developing case management within the Veterans
23 Administration would be super helpful because if you do not
24 -- if you are not able to access the services, first of all,
25 you do not feel you are able to, or -- then when you go,

1 there is nobody really out in the community helping you. It
2 is like, okay, find housing for yourself and we have got a
3 voucher for you, or -- it is kind of difficult. So
4 especially if there are some other issues going on, a lot of
5 women veterans do have going on, including having kids. And
6 that is another thing with the VA, not being able to have
7 child care services to go for appointments. That is a
8 really difficult issue, especially with all of our young
9 returning veterans.

10 There is just also a seven-day window on newborns, when
11 a young woman vet gets services for maternity care, and they
12 only have a seven-day window for that baby to be covered.
13 And so, if there is something that is significantly wrong
14 with that infant, after seven days they are not qualified
15 for VA services any longer. So being able to extend out and
16 actually provide for the services for the infants is
17 important, too.

18 So I think I will end my comments there. I am sure I
19 have hit my five minutes. But I really want to say that,
20 like I said, I think there is a long ways to go. We are
21 definitely headed in the right direction. But as far as
22 women being able to access and being able to get the
23 benefits and the same benefits that we are entitled to, then
24 we could do a little bit better in Alaska.

25 So I would like to thank you again for having me here

1 today, and I appreciate it.

2 [The prepared statement of Ms. Meade follows:]

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1 Senator Begich. Thank you very much, Vanessa.
2 And next we will go to Brandon McGuire. Brandon?
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1 going to be able to have every medical professional inside
2 that building. So outsourcing is a good thing that I think
3 the VA does do.

4 Once again, I am fairly satisfied with everything the
5 VA has given. And as far as programs, off the top of my
6 head and sitting down thinking about it, you can always
7 throw around just a program here and there. But I think
8 right now just beefing up the programs that we have in
9 there, including what Ms. Meade is doing. She threw some
10 great points that I had never thought about because I am
11 kind of telling the man's point of view. So beefing up some
12 of your programs and looking at those, I think would be a
13 good idea.

14 But on the whole coming from a veteran's standpoint, I
15 think the VA is doing a very good job with what they have to
16 work with. And I think they are trying on a daily basis to
17 make improvements as far as what they do.

18 I do want to say I appreciate you allowing me to be on
19 the panel today, and I appreciate you guys' attention.

20 [The prepared statement of Mr. McGuire follows:]

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1 Senator Begich. Thank you very much.

2 Let me go ahead and go to Katherine Gottlieb next. And
3 then for those -- just so everyone knows, too, there are
4 formal presentations. They have testimony which has all
5 been included for the record in more detail, and we
6 appreciate that very much.

7 Katherine?

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1 STATEMENT OF KATHERINE GOTTLIEB, MBA, DPS,
2 PRESIDENT AND CEO, SOUTHCENTRAL FOUNDATION,
3 ANCHORAGE, ALASKA

4 Ms. Gottlieb. Good morning, Senator, and good morning,
5 everyone. It is exciting to see the room filled with people
6 who are invested on this subject, but --

7 Senator Begich. Is your mic on?

8 Ms. Gottlieb. No.

9 [Laughter.]

10 Ms. Gottlieb. I will just keep talking --

11 Senator Begich. There we are.

12 Ms. Gottlieb. -- and hopefully it gets a little lower.
13 And I was saying it is exciting to see all of you interested
14 in this subject and showing up for this committee hearing
15 this morning. Thanks for allowing me to present.

16 I also want to thank you for bringing several people to
17 Alaska. It is always exciting to show off our stuff, what
18 we have done with veteran care. So, welcome, Dr. Petzel,
19 and his staff, all those that are here in Alaska who have
20 joined us over the last 24 hours looking at our system and
21 having discussions with us.

22 I also want to acknowledge a couple of vice presidents
23 in the room: Dr. Benthos Beebe, Michelle Tierney in the
24 back, and Dr. Kevin Duffy, our vice presidents for the
25 Southcentral Foundation.

1 We are an organization -- one of the tribal
2 organizations in the room that benefited from you, Senator,
3 for bringing the Alaska Care Card to our State and having us
4 sign all the agreements. And I believe because of that
5 agreement, your 77,000 VA people living in this area are
6 going to have a lot more eligible access to healthcare
7 around our State, and especially in the rural communities.

8 And my understanding is that 30,000 of them live here
9 in Alaska, and I am sure many of those Alaskan American
10 Indians are showing up on our doorstep, and, like you said,
11 are not identifying themselves as vets because their
12 eligibility for us does not require them to say there are
13 veterans that are receiving services from us.

14 But in the rural communities, those that are not
15 beneficiaries are going to enjoy our healthcare services
16 that are provided around the State of Alaska. So I
17 appreciate you initiating that and having all of our tribes
18 under the agreement.

19 Again, who are we? We are the Southcentral Foundation.
20 We are compacted with and through Title V of the Indian
21 Self-Determination Act, pursuant to our tribal authority
22 granted Cook Inlet Region here in Alaska, our regional
23 corporation. And we provide services here on campus for
24 60,000 Alaskan Native American Indians, who live in the Mat-
25 Su Valley and around the Anchorage service unit.

1 We are all -- we provide services to the whole tail
2 down to the lower 28 Banana Belt of Alaska. So there are 55
3 villages throughout that community, and then you come up
4 through Anchorage and the Mat-Su Valley. People kind of
5 forget that we are tied to the villages because we are so
6 located here and co-managing the Alaska Native Hospital with
7 the Alaska Native Tribal Health consortium.

8 So we operate and manage the Nuka System of Care, and I
9 want to focus my remarks today on the Alaska veterans and
10 their families, and how Southcentral Foundation Nuka System
11 of Care can inform the Department of Veterans' Affairs
12 efforts to care for their veterans and their families.

13 Like I said, now it is possible for those 40,000 rural
14 community veterans to receive services, but also 77,000 --
15 but they are going to find out, and they are going to want
16 to come because we are changing the way that we do deliver
17 our care in our primary care systems.

18 We began a friendly initiative, a VA system around --
19 relating to partnering more extensively, and especially in
20 the Mat-Su Valley. You have heard a little bit about that.

21 We have offered to collaborate around pharmacy and
22 radiology services, and to provide direct clinical services
23 during times of low staffing in the VA clinic located out
24 there.

25 And you know that the Mat-Su Valley is the fastest-

1 growing population in the State of Alaska, one of the
2 fastest areas. As our clinic in the valley is currently not
3 at full capacity, and we thank you again for your contract
4 support across initiatives, and your joint venture
5 initiative, and helping Congress to allocate those resources
6 to become full capacity, we are willing to find ways to
7 avoid duplication of our services out in the Mat-Su Valley,
8 and our efforts have become more closely collaborative.

9 So in June 2012, a work group was formed to apply
10 lessons learned from the Nuka System of Care to facilitate
11 transformational initiatives and alignment of the VHA
12 organizational systems of support, relationship-based
13 Vietnam-centered care -- veteran-centered care, I am sorry.

14 The VHA is developing contact based on their vision
15 values. And we found this out working with them that we
16 have a lot in common in the way that they look at their
17 services based on their vision, their mission, their goals,
18 and their key characteristics. And they are establishing
19 initial pilots around this, and identifying a larger pool of
20 sites to participate in a more robust pilot project and
21 process in Fiscal Year '14.

22 We have had ongoing conversations with the Alaska VA
23 leadership relating to partners more extensively in every
24 area. We have people coming through from the VA system that
25 are putting more and more into the system of care and how to

1 implement it within their different areas.

2 The goal is to provide personalized, proactive veteran-
3 centered healthcare, and that is why I said they are all
4 going to show up at our doors today after we get from being
5 here.

6 The workgroup outlined six requirements to be the goal,
7 and this workgroup is a combination of Southcentral
8 Foundation employees and the VA leadership. We are
9 committed to local leadership endorsing the principles of
10 relationship-based veteran-centered care and active engaging
11 in programs; strategic innovation with other existing
12 transformational initiatives; co-locating horizontally to
13 organize healthcare teams, trained, coached, and mentored in
14 relationship-based veteran-centered care delivery; human
15 technology process improvement and organizational systems
16 that are aligned to support these healthcare teams as they
17 deliver personalized proactive healthcare; transparent,
18 readily available data focused on important aspects of care
19 to inform treatment development improvements; and observe
20 changed systems to routinely solicit feedback on the
21 veteran's experience.

22 You're customer-owners, and we want to hear from you,
23 and we want to know that you, just as you said today in your
24 testimony, Brandon, that -- it is Brandon, right?

25 Mr. McGuire. Yes, ma'am.

1 Ms. Gottlieb. -- that you like the services that you
2 are getting. We want to hear that from you and working the
3 VA system to develop that kind of customer satisfaction and
4 feedback through their system in order to sustain and
5 support what you already like and what you see as a benefit
6 to you when you are in the VA system.

7 We encourage continuing exploration by the VA of the
8 possibility of using the Tribal Health System to deliver a
9 wider and wider array of services to our valued veterans in
10 Alaska.

11 Now, as I close, the reason why -- why is the VA
12 interested in our system? It is what Senator Begich said.
13 He is one of our best cheerleaders of our new system of
14 care. We save money. Our primary care system, the way we
15 set up teams, the way we deliver our services, have driven
16 down costs across the healthcare system that we have today
17 with the hospital beds, less people showing up under
18 specialty of care. There are less people showing up for
19 primary care visits because they have their whole healthcare
20 delivery taken care of once they walk in the door.

21 So thank you, Senator, for this time to be able to give
22 testimony.

23 [The prepared statement of Ms. Gottlieb follows:]

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25

1 Senator Begich. Thank you very much. I have a series
2 of questions, and I will start -- and, Katherine, I am going
3 to tee off from where you just were at, was on the issue of
4 the Nuka System and some of the tribal agreements that we
5 have spent the last year or so putting all together. And I
6 am just curious, from your current experience -- and for
7 those that are not aware, and I will put in a couple more
8 phrases in there to add to what Katherine was talking about,
9 is that if you are in rural, this area, if are you are in
10 rural Alaska, and you are a veteran, and you need to get
11 healthcare, a good example would be the new hospital or the
12 one we just opened in Barrow last week.

13 If you are a veteran and you do not have fly all the
14 way to Seattle or go to the VA clinic, if you decided, you
15 can right in your own community and utilize those
16 facilities. And we think that is a great addition. I mean,
17 just walking through the Barrow hospital on last week, it
18 was just a fantastic facility, to say the least.

19 So do you see as this now starting to materialize, how
20 long will it take, do you think, to kind of analyze the
21 positive aspects and as well as the negative aspects, things
22 need to be improved in this arena between the VA and the
23 tribal consortium? Is it a -- give me a sense of what you
24 think the timetable that would be required.

25 Ms. Gottlieb. Well, I would go six months to two

1 years, and the reason I would give it that is we are really
2 good at collecting data, and we have to just refocus
3 ourselves to say now there is this new agreement happening.
4 Are we being successful in what we are doing, and are people
5 showing up for the services?

6 I think it is going to take six months to get the word
7 out to make sure everybody knows they have access. And it
8 is, as you say, people -- most people do not identify
9 themselves as veterans. So I believe that many veterans are
10 showing up at our doorstep now, but not identified as
11 veterans. And it will be nice for those that are not
12 beneficiaries to be able to come and get services.

13 So I believe six months to two years, we will have a
14 lot of data.

15 Senator Begich. In your process -- in your intake
16 process, have you changed that now, or was it already there
17 and you have asked the questions --

18 Ms. Gottlieb. Of our veterans? Have we already
19 questions of our veterans?

20 Senator Begich. Is that a lottery line?

21 Dr. Beebe. Yeah. It is consistent.

22 Senator Begich. With your list of items that you go
23 through.

24 Dr. Beebe. From --

25 Senator Begich. Yeah, not eligibility, but just data

1 collection, you know. Data collection if they are veterans
2 and so forth, then obviously eligibility would --

3 Dr. Beebe. Yeah. Well, it is kind of different in the
4 different locations.

5 Senator Begich. Sure.

6 Dr. Beebe. In the villages, we sort of own the whole
7 process, so they just bring people and get them all signed
8 up and all that kind of stuff. And there have been outreach
9 workers, village liaison folks that, which has been just a
10 phenomenal, phenomenal thing. And the valley is pretty much
11 driven by the VA clinics, so the VA clinic is all the --

12 Senator Begich. Intake.

13 Dr. Beebe. -- intake and all that kind of stuff, that
14 they then connect and refer to us, because they have a very
15 robust on-the-ground capability of doing that.

16 Senator Begich. Gotcha. So there is --

17 Dr. Beebe. It is geography dependent.

18 Senator Begich. Gotcha.

19 Ms. Gottlieb. Thank you, Dr. Beebe.

20 Senator Begich. Great. Thank you very much. Do you
21 think -- so probably if we put in our mind another year and
22 a half, two years from now, the review start process of
23 trying to review the success, would probably be an
24 appropriate time.

25 Ms. Gottlieb. I think so.

1 Senator Begich. Okay, great. Let me hold you there.
2 I'm going to go, if I can, and ask a couple of questions.
3 Brandon, do you -- now do you do -- you went through -- did
4 you go through the apprenticeship program --

5 Mr. McGuire. Yes.

6 Senator Begich. -- as a veteran?

7 Mr. McGuire. Yes.

8 Senator Begich. And what was your experience in that
9 process as you went in? You came out of the military.

10 Mr. McGuire. I came out of the military and went
11 through it with the GI bill.

12 Senator Begich. Right.

13 Mr. McGuire. I came out of the military. I joined the
14 apprenticeship program through my local unit 367. I went
15 through, and the GI Bill kicked in on that because it is on-
16 the-job training. It does not kick on equally as it would
17 if I had gone to college.

18 Senator Begich. Meaning value or time?

19 Mr. McGuire. Meaning value.

20 Senator Begich. Okay.

21 Mr. McGuire. And that is fine. I understand the on-
22 the-job part. There were a couple of flaws with that going
23 through the entire program. One of them would have been,
24 they account for -- they only credit you with 160 hours a
25 month as far as what they give you towards your benefits.

1 But at the same time, if you -- for instance, there were a
2 few months that I put in, you know, 220 hours.

3 Senator Begich. Right.

4 Mr. McGuire. They would take 220 off of what they were
5 going to allow you.

6 Senator Begich. So for the total amount or the allowed
7 resources you would get, even though you are only allowed
8 160, but if you did 220 --

9 Mr. McGuire. Yes.

10 Senator Begich. -- you kind of take the 160 plus any
11 additional off the --

12 Mr. McGuire. Yes. Yes. That and then you continue
13 throughout the apprenticeship, meaning our apprenticeship is
14 a -- it is a five-year, 10,000 hour program. My funds were
15 exhausted prior to that five years just because they would
16 take off extra hours, even if it was only, say, one month I
17 worked 184 hours. Well, that is only 24 hours that they are
18 taking away, but it just adds up over time.

19 Senator Begich. Sure. And so, you were -- so the GI
20 benefit worked for a certain amount of hours, but the five-
21 year spread did not do it.

22 Mr. McGuire. Right, it did not do it for that five-
23 year spread.

24 Senator Begich. So what was it like for -- I am just
25 curious. How did you get paid for that from the VA? How did

1 that work for you? So you applied, you are in the
2 apprenticeship program. And were you responsible or was the
3 school responsible for collecting those funds and
4 distributing them to you?

5 Mr. McGuire. No, the school was responsible for
6 turning in the hours worksheet.

7 Senator Begich. Right.

8 Mr. McGuire. I am responsible for getting it to my
9 hall, and then from my hall, we had a lady who sent it into
10 the VA. The process to get it all rolling was a lengthy
11 process. It took a long time getting it authorized and
12 paperwork, and --

13 Senator Begich. When you say "a long time," a month,
14 two, three?

15 Mr. McGuire. Several months.

16 Senator Begich. Several months.

17 Mr. McGuire. Several months, yes.

18 Senator Begich. Would you have already been in the
19 apprenticeship program already at that point?

20 Mr. McGuire. Yes. I had already been in the
21 apprenticeship program.

22 Senator Begich. So you were in the program.

23 Mr. McGuire. Yes.

24 Senator Begich. You were in the process to get --
25 catch up to you.

1 Mr. McGuire. Yes. Now, one thing they did back then
2 when I came in and everything, and the funding was
3 authorized, they did go back and give us those funds for the
4 time we had turned in. But it was a lengthy process to get
5 that form, which that money was a tremendous help. I am glad
6 that I did the GI Bill for sure.

7 Senator Begich. And what was the cost that they
8 covered for you for the original?

9 Mr. McGuire. It was more of just assistance because it
10 is on-the-job. As an apprentice, you do not get as much as
11 a journeyman for sure.

12 Senator Begich. Right.

13 Mr. McGuire. So it was just to help --

14 Senator Begich. Offset the costs.

15 Mr. McGuire. -- offset the costs, yes.

16 Senator Begich. Okay. So during that period while
17 this was going on to catch up, you had to take care of your
18 own issues until that --

19 Mr. McGuire. Yes.

20 Senator Begich. -- you could take care of the bills
21 and whatever else was accumulating.

22 Mr. McGuire. Yes.

23 Senator Begich. Is that a fair --

24 Mr. McGuire. Yes.

25 Senator Begich. Did you have other colleagues that got

1 -- used the GI Bill?

2 Mr. McGuire. There were four total in my
3 apprenticeship class that used the bill, and we all pretty
4 much had the the same part -- experienced the same things.

5 Senator Begich. The same process.

6 Mr. McGuire. It was all a lengthy process to get
7 started. And there were a few months when you turned your
8 timesheet in, and it was a -- it was a month or two before
9 you got your payout. I was actually on the good side. I
10 was fairly quick in getting it, but there were a couple of
11 the guys that really got fouled up a couple of times for
12 whatever reason. Their payments just wouldn't come in, and
13 whatever it would be. And it would take a while to get it
14 fixed.

15 Senator Begich. And was that through the local office
16 here, or did you go to, like, Salt Lake or some other --

17 Mr. McGuire. I believe what happened was it would come
18 from our office, and we send it down to Oklahoma.

19 Senator Begich. Oklahoma office, okay.

20 Mr. McGuire. And sometimes that was. I mean, it was
21 really difficult -- you know, just getting the paperwork to
22 get through --

23 Senator Begich. Gotcha.

24 Mr. McGuire. -- just the process.

25 Senator Begich. Very good. Thank you very much,

1 Brandon.

2 Vanessa, let me, if I can, you intrigued me. One of
3 the things you had said, and I just wanted to make sure I
4 followed up on this, and that is the child is born, you have
5 seven days to apply for coverage. Is that correct?

6 Ms. Meade. Yes, sir.

7 Senator Begich. Yeah. And if you do not apply for
8 coverage after seven days, then you are not covered -- or
9 your child is not covered. And your issue -- and let me
10 make sure I am saying this right. Let us say the child was
11 born and there are complications. The odds are the parents
12 are just focused on that.

13 Ms. Meade. Correct.

14 Senator Begich. They are not focused on, oh, my gosh,
15 I had better fill out this other paperwork to get the -- get
16 my child covered. Is that a fair statement? Would that be
17 your concern there?

18 Ms. Meade. Yes.

19 Senator Begich. And if they are unable, from your
20 information, if they are unable to qualify after seven days
21 or they do not do that in seven days, do they have a
22 process? And why I am asking you this, I want to make sure
23 the VA folks are -- I know I am mentally taking this down.
24 Hang on. We will have you -- I am giving the question, in
25 essence, to use on the next panel, so. But that is

1 something that is of concern. Okay. So if that could be
2 worked out and certified, that would be helpful to parents.

3 Ms. Meade. Yes.

4 Senator Begich. Or if we could get your parents to
5 know about the information.

6 Ms. Meade. Yes.

7 Senator Begich. Okay. Let me ask, from your
8 organization -- how old is your organization now?

9 Ms. Meade. We started in -- I started it in 2011.

10 Senator Begich. '11, so about two years old. Are you
11 finding your ability to work with the VA or access the VA as
12 an organization, not as an individual, but as an
13 organization, is that working, or is that kind of new to
14 them? Tell me kind the kind of interaction you are having
15 with the VA.

16 Ms. Meade. I think initially it was -- when we first
17 -- when I first started the organization, them not knowing
18 me or who -- you know, or what I was doing --

19 Senator Begich. What you were about.

20 Ms. Meade. -- kind of what we were about because I
21 know a lot of people started organizations, but, you know,
22 not saying what they were about. It was just that whole
23 thing of them getting to know who I was and, you know, what
24 I was doing. And it has been -- the last, like, year and a
25 half has been really, really good.

1 Senator Begich. Okay. So it is a good relationship.

2 Ms. Meade. Yes.

3 Senator Begich. Are there other organizations like
4 yours that you associate with in other States?

5 Ms. Meade. No.

6 Senator Begich. That you associate with. There may
7 be, but you are not connected with.

8 Ms. Meade. I work with an organization -- I go down
9 and assist with women veterans retreats, an organization in
10 California through a program called California Warriors,
11 where they do women specific. But as far as that, no, sir.

12 Senator Begich. Okay. Let me, if I can, just turn to
13 an issue that I know we are dealing with quite a bit, and we
14 will deal with it in September for sure, sexual assault
15 within the military. This has continued to be an issue, one
16 that all of us want to resolve, and we want zero tolerance.
17 But it is complicated to some degree with how we process it.

18 As this issue has become more public in the sense of
19 the discussion and the debate, the congressional debate, are
20 you seeing folks contacting you as an individual, as an
21 organization, about sexual assault in the military, men and
22 women? Is that happening with your organization? Are you
23 seeing more of that is becoming -- you know, on one hand we
24 do not -- we want zero tolerance, but as you talk about it,
25 people become more aware of it.

1 Ms. Meade. Absolutely.

2 Senator Begich. Give me your thoughts then, if you
3 could, a little bit.

4 Ms. Meade. Well, one of the things that has really
5 happened is the way it is served. Since it is one specific
6 organization I have --

7 Senator Begich. Okay.

8 Ms. Meade. But as far as -- as people are hearing
9 about the retreats and the things that we are doing for
10 women veterans, and I think one of the -- as it is being
11 talked about more in the media, women who have had the
12 experience, but have not ever wanted to talk about it or --
13 they could have a place to talk about it, that we are
14 getting a lot of women that are from other generations other
15 than the current era that are kind of looking for a place to
16 be able to, you know, talk about their experiences based on
17 -- oh, now it is kind of in the open, and people are talking
18 about this, and this happened to me, too.

19 Senator Begich. So versus just Afghanistan or Iraq,
20 that is what you are seeing on a more extensive -- more from
21 areas and era coming forward.

22 Ms. Meade. It might have something to do with age,
23 too, sir.

24 [Laughter.]

25 Senator Begich. Do you think -- let me ask you from

1 the VA or DoD because sometimes this is the complexity of
2 this issue that -- this is one where in a lot of ways they
3 have to merge their the conversation. Do you think there is
4 enough experience -- let us take the VA first in this area,
5 and then if you could comment on the DoD and the veterans
6 here. But, you know, this is one -- this has been our big
7 struggle just for the public here to understand that.

8 There is, like, thin line that is a great wall
9 sometimes that no one wants to cross. And DoD is here. VA
10 is here. VA says, you know, great example, you know,
11 medical records, they struggle to get those official records
12 and they are working on them. But the DoD does it one way,
13 and the VA needs them another way. The sexual assault issue
14 clearly, there may be an incident within the military, DoD
15 side. Once that person retires or steps off, then VA may
16 take a role here.

17 So give me your thoughts on what you think there is,
18 from your perception -- perspective. Do you think there is
19 enough resources for the VA, and then maybe comment on the
20 DoD if you can.

21 Ms. Meade. I think whenever you look at the issue, it
22 has many layers to it. I think one of the main things that
23 I see is what women, especially around women veterans and,
24 there is, like, I remember -- was it last year or the year
25 before they did a program where they were calling women

1 veterans, but there is no place for women veterans to call
2 on.

3 And so, it is kind of -- if you are already in-house,
4 there are services and things that are provided, but if you
5 were outside of that service, and which here in Alaska we do
6 not have all that many women veterans who are getting
7 services. So if you are outside of that, there is not a lot
8 of coverage to try and bring those women in other than if
9 you already walk in the door.

10 Senator Begich. Gotcha. You know, the DoD, do you
11 have any thoughts on that?

12 Ms. Meade. I think that is an issue of continual
13 problems. I know I am still hearing things from women
14 veterans that, you know, occurred when I was getting out,
15 you know, 25 years, 20 years ago, that there is not a real
16 communication between the two organizations still. And so,
17 to try and -- there is even confusion as -- I mean, it is
18 tough system anyway. And so, trying to get -- trying to
19 figure out what we need to do sometimes is really difficult,
20 especially for people that are coming out.

21 I think they are doing a better job with transitional
22 services than they did when I was getting out. But I think
23 that there is still a whole, you know, DoD, VA, two separate
24 entities that are not really working together, including,
25 you know, some of their peer programs and all that kind of

1 stuff.

2 So basically, a veteran can still get off of active
3 duty and not be connected to the VA. So that is --

4 Senator Begich. That is a challenge.

5 Ms. Meade. Unless they go and do it themselves.

6 Senator Begich. Right. It is still a challenge.

7 Ms. Meade. It is still a challenge.

8 Senator Begich. Let me ask you all on this panel,
9 Katherine, this is an issue in Alaska where we have these
10 bad statistics. You know, we never want to be number one.
11 We like to be number one in a lot of things, but this is one
12 area we do not actually want to become number one, sexual
13 assault.

14 Is this an area -- I am just thinking out loud here --
15 as we continue, especially Congress, to move forward on
16 issues of how do we deal with sexual assault in the
17 military, the other piece of this, which is not being really
18 discussed -- that is why I am glad we had a little
19 discussion today -- is the care after the fact, meaning they
20 retire from the military, or they are discharged.

21 What do you see down the road with maybe this
22 relationship between the VA and Southcentral, especially
23 here in Alaska on the issue of sexual assault? Is there
24 some opportunity here, and I say this in a, you know, you
25 are not -- we are allowed to use a positive word, but this

1 situation. We are trying to figure out how we create some
2 solutions for veterans around care. Is there -- I am just
3 thinking out loud, and I do not know if you have any comment
4 on that.

5 Ms. Gottlieb. You are asking me a three-hour question.

6 [Laughter.]

7 Ms. Gottlieb. Senator, I think you know when you ask
8 me that question, it starts me on the Family Wellness
9 Lawyer's Initiative, and what is happening around the State
10 of Alaska, and then that could be a fair conversation when
11 you are hearing the testimony.

12 But I will make it really, really short and say our
13 collaboration with the VA, in this area, we have been
14 sharing what we are doing around domestic violence, child
15 abuse, child neglect. And we have visited some of their
16 sites back on the East Coast where they are attempting to do
17 the same thing to invest in issues, and there are men with
18 the women.

19 And so, and I am going to get it mixed up -- East
20 Orange, West Orange. I do not get the whole picture yet,
21 but the VA systems are huge.

22 Senator Begich. Right.

23 Ms. Gottlieb. But and they are trying to bring this up
24 -- the education --

25 Senator Begich. So there is some movement.

1 Ms. Gottlieb. So we are now moving, and we are
2 discussing, and we are sharing what we are doing, they are
3 sharing what they are doing. And we are trying to
4 collaborate on how to get together. And region wide in the
5 State -- region wise -- the regions are now looking at
6 adapting it and doing it their own way of addressing the
7 issue of domestic violence, and child abuse. It is working.

8 Senator Begich. Thank you, Katherine. This is one
9 area probably where we will going to get some more follow-up
10 in because I think it is such, especially as we move into
11 September and October in the U.S. Senate. This will be the
12 discussion around veterans and their organizations.

13 Let me, if I can, and this is kind of -- this is your
14 -- a question I will ask, but it is really for you all. As
15 a member -- and I will end it on this for each one of you.
16 You do not have to answer this, but I hope you would. As a
17 member of the Veterans' Committee, you know, I get an
18 opportunity in the office for some very Alaskan, but also
19 nationally. All of it connects in some form or another.
20 But if you could recommend one thing that I should focus on,
21 what would that be? And it does not have to be long. Each
22 of you just give me an opinion, if you could. As a member
23 of the Veterans' committee, what would be one of those
24 things that you would want us to focus on? If I can, I am
25 just going to jump back over to you, if that is okay. This

1 is kind of like your free for all question to me.

2 [Laughter.]

3 Ms. Meade. Well, I just want to say how much I
4 appreciate -- you are a veteran, and we appreciate that.

5 I think the continuing, you know, as far as women in
6 the military and women veterans, I think that being able to
7 continue -- I know there has been a lot of things kind of
8 watered down how we are dealing with military sexual trauma
9 with women in the military, and really making sure that that
10 system has to change from the outside in. And I think
11 making sure that we continue on the path of it being outside
12 of the chain of command for reporting it, and that does not
13 fall within the military guidelines because chain of command
14 is everything. But there are still so many issues, I do not
15 see a change any other way.

16 Senator Begich. Very good. Let me go -- Brandon?

17 Mr. McGuire. I would say the one thing that I would
18 want to focus on would be the GI Bill aspect of it. The
19 fact that, at least in the construction trades, coming from
20 the military working in the construction trade, whether it
21 is my trade or any other trade out there, construction
22 especially in Alaska is -- it is hit and miss definitely.
23 Sometimes we work a lot of hours because in the winter time
24 we cannot always do it.

25 But with the GI Bill, anyone who is not working in a

1 particular month, they do not get the funds for that, versus
2 a college student who gets to take class every day of the
3 week. I am not saying that it is a good thing, I am not
4 saying to do it. But they still get the funds whether they
5 attend class or not, just as long as they have good grades.

6 And I kind of -- I would like to see that transition
7 over to where you still have equal funds set up where it is
8 a monthly thing, it is a monthly no matter how many hours
9 you put in, because if you go through the program, it should
10 be if you are going through and getting a college education.

11 Senator Begich. You know, Brandon, I am just going to
12 comment -- make a comment on this last round. But I have to
13 say that is an interesting idea. That is kind of an equity
14 issue because in Alaska, when the weather changes, we have
15 layoffs. We are very fortunate today. We hope September is
16 like this. You probably hope October is like this. But
17 once November and December hits, the construction trade
18 starts to shrink in its ability to provide hours.

19 But if you are on the GI Bill, as you were talking to
20 me, we agree it is an equity issue here, which you then
21 potentially lose your resources. But yet you are still in
22 the program.

23 Mr. McGuire. That is correct.

24 Senator Begich. That is a good -- that is a very good
25 point.

1 Mr. McGuire. There were several months where I would
2 put in w20 hours, and then several months I was putting zero
3 hours in because you cannot do it when it is cold.

4 Senator Begich. Right. There is something about the
5 ground freezing.

6 [Laughter.]

7 Senator Begich. But if you are down in Texas, you
8 could. One of these jobs is we have with a lot of the
9 programs on the Federal level is to make sure there is kind
10 of an Alaska understanding. And that is why this whole
11 issue with the consortium creates a unique access point that
12 is good for us, and we would love to see it elsewhere. I
13 know that there are doing numerous initiatives in all 48.
14 That is another aspect. So thank you for that comment.

15 Mr. McGuire. Thank you.

16 Senator Begich. Katherine?

17 Ms. Gottlieb. Well, my final comment would be, again,
18 we are excited about the VA coming and sitting and talking
19 with us about our Nuka System of Care, and how to
20 collaborate on ways to improve healthcare systems globally
21 as we have been doing across the Nation. And people from
22 other countries are coming to see what we are doing. And
23 so, it is has been great cooperation with that effort. And
24 for us to learn what they are doing is definitely exciting,
25 initiative that they are doing and their pilot projects. So

1 together collaborating, I am hoping to continue that further
2 working relationship.

3 You talked about data, and you talked about us getting
4 it up to speed in two years. There is always a need for
5 funding for IT innovation kind of activities that are
6 happening. And in our discussions, we have already begun
7 talking about what that looks like, what could happen for
8 our collection of data, getting our EMRs up to speed a
9 little bit faster, things that the VA system can do to do
10 that absolutely we cannot that are needed.

11 And then, you are talking -- I am not sure what you
12 were talking about specifically about construction. But we
13 have always been -- had more construction kinds of programs
14 that we are trying to innovate and redesign. If you are
15 redesigning healthcare systems, there always is a need for
16 redesign. They are taking some design platforms and they
17 are restructuring it.

18 And then it makes for a whole system-wide effort
19 because you need that in order to change the delivery of
20 care that you are doing, such as we have a talking rooms in
21 our primary care system where you could have that privacy
22 you were talking about, and having a discussion with your
23 primary care provider about having a whole community of
24 people, and just having one-on-one conversations.

25 So there is always a need for further funding and

1 further advocacy as we collaborate, and with your
2 endorsement with the VA as they move forward together.

3 Senator Begich. Great. Thank you, Katherine. Let me
4 just say one last thing, and then we will close this panel
5 off. First, thank you all for being here. Thank you for
6 participating, and especially thank you, Katherine, for your
7 organization, for informing us in this room. But also the
8 Nuka model, which, you are right, I talk about it everywhere
9 I go to or anyone -- or anyone mentions healthcare, I say
10 here is what you should be doing. Between you and the
11 neighborhood health clinic, for example, these are very
12 unique models that are really changing the way delivery
13 systems are saving money, giving better care, and giving
14 better access, so thank you.

15 Let me dismiss this panel, and thank you all very much
16 for joining us. We will have the next panel up, and we will
17 go from there. Thank you all very much.

18 [Applause.]

19 Senator Begich. Would the next panel come on up? And,
20 Dr. Petzel, I take it that you heard some questions, so that
21 gives you a plot.

22 Thank you all for being here. We can go ahead and
23 start the next panel. And also we are very fortunate --
24 Dalia, if you would just your hand. She works for the
25 committee in Washington, D.C. We are very happy to have her

1 here. She told them in D.C. it was raining and snowing, and
2 that is why she got to come to Alaska. And so, we thank
3 you. No one tell her -- tell the people, her staff back
4 there, what it really is like today. Thank you.

5 Let me we -- we would like now to welcome Dr. Petzel,
6 the under secretary of health -- for health in the
7 Department of Veterans Affairs to the second panel. Thank
8 you for joining us today to address the benefits and
9 services available to Alaska's veterans and their families,
10 and we look forward to hearing your testimony.

11 Dr. Petzel is accompanied by Lawrence Carroll, director
12 of the Northwest Network Veterans Integrated Service Network
13 20, Susan Yaeger -- there you go; I did not see you pop up
14 there; okay, there you go -- director of Alaska VA
15 Healthcare System, a new person, thank you very much; Jon
16 Skelly, director of Anchorage Regional Office.

17 We also have Thomas Hall, State director of the
18 Veterans Employment and Training Service, Department of
19 Labor. Filling out the panel will be Calvin Goings,
20 regional administrator for Region 10, which includes Alaska,
21 for the Small Business Administration.

22 I would like to remind all of you that your full
23 prepared remarks are included in the record. And I
24 apologize for the first panel went a little longer, but I
25 wanted to kind of set up an opportunity. I know you have

1 prepared remarks. I will ask Dr. Petzel to summarize after
2 his, after everyone has given their large comments, for a
3 little response to concerns or issues that were brought up.

4 So, Dr. Petzel, so if you -- and I apologize. I am
5 going to watch my time. I know I dragged on a little bit
6 too long, only because we are also going to do something on
7 fairgrounds this afternoon. So, as we know, we have planes
8 to catch.

9 So, Dr. Petzel?

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1 STATEMENT OF ROBERT PETZEL, M.D., UNDER SECRETARY FOR
2 HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF
3 VETERANS AFFAIRS, WASHINGTON, D.C.

4 Dr. Petzel. Good morning, Senator Begich. Thanks for
5 the opportunity to discuss the VA Healthcare -- Alaska VA
6 Healthcare System benefits provided by the Anchorage
7 Regional Office. I am accompanied today, as you mentioned,
8 by Mr. Larry Carroll, Ms. Susan Yaeger, and Mr. Jon Skelly.

9 First, Senator Begich, I would like to thank you for
10 your leadership and advocacy on behalf of Alaskan veterans.
11 During your tenure on the U.S. Senate Committee on Veterans'
12 Affairs, you have consistently demonstrated your commitment
13 to veterans and to improving the care of veterans. Thank
14 you very, very much.

15 I also want to acknowledge before I begin, the
16 Southcentral Foundation. We are partially here -- I mean,
17 we have been up here -- many of our senior leaders, in fact,
18 have been here, to see what Southcentral is doing with their
19 new system. I hope everybody in the room knows it, but I
20 want to remind you that they have received the Malcolm
21 Aldrich Award, which is the highest award for quality and
22 efficiency that can be given to an organization in this
23 country.

24 And the second thing is that the former director of the
25 Center for Medicare Studies, Dr. John Berwick, has said

1 publicly on numerous occasions that Southcentral is the best
2 healthcare system in this country. So, Katherine,
3 congratulations, and we are just delighted to be working
4 with you.

5 First, Senator Begich, I want to talk about veterans'
6 healthcare. There are more than 77,000 veterans living in
7 Alaska, with approximately 19,000 veterans using the Alaska
8 VA Healthcare System. Currently, 89 percent of the enrolled
9 veterans live in a borough with a VA clinical presence,
10 which is quite high when you compare it to the rest of the
11 country actually.

12 The Alaska VA Healthcare System provides healthcare for
13 those eligible veterans through an integrated delivery
14 system consisting of clinical care sites, joint venture DoD
15 facilities, contract care, and sharing agreements with 26
16 Alaska tribal healthcare programs. The care facility is
17 located in Anchorage. There are three VA community-based
18 outpatient clinics: Fairbanks, Kenai, and Wasilla. In
19 addition, there are two outreach clinics located in Homer
20 and Juneau.

21 The Alaska VA directly provides primary care, including
22 preventive services, healthcare screening, and mental health
23 services, at all of its locations. Inpatient care is
24 provided through the VA/DoD Joint Venture Hospital on Joint
25 Base Elmendorf-Richardson in Anchorage, as well through

1 purchased care through community providers around the State.
2 A variety of specialty care is provided through VA onsite
3 staff, sharing agreements, and, again, care can be purchased
4 in the community.

5 In addition, the VA Alaska Healthcare System offers a
6 comprehensive continuum of care for homeless veterans. There
7 is an active contract nursing home care program and other
8 non-institutional care programs.

9 VA Alaska Healthcare System has a number of initiatives
10 that are enhanced -- that provide enhanced services for
11 Alaska's veterans. The tele-behavioral health program,
12 tele-primary care rural outreach programs, and Care Closer
13 to Home, and partnerships and sharing agreements are
14 designed, all of them, to enhance the care for our veterans.

15 The Alaska VA Healthcare System makes active use of a
16 variety of tele-health initiatives to reduce the need for
17 veteran travel. More than 1,732 veterans have been served
18 through tele-health modalities. There are 26 Alaskan tribal
19 healthcare program sharing agreements, which you heard a
20 little bit about earlier. These are awarded by VA to
21 reimburse for direct services delivered to eligible native
22 and non-native veterans seen in the native organizations
23 throughout Alaska.

24 The Care Closer to Home Program initiative has greatly,
25 greatly, reduced the number of specialty care referrals to

1 the lower 48 States. Since this initiative began, a total
2 of 430 oncology patients have been approved for care, and in
3 Fiscal Year 2013, local community specialty care has been
4 provided for over 2,000 other veterans.

5 The Anchorage Regional Office is responsible for
6 delivering non-medical VA benefits and services to
7 approximately 50 percent of the 77,000 veterans and their
8 families throughout Alaska. Currently, 16,000 veterans
9 receive disability pensions amounting to \$15 million per
10 month. Since the last field hearing in 2010, performance
11 measures have steadily improved, and the yearly total rating
12 production has increased 190 percent. Since January, the
13 regional office is averaging 255 ratings completed per
14 month, a 43 percent increase over the time period -- same
15 time period in 2012.

16 VA is executing an initiative that expedites
17 compensation claim decisions for veterans who have waited
18 one year or longer for a decision on their claim. The
19 Anchorage Regional Office has no pending claims over two
20 years, and is on track to be one of the first VBA offices to
21 have no claims pending over one year.

22 The RO medical officer initiative imbeds a qualified
23 medical provider within the regional office to offer on-the-
24 spot medical opinions and examinations -- examination
25 clarifications to the regional office claims processors.

1 VA educational benefits for Alaskan veterans and their
2 families are administered through the Muskogee, Oklahoma
3 Regional Processing Office. Presently, there are
4 approximately 3,300 veterans or dependents enrolled in
5 Alaska's educational institutions, and they receive benefits
6 amounting to \$4.5 million per month.

7 The Denver Regional Office administers VA home loan
8 services to Alaskan veterans. The Fiscal Year '12 VA
9 guaranteed 5,100 home loans through the cumulative loan
10 value of \$1.3 billion.

11 In summary, the VA Alaska Healthcare System has
12 continued to increase access to meet the needs of veterans
13 residing in Alaska. The Alaskan Regional Office has
14 implemented new processes that have had a tremendous impact
15 on providing services and benefits to veterans in a more
16 timely manner.

17 Senator Begich, thank you again for your support and
18 the opportunity to testify here at this hearing. And at
19 this time, I and my colleagues would welcome your questions.

20 [The prepared statement of Dr. Petzel follows:]

21 Senator Begich. Thank you very much. Let me move to
22 two other folks, and then we will right go into questions.

23 The next person I have is Thomas Hall, State director
24 of Veterans' Employment Training Services, Department of
25 Labor. Thomas?

1 STATEMENT OF THOMAS HALL, STATE DIRECTOR, VETERANS'
2 EMPLOYMENT AND TRAINING SERVICE,
3 U.S. DEPARTMENT OF LABOR, JUNEAU, ALASKA

4 Mr. Hall. Good morning, Senator Begich. Thank you for
5 the opportunity to testify before you today about what the
6 Department of Labor is doing to help our veterans,
7 transitioning service members, and their families succeed in
8 the civilian workforce.

9 My name is Thomas Hall, and I'm the Alaska State
10 director for the Department of Labor's Veterans' Employment
11 Training Service, VETS. As a disabled veteran, I am proud
12 to testify today on the essential programs DoL provides our
13 veterans and transitioning service members.

14 I am also pleased to announce that the DoL plans to
15 relocate our Alaska office from Juneau to Anchorage in the
16 months ahead as part of our continuing efforts to enhance
17 our outreach and engagement with veterans and their
18 stakeholders.

19 I would like to begin by briefly discussing some of the
20 nationwide programs along with other initiatives to assist
21 America's veterans in getting a job or returning to work. I
22 will also tell you some of what is happening in Alaska to
23 meet employment-related needs of our transitioning service
24 members and veterans.

25 The Department of Labor funds various programs that

1 provide employment and training services to job seekers.
2 Many of these programs are operated out of the almost 2,600
3 American job centers, AJCs, that serve as the cornerstone of
4 the Nation's Workforce Investment System. By law, veterans
5 receive priority of service in all DoL-funded programs,
6 including those administered to Alaska or Anchorage American
7 job centers.

8 In Alaska, the State's Department of Labor and
9 Workforce Development administers these DoL-funded programs.

10 In program year 2011, over 16,000 veterans were served by
11 the DoL-funded workforce system statewide. DoL administers
12 multiple programs specifically aiming -- aimed at promoting
13 the hiring and job readiness of veterans, including the Jobs
14 for Veterans State Grants, the Homeless Veterans
15 Reintegration Program, the Transition Assistance Program
16 Employment Workshops, the Uniformed Services Employment and
17 Re-Employment Rights Act, and Veterans' Preference in
18 Federal Employment.

19 Through the JVSG Program, the Department provides
20 grants to the State workforce agencies to fund support
21 services to veterans through two primary staff positions,
22 the Disabled Veterans Outreach Program, DVOP specialists,
23 and local veterans' employment representatives, known as
24 LVERs.

25 DVOP specialists provide outreach services and

1 intensive employment assistance to meet the employment needs
2 of veterans with significant barriers to employment. In
3 program year 2011, JVSG staff served nearly 528,000 veterans
4 nationwide. The Alaskan Department of Labor and Workforce
5 Development currently maintains three DVOPs in Anchorage,
6 one DVOP in Fairbanks, and a half-time DVOP in Wasilla.
7 Their employment security division provides outreach
8 technical assistance and priority of service to the entire
9 veteran population regardless of geographic barriers.

10 During the past program year in Alaska, 1,417 veterans
11 received a wide variety of employment preparation and
12 placement services from a DVOP. Of those, approximately 68
13 percent receive intensive case management.

14 The Homeless Veterans Reintegration Program is DoL's
15 primary program aimed at eliminating homelessness among
16 veterans. The HVRP provides employment and training
17 services to assist in reintegrating homeless veterans into
18 meaningful employment. In June 2013, the Department awarded
19 almost \$29 million to 121 HBRP grantees nationwide. Over
20 14,000 homeless veterans received services through the HBRP
21 grant.

22 In August 2013, DoL awarded over \$5 million to fund 22
23 Homeless Female Veterans and Veterans with Families
24 competitive grants. Approximately 1,900 veterans will
25 receive job training and related services through this

1 program to help them to success in civilian careers.

2 Transition Assistance Program. Our primary program for
3 assisting service members and their spouses with their
4 transition from the military to the civilian workforce is
5 the Transition Assistance Program. TAP is an interagency
6 effort between the Departments of Labor, Defense, Veterans
7 Affairs, and Homeland Security. Workshop participants learn
8 job search techniques, career decision making processes, and
9 current labor market conditions.

10 Current components of the transition curriculum include
11 mandatory pre-separation counseling, service-delivered
12 modules, VA benefits briefings, a DoL employment workshop,
13 and optional tracks focused technical training, education,
14 and entrepreneurial opportunities. DoL completely
15 redesigned the TAP employment workshop in 2012. The new TAP
16 curriculum helps service members translate their military
17 skills to training to meet applicable civilian licensing and
18 conventional credentialing requirements in their chosen
19 curriculum.

20 Alaska currently has four regular TAP sites located at
21 Eielson Air Force Base at Fort Wainwright and two at Joint
22 Base Elmendorf-Richardson. Initially, the Coast Guard
23 schedules workshops on an ad hoc basis in various locations
24 throughout the State. During Fiscal Year 2012, 2,167
25 transitioning service members and spouses attended one of

1 the 67 TAP workshops offered in Alaska.

2 DoL administers and enforces a host of laws to protect
3 American workers to ensure their workplace safety, to
4 protect their hard-earned retirement benefits, and to ensure
5 that they are treated fairly on the job. Among these
6 important worker protection laws is the Uniformed Services
7 Employment and Re-Employment Rights Act, known as USERRA.
8 DoL also works to help ensure that veterans receive their
9 due preference in securing Federal employment pursuant to
10 the Veterans Employment Opportunities Act.

11 DoL VETS' staff investigates complaints filed by
12 individuals who believe that the USERRA employments rights
13 or re-employments rights have been violated by public or
14 private sector employers. In addition, it investigates
15 complaints brought by eligible veterans, who allege their
16 Federal veterans' preference rights have been violated. DoL
17 staff also provides --

18 Senator Begich. Can you kind of summarize briefly?

19 Mr. Hall. I will go very quickly.

20 Senator Begich. Okay, very good.

21 [Laughter.]

22 Senator Begich. We have five minutes, that is why. And
23 that is your official record, too, so we will have that in
24 the record.

25 Mr. Hall. Yes. The Department of Labor looks forward

1 to working with the committee to ensure veterans --

2 Senator Begich. That is a good summary.

3 [Laughter.]

4 Senator Begich. That is a good summary.

5 [The prepared statement of Mr. Hall follows:]

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1 Senator Begich. Let me go right to Calvin Goings,
2 regional administrator, Region 10, Small Business
3 Administration. Thank you very much.

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1 STATEMENT OF CALVIN W. GOINGS, REGIONAL ADMINISTRATOR,
2 REGION 10, SMALL BUSINESS ADMINISTRATION,
3 SEATTLE, WASHINGTON

4 Mr. Goings. Senator Begich, thank you for having me
5 here today. My name is Calvin Goings. I am the U.S. Small
6 Business Administration's regional administrator for Region
7 10, which covers Idaho, Oregon, Washington, and, of course,
8 the great State of Alaska, I think the best region out of
9 the 10.

10 It is an honor to be here in Alaska and testify before
11 the committee on SBA's efforts to support veteran
12 entrepreneurs throughout the country and across the State of
13 Alaska.

14 Each year, Senator, there are 250,000 service members
15 transitioning out of our military. These veterans possess
16 the skills, experience, and leadership to start businesses
17 and create jobs in their own communities. As small business
18 owners, veterans continue to serve our country by creating
19 critical employment opportunities and driving economic
20 growth.

21 According to the most recent U.S. census data, nearly
22 one in 10 of America's 28 million small businesses are
23 veteran owned. These businesses generate approximately \$1.2
24 trillion in receipts and employ nearly 5.8 million
25 Americans. Research also demonstrates that veterans over

1 index in entrepreneurship. In the private sector workforce,
2 veterans are at least 45 percent more likely than those with
3 no active duty military experience to be self-employed.

4 So at the SBA, we are focused on ensuring that our
5 veterans have access to the capital, counseling, and
6 contracting -- the three Cs, as we call them -- they need to
7 start and grow successful businesses and create jobs.

8 One of the Agency's key functions is to support loans
9 to small businesses that are unable to obtain credit in the
10 conventional market. In Fiscal Year 2012, SBA approved more
11 than 3,200 loans to veteran-owned small businesses,
12 supporting more than \$2.1 billion nationally. And our
13 Patriot Express Loan Program has supported nearly \$580
14 million in lending to veteran entrepreneurs and small
15 business owners over the past four years.

16 Moreover, SBA has recently challenged the top national
17 and regional lenders to pledge to increase their lending
18 activity to veterans by five percent each year for the next
19 five years. With this support from our lending partners,
20 SBA will be able to serve an additional 2,000 veterans and
21 increase lending by \$475 million.

22 SBA also provides entrepreneurs with counseling and
23 training resources across the country. Our data shows that
24 when entrepreneurs have a long-term counseling relationship
25 with SBA or our resource partners, they are more likely to

1 hire, more likely to grow, and more likely to increase
2 revenues. During Fiscal Year 2012, SBA's Small Business
3 Development Centers, Veterans Business Opportunity Centers,
4 Women's Business Centers, and SCORE chapters counseled over
5 28,000 veterans and service-disabled veterans nationwide.

6 In addition to our capital and counseling programs, SBA
7 also supports small businesses engaged in Federal
8 contracting. We are responsible for ensuring that 23
9 percent of Federal contracting dollars go to small
10 businesses, and, furthermore, that three percent go to
11 service-disabled veteran-owned small businesses.

12 In Fiscal Year 2012, we helped veteran-owned small
13 businesses access more than \$12.56 billion, or 3.03 percent,
14 of total Federal contract spending. Senator, this is the
15 sixth consecutive year that we have increased the amount of
16 Federal contracting dollars going to these businesses.

17 While we are proud of our success, we continue to
18 develop new ways to assist more aspiring veteran
19 entrepreneurs. As part of this effort, on January 1st,
20 2013, SBA began rolling out Operation Boots in Business,
21 From Service to Startup. A nationwide entrepreneurship
22 training program, Boots to Business is offered as a
23 component of the Department of Defense's redesigned
24 Transition Assistance Program, which was discussed
25 momentarily ago.

1 The program serves the men and women from all branches
2 of the armed forces, and by the end of the year, will be
3 offered at over 150 military locations across the country.
4 If the Fiscal Year 2014 budget request level is funded, we
5 plan to significant ramp up this program. While we have
6 already administered 10 classes in Alaska at Joint Base
7 Elmendorf-Richardson, this is just a small fraction of the
8 demand. If we receive our budget for Fiscal Year 2014 and
9 Boots to Business is fully funded, SBA will increase class
10 offerings to meet the need of bases here in Alaska and
11 beyond.

12 Senator, at the SBA and across the Administration, we
13 are committed to helping our service men and women achieve
14 the American Dream they have fought so proudly to defend.
15 As they return home to Alaska and communities throughout our
16 country, we will be there to support their entrepreneurial
17 aspirations and provide the resources they need to start and
18 grow companies and create jobs in the process.

19 Thank you again for the opportunity to testify and for
20 your leadership on these issues. I will be happy to answer
21 any questions you may have.

22 [The prepared statement of Mr. Goings follows:]

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1 Senator Begich. Thank you all very much for your
2 testimony. I will have some for -- Mr. Goings, you are
3 going -- Dr. Petzel, I know you saw the panel. Thank you
4 for your whole team here. That is great. And there will be
5 -- there may be some questions that you want to transfer to
6 those folks. But you heard a little bit of discussion at
7 the panel before, and I would like to give you an
8 opportunity to kind of put some stuff on the record, and I
9 will have some additional questions I would like to ask you
10 about.

11 Dr. Petzel. Very good. Thank you, Senator Begich. I,
12 first of all, would acknowledge Ms. Vanessa Meade, who,
13 through the organization, A.V.O.W., really has proved a lot
14 of insight and, I think, important information to the Alaska
15 VA Healthcare System to improve their services to veterans.
16 It has been a very -- what I hear on this side, been a very
17 fruitful cooperation, and we appreciate that very, very
18 much.

19 We are very good at thinking about and knowing what we
20 think we do well. We are not so good at always recognizing
21 things that we need to do to improve. And we need
22 organizations like you to help us understand what we need to
23 do better.

24 Just a couple of things that you mentioned. First of
25 all, we are going to look at -- we were just talking -- the

1 location of that office if it is in the hallway and try and
2 provide some more private space where people can feel more
3 comfortable that they have got the privacy that they need.

4 We have three different ways we provide healthcare to
5 women. We have -- well, we have a large population,
6 thousands. We have special women's health where we bring
7 together all the services, specialty care services, mental
8 health services, under one roof, in one place. The
9 population here of women so far is probably not large enough
10 to -- for us to be able to do that.

11 A second way is to have primary care clinics that are
12 specifically devoted to women, and that is what we have
13 presently in Alaska. And we need to look at what we can do
14 to beef that up and to provide -- more consistently provide
15 -- as you mentioned, the fact that there are different
16 providers who are coming in all the time. We need to do a
17 better job of that, and we are going to.

18 The other thing -- another thing you mentioned was case
19 management with community agencies. That is a very
20 interesting idea, and I think it is something we probably
21 have not looked at. We have got case managers for programs
22 within the VA, many, many different kinds of case managers.
23 But the idea of having somebody that can coordinate the
24 services that are available outside of the VA that somebody
25 might need, I think is an interesting one. We are going to

1 be talking about whether or not that is something we could
2 do.

3 The lack of child care services. This is a different
4 program for us. We require legislative authority to do it.
5 Presently we have legislative authority for three pilots,
6 and one is being done in Seattle and Tacoma, one is being
7 done in Buffalo, and one is being done in North Port. They
8 are all amazingly successful. Everybody loves them. And we
9 contract the services because of the liability issues. The
10 VA cannot do that here directly.

11 Unfortunately, the -- we were going to extend the
12 number of pilots and move this into the community, but the
13 legislation expires on the 3rd of October, and we will have
14 to close down unless we get some legislative relief. We are
15 going to have to close down those pilots.

16 Speaking for VHA, we would like to see the opportunity
17 through pilots expanded to some other parts of the country.
18 Now, this is --

19 Senator Begich. It has worked well.

20 Dr. Petzel. Yeah, this has worked very well, and it is
21 needed not just for women, but I think there are many, many,
22 many who come to our clinics, our hospitals, with children
23 who need to have someplace to provide child care. So we
24 would like to see something done there

25 Senator Begich. Is there, if I can interrupt you,

1 Doctor. Is there -- the authorization expires October 3rd.
2 Is there any pending legislation at this point?

3 Dr. Petzel. We have -- no. We have requested it, but
4 there is nothing that has been written that is pending that
5 I am aware of.

6 Senator Begich. Was it a separate -- I cannot recall.
7 Was it a separate authorization through a tag in another
8 bill, or was it a separate bill? Do you recall right off,
9 or can you get us that --

10 Dr. Petzel. I cannot tell -- I cannot recall, but we
11 can certainly get it for you. This was something that was
12 sponsored by Senator Murray --

13 Senator Begich. Okay.

14 Dr. Petzel. -- from Seattle. And I do not remember
15 whether it was tagged or whether it was a piece of --

16 Senator Begich. Separate legislation. Let us -- if
17 you can follow up. We will follow up. This is something we
18 would be very interested in, you know. It is a -- when I
19 was mayor, we worked a lot with the private sector to gauge,
20 where they could, with daycare on site facilities, and it
21 does make a difference.

22 Dr. Petzel. Oh, absolutely.

23 Senator Begich. It has a huge impact to the workforce.
24 And you are right, it is not just women, it is men. It is a
25 combination. And if we can provide the right kind of

1 daycare and what I call "education care," depending on what
2 is going on and how long they have to be there, it makes a
3 huge difference.

4 Dr. Petzel. It does.

5 Senator Begich. So thank you for --

6 Dr. Petzel. I have two other things I would like to
7 mention. One of them is the coverage for a recently-born
8 baby.

9 Senator Begich. Yes.

10 Dr. Petzel. The actual -- there is a little bit of a
11 misunderstanding. We are authorized to pay for seven days
12 of care, so from the time of birth through the seventh day
13 we can provide neonatal care.

14 Senator Begich. Gotcha.

15 Dr. Petzel. After that, we cannot.

16 Senator Begich. Okay.

17 Dr. Petzel. So it is not a matter of getting
18 authorization to do it further. But right now we only have
19 legislative authority --

20 Senator Begich. For seven days.

21 Dr. Petzel. -- for seven days, correct.

22 Senator Begich. All right. And I think that has been
23 acknowledged, yeah.

24 Dr. Petzel. And the last thing I wanted to mention was
25 something in general, VA, DoD cooperation and the hand-off

1 of veterans as they are leaving the service and becoming
2 veterans. We see out of the present conflict almost 60
3 percent of the people leaving for one thing or another,
4 whether it is VBA or DoD. But there is 40 percent at least
5 that we do not see.

6 With the new Transition Assistance Program, the new
7 TAP, which is going to give us over a week of exposure to
8 people that are leaving the service, we are hoping that we
9 can come in contact with, and particularly in the healthcare
10 system, discover people who need our services who are at
11 risk for developing homelessness and other sorts of issues
12 they need to deal with, and get a much higher percentage of
13 these people into our system and knowledgeable about the
14 services we have.

15 The things that worry us, particularly in mental
16 health, is not so much the people we have under our care
17 because we do an excellent job. It is the people that we do
18 not have under our care and we do not know about.

19 Senator Begich. Is this part of the effort I know by
20 General Shinseki -- Secretary Shinseki to get that system
21 integrated by 2015 in total, or is this is a separate effort
22 to just try -- that new TAP? Every member who is coming out
23 as of now or as of a certain date?

24 Dr. Petzel. This is supposed to be up and running on
25 -- during 2014, so we are expecting it is going to take a

1 while to get it going.

2 Senator Begich. Right.

3 Dr. Petzel. And so it may be that we are not going to
4 know the full impact by 2015, but, no, it is going to be up
5 and going.

6 Senator Begich. So the idea is by 2014, you are in
7 motion. You are moving those people in that one-week period
8 trying to get that 40 percent or so that fall through the
9 cracks --

10 Dr. Petzel. Right.

11 Senator Begich. -- in that simplified system. I mean,
12 all of that, anyone here, those that have been in the
13 military -- the TAP Program was -- needed a lot of
14 improvement. I am trying to be polite.

15 Dr. Petzel. Yes.

16 Senator Begich. And we recognize that. Would that be
17 fair to say?

18 Dr. Petzel. Absolutely.

19 Senator Begich. And so, this effort that the VA is
20 trying to connect into now is as the TAP Program goes
21 forward, you will have this potential deeper period that you
22 can kind of reach in and hopefully gather more of these
23 folks and know -- let them know what is available so if they
24 could choose to sign up, that is their decision. But at
25 least they will have more information than they do today.

1 Dr. Petzel. That is correct. We are expecting to see
2 a substantial increase in the number of people who seek care
3 and benefits in the VA system.

4 Senator Begich. Let me ask, if I can, a couple more
5 questions to your team here -- your team, Dr. Petzel, and
6 then I will move to Mr. Hall and Mr. Goings.

7 Dr. Petzel, with regard to -- I know there was an
8 effort that probably started a year ago or so, maybe a
9 little bit longer, to provide -- to hire into the system
10 nationwide about 1,600 mental health providers. As we know,
11 this is a continuing challenge, one, to get the providers
12 in. We are pretty close, and we have reached out on a
13 national goal. Alaska got one of those 1,600 from my
14 information. I may be incorrect.

15 Could you help me understand, will be that enough? And
16 I know you have your national system you have to
17 acknowledge, and so I want to know what we can do to ensure
18 that if it is not enough, what more we can do to make sure
19 we have enough mental health providers, may they be in
20 person or tele-medicine. As you know, I am a big proponent
21 of that, and you have been very supportive of efforts that I
22 have been able to press upon the VA of doing tele-medicine
23 and tele-mental health with no co-pays, which we thank for
24 you doing that idea that we started. And you guys jumped on
25 it, and we appreciate that.

1 Is there enough in-person not -- is there enough
2 outsourcing potential? And if not, is there enough mental
3 health -- tele-mental health, or is there a combo there?
4 Help me understand. They are providing that, which I think
5 is great that they did that, but only getting one is not, in
6 my opinion, enough for what we have here, but I may be
7 wrong.

8 Dr. Petzel. That is a very good question, sir.
9 Nationally, we did more than achieve the goal of adding an
10 additional 1,600 people. We now have about 21,000 clinical
11 professionals in the VA system delivery of care. And is that
12 enough? I think that is an open question, and it needs to
13 remain an open question.

14 But the proof of the pudding will be, are we able to
15 provide the kind of access that we have described, 14 days
16 for a routine appointment for mental health for either a new
17 patient or a patient already in our system, and immediate
18 care for urgent mental health patients.

19 In Alaska, you have got a total of 97 mental health
20 positions. Eighty-two of them are filled right now, and a
21 number of them are in the process of being filled, so they
22 are doing quite well in that regard.

23 The interesting thing is Alaska has got some of the
24 best access data in the country. Ninety-nine percent of new
25 patients and ninety-percent of established patients are

1 getting care within 14 days. We do not do that well, I can
2 tell you. And we need to be vigilant obviously here as
3 elsewhere for you to continue to, you know, maintain those
4 sorts of numbers.

5 Just a couple of things about the future. We think
6 that tele-mental health is a huge wave of the future, and
7 Alaska was one of the places where that concept and those
8 concepts were pioneered. We are in the process of setting
9 up three regional centers where we have no difficulty
10 recruiting psychiatrists, you know. In major cities --
11 Chicago, New York, San Francisco -- there is a plethora of
12 people trained in psychiatry, but in places like Spokane,
13 Washington and parts of Alaska, it is very difficult to
14 recruit that sort of an individual.

15 With tele-mental health, we can connect patients in
16 Wasilla with a psychiatrist in Chicago or in San Francisco.
17 And this would be the same. I mean, this would be a
18 therapeutic relationship where that individual receives
19 ongoing psychotherapy at that distance. We think that is
20 going to be, both within the VA and the country in general,
21 a real large wave of change that is going to wash over the
22 entire medical system.

23 Senator Begich. Very good. Let me ask you one last
24 question, and then we will go forward with this panel,
25 watching our time here. As we move into January of next

1 year when the Affordable Care Act gets implemented, my sense
2 is this, and I may be wrong about this. Individuals out
3 there, as they realize they have to coverage, may also
4 realize they are a veteran, you know, recognize they are a
5 veteran and say, geez, I wonder if I qualify maybe as part
6 of that 40 percent or, you know, maybe higher over the
7 years.

8 Do you believe your organization is prepared for that
9 potential influx as we move into October 1st, which is
10 enrollment, November/December, and then I think it is a six-
11 month total, by January 1. Do you feel that your system
12 both here in Alaska, obviously my interest first, and then
13 second nationally, we will be prepared for this potential
14 inquiry that is going to be coming down the pike, that could
15 occur in the next 30 days or 45 days?

16 Dr. Petzel. Yeah. That is an excellent question
17 because it is a very difficult thing to predict. There are
18 so many different forces that are operating on the veteran -
19 - A, to the veteran and potential patient and on the
20 healthcare system.

21 A couple of things. One is that our plan is a
22 qualified plan; that is, VA care does qualify

23 Senator Begich. Right.

24 Dr. Petzel. -- as this minimum essential coverage. Two
25 is that one of the major determinants about what people do

1 is going to depend upon what the State has done about
2 Medicaid.

3 Senator Begich. Well, our State has not accepted the
4 Medicaid expansion, so that answers that question, right?

5 Dr. Petzel. In places that --

6 Senator Begich. I disagree with that, but that is
7 another political statement on my behalf.

8 [Laughter.]

9 Senator Begich. We can talk about the practicality.

10 Dr. Petzel. Yes. We think that in States that have
11 expanded Medicaid, that we may lose some patients, not a
12 lot, but some. And we think that in States that have not
13 expanded Medicaid, we may see enough flow of veterans into
14 the system.

15 When we put all of this together in conjunction with a
16 lot of advisors, we have come up with the idea -- a thought,
17 and that is about as far as you could say, it is a thought
18 -- that about 70,000 -- it would be about a 70,000 net
19 increase in VA users.

20 Senator Begich. Nationally.

21 Dr. Petzel. Nationally. It will be higher here, not
22 higher than 70,000, but, I mean, you will have --

23 Senator Begich. Right.

24 Dr. Petzel. And in other places, such as the
25 southeast, that have not adopted Medicaid expansion, whereas

1 in places in the Midwest and the northeast where they are
2 expanding Medicaid, they may end up moving up.

3 Senator Begich. Gotcha.

4 Dr. Petzel. And I think we are prepared, sir.

5 Senator Begich. You are prepared.

6 Dr. Petzel. I do believe so.

7 Senator Begich. Okay. Let me, if I can, shift very
8 quickly over to the other two folks here. Again, thank you
9 both very much. I have a question. In both of your
10 programs, there are elements that you work with veterans.
11 And I heard you say, and I think I know where you are going,
12 Mr. Goings, and that is, the VA is protected from
13 sequestration, but your VA programs are not. Is that a fair
14 statement for both of you?

15 Mr. Goings. I think it is.

16 Senator Begich. Okay. So as these folks deliver care
17 and services that you are get integrated into jobs and
18 opportunity, sequestration has now had an impact for you.
19 So when we put the VA kind of protection around it amid
20 sequestration -- I will say this -- it was not thinking this
21 next piece of it, VA connected programs that you all deliver
22 through your own resources for 100 percent veterans. I just
23 want to make sure I am saying this correctly. Is that fair?

24 Mr. Goings. Yes..

25 Senator Begich. Your point, Mr. Goings, is that in

1 making sure we are at the 2014 levels -- and I think you
2 heard you say that -- is the Senate or House proposed
3 appropriation bills at those levels or not? Be a little
4 more direct with you, if I can.

5 Mr. Goings. I am not sure.

6 Senator Begich. Okay.

7 Mr. Goings. I have not had a chance to review the
8 proposals. The President's 2014 budget did, and we are
9 optimistic that as the legislative process works out that, I
10 think as you have seen in your State, the positive aspects
11 this has as we replicate that nationwide, I think it speaks
12 for itself.

13 Senator Begich. To me, you also say, Mr. Goings, your
14 Boots to Business, now that starts -- started January of
15 this year, is that right?

16 Mr. Goings. Nationwide, yes.

17 Senator Begich. And you are in the process now of
18 informing folks?

19 Mr. Goings. Exactly.

20 Senator Begich. When will you be able to kind of look
21 back -- this is kind of how I operate if you have got a
22 centralized committee -- panel. How long will it take you
23 to look back? Will it be one year, two years, when you
24 think this is a program to start to see results based on
25 your presentation here and around the country?

1 Because I agree that the small business -- I come from
2 a small business world, and you guys helped us with a
3 conference we did here recently, DoL also. Very important
4 for us to engage, and they are more apt to be engaged in
5 businesses if given the opportunity, especially franchise
6 businesses. So tell me kind of what your measurements are.

7 Mr. Goings. You know, we are very excited at the Small
8 Business Administration that entrepreneurship now is one of
9 the tracks within the TAP Program.

10 Senator Begich. Right, which it was not in the past.

11 Mr. Goings. Correct. It was in some locations, not in
12 others.

13 Senator Begich. Right, national.

14 Mr. Goings. But now it is as we roll this out
15 nationally.

16 Senator Begich. Great.

17 Mr. Goings. And that -- you know, the Boots to
18 Business program consists of three phases, if you will.
19 Every transitioning service member as part of that 18-month
20 process, the TAP Program, will get to watch a 10-minute
21 video on entrepreneurship. Those transitioning members who
22 self-select and say, you know, that is an interesting track
23 we would like to follow up on, then receive a two-day
24 intensive class on building a business plan. And that is
25 been done 10 times here at Joint Base Elmendorf-Richardson,

1 and we are looking forward to the possibility, with the '14
2 budget, of expanding that further.

3 Senator Begich. Yes.

4 Mr. Goings. Those that want to continue on have the
5 ability to take an eight-week online class. They are really
6 learning the fundamentals, and then it dovetails nicely with
7 the work that the First Lady has done, that Dr. Biden has
8 done, with the National Franchise Association, really
9 dovetailing, opening those doors.

10 To your question in particular, we use a web-based
11 centralized reporting system called EDMIS, which stands for
12 the Entrepreneurial Development Management Information
13 System, to collect the data. And so, it is our goal, as we
14 continue to lay down the foundation for Boots to Business,
15 that we work with our partners, such as the Department of
16 Defense, to really develop a long-term strategy for tracking
17 success so that we can provide statistical reports to
18 Congress as well as OMB.

19 We are optimistic that within a year or so we will be
20 able to -- well, I think we will have success stories
21 quicker than that, but we will have that concrete data that
22 Congress needs, the oversight committees need, to make
23 important decisions on the continuation of the program.

24 Senator Begich. Let me say this. I apologize, but we
25 have to go because of the plane. But let me, if I can, Tom,

1 leave you with this question if you could -- we are going to
2 keep the record open, Dalia, for two weeks? Yep. We are
3 going to keep the record open for two weeks.

4 Here is one of the questions I want to kind of put in
5 your mind if you could get back to us. One is in southeast
6 Alaska and western Alaska, are we doing enough with the
7 Department of Labor with veterans in the sense of
8 employment, and then coming back to the same question. And I
9 would like you to give some thought to that. And what more
10 can we do to expand if we are not doing enough. If you can
11 kind of put that in the back of your mind.

12 I apologize. There we go. I sense it is a resource
13 issue, but give me some thoughts. And then what other kind
14 of resources would you need?

15 I apologize because we are doing a roundtable, that we
16 need to do that.

17 Dr. Petzel, I want to commend you for your comment on
18 disability claims, no two-year lag, so we got a one-year
19 lag, yet you are working on that. And I would hope that
20 that is -- if that is not the number one issue we get in our
21 office, it really comes close. And so, I appreciate,
22 especially when you said Alaska might one of the first to
23 clear up that one year. And I know, John, you are working
24 aggressively on that.

25 So as you progress then, will you keep us informed

1 because we think -- as you know, a year ago we did not get
2 such a great report. And if you could clear that, it would
3 make a huge difference in our programs.

4 Thank you all very much. I appreciate you being here.
5 It allows us to get a lot of information. A little
6 different format than a regular hearing where we engage once
7 in a while there. Dr. Petzel, did you have a last comment?

8 Dr. Petzel. Can I make three really quick comments?
9 First of all, I want to --

10 Senator Begich. As long as the plane does not leave
11 without me.

12 [Laughter.]

13 Dr. Petzel. I want to reiterate my admiration for the
14 Southcentral and Nuka. We have much to learn from them, and
15 look forward, Katherine, to further collaboration, too. I
16 want to thank you for your work on behalf of veterans, sir.
17 You have been a real brick in the House and Senate Veterans
18 Affairs Committee --

19 Senator Begich. Thank you.

20 Dr. Petzel. -- and particularly as it relates to
21 Alaska where there are very some very special problems and
22 concerns. And then finally, there will be both benefits and
23 healthcare staff here to answer any questions that anybody
24 in the audience may have.

25 Senator Begich. Oh, that is fantastic. Thank you very

1 much for allowing that.

2 We are adjourned for today. The record will be open
3 for two weeks.

4 [The information referred to follows:]

5 [COMMITTEE INSERT]

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1 Senator Begich. Thank you very much.

2 [Applause.]

3 [Whereupon, at 11:05 a.m., the hearing was adjourned.]

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