

Allen K. Hoe

Testimony by Allen K. Hoe before the

US Senate Committee on Veterans'

Affairs, at its Field Hearing, in Honolulu, Hawaii on August 21, 2007, at 10 a.m. Oahu Veterans Center, Kukila Street.

Good morning Senator Akaka, Senator Craig and members of the Committee on Veterans' Affairs. Your presence and your continuing dedication in fulfilling your promise to serve those who have served our Country in uniform is deeply appreciated.

My name is Allen Hoe, I am a proud veteran who wore US Army jungle fatigues in combat in Vietnam in 1967 and 1968; however for me a greater source of pride is in my 2 sons who also wore the uniform as infantrymen in service of their country. I would like to believe that our family is not unique. Hawaii's sons and daughters have a very long and honored tradition of service and sacrifice to our country.

Duty, Honor, Country, those three simple words have the power to motive young men and women to do remarkable things when called upon by their country. To the Veteran who has worn the uniform, to the young warriors who wear it today, we owe them our gratitude for their selfless service but more importantly we must ensure that they receive, to the fullest measure those benefits to which they are entitled to.

Of the many hats which I have had the privilege to wear over the years, from my veteran's perspective, the one I wear as a member of the "Advisory Committee on the Readjustment of Veterans" provides the greatest sense of duty for me. I accepted that role several years ago, when I realized that my sons would soon be going off to serve and that I needed to focus my energies on veterans benefits programs to secure them for the current generation of our brave young heroes. As we Vietnam Vets are so fond of saying, "never again will one generation of veterans abandon another."

The Advisory Committee on the Readjustment of Veterans, which I have the honor to serve as a member is mandated under Public Law 104-262,
to:

- Assemble and review information relating to the needs of veterans in readjusting to civilian life.
- Provide information relating to the nature and character of psychological problems arising from service in the armed forces.
- Provide an on-going assessment of the effectiveness of the policies, organizational structures, and services of the Department of Veterans Affairs (VA) in assisting veterans in readjusting to civilian life.
- Provide on-going advice on the most appropriate means of responding to the readjustment needs of veterans in the future.
- In carrying out these activities, the Committee shall take into special account the needs of veterans who have served in a combat theater of operations.

My testimony this morning is not in any official capacity with my service on the Advisory Committee on the Readjustment of Veterans. I am here simply as a veteran, a member of this

proud community of veterans and the father of young soldiers, to whom our obligations must be fulfilled.

Earlier this year the Committee issued its Eleventh Annual Report. I would merely wish to highlight the report's recommendations which are presented to the Secretary. If there is any ulterior motive here it is merely to provide this honorable committee and its members, the perspective of "boots on the ground" regarding the importance of the work done by my colleagues who serve on the Advisory Committee on the Readjustment of Veterans.

1. The Vet Centers have become, as we say in Olelo Hawaii, "Puuhonua" or sanctuaries, a special place of refuge. Veterans are utilizing its services and programs in increasing numbers. Two new Vet Centers and staff augmentation at 11 existing Vet centers is progress. However, based on a number of findings as listed below, it is clear that additional augmentation of the Vet Center program is needed:

- The growing number of separated service members from OEF/OIF to date.
- The high number of National Guard and Reserve component forces who disperse to all corners of the country upon separation from OEF/OIF.
- The Army studies conducted by Colonel Charles W. Hogue, that document the incidence of combat related stigma and readjustment problems among OEF/OIF returnees.
- The effectiveness of VA's community-based Vet Centers in contacting the new veterans through an aggressive GWOT outreach campaign and in providing timely readjustment counseling to veterans and veterans' family members.

The high number of National Guard/Reserve combatants in OEF/OIF; our own experience with mobilizations of the 29th Infantry Brigade and the 100th Bn., and the continuing separate unit mobilizations throughout the Pacific Command, many of whom come from widely dispersed rural areas, the need exists to prioritize the creation of Vet Center outstations and augmenting staff in Vet Centers that serve rural areas. The capacity to respond to the service needs of the increasing number of OEF/OIF veterans and family members will be critical for years to come, and that expanding the Vet Center program is perhaps an effective way to build and expand the veterans benefits infrastructure to meet their needs over time.

2. Our Hawaiian tradition of Ohana defines who we are as veterans and the importance of our families in every aspect of our lives as we serve our country. Thus the legislative authority for treating veterans' families at Vet Centers, is a great accomplishment. It really is a no brainer that a veterans' successful readjustment also includes the Ohana's readjustment. Providing family treatment by Vet Centers which have qualified family therapist on staff needs to be expanded. The augmentation of family counselors at Vet Centers would enhance the program's capacity to clinically address the more complicated family adjustment problems among increasing numbers of returning OEF/OIF combat veterans.

3. A key factor in the Vet Center program's success is due to structure as an "off campus" entity, if you will. Thus it is important to validate that with a secure and separate system of client records and related policy of guaranteeing confidentiality for the veteran. This is perhaps the most essential item in serving the war-traumatized veteran population and goes a long way toward mitigating the stigmas manifested by

this population against accessing care.

4. Nakoa Wahine, women warriors are an ancient Hawaiian tradition, they fought along side their husbands, and in some instance due to a greater family allegiance that found themselves opposite

their husband; in any regards women in service as another trait of who we are as veterans. With the higher number of female military personnel serving in OEF/OIF, the Vet Centers continue to carefully monitor the demographics of local catchment areas to ensure that female veteran service providers are represented on Vet Center teams at appropriate levels.

5. Increasing awareness of the impacts of multiple deployments, extended deployments and traumatic battlefield experiences, have exposed a higher incidence of mental health needs of returning OEF/OIF veterans as documented by the "Land Combat Study" research of Colonel Charles W. Hogue, M.D., OEF/OIF veterans must be extended priority access to VA medical centers for mental health screening, assessment and treatment to avoid the barrier of waiting lists of several months for an appointment.

6. The blending of our armed forces of active duty, guard and reserve units presents some unique issues on tracking these individual heroes as they change out of uniform into civilian attire. The establishment the aggressive GWOT veteran outreach program which consisted of 100 OEF/OIF veterans whose mission is to provide early contact, program information and educational briefings to veterans at military demobilization and National Guard and Reserve sites is vital in the efforts to service all our veterans. Thus there must be a system to closely monitor the program's outcomes to further assess the feasibility of further extensions to this program initiative contingent upon increasing workload volume among returning OEF/OIF veterans.

7. There is the realization that as time increases following demobilization and separation from active military, many veterans will develop readjustment problems to include the delayed onset of PTSD. To facilitate a veterans' ease of access for care,

the more traditional methods of community outreach in addition to the GWOT outreach at demobilization sites need to be enhanced. Such methods would include liaison with community emergency responders, educational presentations at community mental health and social service agencies, and any other form of community liaison that will result in facilitating veteran referrals for follow-up readjustment counseling.

The points referenced above represent a cross section of those issues or services which are of great importance to our veteran community not just in Hawaii but at-large.

The following issues are what I have surmised as being specific needs to our Hawaii veterans community as they have been shared with me.

Disability Claims: More resources are needed to decrease the current backlog in the disability claims process. Two critical areas:

- Elderly veterans often "give up" or "die" before their claim is resolved.
- OIF/OEF veterans can often experience serious financial difficulties while awaiting a VA decision on their disability.

OIF/OEF: Need greater focus on unique aspects/needs of OIF/OEF soldiers/veterans:

- Need more full-time personnel assigned/designated to coordinate OIF/OEF care to ensure a seamless transition. To often VA personnel are assigned OIF/OEF duties as ancillary to primary job responsibilities. Each VA facility should have a full-time and fully staffed OIF/OEF treatment team.
- Traumatic Brain Injury treatment. Need to improve VA's ability to assess and treat TBI. Increase number of neuro-psychologists to do testing for TBI.

Eligibility Period: Returning soldiers/veterans must apply for medical benefits within 2 years after returning to the U.S. from the war zone. Unfortunately, many do not seek VA care within this allotted time period. Eligibility for care should be extended to 5 years after return.

Access to Care: Need to expand resources and increase accessibility/availability of care:

- Sometimes difficult to get an appointment in a timely manner and there often is too much time between appointments.
- Increase medical staff and expand specialties (orthopedics, endocrinologists, OB/GYN, TBI) to improve care and alleviate wait time.
- Expand hours of operation for both medical and mental health services. Present hours of 0800 to 1600 may be sufficient for unemployed and elderly veterans; however, it often poses a hardship for the younger veteran making the transition from the military to a new job or school. Often, they do not have the "sick-leave" or "vacation" time accrued.
- Develop mobile clinics that travel to communities to provide general health care. It is sometimes difficult for veterans to go to VA. This is particularly critical for elderly, disabled, or homeless veterans who often need increased medical care for chronic medical problems or for service-connected conditions. Elderly and the disabled often can't drive, don't want to inconvenience family and cannot endure long rides on the bus or handi-van. Taking health care to their community via a medically-equipped bus/van can provide a valuable service to these veterans.

Veteran Service Organizations: Veterans Service Organizations (DAV, VFW, American Legion, etc.) are congressionally chartered organizations that advocate for veterans and assist in filing disability claims. Unfortunately only the DAV provides a full-time National Service Officer in Hawaii to assist veterans with their claims. As a result, many veterans are not properly represented in filing their disability claims.

Again I wish to extend my heartfelt gratitude for the opportunity to offer some of my observations and concerns to the committee this morning.

A very special aloha and mahalo to Senator Akaka and to Congressman Abercrombie for being there for my family and for your loving tributes in honor of my son.