

JOHN CHAD HAPNER, NATIONAL COMMANDER, AMVETS

STATEMENT OF

JOHN CHAD HAPNER  
AMVETS NATIONAL COMMANDER

BEFORE THE

JOINT HOUSE AND SENATE VETERANS AFFAIRS COMMITTEE

CONCERNING

AMVETS LEGISLATIVE GOALS AND OBJECTIVES OF 2009

THURSDAY, MARCH 12, 2009  
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Chairman Akaka, Chairman Filner, Ranking Member Burr, Ranking Member Buyer and members of the Senate and House Veterans' Affairs Committee. I am John Chad Hapner, National Commander of AMVETS. On behalf of AMVETS, the AMVETS Ladies Auxiliary, the Sons of AMVETS and our other subordinate organizations, thank you for giving us the opportunity to present our legislative agenda for 2009.

AMVETS (American Veterans) has been a leader since 1944 in helping to preserve the freedoms secured by the Armed Forces of the United States of America. Today, our organization continues its proud tradition, providing not only support for veterans and active duty military service members in receiving their earned entitlements but also countless numbers of community services which enhance the quality of life for this Nation's citizens.

Our guiding principles in setting AMVETS legislative agenda lay in three documents: our annually adopted resolutions, our Legislative Goals and Objectives, and the report from the AMVETS sponsored "National Symposium for the Needs of Young Veterans." The resolutions target specific areas of need that have been voted on and approved by our membership. Our goals and objectives provide an overview of six key areas that AMVETS supports, and lastly, the Symposium report reflex the short comings of both DoD and the VA transition, healthcare and benefits system and provides recommendations to improve or eliminate the short comings.

First and foremost, AMVETS advocates for a veterans' health care system that is sufficient, timely and predictable. I want to personally thank Chairmen Akaka and Filner for introducing the "Veterans Health Care Budget Reform and Transparency Act of 2009," and I also want to thank

the members of both committees who have co-signed this legislation and made it a strong bipartisan bill. For those who still have questions and concerns about advanced appropriations AMVETS looks forward to discussing possible improvements to these bills as the legislative session moves forward. What we must remember is that the spirit of this legislation is to provide the VA health care system with a sufficient health care budget that will allow VA to fully serve our sick and disabled veterans. Sufficient funding is not enough; it will take timely, and predictable access to funds for the health care system to work effectively. We cannot expect the VA to plan for and care for all of our veterans' needs when there is no real deadline for budget approval.

Transitioning from military life to civilian life often comes with difficulties. Included in the idea of a seamless transition is providing educational benefits for those who have served. Education continues to be a top priority for AMVETS.

Education benefits have been the single greatest recruitment tool for the Department of Defense. Occasionally, Congress will provide a new benefit for our servicemembers which coincides with the sacrifices that are made. Historically, educational benefits do not overlap to where servicemembers are eligible for multiple benefits. Today that has changed. Now enlisting servicemembers must make benefit choices without understanding the full scope of the benefits, and servicemembers from the current era of conflict who have already separated from service are not receiving an equal benefit in relation to their cohorts who are still serving on active duty.

AMVETS praises the passage of the Post 9/11 GI Bill (Chapter 33), but we also recognize issues that endanger its implementation, add confusion to an already complex benefit, and places a wedge in the parity between the MGIB (Chapter 30) and REAP (Chapter 1607) benefits which remain, in some cases the only benefit in which a servicemember may qualify. By law, Chapter 33 benefits must be made available to eligible servicemembers and veterans by August 1, 2009. There is some concern on whether or not the benefit will be accessible by this deadline.

Allowing competing benefits will cause a great portion of veterans to receive a benefit that is less, strictly based on the type of educational program s/he peruses. Multi-benefit options will cause enlistees to unnecessarily buy into Chapter 30 benefits that will never be used as well as denying benefits to enlistees who either assume or are told Chapter 33 benefits will cover all educational options. Also, VA's inability to distribute Chapter 33 benefits by the August 1, 2009 deadline will cause a ripple of distrust for the entire VA and have negative effects on our veterans' ability to pursue an education.

It is imperative that while we wait for a complete Chapter 33 implementation plan, VA provide monthly updates on their progress. These updates should continue until the benefit is being processed through an IT solution that has an acceptable success rate.

AMVETS also supports combining the Montgomery GI Bill, Chapters 30 and REAP benefits from Chapter 1607 into Chapter 33 (Post 9/11). Consolidation will simplify the benefits, eliminate the need for servicemembers to buy-in into MGIB not knowing which benefit will be needed when servicemembers or veterans are prepared to attend an educational program. If consolidating the benefits is unattainable there must be a modification of Chapter 30 benefits to

extend eligibility to 15 years as well as remove the mandatory pay in that is currently in place, as well as provide portability of Chapter 1607 benefits to the IRR. And in an effort to provide equal benefits to same-era veterans, veterans of the wars in Iraq and Afghanistan who have completely or partially completed their educational goals must be provided the option to repay student loans that were accrued under the old benefits system with the remainder of their Chapter 33 entitlement.

Messrs. Chairmen, after returning from combat zones, many National Guard and reserve servicemembers are left to reintegrate into civilian life with no assistance or through a system that is frustrating and hard to navigate without guidance. Upon demobilization, servicemembers do not have to report to or make contact with their military unit for 90 days, leaving many isolated and uninformed of the services and benefits that are available to them. For the mental health of our returning veterans, it is critical that we take steps to wholly assess their well-being and direct them to any services they may need. It is important that pre and post- health care assessments are conducted. AMVETS understands that this is a tasking for DOD, but the lack of these thorough assessments makes VA evaluations and treatment difficult at best.

Currently, military personnel are required to complete a pre-deployment health assessment. This two page questionnaire consists of general information such as name, gender, service branch, component and pay grade as well as eight health related questions. These questions are general in nature with respondents rating their health on a scale of poor to excellent as well as answering yes or no questions. Deployments to Iraq and Afghanistan are causing post-traumatic stress disorder (PTSD), depression, substance abuse problems, suicide, marital strife, and other social and emotional consequences. While DOD, VA, and Congress have remained vigilant to ensure federal programs are available for returning veterans, those returning from Iraq and Afghanistan would be best served with a more thorough pre and post-deployment health assessment to determine if mental health treatment is needed. Currently, the biggest barrier to care is the stigma associated with mental health problems. A systematic post-deployment survey with targeted questions will help to detect mental health issues more efficiently.

Abuse of alcohol and other substances is a growing problem for veterans returning from OIF/OEF, however few are referred to DOD or VA providers (0.2%). Mental health and substance use treatment facilities are stretched too thin to provide the care needed by veterans and active duty military personnel. Suicide rates among OIF/OEF active duty members have increased, with 65% of suicidal instances having alcohol as a contributing factor. DOD is reinforcing suicide prevention programs and VA is using resources such as the National Suicide Prevention Hotline. While having a more stringent post-deployment health assessment could not prevent all suicides and substance abuse disorders, it would certainly work to decrease the growing problem. A more thorough pre-deployment health assessment may indicate a predisposition for such problems, thus leading the military to screen returning service members more comprehensively.

AMVETS supports the development of a comprehensive pre - and post-deployment healthcare assessment. The current assessments ask pointed questions and rely on service members to, in effect, evaluate their own mental health. A new assessment may help to raise red flags or issues that could be precursors to substance abuse or suicide. The devastating effects of post-traumatic

stress disorder (PTSD) and other injuries with mental health consequences that are not easily recognizable can lead to serious health catastrophes. A new assessment would act as a front line defense to help ensure service members receive the care they need to prevent larger mental health issues. Reliable and valid pre- and post-deployment health assessments are crucial. While this is a DOD issues, it directly affects the VA's ability to provide adequate care.

Preliminary Veterans Affairs Department research obtained by The Associated Press provides the first quantitative look at the suicide toll on today's combat veterans. The ongoing research reveals that at least 283 combat veterans who left the military between the start of the war in Afghanistan on Oct. 7, 2001, and the end of 2005 took their own lives. Veterans aged 20 through 24, those who have served during the war on terror, had the highest suicide rate among all veterans, estimated between two and four times higher than civilians the same age. (The suicide rate for non-veterans is 8.3 per 100,000, while the rate for veterans was found to be between 22.9 and 31.9 per 100,000).

The Department of Veterans Affairs in conjunction with the Department of Defense need to create a reintegration program, or de-boot camp to help soldier and their families reenter civilian life. Minnesota's National Guard has created a Deployment Cycle Support Program called Beyond the Yellow Ribbon. Soldiers and families take part in a three phase training program which objectives are helping every combat veterans and their family successfully deal with the effects of combat operational stress, training the community to help combat veterans and families deal with the stress, and creating a coalition of federal, state, county and local agencies to also alleviate family stress. Beyond the Yellow Ribbon works with soldiers and families before, during, and after deployment by providing training, support, and information on available resources. AMVETS has outlined the issues and subjects that need to be covered during a week-long reintegration program. They include: A complete mental health care screening for the servicemembers, enrollment into the VA health care system, schedule appointments for veterans who are determined by health care provides to need further mental or physical treatment, benefits explanation, seminars for the servicemember and his/her spouse, seminars specifically for spouses as well as age-appropriate daycare for dependent children.

Between 2000 and 2007 benefits claims received by VA have risen by 45%. Currently, there are nearly 850,000 claims, which include initial claims, claims that are on appeal, and educational benefits, waiting to be processed. Projections for FY 2009 predict a continued rise in claims. Congress has responded to the needs of VA and provided funding for 2000 new claims processors positions, but increased manpower alone will not eliminate the backlog or the institutional inconsistencies and shortfalls that plague the compensation and pension claims process.

Compensation claims development and adjudication is complex and time consuming. Inadequately trained employees fail to recognize claims that are adequately prepared and continue to develop claims that are ready to be rated. When VA notifies a claimant that s/he can submit a private medical opinion, they do not explain what elements make the private opinion adequate. Currently, the accountability mechanism, the Systematic Technical Accuracy Review (STAR) program allows for a sample that is too small to determine the accuracy of the claims process of a Regional Office (RO). STAR also has made it possible for even new processors to

have "single signature" authority. This system of oversight has contributed to the backlog by causing claims to be remanded. The employee work-credit system is an ineffective measure of productivity. It measures productivity quantitatively, allowing for credit to be given regardless of quality of the claim. And there is still an indication that staffing levels may be too low for the number and complexity of cases coming out of the conflicts in Iraq and Afghanistan.

The combination of these issues within the claims process has reduced the productivity and efficiency of the VBA, and it directly results in veterans not receiving their disability payment in a timely manner.

VA should undertake an extensive training program to educate its adjudicators on how to weigh and evaluate medical evidence. In addition, to complement recent improvements in its training programs, VA should require mandatory and comprehensive testing of the claims process and appellate staff. To the extent that VA fails to provide adequate training and testing, Congress should require mandatory and comprehensive testing and under which VA will hold trainees accountable.

VA must notify a claimant, in appropriate circumstances, of the elements that make medical opinions adequate for rating purposes. Congress should amend section 5103A(d)(1) to provide that when a claimant submits a private medical opinion that is competent, credible, probative, and otherwise adequate for rating purposes, the Secretary shall not request another medical opinion from a Department healthcare facility.

VA must establish a quality assurance and accountability program that will detect, track, and hold responsible those VA employees who commit errors while simultaneously providing employee motivation for the achievement of excellence. VA must continue to monitor current staffing levels to ensure the demands meet the needs.

AMVETS has taken the request of Senator Burr to re-write the disability claims and appellate process seriously and is working with our Service Officers in the field to provide a line-by-line improvement of the process.

AMVETS supports legislation that would award a military service medal to members of the Armed Forces who served honorably during the Cold War Era. Presidents going back to Truman have recognized the significance of the Cold War. By creating the Cold War Victory Medal, this nation would certainly demonstrate its great respect and appreciation for the men and women who carried the burden of this policy.

As a member of the Citizens Flag Alliance, we continue to strongly support a constitutional amendment to protect our most sacred symbol. All 50 state legislatures have passed resolutions asking Congress to submit the flag amendment for ratification. We hope that a new flag protection amendment bill will be introduced and voted on quickly this Congress. It is time the voice of the American people be heard on this issue.

I would now like to briefly highlight some quality programs within the AMVETS organization that are making a difference in local communities. Since its inception in the 1950s, the AMVETS National Scholarship Program has awarded more than \$2 million in scholarships to

graduating high school students. For the past 20 years, AMVETS has sponsored a youth leadership program in cooperation with Freedoms Foundation at Valley Forge, Pennsylvania, that has served more than 800 youth to date.

At the Department of Veterans Affairs, AMVETS is proud to serve on the National Advisory Committee of Veterans Affairs Voluntary Service Program. Last year, more than 2,546 AMVETS, Ladies Auxiliary and Sons volunteers tallied over 186,122 hours of voluntary service at more than 140 VA Medical Centers. In addition, some 95,503 AMVETS from across the country invested more than 454,483 hours in helping veterans, the active military including the Guard and Reserves, and providing an array of community services to enhance the quality of life for our nation's citizens. I am pleased to report that based on The Independent Sector Formula, AMVETS provided a total in excess of \$8.8 million in voluntary service. These are just a few examples of the good work our people are doing out in the field.

Mr. Chairman, our obligations are many. I look forward to working with all of you to ensure the long-term sustainability of our veterans programs.

Again, thank you for extending me the opportunity to appear before you today, and thank you for your support of veterans. I hope all of you will be able to join us tonight for our annual congressional reception and Silver Helmet presentation to The Honorable Chet Edwards of Texas, to be held in room B-338 of the Rayburn House Office Building from 6:00 to 8:00 p.m.

This concludes my testimony.

Thank you.