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LEGISLATIVE PRESENTATION OF THE  
DISABLED AMERICAN VETERANS

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TUESDAY, FEBRUARY 24, 2015

United States Senate,  
Committee on Veterans' Affairs,  
House of Representatives,  
Committee on Veterans' Affairs,  
Washington, D.C.

The Committee met, pursuant to notice, at 2:05 p.m., in  
Room G-50, Dirksen Senate Office Building, Hon. Johnny  
Isakson, Chairman of the Committee, presiding.

Present: Senators Isakson, Boozman, Heller, Cassidy,  
Rounds, Tillis, Sullivan, Blumenthal, Sanders, and Manchin;  
Representatives Miller, Wenstrup, Abraham, Zeldin, Costello,  
Radewagen, Brown, and Walz.

OPENING STATEMENT OF CHAIRMAN ISAKSON

Chairman Isakson. Welcome to the Joint Committee of  
the House and Senate Veterans' Affairs Committees. We are  
delighted to see so many heroes, American heroes who are  
here, who have fought for and served our country, and we are  
grateful you could be in our Nation's capital. We would not  
be here today if it were not for you, and we know that. So  
we are here to hear your priorities and hear your discussion  
today about the needs of our disabled veterans in the United

1 States of America.

2 I want to welcome all the members of the DAV that are  
3 here, and to introduce the DAV National Commander is  
4 Virginia Foxx. Virginia, would you make that introduction?

1                   STATEMENT OF HONORABLE VIRGINIA FOXX, A  
2                   REPRESENTATIVE IN CONGRESS FROM THE STATE OF NORTH  
3                   CAROLINA

4           Ms. Foxx. Thank you, Mr. Chairman, and I want to echo  
5 the words that you said. We could not be here if it were  
6 not for these heroes who are here today.

7           Chairman Miller, Chairman Isakson, Ranking Member  
8 Brown, Ranking Member Blumenthal, and esteemed members of  
9 the House and Senate Veterans' Affairs Committees, thank you  
10 for the opportunity to come before you today to introduce a  
11 hometown hero from my district in Clemmons, North Carolina,  
12 Ronald F. Hope. Mr. Hope is recognized as an expert in  
13 veterans benefits and Department of Veterans Affairs  
14 programs for injured and ill veterans. Mr. Hope is a U.S.  
15 Army veteran who served for 31 years as a National Service  
16 Officer for Disabled American Veterans and was elected  
17 National Commander of the organization in 2014.

18           Mr. Hope received his bachelor of business  
19 administration degree from Tarleton State University in  
20 Texas and served in the Army from January 1968 to April  
21 1970, when he was medically retired as a result of his  
22 wounds.

23           As a member of the 227th Assault Helicopter Battalion  
24 of the 1st Air Cavalry, Mr. Hope was wounded in July 1969  
25 when his helicopter was shot down during a combat assault,

1 resulting in the amputation of his left arm at the shoulder,  
2 along with numerous other injuries.

3         Among his many military decorations, Mr. Hope received  
4 the Purple Heart, multiple Air Medals, Army Aviation Badge,  
5 and Vietnam Service and Campaign Medals. He began his  
6 professional career with Disabled American Veterans as a  
7 National Service Officer in Waco, Texas, in 1979. Mr. Hope  
8 was promoted to National Service Office Supervisor in 1983  
9 and also served as an area supervisor for Georgia, North  
10 Carolina, South Carolina, and Tennessee before his  
11 retirement in 2010. Mr. Hope currently lives in Clemmons,  
12 North Carolina, and is a life member of the Disabled  
13 American Veterans Department of North Carolina and  
14 Department of Texas.

15         Again, I appreciate the opportunity to be here today  
16 and commend the Committee's efforts to ensure that our  
17 veterans have the best America can offer them. Our great  
18 Nation is a nation of heroes. Our soldiers and veterans are  
19 some of the finest people who have ever lived. Let us never  
20 forget those who sacrificed to protect, uphold, and defend  
21 America and her interests.

22         Thank you, Mr. Chairman and Mr. Chairman.

23         Chairman Isakson. Thank you, Representative Foxx.

24         Commander Hope, I wanted her to go first because she is  
25 a lady. She is the First Lady of the United States House.

1 You are lucky to have her introduce you, and we are glad to  
2 have Virginia here today.

3 We have a unique pair of Chairmen up here in Jeff  
4 Miller and myself. We are trying to start off a whole new  
5 year of a VA focus this year between the House and the  
6 Senate. We are taking our committees around the country. I  
7 have never enjoyed working with anybody any more than Jeff  
8 Miller, and I want to introduce him for a few remarks before  
9 yours, please. Jeff Miller.

10 OPENING STATEMENT OF CHAIRMAN MILLER

11 Chairman Miller. Thank you very much, Mr. Chairman. I  
12 appreciate it. I do want to say thank you to the Members  
13 from Florida that are here today. If I could get you to  
14 rise, especially Larry Kaiser and Mr. Brian Moore, if you  
15 could all stand or at least wave your hand so I can see you.  
16 Thank you to those of you here from the Sunshine State.

17 [Applause.]

18 Chairman Miller. Commander, it has, in fact, been a  
19 challenging year for veterans and veteran advocates. I  
20 thank you for supporting our efforts and for being a  
21 tremendous voice for veterans and by continuing to keep we  
22 Members of Congress informed about what is really happening  
23 on the front lines at VA facilities. You have made our job  
24 much easier.

25 In the words of former VA Administrator General Omar

1 Bradley, we are dealing with veterans, not procedures, with  
2 their problems, not ours. As I said in one of last summer's  
3 hearings, VA is not sacred; the veteran is. And that is the  
4 culture we have got to have at the Department of Veterans  
5 Affairs, and we should expect nothing less.

6 I have a complete statement I would like to have  
7 entered into the record, and with that, I yield back, Mr.  
8 Chairman.

9 Chairman Isakson. Without objection.

10 [The prepared statement of Chairman Miller follows:]

11 / COMMITTEE INSERT

1           Chairman Isakson. And with that, Commander Hope, we  
2 will turn it over to you to introduce those that are with  
3 you and make your remarks, and thank you for being with us.

1           STATEMENT OF RONALD F. HOPE, NATIONAL COMMANDER,  
2           DISABLED AMERICAN VETERANS; ACCOMPANIED BY J. MARC  
3           BURGESS, NATIONAL ADJUTANT; BARRY A. JESINOSKI,  
4           EXECUTIVE DIRECTOR, NATIONAL HEADQUARTERS; GARRY  
5           J. AUGUSTINE, EXECUTIVE DIRECTOR, WASHINGTON  
6           HEADQUARTERS; JIM MARSZALEK, NATIONAL SERVICE  
7           DIRECTOR; JOSEPH A. VIOLANTE, NATIONAL LEGISLATIVE  
8           DIRECTOR; JOHN KLEINDIENST, NATIONAL DIRECTOR OF  
9           VOLUNTARY SERVICE; JEFFREY C. HALL, NATIONAL  
10          DIRECTOR OF EMPLOYMENT; AND LEEANN KARG, DAV  
11          AUXILIARY NATIONAL COMMANDER

12          Mr. Hope. Thank you. Chairman Isakson, Chairman  
13          Miller, Ranking Member Blumenthal, Ranking Member Brown,  
14          member, thank you for convening today's hearing.

15          Before introducing our distinguished guests, I want to  
16          extent DAV's sincere appreciation to all of the members of  
17          both Committees on behalf of the more than 1.4 million  
18          members at DAV and its Auxiliary for the support that you  
19          have given our Nation's wounded, injured, and ill veterans  
20          and their families. We wish you all the best in the 114th  
21          Congress, and we stand ready to assist you and your staffs  
22          on the issues most important to disabled veterans: their  
23          dependents and survivors.

24          It is an honor to appear before you to present DAV's  
25          legislative program and to share our organization's



1 accomplishments over the past year.

2 I want to recognize those seated at the table with me  
3 as well as some distinguished guests in attendance: DAV  
4 National Adjutant and CEO Marc Burgess; Executive Directors  
5 Barry Jesinoski and Garry Augustine; Service Director Jim  
6 Marszalek; Legislative Director Joe Violante; Voluntary  
7 Services Director John Kleindienst; Employer Director Jeff  
8 Hall; Auxiliary National Commander LeeAnn Karg of Minnesota;  
9 Auxiliary National Adjutant Patricia Kemper of Kentucky; DAV  
10 Senior Vice Commander Moses McIntosh of Georgia; Junior Vice  
11 Commanders David Raleigh of Alabama, Delphine Metcalf-Foster  
12 of California, Brigitte Marker of Oregon, and missing today  
13 but here in our hearts, Dennis Calder of New York, who,  
14 sadly, passed away on January 8th of this year; National  
15 Judge Advocate Mike Dobmeier of North Dakota; Immediate Past  
16 National Commander Joseph Johnston of Ohio; Chaplain Michael  
17 Dover of Georgia; and National Chief of Staff Rodney Tucker  
18 of North Carolina.

19 I ask DAV's National Executive Committee to please  
20 stand or raise your hand to be recognized.

21 [Applause.]

22 Mr. Hope. Will the members of the National Legislative  
23 Interim Committee also stand or raise your hand?

24 [Applause.]

25 Mr. Hope. I would also like to recognize the DAV

1 delegation from my home State of North Carolina.

2 [Applause.]

3 Mr. Hope. Messrs. Chairmen, I have submitted my  
4 written testimony for the record. My statement thoroughly  
5 details DAV's key legislative priorities for the 114th  
6 Congress and reports our accomplishments. As an  
7 organization of wounded, injured, and ill wartime veterans,  
8 we recognize the importance and value of standing together.  
9 I hope every member of these Committees stands with us and  
10 holds close the sincere promises that have been made to help  
11 sick and injured veterans heal from their physical and  
12 mental wounds, and to live their lives with dignity and  
13 respect. DAV is proud of who we are and what we accomplish  
14 every day to keep these sacred promises.

15 Messrs. Chairmen, my personal story is a prime example  
16 of what DAV does for those wounded, injured, or made ill  
17 during military service. I served in the Republic of  
18 Vietnam with the U.S. Army as a pilot with the 227th Assault  
19 Helicopter Company of the 1st Air Cavalry Division. In  
20 1969, I was wounded in combat. My helicopter was shot down.  
21 The crash resulted in the amputation of my left arm at the  
22 shoulder and numerous other injuries.

23 After rehabilitation in military and VA facilities, I  
24 could not envision what my purpose in life would be. By  
25 chance, I met a World War II veteran who had spent 42 months

1 in a Japanese POW camp. I asked him what gave him hope when  
2 he came home devastated by injury and disease, and I asked  
3 him how he found his purpose in life. Without hesitating,  
4 he said, "Go see the DAV." I followed his advice, and this  
5 organization gave me a rewarding career as a National  
6 Service Officer for the next 31 years.

7 I truly believe DAV saved me at a time when I had no  
8 other plan for my life. So I know firsthand how DAV changes  
9 lives, and along with so many other service officers, many  
10 in this room, it has been my mission to help other veterans  
11 find their way.

12 Since there are many new members on the Committees, I  
13 would like to share some of the important services that we  
14 provide. DAV's primary mission is providing free,  
15 professional assistance representing all veterans and their  
16 families in the VA claims process. This is accomplished by  
17 more than 3,800 chapter, department, transition, and  
18 national service officers, including DAV-accredited county  
19 veteran service officers located across the country.

20 During 2014, more than 270 dedicated and highly trained  
21 DAV National Service Officers filed over 221,000 new VA  
22 claims for benefits. We helped veterans obtain more than  
23 \$3.7 billion in new and retroactive benefits, and we have  
24 reached 1 million power of attorneys for claimants.

25 DAV also has a fleet of ten mobile service offices.

1 Last year, they traveled over 100,000 miles to extend our  
2 services to local communities. I am also proud to highlight  
3 that 11,000 DAV and Auxiliary volunteers provided more than  
4 1.7 million hours of service, saving taxpayers over \$39  
5 million. Last year, DAV donated 138 vans to VA facilities,  
6 which helped transport nearly 600,000 veterans to health  
7 care appointments.

8 Messrs. Chairmen, I have highlighted a number of our  
9 core programs and services, but we offer many more. Our  
10 cosponsorship with VA of the Disabled Veterans Winter Sports  
11 Clinic, our Charitable Service Trust, local veterans  
12 assistance program, Disaster Relief Fund, and scholarship  
13 awards are additional DAV programs that change lives.

14 We are also proud to share that DAV initiated a new  
15 veterans employment program in 2014. This program combines  
16 DAV's benefits and claims assistance with job fairs. Last  
17 year, DAV sponsored 34 job fairs in 29 cities, offering  
18 veterans and dependents opportunities from nearly 2,000  
19 employers. Over 14,000 attended these events, and we will  
20 sponsor over 70 of these job fairs in 2015. We encourage  
21 you to contact DAV to learn more about these programs or if  
22 you need assistance helping veterans with their disability  
23 claims.

24 As wartime service-disabled veterans, we have a vested  
25 interest in supporting the VA, a system dedicated to meeting

1 our needs. Many DAV members seated behind me have  
2 experienced terrific injuries, including limb loss,  
3 paralysis, burns, blindness, brain injury, and PTSD. VA is  
4 important to them and to all injured and ill veterans.

5 Despite a difficult year and the many challenges that  
6 lie ahead for the VA, VA health care remains a vital  
7 resource. In fact, there is no substitute for it. As users  
8 of the system, we call on you to keep the promise. We ask  
9 that you protect, preserve, and enhance the VA so that it  
10 can provide a full continuum of quality and accessible  
11 health care to all eligible veterans.

12 [Applause.]

13 Mr. Hope. While we believe that the VA can and must  
14 address all its administrative and management lapses that  
15 led to the access crisis, in our view the core underlying  
16 problem has been insufficient resources--not enough doctors,  
17 not enough nurses, and not enough treatment space.

18 Speaking of resources, last year's Mid-Winter  
19 Conference kicked off Operation Keep the Promise, a campaign  
20 to protect veterans' benefits with advanced appropriations.  
21 We asked, you listened, and then acted, and we thank you for  
22 passing the bill last year. However, more work still lies  
23 ahead, and we need your help.

24 This year's campaign focuses on issues concerning  
25 family caregivers and women veterans. A group that deserves

1 unwavering support from Congress is family caregivers of  
2 severely wounded, injured, and ill veterans of all eras of  
3 service. We recognize and support these unsung American  
4 heroes who often sacrifice their own health, employment, and  
5 other life goals to care for their loved ones. Family  
6 caregivers of veterans have been doing this for decades.  
7 Our Nation owes them the assistance so that they can  
8 continue fulfilling their vital role. We know that it costs  
9 taxpayers less to provide comprehensive caregiver support in  
10 the home than to provide nursing home or institutional care.  
11 Therefore, we call on Congress to extent support and  
12 services to family caregivers of wounded, injured, and ill  
13 veterans of all service periods.

14 Finally, Messrs. Chairmen--

15 [Applause.]

16 Mr. Hope. We are also passionate about ensuring that  
17 women veterans receive equal benefits and quality health  
18 care from the VA and that they be properly recognized for  
19 the honor of their military service and their contributions  
20 to our national defense. Women are an integral part of the  
21 military today and face the same dangers in wartime as men,  
22 but Federal programs and services do not consistently  
23 provide the gender-specific health care and support services  
24 they need to aid in their transitions home.

25 Last September, DAV released a comprehensive report,

1 "Women Veterans: The Long Journey Home," and we have  
2 provided each of you a copy today. Our report recommends 27  
3 actions needed to improve services to ensure programs are  
4 equally effective for women veterans as they are for men.

5 We are pleased to support Senate bill 471, the Women  
6 Veterans Access to Quality Care Act, introduced by Senators  
7 Heller and Murray. We look forward to working with both  
8 Committees to pass this and other critical legislation. As  
9 a Nation, we must ensure that the needs of all veterans are  
10 met.

11 [Applause.]

12 Mr. Hope. Messrs. Chairmen, thank you for the  
13 opportunity to appear before you today on behalf of DAV and  
14 to share our proud record of service to veterans and to  
15 highlight our key legislative recommendations to Congress.  
16 My staff and I would be pleased to respond to your questions  
17 or comments, but it is important for us to remember our  
18 finest, our American soldiers, sailors, airmen, marines, and  
19 Coast Guard members who are deployed around the world in  
20 harm's way. God bless and keep them safe, God bless the  
21 DAV, and God bless the United States of America.

22 [Applause.]

23 [The prepared statement of Mr. Hope follows:]

1 Chairman Isakson. And may God bless Commander Hope and  
2 people like you who volunteer your time and your leadership  
3 to help the veterans of America, disabled or not, to have a  
4 better life and keep us accountable to do the right thing  
5 for the veterans of America. We appreciate you very much.

6 Mr. Hope. Thank you.

7 Chairman Isakson. We established a new rule in the  
8 Senate Committee, and that is, instead of doing a lot of  
9 opening statements, we do closing statements so we can go  
10 straight to our people that are there to testify and hear  
11 from them firsthand. But we have been joined by Corrine  
12 Brown, the Ranking Member in the House, and Dick Blumenthal,  
13 the Ranking Member in the Senate. We are glad to have you  
14 here, and we will accept their statements for the record  
15 after the testimony and questions and answers of our  
16 veterans that are here.

17 Commander Hope, thank you for what you have done today  
18 and thank you for your testimony. I am going to go right  
19 into my question. It is a comment followed by a question.

20 I had the Georgia DAV members in my office earlier  
21 today--and where are they, by the way? Would you all stand  
22 from Georgia? We had 14 of them.

23 [Applause.]

24 Chairman Isakson. And they focused on women's issues  
25 and some of the challenges that we face in the VA to have



1 the manpower and woman-power and doctor-power and  
2 assistance-power to help the wounded veterans who are coming  
3 back from Afghanistan or from Iraq or from the war against  
4 ISIL, wherever they may be. Would you expand on your  
5 comments about the VA services to our women veterans?

6 Mr. Hope. I would like to defer that to Mr. Augustine.

7 Mr. Augustine. Thank you, Mr. Chairman. Yes, as you  
8 know, we did a report last year, "Women Veterans: The Long  
9 Journey Home," which pointed out 27 different  
10 recommendations to both the VA and the DOD. We feel very  
11 strongly that the women veterans that are part of our  
12 country--almost 280,000 of them, have served since post-  
13 9/11. And right now, 15 percent of the U.S. military's 1.4  
14 million active-duty personnel and 18 percent of the guard  
15 and reserve forces are women.

16 There are nearly 400,000 women using the VA health  
17 system, and I can tell you, during our Mid-Winter Conference  
18 that is going on right now, we set up an interview booth and  
19 asked women to come forth and tell their story. And every  
20 one that came forth and told the story about their treatment  
21 at the VA said they get all of their treatment at the VA,  
22 and it is very inconsistent. In some VAs, there is great  
23 treatment for them; in other VAs, not so good.

24 So one of the problems is we would like to see more  
25 women-centric treatment. You can imagine, Mr. Chairman, a

1 woman coming back with post-traumatic stress disorder,  
2 especially with something like military sexual trauma, would  
3 like to have a therapy group that she could feel comfortable  
4 in instead of being part of a male-dominated group. The VA  
5 has traditionally been a more male-oriented environment. We  
6 would like to see efforts to ensure that women feel  
7 comfortable going to the VA and seeking treatment.

8 In S. 471, there is indication that they would like to  
9 see VA facilities to expand the availability of gender-  
10 specific care. It requires a GAO study of VA's ability to  
11 meet women veterans' needs and enhances the collaboration  
12 with State veterans agencies. It also improves monitoring  
13 of VA performance measures for women veterans' care.

14 So we would also like to see things like expansion of  
15 child care services for veterans that go to the VA to seek  
16 treatment so that they can feel secure that their children  
17 will have a safe environment while they are seeking their  
18 treatment. Those are some of the things that we would like  
19 to see at the VA.

20 For the DOD, Department of Defense, as you know, there  
21 is a Transition Assistance Program that all military members  
22 are mandated to go through now, and we work very closely in  
23 that program with our Transition Assistance Officers around  
24 the country at different military installations. We would  
25 like to see what is referred to as a "W TAP," that is, a

1 track during the Transition Assistance Program that is  
2 geared just for women and their specific needs and  
3 requirements.

4 So those are some of the issues that we would like to  
5 see.

6 Chairman Isakson. Well, let me thank you for your  
7 emphasis, and I hope all year long you will emphasize this  
8 issue, because it is very important that we serve the women  
9 veterans who have served us overseas and around the world.  
10 And your Georgia members who came into my office today, this  
11 was the number one topic they talked about, and I can tell  
12 you, having dealt with the suicide issue, which we have been  
13 dealing with in the VA Committees and some of the problems  
14 we had with the inordinate number of suicides the last  
15 couple of years of military veterans, one of the  
16 contributing factors is mental health, and one of the  
17 contributing factors and some of the problems in mental  
18 health is sexual trauma, both male and female, from  
19 experiences in the military. We have got to be willing to  
20 talk about that in a public forum like this to meet the  
21 needs of those veterans. We do not want them to cower alone  
22 or in fear of talking about what is maybe an uncomfortable  
23 subject, but a subject they need therapy on.

24 And to that end, because my time is almost up, I want  
25 to congratulate Mr. Walz from Minnesota in the House and

1 Dick Blumenthal in the Senate. The Clay Hunt veterans  
2 suicide prevention bill passed the Congress 2 weeks ago, was  
3 signed by the President on the Thursday before our break.  
4 That has money for additional psychiatric personnel,  
5 including physicians trained in psychiatry, as well as  
6 outside monitoring and accountability of the mental health  
7 process for our veterans in all our veterans hospitals and  
8 service areas. That is going to go a long way towards  
9 beginning to offer the type of service our female and our  
10 male veterans need that suffer from PTSD or TBI. But I  
11 thank you for your focus and hope you will continue to do  
12 it.

13 I will turn to the Chairman from the House, Chairman  
14 Miller.

15 Chairman Miller. Thank you very much, Mr. Chairman.

16 I would say, Commander, that the House Committee on  
17 Veterans' Affairs will be holding a hearing at the end of  
18 March, about the 25th, dealing specifically with women's  
19 issues, and so we appreciate your comments and your efforts  
20 toward that end, and we look forward to working with you,  
21 also my colleagues in the Senate, Senator Heller and Senator  
22 Murray.

23 I spoke to another VSO this morning. I told him that  
24 accountability, transparency, and honesty had to be the very  
25 center of what VA stands for, the hallmark, and I was a

1 little disturbed in reading in your testimony where you said  
2 that VBA's claims process has "noticeable diminished over  
3 the last couple of years." And so what I would like to hear  
4 from you or someone up at the dais, if you could expand on  
5 the statement and provide us with suggestions of how VA can  
6 better engage with your service officers as well as provide  
7 a better level of service for the veteran.

8 Mr. Hope. Just for my comments to begin with, we have  
9 held for a long time that communication between the VSOs and  
10 VBA is mandatory before we are ever going to get anything  
11 resolved and that we can help them as much as they can help  
12 us.

13 Are there any other comments?

14 Mr. Marszalek. Yes, thank you. You know, 5 years ago,  
15 VBA came to us and asked us for help. I actually went to  
16 work at VBA for 30 days to work on VBMS. The collaboration  
17 was great. It still is. We still have some concerns. As  
18 they get closer to deadlines, the more pressure they are  
19 under, the less they reach out to us. They must include  
20 VSOs in order for them to be successful. A great example of  
21 that is the FDC program. They reached out to the VSOs. We  
22 collaborated with them. Now 40 percent of the claims that  
23 we present are fully developed. I mean, that is--they have  
24 to include the VSOs to continue to move forward.

25 Chairman Miller. Talking about a fully developed

1 claim, Commander, you pointed out in your testimony, even as  
2 there has been progress in addressing the backlog, there has  
3 been a growing appeals backlog, and the only way we can  
4 reform the claims process is if we also reform the appeals  
5 process. So in your written statement, you talked about a  
6 fully developed appeals pilot program that could help the  
7 Board of Veterans Appeals to quickly process some of the  
8 appeals that they have before them.

9 So could you talk a little bit about the pilot program?  
10 Because it sounds very interesting, and I agree that it is  
11 one of the areas while VA says that the backlog is going  
12 down, it may be the backlog as far as they are concerned,  
13 but I do not see the backlog as far as the veteran receiving  
14 the benefit as long as they are having to go through the  
15 appeals process. So how would that pilot program work?

16 Mr. Hope. I am going to defer that to one of the  
17 staff.

18 Mr. Augustine. Thank you, Mr. Chairman, and we thank  
19 you very much for both yourself and Congressman O'Rourke  
20 putting forth H.R. 800, Express Appeal Act, that we do  
21 support. We have worked with the other Veterans Service  
22 Organizations along with the Veterans Benefit Administration  
23 and the Board of Veterans Appeals over the last 6 months to  
24 put forth an initiative that is also called "Fully Developed  
25 Appeals," that is very consistent, in line with the

1 legislation that you have put forth.

2       The idea is it is not for everyone, it will not--it is  
3 not a silver bullet to fix it. But it will offer an option  
4 for veterans who want to do the development part of their  
5 private evidence and can submit an appeal that they feel is  
6 ready to be considered by the judges. That express appeal  
7 process could save up to 1,000 days, we believe, in the  
8 appeal process, which can last for 2, 3, 4 years, as you  
9 know.

10       It is a voluntary program. Veterans can choose to  
11 participate, and if they change their mind, even if they are  
12 in the process, they can always drop out of the process.  
13 Any development of Federal records or evidence or any  
14 additional examinations that are required can be done right  
15 at the board through a development track that we have  
16 suggested instead of having to be remanded back to the  
17 Veterans Benefit Administration.

18       So we believe that it is an option much like the fully  
19 developed claims that could start out maybe just very close,  
20 like the fully developed claims started out with only 2  
21 percent participation, but now that process is 40 percent  
22 participation, and we believe the same can happen with the  
23 fully developed appeals to help relieve the pressure on the  
24 appeals process.

25       Chairman Isakson. Ranking Member Blumenthal.

1           Senator Blumenthal. Thank you, Chairman Isakson, and  
2 thank you for being here today, all of you, and all in the  
3 audience who are here, thank you for your extraordinary  
4 service and contributions to our Nation while you served and  
5 now afterward.

6           I want to thank Chairman Isakson for his kind words  
7 about the Clay Hunt SAV bill, but this effort was very much  
8 a teamwork effort, and I want to thank Chairman Miller and  
9 Chairman Isakson who gave this issue the priority that it  
10 really deserves; and, of course, the leadership of my  
11 cosponsor of the bill, Senator McCain, who was with us at  
12 the White House when the President signed that measure.  
13 And, rightfully, members of your organization were standing  
14 with us next to the President as he signed it, because your  
15 work on this bill was so critical to achieving it in this  
16 Congress. So I want to say thank you for all the work that  
17 the Disabled American Veterans did to help prevent veteran  
18 suicide in the United States of America. You have our  
19 thanks.

20           Let me also thank you for your leadership on women's  
21 health care and other issues relating to women veterans and  
22 specifically ask you about suicide prevention. What  
23 specific steps do you think that the VA might take to  
24 improve its delivery of mental health care services?  
25 Because, obviously, the Clay Hunt bill is only a first step.



1 It is a downpayment. Much more needs to be done. Perhaps  
2 you can give us the benefit of your advice, because we need  
3 to be very blunt and honest. The veterans, 22 of them a  
4 day, who commit suicide are of all ages. They are older as  
5 well as younger, and this issue has to be faced, just as  
6 sexual trauma as a cause of such suicide has to be faced, as  
7 Chairman Isakson rightly pointed out. What can the VA do  
8 better and do more on this issue, Commander Hope?

9 Mr. Hope. I am going to let that--

10 Mr. Violante. Senator Blumenthal, thank you. You  
11 know, it was interesting. On the Academy Awards, a  
12 documentary on VA's crisis hotline won the Academy Award  
13 this year, and I think getting the word out like that, the  
14 VA has this available, more outreach, they are going to need  
15 the staffing. It is important for, I think, family members  
16 because they are the ones, I think, and friends, that  
17 recognize these problems early on, much sooner than the  
18 veteran recognizes themselves, is to try to get that veteran  
19 the help that they need.

20 I think VA has done quite a bit, and clearly more needs  
21 to be done, and we would hope that you will support efforts  
22 to ensure that staffing levels are up to par; do some  
23 oversight to ensure that, you know, VA is reaching the  
24 people that they need to reach. And I understand there is a  
25 large number of these suicides now are in older veterans,

1 and VA needs to be doing something with regards to that.  
2 You know, the peer-to-peer specialists are important. And I  
3 think that is also important that these veterans be getting  
4 their care at VA where these things are more recognizable  
5 than if they are out in the private sector.

6 So those are some of the things that could be done.

7 Senator Blumenthal. I think those are very important  
8 ideas, and you are absolutely right. In fact, according to  
9 the VA's Suicide Data Report, in 2012 more than 69 percent--  
10 more than 69 percent--of veteran suicides are among  
11 individuals 50 years or older. So this scourge is one that  
12 affects a broad age group. It is not just the young guys  
13 and gals coming home from Iraq and Afghanistan, and that  
14 kind of outreach, as you have suggested, I think is  
15 critical.

16 Yesterday I visited the West Haven, Connecticut,  
17 facility and had a chance to talk to some of the docs who  
18 were doing research, and we have to face the fact that PTS,  
19 the unseen and invisible wounds of war, is still largely a  
20 mystery. And they are working hard to solve it, and thank  
21 you again for being here, and thanks for all your great  
22 work. Thanks to the Connecticut members who are here today.  
23 I am proud to be with you and thank you so much for your  
24 leadership and your courage.

25 Thank you, Mr. Chairman.

1 Chairman Isakson. Ranking Member Corrine Brown from  
2 Florida.

3 Ms. Brown. Thank you, Mr. Chairman.

4 You know, God has blessed America with your service,  
5 and I want to thank you for that. And I understand that the  
6 Chairman has already introduced the people from Florida.  
7 However, I did not do it, so will the people of Florida just  
8 give me a shout out? All right, Florida.

9 [Applause.]

10 Ms. Brown. Mr. Commander, my question goes to the  
11 homeless, and I guess what is most disturbing to me is when  
12 I see families in the homeless line, women and their  
13 children. Can you tell me what you all have done to reach  
14 out to them? And what do you recommend that we should be  
15 doing? Because it seems like we are targeting a certain  
16 group, but the family is a group that has not been really  
17 addressed.

18 Mr. Hope. Thank you. The DAV on the whole has taken  
19 up the homeless issue on the local level, not so much on a  
20 national level, but the chapters and the departments reach  
21 out in their own communities and seek them out and provide  
22 assistance in many ways, along with the VA, and in some  
23 instances the VA has space that they can afford homeless  
24 people while they get them established, get them into  
25 medical care, and re-establish them into the communities.

1           And, again, I echo you in saying that our concern, one  
2 of our major concerns, is the family of homeless veterans,  
3 because there is really no facilities to take care of them  
4 on an immediate basis.

5           Ms. Brown. Does anyone else want to add to that?  
6 Because I ran into a young lady, and she was homeless, and  
7 the children--I mean, it was very--and trying to get her  
8 placed somewhere, I mean, it was not a quick solution.

9           Mr. Violante. Yes, you know, in addition to the DAV-  
10 sponsored stand-downs that we do, our Charitable Service  
11 Trust is a big donor to nonprofit organizations that are out  
12 there trying to reach the homeless and provide care and  
13 shelter for them. And I think, too, with our women veterans  
14 report, it is noted that, you know, a lot of homeless now  
15 are--a growing number of homeless have families, and those  
16 areas need to be addressed. And some of our grants are  
17 going to homes that will provide a family setting.

18           Ms. Brown. I want to thank you for the study that you  
19 all have done as far as women veterans are concerned. I  
20 requested that we have this hearing for women veterans. It  
21 has been a number of years since we have had a hearing for  
22 women veterans, and we need to address their needs. They  
23 are one of the fastest growing groups. And, you know, we  
24 need to step up and commend them for their service.

25           Is there any additional thing you think we need to be

1 doing for women veterans that you want to point out?

2 Mr. Augustine. Thank you. You know, one of the things  
3 I neglected to mention in our report is our recommendation  
4 that a gynecologist is at every VA facility, or at least  
5 there is some option for that kind of treatment, because it  
6 is very inconsistent in the VA system. So we commend you  
7 for calling for a hearing. We look forward to being a part  
8 of that hearing, and we will be glad to give you more at  
9 that time.

10 Ms. Brown. Thank you. At one of our discussions, we  
11 were having a roundtable discussion, and some of the women  
12 veterans indicated that they did not like going into the  
13 clinic because they got catcalls. So I said, "Now, how do  
14 you deal with that?" But one of the things when we built  
15 the new clinic in Jacksonville, the women had a separate  
16 entrance. So if we work together, we can come up with these  
17 kinds of solutions to address the needs of women veterans.

18 So thank you again for your service, and I yield back  
19 the balance of my time.

20 Chairman Isakson. Thank you, Ranking Member Brown.

21 For the members of the Committee that are here, we  
22 operate the Senate Committee under the early-bird rule, so  
23 you will be called on in order of when you appeared, which  
24 means our questioners will be--Congressman Abraham, Senator  
25 Manchin, and Senator Tillis will be the next three.

1 Congressman Abraham?

2 Mr. Abraham. Well, I certainly echo our sincere thanks  
3 for your sincere service. We cannot thank you enough for  
4 that.

5 Kind of ponying on Chairman Miller's question, and Mr.  
6 Marszalek started to answer it, the process itself, the  
7 claims process, is so arduous and, as you said, Commander,  
8 1,000 days as an average wait time, which is a travesty and  
9 a tragedy on every level that we can imagine. And I am  
10 certainly a proponent of the pilot program that is being  
11 touted now. I think that is a great thing. But we are  
12 going to be stuck, so to speak, with the current problem or  
13 the current process until we can do something better, and we  
14 are diligently trying to expedite that.

15 My question is--and I will start with you, Mr.  
16 Marszalek, and we will just go down the line just very  
17 quickly. In the current claims process that we are having  
18 to deal with now, is there one or two points of contention  
19 or logjams that you have personally experienced where we can  
20 do a better job, where we can look and maybe modify point by  
21 point if this is what we are left to do?

22 Mr. Marszalek. Yes, thank you. I think the first  
23 thing would be to focus on quality. The goal of 125 days  
24 and 98 percent accuracy, those are two different goals. We  
25 would like to see more focus on the quality of that claim

1 rather than the 125 days. We are not sure they are going to  
2 make that goal. We would much rather them focus on the  
3 quality and not sacrifice the quality to meet the 125 days.

4 Mr. Abraham. Mr. Augustine?

5 Mr. Augustine. You know, the electronic processing is  
6 showing--the electronic adjudication process is showing  
7 progress. We have worked very closely with the VA to do  
8 that. As a matter of fact, the DAV has filed more  
9 electronic claims than any other organization. So the idea  
10 is to get the information out there about how filing  
11 electronically can help the claim go through the process  
12 much quicker. So that is one of the main things. And as a  
13 matter of fact, for dependency claims, it can take up to a  
14 year for them to grant and adjudicate. If you do it  
15 electronically, it can be done in a matter of hours. So  
16 that is a huge difference doing it electronically.

17 So there are a number of things, but a lot of it is  
18 educating the veterans to do things like fully developed  
19 claims where they take the initiative to get the evidence  
20 that they need to win the claim and work with service  
21 officers so that when they file a claim, it is ready to  
22 rate.

23 Mr. Abraham. Mr. Violante, I am sorry. I skipped you.

24 Mr. Violante. It is quite all right, Mr. Abraham. One  
25 of the things is that they need more resources. I think the

1 President has only recommended--

2 Mr. Abraham. Doctors, nurses?

3 Mr. Violante. No, in the claims processing.

4 Mr. Abraham. Okay. Just people?

5 Mr. Violante. Yes. I think the administration  
6 recommended about 700. IB has recommend 1,700, and we have  
7 suggested that you can do it several ways. One is either  
8 hire them all, or do 850 permanent and 850 2-year temporary.  
9 But one if the biggest problems that we are seeing is they  
10 were doing a lot of overtime; they were taking people out of  
11 their quality review; they were taking decision review  
12 officers away from those duties and putting them on claims.  
13 So if they had sufficient resources, personnel to handle the  
14 claims work and the appellate work, then I think that would  
15 solve a lot of the logjam.

16 Mr. Abraham. Thank you.

17 Commander?

18 Mr. Hope. I think additional training with the VA  
19 personnel and on their part and more communication with VSOs  
20 is going to speed it up as much as anything. We can do  
21 direct contact with veterans. We can get the material  
22 together that they are going to need to process those claims  
23 in a much faster way than they can by sending them a letter,  
24 waiting for 30 days to get it back, and then sending them  
25 another letter.



1           Mr. Abraham. Okay. Mr. Burgess, we have time for you,  
2 I think.

3           Mr. Burgess. Not to restate what has been said, but I  
4 think using the VBMS, which is the tool of choice now, DAV  
5 does lead the pack in submitting electronic claims. I think  
6 that as we increase some of our staff and increase our tools  
7 to be able to raise our numbers up to an even higher  
8 percentage of electronic claims, that is going to help. And  
9 then, of course, stand by the Independent Budget that says  
10 that we need additional resources which would be 1,700  
11 additional employees in VBA.

12           Mr. Abraham. Thank you, gentlemen. I am out of time.

13           Chairman Isakson. Senator Manchin.

14           Senator Manchin. Thank you, Mr. Chairman. Let me  
15 thank each and every one of you for the service you have  
16 given to this great country and the freedoms you have  
17 allowed me to have in my family, so I want to thank you all.

18           And my friends from West Virginia, I know you are back  
19 there somewhere. Thank you all for traveling and being  
20 here.

21           Let me just say, first of all, that Congresswoman Brown  
22 has mentioned about homelessness, and I do not need to say  
23 much more except I want you all to think there will be  
24 50,000 veterans who serve this great country who will be  
25 homeless tonight. Fifty thousand. So we need to continue

1 to work and never let that be forgotten.

2 Another thing that bothers me tremendously is the  
3 prescription drug abuse. In my State of West Virginia, it  
4 is the number one killer, prescription drug abuse that kills  
5 more West Virginians than anything else. It runs rampant,  
6 and we know that we have a problem with opiates, and we know  
7 that we have a tremendous problem within our veterans' ranks  
8 that are returning and those who are addicted and dependent  
9 upon it.

10 I think what I would like to know is what do you think  
11 that we can do. Essentially more than half a million  
12 veterans are on prescription opiates, and a 2011 study found  
13 that VA patient overdose is nearly double the national  
14 average. What can we do to help this horrific killer, if  
15 you will, and abuse that goes on?

16 Mr. Augustine. Thank you, Senator. We are encouraged  
17 that the VA is doing some things to help reduce opiate use  
18 in their system. However, it seems to be very inconsistent.  
19 There are some doctors that are very compassionate with  
20 veterans to try to help them, wean them off--

21 Senator Manchin. Right.

22 Mr. Augustine. --and find other ways for pain control.  
23 However, other ones are just doing it cold turkey, and we do  
24 not believe that is the correct way to do it. They have to  
25 find ways to encourage these folks to find other ways to

1 manage their pain.

2           Senator Manchin. Are you at all overseeing or looking  
3 into the distribution of basically the prescription of how  
4 it comes out of the VAs, if they are really counseling and  
5 working with the people they might suspect have been  
6 addicted

7           Mr. Augustine. Again, we think it is inconsistent.

8           Senator Manchin. Okay.

9           Mr. Augustine. Some are doing it better than others.  
10 There has to be more consistency in the system to make sure  
11 that what they are trying to do is done in a compassionate  
12 way so that veterans can be encouraged to do it, not  
13 mandated to do it.

14           Senator Manchin. Okay. Let me say this: Last year,  
15 Congress passed the Choice, Access, and Accountability Act  
16 of 2014 to improve access to health care for rural veterans  
17 and those on long wait lists by allowing them to use non-VA  
18 doctors. We were trying to increase the quality of care and  
19 the expedience of care that we could give to the veterans,  
20 and we think they should get first priority treatment  
21 anywhere in the country, that we are giving health care that  
22 the taxpayers are already paying for. I understand that to  
23 determine eligibility, the VA is measuring distance as the  
24 crow flies and not the actual distance that the veteran  
25 would have to travel. And they are also not considering

1 whether the type of care that the veteran needs is available  
2 at the closest facility.

3 What can we do to help you all and make sure that this  
4 rule--have you all spoken out on this as one voice, the  
5 Choice Act? And how can we help you strengthen that?

6 Mr. Violante. Senator, if I am not mistaken, I believe  
7 the legislation was written such that the mileage is counted  
8 as the crow flies, as well as the fact that you can have a  
9 VA facility within that 40-mile radius that cannot provide  
10 you with the services that you need, but that does not  
11 qualify you, you know, for using the Choice Card.

12 So I believe the law was written that way. VA is  
13 getting a lot of the blame, and there is a lot of confusion  
14 on the part of veterans as to exactly what it is that they  
15 are entitled to.

16 Senator Manchin. Sure. I will yield to the Chairman.

17 Chairman Miller. To my good friend from West Virginia,  
18 when we put the language together and got the Congressional  
19 Budget Office score, it came back at \$50 billion plus. And  
20 so we are trying to work our way down to what we thought was  
21 a manageable number. We got down to \$10 billion, and  
22 because of that \$10 billion, we had to set the mileage  
23 somewhere, and the way CBO and the Office of Management and  
24 Budget were scoring it, they were scoring it as if there was  
25 a facility. So it is the way we had to write it to get it

1 within the 10 years.

2 Senator Manchin. Sure.

3 Chairman Miller. However, the Secretary has already  
4 said there is a big pot of money now, \$10 billion, he would  
5 like to dip into. Instead of him dipping into that money,  
6 we would rather expand the Choice program and allow it to be  
7 used for people that live closer than 40 miles and those  
8 that can get their services not just at a local community.  
9 That is a great question.

10 Senator Manchin. Okay.

11 Chairman Isakson. Would the Senator yield? And we  
12 will give you additional time.

13 Senator Manchin. Absolutely.

14 Chairman Isakson. I took the Federal Register home  
15 over Christmas, which is a boring thing to do any time of  
16 year--

17 [Laughter.]

18 Chairman Isakson. --and read the interpretation of the  
19 Veterans Choice Act. And where the word "facility" was used  
20 in terms of a VA health care facility, it was not a  
21 qualified use, so it just said if it was a VBA facility, it  
22 met the standard for the rule, even if that facility could  
23 not provide the service the veteran needed. That is a  
24 problem that we need to fix.

25 Secondly, the 40 miles needs to be tied down as well,

1 and one of the things the Senate Committee is going to work  
2 on--and we will work with the House Committee and with  
3 Secretary McDonald--is to perfect that language in that  
4 legislation so it meets the needs of the veterans and  
5 carries out what I think everybody agreed was the intent.

6 Thank you for yielding, Senator.

7 Senator Manchin. No problem. I am just concerned  
8 about that, because I know the intent is honorable. What we  
9 want to do is help, and speaking with both of our Ranking  
10 Members and our Chairmen here, you can tell that we want to  
11 do all we can. We need your input to make sure it is  
12 working.

13 Mr. Augustine. Yes, and I think there is still a lot  
14 of confusion about the card. I think many veterans just  
15 thought they were going to get the card in the mail and go  
16 to a private doctor. They did not clearly understand the  
17 requirements of putting in for authorization and how that  
18 works.

19 So it is still relatively new. I know I only got my  
20 card last month at the end of January, so we think that it  
21 is still--time needs to determine how many people are really  
22 going to start using it once it is more clear how to use it.

23 Senator Manchin. You can help get the message out,  
24 what we are trying to do here, and I think it would be  
25 invaluable. But thank you all again. I appreciate having

1 you here.

2 Chairman Isakson. Thank you, Senator Manchin.

3 Senator Tillis?

4 Senator Tillis. Thank you, Mr. Chair.

5 Commander Hope, I think you are from the Clemmons area,  
6 so I appreciate you representing North Carolina well. And I  
7 would also, in a fashion similar to some of my colleagues,  
8 ask the members here from North Carolina to stand so I can  
9 see you again. I saw some of you in my office. Thank you  
10 for being here.

11 [Applause.]

12 Senator Tillis. I want to go back to actually a  
13 question Congressman Abraham asked around the claims  
14 process, and I think it has more to do with we have gotten  
15 reports from the VA that the claims backlog is being drawn  
16 down. Are we seeing a discernible increase in appeals as a  
17 result of that? Or are they being processed in an  
18 appropriate, accurate way? And I will leave it to anybody  
19 on the panel to answer that.

20 Mr. Augustine. Actually, the appeal rate has still  
21 remained pretty consistent at about 10, 11 percent. The  
22 difference, though, is a few years ago they were doing  
23 800,000 claims a year. Now they are doing 1.3 to 1.4  
24 million claims a year. So that 11 percent is a lot  
25 different now, and it has increased in numbers just because

1 of the percentage.

2           Senator Tillis. Thank you. And I was happy to hear  
3 Chairman Miller talk about possibly expanding our progress  
4 with Veterans Choice. I was told that I think virtually  
5 every veteran has received cards. There are several million  
6 that have been issued. It is my understanding only about  
7 24,000 appointments have been made for people who have those  
8 Choice Cards, so it sounds like we are very early into the  
9 process and not even close to having an impact. Is that  
10 your view?

11           Mr. Violante. Yes, I think--

12           Senator Tillis. And I know it is early in the process,  
13 but the numbers still seem to be a little bit low given the  
14 base of cards that have been sent out.

15           Mr. Violante. Yes, it is very early to make a  
16 determination. I think, again, there is still a lot of  
17 confusion as to what you are entitled to and how you use it,  
18 and we are hearing horror stories about veterans showing up  
19 in the emergency room, giving them the card, and realizing  
20 that that does not provide them with care. They need  
21 preauthorization. So hopefully as this program moves along,  
22 some of these confusing issues will be resolved.

23           Mr. Hope. I think also, just to follow up to that, a  
24 lot of the veterans that I talk to in my travels do not want  
25 to go outside the VA system. They are used to the VA



1 system. They like the VA system. They like that the VA  
2 system is special to their needs. And so they do not really  
3 want to go out of that system.

4 [Applause.]

5 Senator Tillis. That is good to hear, but it actually  
6 leads to my next question. We have some 22 million  
7 veterans. We have 9 million who are receiving service from  
8 the VA. Some I assume are doing that because they have  
9 other options. But do we have any sense of how many that we  
10 are just simply not reaching and any sense of how we do a  
11 better job of breaching out to them to provide them with  
12 service, with fewer than half actually receiving it today?

13 Mr. Violante. I mean, VA over the last several years  
14 has done a lot of outreach to veterans. Military members  
15 coming out of the military now go through TAP programs, so  
16 they are being informed. I just think that some veterans  
17 have other options and, therefore, are not using VA services  
18 because whatever options they have they find more  
19 convenient. But I do not know of anything that we can do to  
20 reach more veterans than VA has been doing.

21 Senator Tillis. So we can hold out the hope that the  
22 some 13 million who are not receiving service from the VA  
23 are not unserved; they are just using--the majority of them  
24 are getting other options?

25 Mr. Violante. Well, again, there are some that are

1 probably not aware. I know when I got out of the military,  
2 I had no clue as to what I was entitled to, but that was 45,  
3 46 years ago. Nowadays it is a little different, but  
4 probably some of the older veterans, rural veterans, are  
5 probably not, you know, taking as much advantage of it.  
6 But, again, I mean, Congress now has reached out to VA to do  
7 more outreach, and VA is doing it. I am just not sure how  
8 we reach, you know, any more veterans.

9       Senator Tillis. I am just particularly concerned with  
10 that in a State that has some 900,000 veterans. I worry  
11 about the ones that we are not reaching.

12       And the last question, so that I respect my time  
13 allocation, as Speaker of the House, I spent a lot of time  
14 and we were finally approved to build a homeless veterans  
15 facility just barely north of Raleigh. And my personal  
16 involvement and experience with that was somewhat painful.  
17 It seems to take an incredible amount of time to get all of  
18 the agencies lined up to make this a reality, and it will  
19 be. We have got architects and funding to do it now. But  
20 what role can you all and other VSOs play to help States  
21 address some of the homelessness problems and facilities for  
22 our homeless vets? Do you see that as something that you  
23 need to do? Are there other organizations? How do we  
24 better educate States that are addressing these problems and  
25 give them the tools that they need to do what we are doing

1 in North Carolina elsewhere?

2 Mr. Augustine. Thank you. There is no doubt a need  
3 for more coordination with the homeless. Many organizations  
4 want to do the right thing, but it is a little disjointed  
5 yet.

6 I can tell you, from the DAV perspective, many of our  
7 local chapters around the country are doing their own  
8 homeless veterans initiatives, and it is very encouraging,  
9 the results that they are seeing. But there is no doubt  
10 sir, that there needs to be more coordination between State  
11 agencies, Federal agencies, and grassroots efforts.

12 Senator Tillis. Thank you. Thank you all for your  
13 service, and God bless.

14 Thank you, Mr. Chair.

15 Chairman Isakson. Thank you, Senator Tillis.

16 For the benefit of the members present, in the  
17 following order everybody will be recognized: Congressman  
18 Walz, Senator Rounds, Senator Sanders, Representative  
19 Radewagen, Wenstrup, Moran, Sullivan, Zeldin, Costello, and  
20 Boozman.

21 Mr. Walz. Thank you, Chairman, and, Senator Isakson,  
22 congratulations to you on assuming this post.

23 Commander, congratulations and thank you to all of you.

24 To the members who showed up today, thank you. I said  
25 I am always encouraged when I see this room. I feel like

1 the conscience of America comes here. And for those of you  
2 who traveled and wonder if it makes a difference, the answer  
3 is yes, because I you are not here and this is an empty  
4 room, that message does not get conveyed. And I said with  
5 this organization, it is the consistency of the delivery of  
6 that message and the unwillingness to think that we cannot  
7 get this right. And I know many times it is two steps  
8 forward and one step back, but thanks to you, it is still  
9 two steps at a time we have been doing it.

10 To those members from Minnesota, I know you are here,  
11 and one of them is my case worker on veterans issues.  
12 Gunnery Sergeant Wentzel is here. Take great pride today.  
13 It is colder here than Minneapolis today, so enjoy it.  
14 Enjoy that for what it is worth.

15 I think like many of you, as we have watched, it has  
16 happened at different times. This last year was a tough  
17 one, and when I say it was a tough one, it was a tough one  
18 for veterans trying to get care in Phoenix and other places.  
19 But you and I have always said we will be there. We are the  
20 staunchest supporters of the VA, and we will be the harshest  
21 critic when they need it. And I think it is our  
22 responsibility to stay on top; it is our responsibility to  
23 ask the hard questions; and it is our responsibility when we  
24 pass legislation to make sure it is followed up, to be that  
25 watchdog. We have got the IG, but I am grateful you are

1 there.

2 The question I have of you, Commander, and maybe some  
3 of your staff, as we have seen some more things come out on  
4 the backlog, and we have tried to tackle that from numerous  
5 different angles, something we have seen over the last  
6 several months that is on the ground with the caseworkers or  
7 whatever is the backlog being shifted over to the appeals  
8 process, and it is starting to bog down there. Are you  
9 seeing that? Do you feel that that is where this has gone?  
10 And if so, how do we break that thing?

11 Mr. Augustine. There is no doubt, if you want to get  
12 rid of appeals, you do it right the first time. And that is  
13 what we encourage the VA to do with their training that the  
14 Commander mentioned earlier, making sure that the original  
15 claim is done properly with the highest percent of accuracy  
16 that they can do.

17 The appeals are growing. There is no doubt about it.  
18 And where claims are taking months and years, appeals are  
19 taking even longer.

20 So the initiative that we referred to earlier, the  
21 Fully Developed Appeals Initiative, we think can help  
22 alleviate some of that pressure. Right now the VA has a  
23 program called Decision Review Officer. That, we believe,  
24 is a very effective process at the local level to try and  
25 resolve claims before they go to the appeal process. And we

1 would like to see Decision Review Officers only do appeals  
2 work, because right now many of them are pulled off of doing  
3 appeals and are working on the regular backlog. Even in  
4 overtime, they should continue to focus only on appeals.

5 Mr. Walz. You know, this mandatory overtime, too, is  
6 really breaking the morale, and the unfortunate aspect of it  
7 is the mandatory overtime was transferred to the most  
8 efficient offices, and St. Paul is one of those where the  
9 folks who are doing everything right are now being just  
10 hammered. So anything you have on that--and that falls into  
11 your suggestion of--I think the number you gave was 1,700  
12 FTEs to try and do that. How did you come up with that  
13 number?

14 Mr. Violante. It is a complicated situation, and each  
15 year we sit down, we look at what the needs are, we look at  
16 what VA is projecting their workload to be or what they  
17 projected it to be the year before, and work from that  
18 aspect. And, again, what we tried to do this time was we  
19 realized 1,700 is a very large number. We believe they need  
20 it. And our suggestion, again, was make half of them  
21 permanent and the other half 2-year temporary employees so  
22 that you can and the VA can see, you know, if they need  
23 those employees to continue, who the good employees are, who  
24 are the employees that are doing the best work and can keep  
25 those.

1           Mr. Walz. Yes, I think it is that twofold of holding  
2 the accountability and then moving forward, because it is a  
3 very difficult sell right now to tell people that the VA  
4 needs more when they are asking what the heck were they  
5 doing in Phoenix and other places. So I think that idea of  
6 transparency, making sure we know exactly what everybody is  
7 doing, how hard they are, because it is causing morale  
8 inside the system. So some of your very best claims  
9 processors have just about had it, and that will create a  
10 nightmare.

11           And so I am grateful you are there. I think the  
12 feedback of bringing up these critical issues--and I am not  
13 going to have time for it, but this issue of construction  
14 falls into that same category. We know there is a need  
15 there, but when we have the situations like in Denver, it is  
16 very difficult to make the case.

17           So I ask you to keep an eye on it, keep pushing it, and  
18 then as your priorities come forward here, as I said, again,  
19 these are America's disabled veterans' priorities, and keep  
20 that in mind as we see them. So I am grateful for that.

21           I yield back.

22           Chairman Isakson. Senator Rounds.

23           Senator Rounds. Thank you, Mr. Chairman.

24           Ladies and gentlemen, let me just begin by saying thank  
25 you very much for your service to our country. I would be

1 remiss if I did not also say thank you for your sacrifice  
2 for our country as well.

3 I have just a couple of questions and some thoughts. I  
4 see Mr. Gene Murphy sitting in that front row right behind  
5 you, so you have got a good team behind you here.

6 Gentlemen, I noticed when we talk about the Choice Act,  
7 the Veterans Choice Act, there seems to be on our part a  
8 thought that having the options available is a good thing  
9 for veterans, and at the same time I catch just in terms of  
10 the discussion, and it seems like the movement among the  
11 whole crew out here is we like the option, but we do not  
12 want to lose what we have got right now in terms of direct  
13 service being provided by the Veterans Administration  
14 through their own facilities. Am I hitting that on the  
15 head?

16 [Applause.]

17 Senator Rounds. Okay. If I could, I am curious. When  
18 it comes to providing those direct types of services and so  
19 forth, we have talked about areas of excellence or providing  
20 centers of excellence specifically to take care of needs of  
21 the veterans when they come home. And I am just curious if  
22 you would give me your thoughts about focusing specifically  
23 on those areas where we have major needs and focusing in so  
24 that those veterans have particular places that have that  
25 expertise that is needed by people coming back with



1 challenges that the civilian side of the world does not see  
2 at all.

3         Mr. Violante. Yes, and you are exactly right. VA has  
4 excellence in a number of areas, but the important thing is  
5 that they also have to provide the full continuum of care to  
6 veterans, because even though a veteran may need care for  
7 their amputations, there are other things that either  
8 involve the amputations or that the veteran will need. So  
9 VA needs that full continuum of care. And that is one of  
10 our concerns with regard to allowing more veterans to go out  
11 of the system or to just focus on those areas where VA is  
12 good and allow the regular routine health care to be done  
13 outside, because then veterans, number one, are not getting  
14 the full continuum of care. They are not getting managed  
15 care. And it is important that someone who knows what  
16 impact--you know, in some cases with spinal cord injury, I  
17 mean, their disability is way beyond the spinal cord injury,  
18 and the services that they need need to be provided to them  
19 by VA, because VA knows best how those interact with their  
20 problems with their spinal cord injury.

21         So, you know, again, we look at VA as a whole unit,  
22 taking care of the entire veteran, the full continuum of  
23 care. So we believe that VA does have those specialty  
24 areas, but they also need to be able to take care of our  
25 other needs so that we get that managed care.

1 Senator Rounds. Sir?

2 Mr. Hope. I think to follow up on that also, the VA  
3 has been treating military injuries and military illnesses  
4 longer than any other health care system in the world. So  
5 they have special people trained specially for those. Most  
6 of the doctors or a large percentage of the doctors in the  
7 United States today were either trained or sent through the  
8 VA system in some form or fashion and got part of their  
9 training simply because they are exposed to injuries and  
10 diseases that they will never find anywhere else.

11 Senator Rounds. Thank you.

12 Mr. Augustine. We are also concerned, to follow up on  
13 Joe's comments, you know, we are concerned about disjointed  
14 care when they go outside the system. I will give you an  
15 example: a person with an amputation that may have some  
16 sores developing on their stump. And they are service-  
17 connected for their amputation, but they are not service-  
18 connected for the diabetes that is causing those sores not  
19 to heal properly. If they go outside the system, they may  
20 get treated for one, but not clearly treated for the other.

21 So the whole idea of the VA is continuous care for the  
22 whole veteran, as Joe has said, and we are very concerned  
23 about losing that.

24 Senator Rounds. Thank you. Thank you very much for  
25 your answers.

1           Mr. Chairman, I will yield back the remaining part of  
2 my time. Thank you.

3           Chairman Isakson. Thank you, Senator Rounds?

4           Next is the Immediate Past Chairman, the distinguished  
5 gentleman from Vermont, Senator Sanders.

6           Senator Sanders. Thank you very much, Mr. Chairman and  
7 Chairman Miller.

8           Let me echo what everybody else has said. Thank you  
9 all for your sacrifices for our country, and thank you very  
10 much for what the DAV does every day to protect our  
11 veterans.

12           As Chairman Miller mentioned a moment ago, we worked  
13 very, very hard to pass I think a significant piece of  
14 legislation to improve our VA health care, and the goal was  
15 to make sure that veterans got prompt care, and if a VA  
16 facility could not provide it, they would go out into the  
17 private sector. The goal is to make sure that veterans who  
18 live a long way away--and we have some very rural States--  
19 are able to get health care outside of the VA. But the goal  
20 also was to put some \$5 billion into strengthening the VA,  
21 into making sure that they had the doctors and the nurses  
22 and the medical personnel they needed to provide quality  
23 care to our veterans in a timely manner.

24           So let me start off--I have two or three questions--  
25 asking Commander Hope: When I talk to veterans in Vermont,

1 what they say is, look, the VA is not perfect, but health  
2 care in America is not perfect. What they say is, by and  
3 large, the VA provides good quality health care to the men  
4 and women who utilize it. In your judgment, and anybody  
5 else who wants to jump in, is that true? Does the VA  
6 provide good quality care to people who are able to access  
7 the system?

8 Mr. Hope. I think that the VA provides overall better  
9 care than the private sector. Their doctors are better,  
10 their nurses are better, and they understand the needs of  
11 the veterans better. I think that they are--

12 [Applause.]

13 Mr. Hope. I think that they are extremely stressed for  
14 time because of their patient workloads. I do not remember  
15 what the workloads are now, but you take a doctor, say, just  
16 for an example, that should have a panel of 500 patients, he  
17 has got 850 to 900 that they are taking care of. They do  
18 not have the time to spend with that individual patient, and  
19 I think that is one of the things that is hurting them.

20 Senator Sanders. Mr. Augustine, did you want to--

21 Mr. Augustine. Yes, Senator Sanders, we also thank you  
22 for your leadership in that option and that legislation.  
23 However, we also believe that it is a capacity problem in  
24 the VA. As you know, many doctors in the private area have  
25 three or four examining rooms that they work out of

1 simultaneously. In the VA, sometimes they only have one or  
2 maybe share an examining room. It cuts down the efficiency  
3 tremendously.

4 So the capacity is a huge issue in the VA. I know that  
5 they are doing some immediate things like moving  
6 administrative people out of the campus, the hospital  
7 campus, so that they can open up those administrative  
8 offices for more treatment care. But, you know, things like  
9 the leases that they need, the capacity has to be expanded.

10 Senator Sanders. All right. I have some other  
11 questions, but, by and large, what I am hearing from you is  
12 that the veterans you represent believe that the VA provides  
13 good quality care and you want the VA strengthened. Is that  
14 right? Okay.

15 [Applause.]

16 Senator Sanders. The second question is--and I agree  
17 with that sentiment. But the VA does not, in my view,  
18 provide the kind of comprehensive care that I would like to  
19 see. One area, which is true for our Nation and for many  
20 veterans, is we have a real crisis in terms of dental care  
21 in this country. And right now I know if you are service-  
22 connected, you can get dental care, but if you are not, you  
23 do not. Would it make sense to you that we could expand VA  
24 health care to include dental care as well?

25 [Applause.]

1           Mr. Violante. DAV does have a resolution calling for  
2 expanded dental care.

3           Senator Sanders. Okay. Again, this is a problem not  
4 just within the veterans community. It is a concern all  
5 over my State and all over this country.

6           The last question that I would ask, we tried earlier  
7 this year, without success, to expand the Caregivers Act as  
8 well. Right now, as I think most people know, we have the  
9 Caregivers Act for the post-9/11 veterans, and that is very  
10 important. What many people do not realize is that for a  
11 veteran who is disabled, there is a family member or  
12 somebody else who is maybe almost devoting his or her whole  
13 life to the care of that veteran. What we have tried to do  
14 is to say to those supporters, those caregivers, you know,  
15 you need a little bit of help, too; you need some time off  
16 as well; maybe you need some training; maybe you need a  
17 little bit of a stipend. We made some progress in terms of  
18 the post-9/11 veterans. We have not yet expanded that  
19 program. Does it make sense to you that we expand that  
20 program?

21           [Applause and cheers.]

22           Mr. Augustine. I think you just heard the answer,  
23 Senator. You know, I am a Vietnam veteran, and my  
24 generation is going into their 60s and 70s now. Very  
25 important to expand that program. We know that it is much

1 more cost-effective to have people stay at home instead of  
2 being put in nursing homes by far. It is better for the  
3 patient. So to expand that program, in the long run it is  
4 going to be cheaper for the country--

5 Senator Sanders. Right.

6 Mr. Augustine. --to be able to have people stay at  
7 home with caregivers, so absolutely.

8 Senator Sanders. My time has expired. Thank you very  
9 much, Mr. Chairman.

10 Chairman Isakson. Thank you, Mr. Sanders.

11 [Applause.]

12 Chairman Isakson. For the benefit of the members as  
13 well as our guests, the final five questioners will be in  
14 this order: Congresswoman Radewagen, Congressman Wenstrup,  
15 Senator Sullivan, Congressman Zeldin, and Senator Boozman.

16 Congresswoman Radewagen?

17 Mrs. Radewagen. Thank you, Mr. Chairman. I, too,  
18 would like to express my sincere gratitude to all of you,  
19 especially the disabled American veterans from American  
20 Samoa. My home district is economically isolated in the  
21 Pacific Ocean. My older brother is a disabled American  
22 veteran who served in Vietnam. Ten percent of our entire  
23 population is made up of veterans. And, also, American  
24 Samoa is almost all small businesses.

25 My question, Commander, is: What specific improvements

1 would you like to see made to help veteran-owned small  
2 businesses?

3 Mr. Hope. I am going to defer that to the staff.

4 Mr. Violante. There are a couple of areas that we have  
5 resolutions on with regard to small businesses, and one is  
6 to allow a transition period for those disabled-owned small  
7 businesses where the disabled veteran passes away. There  
8 are limited circumstances now, if you die of a service-  
9 connected disability or you are 100 percent, that there is a  
10 transition period for your family or the business to  
11 transfer over, or at least get rid of it. So that is an  
12 important area to expand that to all disabled veterans.

13 Also, there needs to be--Federal agencies need to use  
14 single-source verification data, and that needs to be  
15 tightened up so that there is not the long wait. There  
16 needs to be oversight and assistance in development and  
17 implementation of a stronger strategy to reach the minimum  
18 mandate of 3 percent. So those are just three areas that  
19 should be addressed.

20 Mrs. Radewagen. Thank you, Mr. Chairman.

21 Chairman Isakson. Congressman Wenstrup.

22 Mr. Wenstrup. Thank you, Mr. Chairman, and I want to  
23 recognize my friend from Ohio. I see you out there, and I  
24 thank you for being here. But more so, I thank all of you  
25 for being here and all of you for your service, because as



1 we sit here today, we are not just Ohioans or Virginians or  
2 Floridians. We are not just Republicans and Democrats  
3 today. We are all Americans, and that is the important  
4 factor here today, and I thank you all for your service.

5 I have a few questions. One, I want to ask a little  
6 bit--as someone who has dealt with the suicide rate, and we  
7 are talking about within the military, it is all ages. But,  
8 you know, we are also seeing this in the civilian side.  
9 There is a huge increase in suicides in the civilian side.  
10 So, obviously, there is something, some component besides  
11 war that seems to be affecting Americans, and I am just  
12 wondering if anyone has delved into that area to see if  
13 there is something more than just the effects of having  
14 served in the military, if there are any opinions. Maybe  
15 you do not and that is okay.

16 Mr. Violante. Yeah, I am not aware of anything that we  
17 have done to look at that aspect of it.

18 Mr. Wenstrup. Because the numbers are on the rise in  
19 both areas. Also, I would like to take a little time to get  
20 your opinion on something that I think we are doing right,  
21 and that is the Integrated Disability Evaluation System  
22 where we have the VA engaged with the troop while they are  
23 still in uniform and processing out. Does anyone have any  
24 comments, Commander, do you have any comments on evaluating  
25 that system, how it is working? Do we need to expand it and

1 how we engage with DOD on that?

2 Mr. Hope. We use our Transition Service Officer  
3 Program, which began back in 2001, to actually reach out to  
4 those active-duty personnel before they get out. We think  
5 that is one of the best ways that DOD and the Department of  
6 Veterans Affairs can work together to make sure that those  
7 veterans are properly rated when they get out. One of the  
8 ways.

9 Mr. Augustine. Yes, we think that having one exam is  
10 always a better situation for someone transitioning out.  
11 That way that can be used for the VA and for the DOD.

12 The problem is there are two different criteria. DOD  
13 looks at one specific disability that keeps you from  
14 completing your MOS; whereas, in the VA system, you can file  
15 for as many issues as you think are related to your military  
16 service. We want to make sure those exams consider all  
17 those conditions and not just focuses on the one that keeps  
18 them from doing their mt specialty.

19 Mr. Wenstrup. So are you seeing less hassles, if you  
20 will, down the road, if that is taking place together?

21 Mr. Augustine. Again, it is inconsistent, we believe.

22 Mr. Wenstrup. Okay.

23 Mr. Augustine. It needs more consistency across the  
24 board to make sure that the examinations are right for the  
25 DOD and VA considerations.

1           Mr. Wenstrup. Several of us serve on both Armed  
2 Services and VA, so anytime you have information in that  
3 regard and we can be helpful to make it seamless and make it  
4 work better, we are glad to hear from you on that.

5           Mr. Augustine. Well, thank you. We have 34 Transition  
6 Service Officers around the country, and we will put the  
7 word out to them to give us some feedback, so we will get  
8 that to you.

9           Mr. Wenstrup. I would appreciate it.

10          Mr. Augustine. Thank you, sir.

11          Mr. Wenstrup. One other thing. I do think that the VA  
12 should focus going down the road on being Centers of  
13 Excellence, because there are things that are specific to  
14 our troops. We touched on that a little bit, spinal injury  
15 being one, TBI, PTSD, the effects of Agent Orange,  
16 prosthetics. And what we see, too, largely is veterans have  
17 a lot of co-morbidities. They have a lot of multiple  
18 problems, and I do believe that those services do need to be  
19 readily available within the VA.

20          There are times, however, when it is--there are things  
21 that people get just from aging, and when they are told they  
22 have to travel 200 miles to get their cataracts when there  
23 is an ophthalmologist down the street, I think that is a lot  
24 more convenient and really provides a better form of care  
25 for the VA. So I think it is upon us to evaluate these

1 situations. Different areas of the country are different,  
2 and we need to be able to engage in both ways. But I do see  
3 the VA being an area where we can be the best providers in  
4 the world for some of these things, and we will continue to  
5 seek your feedback on that.

6 I yield back. Thank you.

7 Chairman Isakson. Thank you.

8 Senator Sullivan?

9 Senator Sullivan. Thank you, Mr. Chairman, and I want  
10 to thank everybody for your tremendous service and being  
11 present here today.

12 As a freshman Senator, it is quite an honor to be here.  
13 I will tell you one thing that I have learned in a rather  
14 quick amount of time. Because of what you see here, this  
15 tremendous turnout, that is something that this Committee,  
16 of all the ones that I have been on, seems to work in a  
17 very, very strong, bipartisan fashion. And the reason, I  
18 think--it is not because the politicians have gotten any  
19 more--you know, less partisan. It is because of what you  
20 represent: the best in this country, people who have  
21 served, people who have sacrificed, families who have  
22 served, families who have sacrificed. And we know, we  
23 recognize how important it is to come together and keep that  
24 sacred trust and responsibility that our Federal Government  
25 has to you.

1           And so I just want to thank you for doing that. You  
2 bring us together here in ways that do not happen in a lot  
3 of other areas, and it is because of what you represent.

4           So I also want to do, like some of my colleagues, being  
5 from Alaska, more vets per capita than any State in the  
6 country, we are very proud of that, of course. I would like  
7 to do a shout out to any and all Alaskans or veterans who  
8 have served in Alaska. You know, we have a little further  
9 way to go to get here, and it is colder here in D.C. than it  
10 was in Alaska today. I just got in.

11           [Laughter.]

12           Senator Sullivan. But any Alaskans or those who have  
13 served in Alaska, please stand. I want to do a shout out to  
14 you as well. All right. There we go, in the back.

15           [Applause.]

16           Senator Sullivan. Commander, I wanted to just follow  
17 up on an earlier question. You know, there are a lot of  
18 discussions about programs, and that is all obviously very  
19 important, what we can be doing with the VA. But to me, I  
20 think one of the most important things we can do is help our  
21 disabled veterans, all veterans, make sure that they have  
22 high-quality jobs, make sure that they have sustained  
23 opportunities in the private sector. And I want to just  
24 really open it up to any and all members of the panel here  
25 to get your sense of how we do that, how Congress can do

1 that. I am sure there are challenges, but in my view, there  
2 are things that we should be able to do to make it so the  
3 private sector opportunities that we all want are  
4 particularly open to our veterans community. So if there  
5 are any ideas on that, I would be very, very interested in  
6 what we can do here in Congress to help with that.

7 Mr. Hall. Thank you. I have the privilege of  
8 representing our newest program within DAV as the Director  
9 for Employment, which we began a little less than a year  
10 ago. And it is privilege to have worked with DAV for so  
11 long, working directly with veterans, and always running  
12 into the issue of, "What can you do to help me get a job?"  
13 That would be the missing link in a lot of cases that our  
14 service officers face.

15 And so with the leadership's foresight, we launched our  
16 employment program last April. One of the main pieces of  
17 that at this point is getting out to where employers and  
18 veterans congregate, and that would be job fairs. Now, job  
19 fairs do not by any means solve all the answers, but it does  
20 provide opportunities to get them into the room together.

21 There is a variety of sources out there that provide  
22 job fairs. For us, we partnered with RecruitMilitary. We  
23 did some research and found out that the quality of the job  
24 fairs that they provide are somebody that we want to be  
25 partnered with. So we did not want to reinvent the wheel on

1 the one hand, but at the same time, sponsoring these job  
2 fairs--which we did 34 last year, we are going to do 71 to  
3 75 this year across the country. Unfortunately, I do not  
4 think Alaska is one of them, but maybe we could work  
5 something out, but--

6 Senator Sullivan. Well, that would be great.

7 Mr. Hall. We will work on it. But the idea is getting  
8 these private sector employers, as well as Government  
9 agencies that are there, here to where they can see the  
10 veterans face to face and talk to them, and they come  
11 prepared, and there are a lot of different tools like that.  
12 One of the things that I would like to say that kind of goes  
13 with some other subjects that have come up today, with  
14 staffing in the VA, especially in the health care industry,  
15 you know, VA comes to all of our job fairs. But it is not  
16 the VBA; rather, it is the VHA. And that is great to see.  
17 But every one of them, they all end up in the same way, and  
18 that is, "Well, just go to USAJobs and file your resume  
19 there." I do not understand why they are there if they are  
20 not going to hire them. I mean, there are qualified  
21 candidates coming right out of the military that come to our  
22 job fairs ready to be hired, and you need someone, they  
23 should be open more to just the customary USAJobs, you know,  
24 circular file I think they go in.

25 So there are a lot of different things like that, but

1 that is one piece of what we are doing with our employment  
2 program as well as connecting them with our job board  
3 through RecruitMilitary, which contains more than 800,000  
4 active jobs.

5 We are in the infancy stage of the whole program, and  
6 so we are very excited at the results thus far.

7 Senator Sullivan. Great. Well, if there are any other  
8 ideas that you think Congress can work with you on, please  
9 make sure we have those. I certainly would be very, very  
10 interested in how we increase those opportunities for our  
11 veterans.

12 Thank you, Mr. Chairman.

13 Chairman Isakson. Thank you very much, Senator  
14 Sullivan.

15 Congressman Zeldin?

16 Mr. Zeldin. Thank you, Mr. Chairman. As Senator  
17 Sullivan just so eloquently mentioned, I, too, want to--and  
18 all of my colleagues, I wanted to echo their sentiment in  
19 thanking you for your service. All of my freedoms and  
20 liberties that I treasure, all the inspiration I found to  
21 choose to sign up for the army myself was on the backs of  
22 the generations that came before me to keep our flag flying  
23 and to keep our Nation safe. So I, too, thank you for your  
24 service.

25 With my time, I wanted to focus specifically on mental



1 health, and I come from an area in New York State--and thank  
2 you to all of the New Yorkers who are here in the crowd. A  
3 few years back, we created a program called the "PFC Joseph  
4 Dwyer Program," and it is interesting because we talk a lot  
5 about suicide. PFC Joseph Dwyer has PTSD, and his last  
6 words were, "I do not want to die." He was huffing. He was  
7 looking for a temporary relief from the pain.

8 People are committing suicide with PTSD. There are  
9 other people who are losing their battles with PTSD, and  
10 they are not committing suicide. So we need to think about  
11 them as well.

12 So the PFC Joseph Dwyer Program was a peer support  
13 model. In my area, in my district, you can live an hour  
14 away from the VA center in Northport, and you are living  
15 maybe in a community where you feel isolated and alone.  
16 Your family does not understand what you are going through,  
17 your friends, people at work. You do not realize that there  
18 are other veterans in your community who are also going  
19 through PTSD. There is certainly a need, as you recognize,  
20 for the VA to be more actively involved with PTSD and with  
21 these peer support groups.

22 Just sharing a little bit of what we do, in New York  
23 State we started with four counties. My home county is  
24 called Suffolk. We expanded to 11 counties and then 12  
25 counties in this past year's New York State budget. So it

1 is growing in the State.

2           We will get eight to ten veterans together. We will  
3 have a peer support mentor trained up. That person is a  
4 veteran. There are some differences of opinion as to  
5 whether or not that person should be a vet. They do not  
6 just meet--they do not meet at the VA. They might meet at a  
7 local--it could be a veterans hall, it could be a school, it  
8 could be a church. They meet in all different kinds of  
9 locations. The people who are in charge of the group are  
10 trained to be able to identify when and how to seek out  
11 help.

12           So we have the VA, which in Northport is great,  
13 networking with not-for-profits, for-profits, local  
14 government, veterans groups, individuals who are medical  
15 professionals who are willing to volunteer their time or  
16 work for a very modest fee to provide a benefit to the  
17 group. It is working in Suffolk. It is saving lives, and  
18 people are calling hotlines. The key is raising awareness.

19           First I wanted to just start off--and I guess I will  
20 direct it to Commander Hope, and if you have someone else  
21 who you wish to answer this question, we will defer to them.

22           I wanted to start off by sharing my experience from my  
23 home county of Suffolk and what is working really, really  
24 well, and give you an opportunity to maybe share a personal  
25 story of what you think is working very well as far as peer

1 support, because we need to be doing this continuously, look  
2 to do this better at the national level.

3 Mr. Violante. Thank you. One of the things is the  
4 importance of that peer support and VA's peer support  
5 specialists in identifying those individuals that are at  
6 risk and the thing is finding who those individuals are.  
7 But we certainly believe that a peer-to-peer type of  
8 environment is good for those individuals that may be having  
9 these problems. I would certainly like to learn more about  
10 what you are doing up there in New York and how it may be  
11 applicable in other places across the country.

12 Mr. Zeldin. Well, we all know when we go back to our  
13 States, our home districts in our States all across the  
14 country, we have proud, patriotic veterans, veterans'  
15 families, individuals who are not veterans' families but  
16 they appreciate your sacrifice, and they want to assist.  
17 The key is figuring out how to put this entire network  
18 together organically. It is, you know, one thing from the  
19 capital to be able to do this on a national level, and we  
20 certainly--I want to be able to help--I want to be helpful  
21 with that cause. But I come here with so much inspiration  
22 and optimism that in every single one of our districts and  
23 States across this country, there is that love of our  
24 veterans, that recognition that we can really do much more  
25 to tap into. And thank you, Chairman, for holding this

1 hearing.

2 Mr. Violante. Congressman, one other thing, too, that  
3 I failed to mention is, you know, VA's Vet Centers, which  
4 came about as a result of the experiences of Vietnam  
5 veterans coming home and having these difficulties. That is  
6 very similar to the peer-to-peer, and something that can  
7 probably be utilized more so are the VA Vet Centers.

8 Chairman Isakson. Thank you very much for your  
9 testimony.

10 You know, if patience is a virtue, John Boozman is a  
11 saint.

12 [Laughter.]

13 Chairman Isakson. Heller is here, but he just walked  
14 in the door. Boozman has been sitting in that seat for an  
15 hour and a half waiting. And nobody is more committed to  
16 our veterans. John and I traveled to American cemeteries in  
17 Europe and England last year to visit our cemeteries there.  
18 He is a great advocate for veterans. John, I recognize you.

19 Senator Boozman. Thank you, Mr. Chairman, very much,  
20 and I have enjoyed the testimony.

21 Just really quickly, I want to thank you for being  
22 here. I appreciate your service. Also, I want to  
23 compliment your staff. They do a tremendous job in helping  
24 us with information that we need and then also advocating.  
25 We have Dan Hall, our State Commander, here from Arkansas;

1 Charles Stake and Donna Hall also part of the Arkansas DAV  
2 Department, and then again all of you all--and do not ever  
3 underestimate how important it is to sit and visit with  
4 representatives and their staff, as I got to visit with my  
5 folks from Arkansas and discuss the various problems in  
6 depth, a little bit more in depth perhaps than we get to  
7 here.

8         One thing I just want to kind of comment on and then  
9 just kind of get your take on, and maybe you have not really  
10 thought about it much, but the issue of the opioids.  
11 Recently the DEA has kind of cracked down, which I think  
12 they should have done. Sadly, I think we are in a situation  
13 where the VA has aggressively used opioids, as has, you  
14 know, many of the physicians throughout the country. This  
15 is a nationwide problem. It is the leading cause of  
16 accidental death in young people now, abusing opioids, just  
17 simply taking them and not waking up the next day. And a  
18 lot of this stuff is diverted.

19         DEA has now said that over 30 days, you know, you need  
20 to come back for a refill. I think that is not a bad idea  
21 at all.

22         On the other hand, we do have numerous veterans now  
23 that have been on these things for long periods of time.  
24 Perhaps, you know, some of them it is causing an  
25 inconvenience, and I think the VA is trying to work through

1 that.

2 But I guess what I would like to know is: Is there  
3 anything you all are doing in regard to that as far as  
4 trying to--instead of just cutting folks off, which I think,  
5 you know, needs to be done in some cases, and certainly, you  
6 know, VA needs to not create new people that have  
7 dependency. Do you have any thoughts about what we can do  
8 as far as rehabilitating folks, if we are doing a good job  
9 of that, kind of what you all are doing?

10 Mr. Augustine. Thank you. Yes, I recently talked to  
11 Dr. Clancy, the Under Secretary of Health, about this issue,  
12 and she did mention that they are looking at the 30-day  
13 requirement, instead of having to come in to get that exam,  
14 because it sometimes can be difficult to get into the VA, as  
15 we all know, to try and work it out with their pharmacy to  
16 be able to refill those without having to necessarily come  
17 in for certain types of patients.

18 But the emphasis at the VA right now is to try to get  
19 people off of opiates if possible. Our concern is they need  
20 to deal with that in a compassionate way, instead of just  
21 cutting them off cold turkey. We do not believe that is the  
22 right way to do it.

23 There are ways to wean people off, to encourage them to  
24 use other alternative pain treatments. So that is what we  
25 are pushing for with the VA.

1           Senator Boozman. Very good. Many of us here have been  
2 very concerned about the suicide issue, and, again, I think  
3 this is something that has contributed in the past,  
4 continues to contribute in the sense of it is easy to  
5 medicate people. You know, that makes it such that you feel  
6 like you are doing something. And we have had all kinds of  
7 testimony from, you know, moms, relatives, you know, friends  
8 of individuals that have gone through that. So I appreciate  
9 that, and that is something perhaps, you know, we can visit  
10 about at a staff level and just kind of pick your brain as  
11 to making sure that we are doing what we need to be doing in  
12 that regard, because, again, I am supportive of the 30-day,  
13 but probably not for everyone, you know, to make sure that  
14 there are exceptions, but--and then, again, not just cut  
15 them off. You know, you have addicted folks, you know, not  
16 cut them off but work through the rehabilitation process.

17           Mr. Augustine. We are also encouraged that the VA is  
18 looking at alternative types of therapies. Acupuncture is  
19 one of them.

20           Senator Boozman. Exactly.

21           Mr. Augustine. Things that they were not considering  
22 in the past. So we are encouraging those types of thoughts.

23           Senator Boozman. Right. Very good.

24           Thank you, Mr. Chairman.

25           Chairman Isakson. Thank you, Senator Boozman.

1           Last, but not least, Senator Heller.

2           Senator Heller. Mr. Chairman, thank you. Thanks to  
3 both of you for holding today's hearing, and I looked  
4 forward to be part of this. Sorry for my tardiness getting  
5 in here. I will do better in the near future. But I want  
6 to thank everybody that is here today, all of our witnesses,  
7 everybody that is in the audience today.

8           I would also like to thank a couple Nevadans that are  
9 also here. Bill Baumann, William Anton, and Katherine  
10 Baren, thank you very much for what you do for Nevada  
11 veterans.

12           Second, I want to thank the DAV for the honor of being  
13 chosen as the first-time recipient of the DAV's new  
14 Outstanding Senate Legislator of the Year Award. Thank you.  
15 It is very humbling.

16           [Applause.]

17           Senator Heller. Also, I am greatly appreciative of DAV  
18 who has worked closely with me to tackle issues like the VA  
19 claims backlog, treatment for post-traumatic stress, and  
20 care for our women veterans. I look forward to continuing  
21 working together, and, Commander, I would like to move to  
22 you quickly because I have got such little time, but I do  
23 appreciate the report that the DAV released about the gaps  
24 in care for our women veterans. This is an issue we align  
25 closely on. In fact, thank you to your organization for



1 endorsing the bill that I introduced with Senator Murray,  
2 the Women Veterans Access to Quality Care Act. Given what  
3 we know, how many women are serving in the U.S. military,  
4 the rise in women veterans in the past decade, this should  
5 be no surprise to the VA. But we need to be prepared, and I  
6 think we can all agree we are not quite there yet.

7       Having said that, to you, Commander, do you think there  
8 are female veterans who do avoid the VA because they do not  
9 think they will get the care that is suited for their needs?

10       Mr. Hope. Well, I think that goes without saying, that  
11 all of the female veterans that are out there are not using  
12 the VA systems for the simple fact that it is a male-  
13 dominated system. They do not feel comfortable. Sometimes  
14 when they do go, they do not get the treatment that they  
15 need because it is not gender specific, so they end up going  
16 to the outside, which they should not have to do. We should  
17 be able to afford treatment for all veterans on a whole  
18 continuum.

19       Senator Heller. Commander, what do you believe are  
20 some of the biggest gaps for these women veterans at the  
21 facilities today?

22       Mr. Augustine. As you know--and we appreciate your  
23 leadership on this. As you know, gender-specific care is  
24 one of the biggest issues. As the Commander mentioned, the  
25 VA traditionally has been a male-dominated environment. So

1 we would like to see more gender-specific treatment care  
2 available. It makes women feel more comfortable going to an  
3 environment where they know that people are going to know  
4 their needs and their requirements.

5 I mentioned earlier before you came in that we have  
6 been doing interviews this week at our Mid-Winter Conference  
7 with women veterans and listening to their concerns about  
8 the treatment. Many of them--I think all of them that  
9 interviewed indicated that they get all their care at the  
10 VA, and it was very distressing to me to hear one say that  
11 she went to a doctor at the VA recently, and he told her she  
12 is the first woman that he ever treated at the VA. That is  
13 a real concern.

14 Senator Heller. Yes.

15 Mr. Augustine. So GYN practitioners we believe need to  
16 be in all VA facilities or some kind of way to take care of  
17 women's needs in that regard.

18 Senator Heller. I am being--yes, sorry to interrupt,  
19 but I am being told that it is very, very difficult to  
20 retrofit some of the older buildings, that if you take these  
21 hospitals, you know, probably a majority of them are 50  
22 years plus or older.

23 Mr. Augustine. Exactly right.

24 Senator Heller. And the ability to retrofit some of  
25 them to accommodate the female veterans has become

1 problematic. Is that accurate?

2 Mr. Augustine. Absolutely. And it is not just for  
3 women veterans. They are having problems with those old  
4 buildings in so many different ways. Even the operating  
5 rooms sometimes are not large enough to accommodate the new  
6 type of equipment that they operate with. So capacity is a  
7 huge issue at the VA, yes.

8 Senator Heller. I had a good conversation with the  
9 Secretary yesterday, and he explained the need for an  
10 entrance and an exit in these facilities specific for the  
11 women veterans. Do you concur with that?

12 Mr. Augustine. Yes. As a matter of fact, Ms. Brown  
13 brought that up earlier in our testimony, and we believe  
14 that that could be a help to make women feel more  
15 comfortable going into these environments. Absolutely.

16 Senator Heller. Mr. Chairman, my time has run out, but  
17 I do want to note that it was an honor for me to be in  
18 France for the 70th anniversary of the invasion of Normandy,  
19 and also I believe it was yesterday, if I am not mistaken--  
20 maybe it has already been announced here on this Committee--  
21 that was the 70th anniversary of the invasion of Iwo Jima.  
22 Anyway, if that has already been announced, I am pleased to  
23 be part of this Committee. Thank you for everything that  
24 you have done, for your commitment to the veterans, and I  
25 want to thank everybody here today in this audience for what

1 you do for America's veterans. Thank you.

2 CLOSING STATEMENT OF CHAIRMAN ISAKSON

3 Chairman Isakson. You cannot repeat those two facts  
4 over and over enough. Iwo Jima and Normandy are two of the  
5 great landmarks in the history of the United States military  
6 and the difference in our country and every other country on  
7 the face of this Earth.

8 I want to make a brief statement, and then I am going  
9 to let my two Ranking Members and the Chairman have any time  
10 they want to make a brief statement. But please hear me  
11 closely on this.

12 I listened to your response in terms of the VA choice  
13 bill. I know you like the VA and you want it to be as good  
14 as it has been and better in the future, and we want it to  
15 be that way, too. But there is a reason the VA Choice Act  
16 is called "VA Choice": because it is the veteran's choice.  
17 And looking for the problems that we had in Phoenix and  
18 other areas around the country and the capacity of the VA,  
19 it was obvious to us that the best way to increase the  
20 throughput at the VA and to have a force multiplier in terms  
21 of professionals was to be able to add at the veteran's  
22 choice the opportunity to see a private sector physician  
23 under certain circumstances.

24 As Chairman of the Committee, I am committing myself in  
25 the next 2 years to doing everything I can to make sure it

1 works for the veterans, it works for the service  
2 organizations, not as a replacement for VA health care but  
3 as an addition to VA health care. And we are going to work  
4 as hard--

5 [Applause.]

6 Chairman Isakson. Nobody has a sinister plan to do  
7 away with the VA. But all of us have an absolute commitment  
8 to see to it it is better, and to the extent that using the  
9 private sector at the choice of the veteran allows us to do  
10 that quicker, we are going to do it. And for those at the  
11 VA who think this is a passing fad and think because we have  
12 an election in 2 years I will be gone and somebody else is  
13 going to be in this seat, we are going to see to it that it  
14 is in place and working well in this 2-year period of time  
15 that I am Chairman, and I think Chairman Miller agrees with  
16 me as well. If he does not, he can correct me. Chairman  
17 Miller?

18 CLOSING STATEMENT OF CHAIRMAN MILLER:

19 Chairman Miller. Thank you very much. We will work  
20 together to make sure that the veterans have earned the very  
21 benefits--or get the benefits that they have earned.

22 I also want to say thank you to DAV for all of the work  
23 that you did for Washington, D.C.'s newest memorial,  
24 Disabled for Life Memorial, because I think this is the  
25 first joint hearing we have had since the dedication of that

1 wonderful facility. And it is so close to the Rayburn  
2 Building, many Members are seen walking over there and just  
3 looking at the splendor of the design and remembering those  
4 from which it is memorializing. So thank you for that.

5 I also want to say one thing. We have been talking a  
6 little bit about money today. You know, we gave--and  
7 Senator Sanders talked about it, as we did our choice bill  
8 last year. We gave \$5 billion, with a "B"--billion dollars--  
9 -for emergency issues that VA said they needed it for. As I  
10 understand it, through January they have only spent \$56  
11 million of the \$5 billion for emergency uses. And so we all  
12 have to work together to make sure--I do not want to throw  
13 money away, but we want to make sure that the money is spent  
14 on the right things.

15 And, again, thank you very much for everybody being  
16 here, and I yield back to the Chairman.

17 Chairman Isakson. Ranking Member Brown for any brief  
18 statement she may have.

19 CLOSING STATEMENT OF REPRESENTATIVE BROWN:

20 Ms. Brown. Once again, I just want to thank you for  
21 your service, and I just want to mention--Normandy came up,  
22 and if you ever get an opportunity to go, your service and  
23 what happened in Normandy and the visiting center that is  
24 ours, it is American soil over in France, it is just such a  
25 tribute to the service that so many men died for our

1 freedom, and words cannot thank you enough for your service.

2 I have been on this Committee for 22 years, and you  
3 have my commitment to do all I can to make sure that we do  
4 what we promised you from the beginning. We are going to  
5 take care of you. You took care of the country, and we will  
6 take care of you. So thank you.

7 [Applause.]

8 Chairman Isakson. Ranking Member Blumenthal.

9 CLOSING STATEMENT OF SENATOR BLUMENTHAL

10 Senator Blumenthal. Thank you. I think I may be the  
11 last of the speakers today, so I know I will have your  
12 gratitude by being brief.

13 [Laughter.]

14 Senator Blumenthal. I want to take a moment to thank  
15 you for your initiative on caregivers. A lot of you would  
16 not be here today, I am willing to wager, if it were not for  
17 a spouse, a relative, a friend, someone who really gave to  
18 you and to this country through you. And so your initiative  
19 on caregivers I think is especially pertinent and, to me,  
20 very poignant because I have seen them at work. All of us  
21 have visited our wounded warriors who depend on the courage  
22 and perseverance and fortitude of those folks at home who  
23 are willing to be their caregivers. Maybe it is for a  
24 month, maybe it is for a year, and maybe it is for a  
25 lifetime. And so I welcome your initiative, and I want to

1 salute them.

2 Using Chairman Isakson's last point as my last point,  
3 too, oversight and scrutiny are important. We still have  
4 not received the Inspector General's report on the 100-plus  
5 sites that were involved in that potential illegality that  
6 caused waiting beyond what veterans should be delayed in  
7 health care, potential illegalities, and the reason is not  
8 to have revenge or to punish people, although maybe they  
9 deserve punishment, but to make sure that we send a message  
10 about accountability. That Inspector General's report is  
11 overdue. It should have been done by now to give you the  
12 accountability you deserve. You deserve accountability from  
13 the VA. And so I am going to push--it so happens I am a  
14 former prosecutor, both Federal and State. I am not out to  
15 prosecute anyone. I am delighted that the VA really is in a  
16 new era and a new day with new leadership, and in a very  
17 positive and constructive way, I hope we can push for  
18 accountability, because you deserve it. Thanks so much for  
19 being here today.

20 [Applause.]

21 Chairman Isakson. Commander Hope, thank you very much  
22 to you and your organization, and as my predecessor and a  
23 great American, Max Cleland, told me one time, "Disability  
24 is only a condition. Loyalty, hope, and promise is what  
25 America's is all about." So we are going to do that for the



1 disabled veterans of America. We appreciate your testimony  
2 today, and this hearing stands adjourned.

3 [Applause.]

4 [Whereupon, at 3:51 p.m., the Committee was adjourned.]