

1 and good working relationship with the DAV. I hope to
2 continue that.

3 The work that the DAV does is critical to supporting
4 our nation's veterans, and our Committees are fortunate to
5 have your help with important work we are doing to improve
6 the lives of our nation's veterans and their families.

7 Before I begin I would like to extend a special welcome
8 to those who traveled here from Kansas today. I discovered
9 they are sitting in the very back row in the far corner, and
10 I do not know how their Chairman's prerogative did not--
11 someone--maybe they chose that so they could leave early.

12 [Laughter.]

13 Chairman Moran. But before you do that, could you
14 please stand and wave at me so I know that you are here.
15 Thank you to the Kansans who have joined us. Thank you very
16 much.

17 [Applause.]

18 Chairman Moran. I appreciate my colleagues recognizing
19 the folks from home.

20 Thank you all for being here and for making the journey
21 from across the country. I know that you have left families
22 and loved ones and personal lives to be here today. Even
23 with the full knowledge of the shortage of the quality of
24 BPQ here in the Nation's Capital. That is our Kansans. We
25 will not find the barbecue that we find at home.

1 I will keep my remarks short. In fact, I asked my
2 staff, when they handed me 16 pages, to make it about a
3 third of that, so that we can jump into DAV's priorities.

4 I do want you to know, Commander, that I thank you,
5 Commander Whitehead, and your wife, Kim, for being with us
6 today. We are honored by your presence. I also want to
7 commend the work that your leadership team and all the DAV
8 does for our nation's veterans and their families on a day-
9 to-day basis.

10 We have had a lot of legislative changes and progress
11 at the Department over the past few years, whether it be
12 through passage of the Mission Act, Blue Water Navy Act, or
13 Appeals Modernization Act, just a few examples. The DAV has
14 been, and will continue to be a vital partner to ensure the
15 VA executes these programs and policies correctly.

16 I look forward to your presentation and our discussion
17 today and I look forward to continuing our work together. I
18 thank you for your service to our nation and your service to
19 others who serve.

20 Chairman Takano, thank you for traveling over here from
21 the House side, and I now recognize you for your opening
22 remarks.

23 OPENING STATEMENT OF CHAIRMAN TAKANO

24 Chairman Takano. Great. Thank you. Well, good
25 afternoon and welcome. I would like to congratulate Senator

1 Moran on his chairmanship. I look forward to working
2 together with him this year.

3 Thank you, Commander Whitehead, and the many men and
4 women who have served our nation. Your country owes you a
5 debt of gratitude that we, in Congress, strive to repay
6 every day. Thank you.

7 I would also like to welcome and thank everyone from my
8 great state. So are there any Californians in the room
9 today?

10 [Applause.]

11 Chairman Takano. Thank you for making it all the way
12 from the Golden State.

13 Chairman Moran. They are on the front row.

14 Chairman Takano. Yes, they are.

15 [Laughter.]

16 Chairman Takano. And they are going to stay through
17 the entire hearing.

18 [Laughter.]

19 Chairman Takano. Among the Californians I understand
20 that we have Army veteran and National Fourth Junior Vice
21 Commander Dan Contreras from Sherman Oaks, California.

22 [Applause.]

23 Chairman Takano. Dan, thank you and all the
24 Californians for making your way to this joint hearing. And
25 we still have, in California, the largest veterans

1 population in the country.

2 I have had the privilege to work with many veteran
3 groups over the years and I appreciate the dedication and
4 care that Disabled American Veterans and other veteran
5 service organizations share for our veterans. Without the
6 volunteers mobilized in small towns, the VSOs who take
7 mobile service clinics into remote areas, and our government
8 partners who pitch in to lend a hand where needed, we could
9 not reach all the veterans in need, and that is why we need
10 your advocacy.

11 This year, we have the opportunity to celebrate DAV's
12 100 years of service to our veterans.

13 [Applause.]

14 Chairman Takano. In fact, Ranking Member Dr. Roe and I
15 co-authored a House resolution to honor your work for our
16 veterans and their families. Join me in thanking DAV for
17 their tireless advocacy. And here is the resolution in my
18 hand, so thank you.

19 [Applause.]

20 Chairman Takano. DAV is integral in the work to
21 connect veterans with resources and helping them navigate
22 the often confusing VA system, but DAV's advocacy also helps
23 Congress to recognize emergent issues and pioneer solutions.
24 As a result of DAV's partnership with Congress, we have
25 better legislation that best serves the needs of our veteran

1 population.

2 As I am sure everyone in this room can agree, we must
3 work together with all our partners to reduce veteran
4 suicide. It is clear that we have a national public health
5 crisis, and it will take all of us working together to truly
6 address this crisis. And that is why the Committee adopted
7 a comprehensive, evidence-based strategy to reduce veteran
8 suicide. We must look at every factor, from economic
9 burdens to increased access to care to reduce the crisis.

10 I introduced the Veterans ACCESS Act as one piece of
11 this puzzle, to ensure all veterans, regardless of discharge
12 status or enrollment in the VA health care system, have
13 access to emergent mental health care. Under this bill, no
14 veteran will have to pay out-of-pocket for the care they
15 need during a mental health crisis. And while the Veterans
16 ACCESS Act is just one part of the solution, the fight to
17 end veteran suicide must be shared by everyone in our
18 nation.

19 As Chairman of the House Committee on Veterans'
20 Affairs, I have tasked my staff with working with
21 stakeholders, advocates, medical professionals, and VA to
22 find more ways not only to reach our veterans who are in
23 crisis but also to find ways to expand access to key
24 resources.

25 This work will take all of us, and I encourage everyone

1 to write down the Veterans Crisis Line phone number. That
2 number is 1-800-273-8255. Let me tell you that again. It
3 is 1-800-273-TALK. In other words, 1-800-273-TALK. So just
4 remember, 273-TALK, put an 800 in front of that. If you are
5 veteran in crisis, please reach out and know there is
6 someone on the other end of the line there to help you.

7 I also want to thank DAV and the VSO community for
8 their diligent and good-faith efforts to perfect the Blue
9 Water Navy Vietnam Veterans Act of 2019. This bipartisan
10 effort became law in June, and while VA began processing
11 claims in January of this year, the work to ensure VA is
12 completing accurate, fair, and timely rating decisions is
13 not done.

14 A strong working relationship between the VA and the
15 VSO community will increase access and visibility of these
16 new benefits, and I hope VA will provide an open and
17 transparent communication with Congress and VSOs about the
18 progress of Blue Water Navy implementation.

19 I continue to be thankful for DAV and the VSO community
20 for their efforts to support veterans. I invite my
21 colleagues to join me in standing in applause for DAV and
22 our nation's veterans. Thank you. Thank you, Mr. Chairman.
23 Thank you, DAV. Thank you.

24 [Applause.]

25 Chairman Takano. And I yield back, Mr. Chairman.

1 Chairman Moran. Chairman Takano, thank you very much
2 for your opening remarks, and I now would call on the
3 Ranking Member of the Senate Committee, Senator Tester.

4 OPENING STATEMENT OF SENATOR TESTER

5 Senator Tester. Thank you, Chairman Moran, and good
6 afternoon everybody. Look, before I get into my prepared
7 remarks I just want to say, the man two down from my left is
8 not Johnny Isakson. It is Jerry Moran, Senator from Kansas.
9 And I am going to tell you that Jerry Moran, you guys
10 already know this is a good man, and we look forward to
11 doing a lot of great things in the Senate Veterans' Affairs
12 Committee together, and we look forward to looking out for
13 the DAV. And I want to congratulate everybody in this room
14 that is a member of the DAV on your 100th anniversary.

15 Commander Whitehead, it is an honor to have you and
16 your leadership team in front of us today. You are very
17 well served by your legislative service folks here in
18 Washington. You do not need to give me anything for that.
19 It is free. And I cannot tell you how much my staff and I
20 really do rely on your advice, the DAV's advice, through
21 your staff, and their perspective.

22 I want to take a moment to recognize a few Montanans in
23 the room today, and I am going to ask you folks to just
24 stand up. Chase Natalie, where are you at? He is in the
25 overflow room? Well, Kevin Grantier, is here overflowing

1 too? And then Joe Parsetich is the first Junior Vice
2 Commander of the DAV. It is good somebody from Montana
3 finally did some good things in D.C. Thanks, Joe.

4 [Applause.]

5 Senator Tester. And I want to thank you all, everybody
6 in this room, on behalf of the work that you do for
7 veterans. You do great work in Montana and you do great
8 work nationwide. And Commander, I have said before, we are
9 here because Congress should take their direction from you.
10 DAV members and their beneficiaries at the VA health care
11 utilize its programs each and every day. You know better
12 than any of us how the VA is performing nationwide and the
13 improvements that should be made on behalf of veterans and
14 their families. We hold these hearings because only VSOs
15 can help Congress focus on what veterans need and how to
16 make sure VA is equipped to better deliver on those needs.

17 Commander Whitehead, I need to hear from the DAV
18 whether it VA is operating in a transparent manner as they
19 execute the largest overhaul of veterans' health care in a
20 generation, and that is the implementation of the VA MISSION
21 Act. I need to know your views on the gender disparities at
22 the VA, and what Congress can do to push the VA to provide
23 more equitable treatment to our women veterans.

24 I need to hear from you how toxic exposure impacts your
25 members, from Blue Water Navy claims to Agent Orange

1 presumptive conditions to burn pits. And when it comes to
2 mental health treatment and suicide prevention, I need to
3 know where VA is doing a good job and where they need to
4 improve.

5 As you know, a lot was accomplished for veterans in the
6 last Congress, including passage of the VA MISSION Act,
7 Appeals Modernization, the Colmery GI Bill. It is
8 imperative that the VA provide regular opportunities to hear
9 from the DAV and other veteran groups about implementing
10 these laws. VA needs to better understand how the decisions
11 it makes affect the veterans on the ground across this
12 country, and the VA cannot gain that understanding unless it
13 listens to folks like you.

14 Commander Whitehead, we are here to listen to you. The
15 voice you and your members provide is an important source of
16 information as we attempt to do right. Welcome again, and
17 thank you for what you and your organization do on behalf of
18 disabled veterans and their families. Thank you.

19 [Applause.]

20 Chairman Moran. Senator Tester, thank you. I was
21 pleased by your comments in my regard but I was especially
22 pleased to know that the folks from Montana are in the
23 overflow, not the back row.

24 [Laughter.]

25 Senator Tester. That does it, friends. The honeymoon

1 is over.

2 [Laughter.]

3 Chairman Moran. I would say this seriously, knowing
4 that you are not. The veterans deserve better, and we will
5 make sure the honeymoon continues.

6 Thank you very much, Jon, for your comments. I now
7 yield to the Ranking Member of the House, Representative
8 Roe.

9 OPENING STATEMENT OF DR. ROE

10 Dr. Roe. Thank you, Mr. Chairman. Good afternoon,
11 Commander Whitehead, DAV members, and members of the DAV
12 Auxiliary. It is a pleasure for me to be here today with
13 Chairman Moran. I will just take a second to say I served
14 with him in the House. I have known him now for a dozen
15 years, and the Senate could not have picked a better
16 chairman. I really appreciate that, and Jon, I appreciate
17 your friendship and working together in the last Congress
18 very closely. We could not have gotten things done, and we
19 did. And Chairman Takano, the same shout-out to you, and I
20 really appreciate what you have done.

21 It has been an honor and a privilege for me to attend
22 these hearings for the dozen years I have spent in Congress.
23 Because I am retiring at the end of this year, this will be
24 my last time that I will be with you all here in this
25 position. It is because of organizations like the DAV that

1 my 12 years in Congress have been so fulfilling, and I know
2 I am leaving this town in very good hands.

3 Caring for those who have returned home bearing the
4 wounds of war is no easy or simple task, and yet the men and
5 women of DAV, thousands of whom are veterans themselves,
6 work tirelessly to help empower our nation's disabled
7 veterans to succeed.

8 Before I continue with my opening remarks, I would like
9 to take a moment personally to thank each and every one of
10 you for your service and sacrifice, both in uniform and out
11 of uniform. I want you to welcome the DAV's national
12 leadership team. It is a privilege and pleasure to have
13 served with all of you here at the Nation's Capital.

14 And I want to extend a special welcome to Commander
15 Stephen Whitehead and his wife, Kim. And I can promise you,
16 Commander, you would not be here if your wife were not
17 behind you supporting you. I think we all know that well.
18 And sir, thank you for your over 20 years of service to our
19 nation in the Army, and for your leadership within DAV, and
20 for being here with us today.

21 And I also want to welcome DAV's Auxiliary National
22 Commander, Diane Franz, and acknowledge the members here
23 from the Auxiliary.

24 [Applause.]

25 Dr. Roe. And many of you wear many hats, as spouses,

1 as volunteers, as caregivers, and more. Your service to
2 those who have served our country does not go unnoticed, and
3 I thank all of you for what you do.

4 And finally, I want to say a special hello to the DAV
5 members from my home state of Tennessee who are in our
6 audience today. If those of you from Tennessee would please
7 stand if you are able, or raise your hand to be recognized.

8 [Applause.]

9 Dr. Roe. I would like to take this opportunity to
10 point out there would not be a Texas if it were not for
11 Tennessee. I do that each year.

12 [Laughter.]

13 Dr. Roe. For 100 years, DAV has been the leading voice
14 for our nation's disabled veterans, 100 years. DAV
15 representatives can be found everywhere, from the halls of
16 Congress to the rehabilitation wing of VA medical centers
17 across our great nation. Wherever they are, the men and
18 women of DAV are committed to lend a helping hand to our
19 nation's ill and injured servicemembers and veterans, and
20 assuring them that they will not face their new normal
21 alone.

22 With DAV's support, there has been a transformation
23 occurring at VA over the last years under the Trump
24 administration. Veterans have greater access to care,
25 greater control over their health care decisions at VA than

1 ever before. That has led veterans to seek out more VA care
2 and express more trust in VA health care systems and VA
3 services generally. For the first time in history, veterans
4 can use their GI Bill benefits whenever they choose, the
5 rest of their life.

6 Veterans' unemployment has reached near record lows.
7 Veterans are getting their appeals for disability
8 compensations decided faster and more efficiently. After
9 decades of work--decades of work--we finally did right by
10 the Blue Water Navy veterans who are finally receiving the
11 benefits that they have earned.

12 VA has more funding and more staff than at any other
13 point in history, and has gone from one of the lowest-
14 ranking agencies for employee satisfaction to one of the top
15 six best places to work in the Federal Government. That
16 success is due to the veteran-first focus of this
17 Administration, and will continue the advocacy that is done
18 by organizations like DAV.

19 However, there is much work ahead of us, as you know.
20 As you all know on a personal level, veterans are hard-
21 working, motivated members of society whose contributions to
22 our nation extend well beyond their time in uniform.
23 Supporting them and creating productive, meaningful lives
24 following their service is one of Congress' highest
25 callings. DAV leaders here in Washington continue to

1 provide valuable information and feedback to Congress. That
2 works helps us to ensure that veterans are given the
3 necessary tools to achieve their full potential.

4 Looking ahead, we must remain steadfast in our efforts
5 to combat the suicide crisis, as the Chairman mentioned;
6 empower veterans to utilize the benefits they have earned to
7 succeed in their civilian lives; realign VA medical centers
8 to better serve for veterans today, and for generations to
9 come; oversee the implementation of the expanded caregiver
10 program, of which you all had a lot to do with, I can tell
11 you, for the number of meetings that we went to with you
12 all; and care for those who have been exposed to toxins in
13 service; and continue our oversight for every aspect of VA
14 to ensure that each and every veteran who walks into a VA
15 office, facility, or clinic, receives timely and quality
16 care.

17 I remain hopeful that as our Committee continues with
18 the Senate and members of the DAV, we can build on our
19 successes over the past three years and continue to serve
20 our nation's veterans and their families well, just as they
21 have served us.

22 I salute you, I thank you, and I yield back.

23 Chairman Moran. Congressman Roe, thank you very much.

24 [Applause.]

25 Chairman Moran. Congressman Roe and Chairman Takano, I

1 look forward to developing a good, solid working
2 relationship with you. Dr. Roe and I have known each other
3 12 years. I served for 14 years in the House of
4 Representatives, all 14 years as a member of the Veterans'
5 Affairs Committee, and chaired the Health Care Subcommittee.
6 I would tell you that we may share something now in common,
7 which is the complaints then, as a House member, were
8 consistently why does the Senate never act on anything we
9 send to them? And perhaps we can solve that problem as we
10 work together in this new--there is hope.

11 [Applause.]

12 Chairman Moran. So we will do our part.

13 Let me now recognize one of my former colleagues,
14 Congressman Collin Peterson from the Minnesota Seventh
15 District. He sits on the House Veterans' Affairs Committee,
16 and he is here, among other reasons, to introduce Commander
17 Whitehead.

18 Mr. Peterson. Thank you, Mr. Chairman, and Chairman
19 Takano, Ranking Members, other members of the Veterans'
20 Committee. It is my honor and privilege to introduce a
21 Minnesota native and the National Commander of the Disabled
22 American Veterans, Stephen "Butch" Whitehead, and we welcome
23 him here today.

24 [Applause.]

25 Mr. Peterson. Commander Whitehead hails from Trimont,

1 Minnesota, which is not too far outside my district, and
2 retired in 2019, at the rank of Command Sergeant Major for
3 the 84th Troop Command Brigade in the Minnesota Army
4 national Guard.

5 Commander Whitehead's military service dates back to
6 1991, when he joined the Army, and he deployed overseas
7 twice, and was awarded the Bronze Star in 2007 for combat
8 service in Iraq, and he also received numerous other rewards
9 for his service.

10 Commander Whitehead currently serves as the Executive
11 Director of the Disabled American Veterans of Minnesota
12 Foundation. He lives in Rosemount, Minnesota, with his
13 spouse, Kim. And this year, Commander Whitehead felt the
14 call to serve once again. He decided to put the uniform
15 back on and now serves as Command Sergeant Major of the Army
16 National Guard's 34th Infantry Division, leading more than
17 15,000 Minnesota-based soldiers.

18 So Commander Whitehead, thank you for your service, for
19 being here and being part of this, and I am proud of your
20 work and what you have done for Minnesota and the country,
21 and look forward to hearing your testimony. And I would
22 also like--we have, I think, 31 Minnesotans here, and I
23 would like them to stand up and be recognized. I think they
24 are kind of towards the back.

25 [Applause.]

1 Mr. Peterson. Thank you all for being here and for
2 your service. So I yield back.

3 Chairman Moran. Congressman Peterson, thank you very
4 much. Commander Whitehead, the floor is now yours. We look
5 forward to your comments and introductions of your
6 colleagues.

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1 STATEMENT OF STEPHEN WHITEHEAD, NATIONAL
2 COMMANDER, DISABLED AMERICAN VETERANS, ACCOMPANIED
3 BY JIM MARSZALEK, NATIONAL SERVICE DIRECTOR; JOY
4 J. ILEM, NATIONAL LEGISLATIVE DIRECTOR; RANDY
5 REESE, EXECUTIVE DIRECTOR, WASHINGTON
6 HEADQUARTERS; J. MARC BURGESS, NATIONAL ADJUTANT;
7 BARRY A. JESINOSKI, EXECUTIVE DIRECTOR, NATIONAL
8 HEADQUARTERS; DAN CLARE, CHIEF COMMUNICATIONS AND
9 OUTREACH OFFICER; AND DIANE J. FRANZ, DAV
10 AUXILIARY NATIONAL COMMANDER

11 Mr. Whitehead. Congressman Peterson, thank you for
12 your kind introduction. Chairman Moran, Chairman Takano,
13 and members of the Committee, thank you for providing me the
14 opportunity to present the 2020 Legislative Program of DAV,
15 Disabled American Veterans, an organization of more than 1
16 million members, all of whom were injured or became ill
17 during wartime service.

18 My full written statement thoroughly details DAV's key
19 legislative priorities for the 116th Congress and reports
20 our many accomplishments.

21 I want to start by recognizing those seated at the
22 table with me, as well as some distinguished guests in
23 attendance. DAV National Adjutant and CEO, Marc Burgess;
24 National Executive Directors Barry Jesinoski and Randy
25 Reece; National Service Director, Jim Marszalek; National

1 Legislative Director, Joy Ilem; Chief Communications and
2 Outreach Officer, Dan Clare; Auxiliary National Commander,
3 Diane Franz of Florida; Auxiliary National Adjutant Patricia
4 Kemper of Kentucky; DAV Senior Vice Commander Donald Day of
5 New York; Junior Vice Commanders Andy Marshall of Florida,
6 Joseph Parsetich of Montana, Nancy Espinosa of Utah, and Dan
7 Contreras of California; National Judge Advocate, Mike
8 Dobmeier of North Dakota; the Immediate Past National
9 Commander, Dennis Nixon; my Chief of Staff, Greg Remus.

10 I would also like to recognize the National Volunteer
11 Service Director, Jim Kleindienst; National Employment
12 Director, Jeff Hall; National Communication Director, Rob
13 Lewis; and our National Chaplain, Michael Dover, who was
14 unable to be here with us today.

15 I would ask the Executive Committee to please stand or
16 raise their hand to be recognized.

17 [Applause.]

18 Mr. Whitehead. Will the members of the National
19 Legislative Interim Committee also please stand or raise
20 their hand?

21 [Applause.]

22 Mr. Whitehead. I would also like to recognize the DAV
23 delegation from my home state of Minnesota.

24 [Applause.]

25 Mr. Whitehead. Finally, I want to thank my wife Kim,

1 who is a vital partner in everything I have done.

2 [Applause.]

3 Mr. Whitehead. Mr. Chairman, this year DAV is
4 celebrating its centennial anniversary, marking 100 years of
5 service and support for America's injured and ill veterans
6 and their families. As National Commander, I am proud to
7 continue that tradition. I come from a family that believes
8 in the tradition of military service.

9 Both my grandfathers served, as did my father, an Army
10 veteran who served during the Korean War era. Two of my
11 uncles served in Vietnam, and I have three brothers who also
12 wore the uniform, one in the Army, one in the Navy, and one
13 in the Marine Corps. So it was no surprise when I enlisted
14 in the Minnesota Army National Guard in 1991, and made that
15 my career for three decades.

16 In 2006, I was deployed to Iraq. In 2007, my unit came
17 under fire from mortar attacks. We lost a number of
18 soldiers, many others were seriously injured, and I, myself,
19 suffered a traumatic brain injury. When I returned home
20 several months later I was still dealing with physical,
21 psychological, and emotional injuries, but not knowing quite
22 how to deal with these challenges. I am ever thankful that
23 my wife Kim encouraged me to seek help from the VA.

24 Although I lived an hour and a half from Minneapolis VA
25 Medical Center, I was able to participate in a

1 telecounseling program to address the trauma I had seen and
2 suffered. I soon discovered that my VA providers understood
3 me and the military injuries I suffered better than any
4 health care system in the world, and since then I have
5 chosen to receive all my care from the VA. The VA was there
6 for me when I needed it. Now we must all work together to
7 make sure the VA is there for future generations.

8 A century ago, President Calvin Coolidge warned that
9 "the nation that forgets its defenders will itself be
10 forgotten." We are here today to make sure that never
11 happens.

12 Mr. Chairman, let me begin by extending our
13 appreciation to both Committees, who helped provide long-
14 overdue justice to thousands of men and women who have been
15 forgotten far too long. Thank you for passing the Blue
16 Water Navy Vietnam Veterans Act.

17 [Applause.]

18 Mr. Whitehead. In addition, we must not forget that
19 there are hundreds of thousands of Vietnam veterans
20 suffering from diseases associated with Agent Orange
21 exposure, who are still not getting their full benefits. I
22 have personally seen the ravage of Agent Orange within my
23 family. Both my uncles, who served in Vietnam, passed away
24 from service-connected diseases associated with Agent Orange
25 exposure.

1 Unfortunately, last month, Secretary Wilkie reported to
2 Congress that the VA would further delay making any decision
3 on making for pending Agent Orange presumptive conditions
4 until the end of the year. This decision ignores the fact
5 that the National Academy of Medicine has already reviewed
6 dozens of studies on multiple occasions, over many years.
7 In every case, it was concluded that these diseases are
8 associated with Agent Orange. We do not need to wait for
9 any more studies.

10 Mr. Chairman, if the VA will not take the right action
11 then, in the name of justice, you must. Our Vietnam
12 veterans have waited long enough.

13 [Applause.]

14 Mr. Whitehead. We also need Congress to pass
15 legislation that can help newer generations of veterans who
16 are suffering or will suffer due to toxic exposure from burn
17 pits. It is worth noting DAV's early role in identifying
18 the potential dangers of burn pits. In 2008, Dan Clare, the
19 same veteran at the table with us today, was deployed to
20 Balad Air Base, Iraq, and alerted DAV to an internal DoD
21 memo detailing the possibility for chronic health hazards
22 associated with the smoke. DAV helped pave the way for the
23 Airborne Hazards and Open Burn Pit Registry, and has spent
24 more than a decade advocating for affected veterans.

25 When I was based at Camp Scania in Iraq, I, myself,

1 took a number of trips to a burn pit, where everything from
2 tires and batteries to medical and human waste was burned.
3 Upon my return home I had new respiratory, cardiovascular,
4 and thyroid issues, as have a number of fellow soldiers who
5 served with me as well.

6 For the past year we have worked with Senators Sullivan
7 and Manchin to develop the Veterans Burn Pits Exposure
8 Recognition Act that could help these veterans now. The
9 legislation would formally concede that veterans who served
10 near burn pits were exposed to harmful chemicals and toxins,
11 thereby making it easier to provide approved direct service
12 connection. We ask all of you to support this legislation,
13 S. 2950, so that veterans suffering from burn pit exposures
14 do not have to wait decades for justice, like the Vietnam
15 generation before them.

16 [Applause.]

17 Mr. Whitehead. Mr. Chairman, one of the most important
18 promises made to our nation's veterans is providing timely,
19 high-quality health care. Last week, DAV and our
20 independent budget partners, VFW and PVA, issued an interim
21 progress report on implementation of the VA MISSION Act.
22 Only eight months have passed since the law took effect, so
23 it is still too early to judge whether it will be
24 successful. But as of today, of the 26 recommendations that
25 we made to guide implementation of the law, only one has

1 been fulfilled. Eleven have not been fulfilled and it is
2 too soon to judge the remaining 14.

3 Perhaps the biggest disappointment is VA's failure to
4 meet the MISSION Act October 1, 2019, deadline to expand the
5 caregiver program to World War II, Korean, and Vietnam era
6 veterans. Despite 16 months to prepare, the VA failed to
7 implement the required IT solution and delayed the expansion
8 until later this summer, at the earliest. This is simply
9 unacceptable.

10 [Applause.]

11 Mr. Whitehead. We call on Congress to take whatever
12 actions are necessary to mandate that the VA end the delay
13 and begin caregiver's expansion immediately.

14 [Applause.]

15 Mr. Whitehead. In addition, we call on Congress and
16 the VA to open the program to caregivers of veterans whose
17 disabilities were caused by illnesses. In fact, our Past
18 National Commander, Dave Riley, a former Coast Guard rescue
19 swimmer, here with us today, lost all four limbs to
20 waterborne bacteria that nearly cost him his life, but his
21 wife Yvonne is still not eligible for caregiver's program.
22 It is time to end their wait as well.

23 [Applause.]

24 Mr. Whitehead. Mr. Chairman, we want to thank all of
25 you for another big victory last year, the passage of

1 legislation to finally phase out the SBP/DIC offset that
2 adversely affects so many surviving spouses of disabled
3 veterans.

4 [Applause.]

5 Mr. Whitehead. This was a great step forward, but now
6 we call on you to continuing in honoring and supporting the
7 families of survivors of disabled veterans by passing
8 legislation to increase DIC rates and expand eligibility
9 rules for surviving spouses.

10 [Applause.]

11 Mr. Whitehead. To keep our promise to the women
12 veterans, we call on Congress to enact the Deborah Sampson
13 Act. This comprehensive legislation ensures women have
14 access to high-quality, gender-sensitive, and specialized
15 health care services to the same extent as their male peers.
16 All veterans, no matter their gender, race, or sexual
17 orientation, should have equitable access to all of the
18 benefits and services, and should feel welcome and safe when
19 accessing the care they earned.

20 And yet VA research showed that 1 in 4 women veterans
21 reported inappropriate, unwanted comments or behavior by
22 male veterans on VA grounds. The VA made a committee to
23 create a more inclusive culture through the stand up to end
24 harassment campaign. We fully expect VA leadership to
25 foster that culture from top down. Respect must begin with

1 each and every one of us.

2 [Applause.]

3 Mr. Whitehead. Mr. Chairman, while much of our focus
4 in Washington is on advocacy, DAV's core mission around the
5 country involves providing direct assistance to veterans,
6 most prominently through our National Service Program.
7 Across the country, there are almost 4,000 DAV national,
8 department, chapter, transition, and county veteran service
9 officers offering free claims assistance. We represent over
10 1 million veterans, family members and survivors, and we
11 provide representation for nearly 215,000 pending claims for
12 benefits.

13 We also assist separating servicemembers through our
14 Transition Service Program, which provides benefits
15 counseling and assistance at nearly 100 military
16 installations across the country. When disaster strikes,
17 DAV is there to help impacted veterans. In 2019, we
18 provided \$300,000 in emergency cash support to 500 veterans
19 affected by hurricanes, tornadoes, floods, and fires in
20 Alabama, California, Florida, Nebraska, North Carolina,
21 Ohio, Oklahoma, South Dakota, Tennessee, and Texas.

22 We also help veterans find jobs through our National
23 Employment Program. Since 2014, we have hosted over 600
24 traditional and virtual career fairs, with over 200,000
25 active duty, Guard, and Reserve members, veterans, and their

1 spouses attending. In total, this effort has resulted in
2 more than 140,000 job offers.

3 [Applause.]

4 Mr. Whitehead. The DAV Volunteer Service Program helps
5 ensure that ill and injured veterans are able to attend
6 their medical appointments. In 2019, our volunteer drivers
7 logged over 20 million miles and provided more than 615,000
8 rides, taking veterans to VA health care facilities, saving
9 taxpayers more than \$31 million.

10 [Applause.]

11 Mr. Whitehead. Finally, we are very proud to co-
12 present, along with VA, the National Disabled Veterans TEE
13 Tournament and the National Disabled Veterans Winter Sports
14 Clinic, often referred to as Miracles on the Mountainside.

15 Mr. Chairman, President Teddy Roosevelt once said, "Far
16 and away, the best prize that life has to offer is a chance
17 to work hard at work worth doing." Well, to me, that prize
18 is being part of the long and storied tradition of DAV, one
19 that I know will continue to flourish for the next 100
20 years.

21 Thank you for the opportunity to present DAV's 2020
22 legislative priorities and highlight the many services we
23 provide to America's injured and ill veterans. May God
24 continue to bless the DAV, the men and women who serve our
25 great nation, and the United States of America.

1 [Applause.]

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

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1 Chairman Moran. Commander, thank you for your
2 heartfelt and commanding testimony. It is compelling. Let
3 me ask you a couple of questions. We are going to have a
4 round of just three-minute questions among the members.

5 Tell me this about--you caught my attention on the
6 MISSION Act implementation and the recommendations that had
7 been made to the VA. I think it was 11, 14, and 1, not a
8 perfect record by a long shot. Is there a response from the
9 VA in regard to the failure to implement your
10 recommendations? What are they telling you?

11 Mr. Whitehead. Chairman, that is a great question and,
12 you know, we are getting a wide range of answers on that.
13 But I would like to have my staff maybe elaborate a little
14 bit more on that.

15 Chairman Moran. That would be fine.

16 Ms. Ilem. Well, we know that the MISSION Act is
17 absolutely critical to the modernization of the health care
18 system in moving forward, and we certainly want to see that
19 faithful implementation and full implementation of all of
20 those great provisions that are in there.

21 You know, Dr. Stone has been very forthcoming with us
22 and engaging with us, but we would like more access to the
23 program offices who are dealing with, you know, some of the
24 minutiae related to these provisions. We feel, all of us
25 here, you know, US the VA health care system. We feel, as

1 an organization, our members can provide excellent feedback
2 that we can share with VA, as they are developing the
3 various parts of the network, the community care network,
4 sharing with them the problems that they are having, or not,
5 the good and the bad. We have gotten great feedback on some
6 of the urgent care benefit, but problems, you know, in
7 between.

8 So we think having a good collaborative relationship is
9 essential. We do not want to just be briefed on something
10 we like, you know, and then it is in a complete phase at
11 that point. We would really like the opportunity to have
12 more meaningful engagement.

13 Chairman Moran. Ms. Ilem, you and I share that same
14 goal of having input when it still matters.

15 Ms. Ilem. Right.

16 Chairman Moran. And I also hope that we have the
17 opportunity to see that once it is implemented, the
18 implementation is determined, that it is understood out in
19 the countryside. So many times what I hear in Washington,
20 D.C. is satisfactory to me, but when I am in Kansas, they
21 have never heard the same thing I have heard. And so I look
22 forward to working with DAV to make sure that MISSION
23 Act is implemented correctly and that there is knowledge for
24 the providers across the country.

25 Let me talk about Blue Water Navy and its

1 implementation. Is the VA facilitating, Commander, the
2 input from the VSOs? Are you getting enough attention in
3 how this act is being implemented?

4 Mr. Whitehead. You know, Chairman, that was a great
5 thing to bring up because before they rolled it out we were
6 asking a lot of questions, like, "Hey, where are we at with
7 it? Where are we at?" And we were getting some feedback
8 but not at the level that would really help us to be able to
9 go back to our members and provide some good knowledge to
10 our members that are going to be applying for those
11 benefits, like where are we at? How long does it take to
12 get this going?

13 But to the more details, if my staff could please add a
14 little bit more to that I would really appreciate it.

15 Mr. Marszalek. Yes. Thank you. Right now, I mean,
16 they have told us, well, we know that there are 18,543
17 claims pending, and that is according to the Monday Morning
18 Workload Report from VBA. And they have told us,
19 informally, they processed about 1,000 Blue Water Navy
20 claims already, to the tune of about \$20 million in
21 benefits.

22 They have not given us any facts, any grant rates,
23 denial rates, and we have asked for those figures and stats
24 to tell us what is going on with that information. We want
25 to know exactly what is happening out there.

1 So we certainly think the collaboration could be a
2 little bit better, the information-sharing could be a lot
3 better. We are doing as much as we can to outreach the
4 Vietnam-era veterans to ensure they are out there filing
5 claims if they believe they are entitled to benefits. And
6 we have done that through social media, we have an
7 information seminar program where our NSOs are out providing
8 information in the communities, and we are spreading that
9 word as much as possible. We want as many people who
10 believe they are eligible to come in and file a claim for
11 those potential benefits.

12 Chairman Moran. Thank you very much. It is always
13 amazing to me the number of veterans who do not know what
14 they are entitled to or what the program involves, and if we
15 are going to be successful in solving that problem it is
16 going to take the full effort of the DAV and others, and so
17 you need the information yourselves. So we look forward to
18 working with you to accomplish that.

19 I am going to do my best to hold members to the three-
20 minute time rule. I am already over a little bit myself, so
21 I will forego with something later. But Chairman Takano is
22 recognized.

23 Chairman Takano. Thank you, Mr. Chairman. Commander
24 Whitehead, we know that families are so important to
25 veterans, especially severely injured veterans, as they go

1 through their healing process. Can you detail just how
2 impactful family caregiver support is for these veterans?

3 Mr. Whitehead. Absolutely. As I said in my remarks,
4 you know, my wife, my caregiver, was instrumental in me
5 getting the help I needed. You know, our spouses know us
6 better than we know ourselves sometimes. When our veterans
7 get back, and they get back into society, we have this
8 strong front on us, right? We are invincible, right? We
9 can handle anything. We just got back. We are good. But
10 it is those caregivers that are there to really help us make
11 sure we are getting all the help we need to be able to be
12 stronger and better in life.

13 But in particular, to your question, if my staff could
14 maybe elaborate a little bit more on that I would greatly
15 appreciate it.

16 Mr. Reese. Absolutely. When we talk about caregivers
17 it is important for us to remember that caregivers
18 frequently put their lives on hold. They give up their
19 educations. They give up their careers. They do not have
20 health care. They give up their future retirement security
21 and 401(k)s, and their Social Security has diminished
22 because of the work orders which they do not have.

23 Having said all that, research has shown that mental
24 and physical health outcomes of catastrophically injured
25 veterans is better when delivered by caregivers at home.

1 And in addition, while the nation's taxpayers save billions
2 of dollars of otherwise institutionalized care and expenses,
3 needless to say, we applauded Congress when this benefit was
4 passed.

5 But this last year it was a shocking revelation, at the
6 11th minute, on the 11th hour, basically, to say we know
7 everybody is ready to line up, fill out applications, and
8 start expanding the caregiver program, only to be fooled by
9 the idea that they would be prepared. And then, instead of
10 saying enroll in the current and ongoing caregiver program,
11 no, we know that you have suffered for five generations, we
12 know that you need the caring services and supports, and we
13 can deliver them, but let's wait for an IT initiative that
14 will take until the summer of 2020.

15 I can only share with you the great disappointment of
16 not only myself, the staff here in Washington, but the
17 membership of 1 million members nationwide.

18 Chairman Takano. Thank you. Quickly--

19 [Applause.]

20 Chairman Takano. --I want to get to my next question.
21 As you mentioned in your testimony, VA has not included
22 bladder cancer, hyperthyroidism, parkinsonism, or
23 hypertension in a list of presumptive conditions associated
24 with exposure to Agent Orange. Can you explain, Commander,
25 why VA's failure to add these conditions to the presumptive

1 list, despite the positive findings of the National
2 Academies of Medicine, is different than past practice?

3 Mr. Whitehead. We do not know why. You know, the
4 research is there. The facts are there. We believe they
5 should have rolled it out. They should be implemented right
6 away, immediately, so these veterans that have been
7 suffering far too long receive the care they should as well.

8 But, you know, I will let my staff maybe elaborate in a
9 little bit more detail about what the VA has shared directly
10 with them.

11 Mr. Reese. Certain. In regards to Blue Water, even
12 though the law was passed, again, the shock and outrage that
13 occurred, first because the court passed the decision a year
14 ago and actually said that was entitlement under Procopio v.
15 Wilkie. Then there was a delay, and then there was an
16 extended delay before they could make a decision as to
17 whether they would appeal the decision to the court, the
18 Supreme Court. And then Congress passed a law, and then in
19 that law, a six-month delay further yet.

20 So an entire year in order to line up veterans. And
21 this is unique in the setting that normally within the VA,
22 for specialty cases--those who are impoverished, those who
23 are in severe financial hardships or have actual hospice
24 needs and are there on their deathbed--these benefits were
25 not extended. There was a blanket stay. And as you all

1 know, policies rarely benefit from a blanket anything.

2 But to actually make veterans wait another six months
3 just to begin the adjudication process, when they can stage
4 ratings, they can regulate those cases all along and make
5 them effective on January 1st. So now here we are, a year
6 later. We kicked the ball down the road, they kick off the
7 program with an expectation that was put out there of
8 400,000 veterans that want to raid the system, and it is
9 going to cost billions of dollars, and we have got less than
10 20,000 veterans at the door.

11 Shocking, and absolutely unfortunate for our nation's
12 Vietnam veterans, and for those who served off the coast who
13 were entitled to these benefits before, and a VA error is
14 what interrupted those benefits. The Department of Veterans
15 Affairs should be held accountable, and Blue Water Navy, and
16 trust me, we will have oversight of Blue Water Navy
17 statistics and make sure this process is working as it
18 should, or we will be back before you to tell you why.

19 Chairman Takano. Thank you. Thank you, and I yield
20 back.

21 Chairman Moran. Congressman Roe.

22 Dr. Roe. Thank you, Mr. Chairman. I am going to go
23 very quickly and just give you a summary of my 12 years.
24 When I first got here, VA benefits, cemetery and health
25 care, \$97.5 billion. The President's ask in this budget,

1 which we are going to over this Thursday, in detail, is \$243
2 billion, almost a quarter of a trillion dollar increase.
3 And when I got here there were 250,000 employees in the VA
4 system. The ask this year is north of 400,000. We had
5 breakfast, Chairman Takano and I did, just the other day.

6 And the other interesting thing that I felt was very
7 good was that 47 percent of eligible male veterans seek VA
8 care. Now 41 percent of women veterans, as the Commander
9 said. And, by the way, do you have to be a sergeant major
10 because your governor is a sergeant major? We know Tim Walz
11 very well and appreciate his service, and you. And I know
12 when I was in the infantry myself it was God, commanding
13 general, command sergeant major, not necessarily in that
14 order, who was in control.

15 [Laughter.]

16 Dr. Roe. I still remember that as a young officer.

17 I look back and we have kicked VA around a little bit,
18 but we put a lot on their plate in the last three years. We
19 really did. We put the Accountability and Whistleblower
20 Protection Bill, and Congressman Bost right here.

21 I think one of the best things that has happened are
22 the appeals modernization. When I got here there were 1
23 million backlogged claims. That was unbelievable to me in
24 2009. And I saw Dr. Lawrence the other day. They hope to
25 work that down to zero by July 4th of this year, those

1 claims. I think that is a remarkable turnaround.

2 So the VA has done some good things, and we passed the
3 Forever GI Bill, the MISSION Act. And by the way, for you
4 all, when I leave here, I am going to work on the caregiver
5 program with the Dole Foundation. I plan to do that.

6 [Applause.]

7 Dr. Roe. Blue Water Navy bill, 10 years we have worked
8 on that to get it done. And you are absolutely right to be
9 impatient, but it is getting done.

10 And I want, Commander Whitehead, I know--I want to
11 mention this, and it was just mentioned by Mr. Reese. The
12 VA started processing those claims. What are you hearing
13 from your membership about them getting adjudicated?

14 Mr. Whitehead. That our members are actually--the
15 process is improving. You know, our members are getting the
16 stuff a little faster. But again, it is the back-and-forth
17 that we are really dealing with, you know, the inaccuracy,
18 you know, from different VA places and stuff like that.
19 That is a frustration piece for us.

20 But if my staff can maybe elaborate a little bit more
21 on the adjudication piece.

22 Mr. Marszalek. Yes. So we know, you know, currently,
23 we were talking about the backlog. There are 71,000 claims
24 in the backlog right now, and the backlog is any claim that
25 is pending over 125 days. Right now, for the Blue Water

1 Navy claims, there are zero claims that have been pending
2 over 125 days, obviously, so we are paying very, very close
3 attention to that fact. How long is it taking?

4 But our membership has been fairly happy so far with
5 the decisions that we have seen. We just have not seen
6 enough of them so far.

7 Dr. Roe. Thank you, and I want to yield back but I
8 will put this for the record. The VA expects to begin
9 expansion of the family caregiver program to pre-9/11
10 veterans and their caregivers later this year, and you may
11 answer this later. What recommendation do you have for VA
12 and our Committee members as that expansion begins, to make
13 sure we get it right?

14 And I will leave that off because my time has expired.

15 Chairman Moran. Thank you, Member Roe. Thank you very
16 much. Senator Tester.

17 Senator Tester. Thank you, Chairman Moran. Once
18 again, it is good to have you here, Commander Whitehead. Do
19 you know, off the top of your head, how many Vietnam
20 veterans are members of the DAV?

21 Mr. Whitehead. Off the top of my head, no, but I am
22 sure it is the highest percentage that we have in our
23 membership right now is the Vietnam veterans.

24 Senator Tester. If you are a Vietnam vet could you
25 raise your hand?

1 [Show of hands.]

2 Senator Tester. If you are a Vietnam vet under the age
3 of 60--under the age of 60--raise your hand.

4 Let the record show that there are no hands left up,
5 okay.

6 So the question here is, what is Blue Water Navy and
7 Agent Orange presumptive benefits and caregivers all have in
8 common? I will answer it if you do not.

9 Mr. Whitehead. They have all waited too long to get
10 the benefits they have earned.

11 Senator Tester. Yeah, that is right.

12 [Applause.]

13 Senator Tester. But we have still got a few, a damn
14 few World War II folks and a few Korean veterans. Most of
15 these folks are Vietnam veterans. And we are talking about
16 Blue Water Navy and we are talking about the 18,000 claims
17 that have been in, and 1,000 of them have been taken care
18 of. Randy, you talked about that. I mean, we are behind
19 the 8 ball already. We are talking about presumptive
20 conditions with Agent Orange. And before Shulkin was ready
21 to leave, which has been a couple of years ago, maybe longer
22 now, he was ready to declare the three because the science
23 is there, through the National Academy of Sciences. We are
24 still waiting for it.

25 Now we pass caregivers and the MISSION Act and we do

1 not have an IT system that will support it, so we have got
2 folks out there--and by the way, this will not cost
3 taxpayers. This will save taxpayers money.

4 So anything you can do--that is right, you can applaud
5 for that. I will take that.

6 [Applause.]

7 Senator Tester. And, by the way, not only does it save
8 money, it improves quality of life, because wouldn't you
9 rather be at home than in a health care facility?

10 So it is all really important. And so you guys need to
11 continue to rattle some chains around here. The truth is
12 that I do not think it is all Wilkie. I think it comes from
13 an outfit called the Office of Management and Budget, and
14 this has been said before, but they are trying to outlive,
15 and, by God, they are doing it.

16 Get aggressive. That is all I am going to tell you.
17 And I will help you any way I can in your aggressiveness.

18 Really quickly, you have got 35 seconds to answer this,
19 and it is a real easy question. Talk about mental health
20 resources within the VA. Tell me what grade you would give
21 them if you were a teacher, and tell me if you were the head
22 of the VA what is the first thing you would do to improve
23 it?

24 Mr. Whitehead. Well, the quick answer is I have used
25 it. I am using it, right, and I have truly, truly

1 appreciated all the help I have gotten, and it has actually
2 allowed me to be who I am today, to know what my weaknesses
3 are and how I need to identify my strengths. So the VA is
4 doing a great job when it comes to me.

5 Where there is trouble we have is the VA is not getting
6 out there. Those that are not using the VA system are the
7 ones that are suffering suicide right now. Those are the
8 biggest percentages that we are losing is those that are not
9 using the VA system. So we have got to find those veterans
10 and get them enrolled in the VA, because they VA is getting
11 after suicide, but as was mentioned earlier, it is going to
12 take every one of us in this room, and in society, to get
13 after suicide, and I believe VA is doing it right.

14 Senator Tester. Thank you very much. I appreciate
15 you.

16 [Applause.]

17 Chairman Moran. Congressman Bilirakis.

18 Mr. Bilirakis. Thank you, Mr. Chairman. I appreciate
19 it, and congratulations on your chairmanship. I enjoyed
20 working with you over the years, and also you worked with my
21 dad as well, Congressman Mike Bilirakis.

22 And I would like to recognize the Florida delegation.
23 Please, if you could stand or raise your hand. We have got
24 to have a couple here. All right. Very good.

25 [Applause.]

1 Mr. Bilirakis. Is Frank Chicollo here? Andy Marshall
2 is here. Yeah, there. Okay. Well, thank you very much. I
3 appreciate it. Chairman Takano, we are catching up with
4 you.

5 I have one question. Commander Whitehead, you talk at
6 length in your testimony about the importance of caring for
7 veterans who have been exposed to potential toxic substances
8 and open burn pits while stationed overseas. DAV's primary
9 solution is to remove the concession of exposure requirement
10 for veterans who must prove their individual exposure to
11 those toxins. Can you elaborate on why you believe this
12 approach moves the needle forward? And then I have a
13 follow-up question as well.

14 Mr. Whitehead. As I stated--a great question--and as I
15 stated in my statement, you know, I served over there and I
16 smelled it, right? The wind come in and you could smell the
17 burn pits throughout the whole base. So I truly believe
18 everybody that was on that base was affected by the burn
19 pits. Now how it is going to affect each and every
20 individual, I do not have that answer, but you know what?
21 The doctors that are treating our veterans, they can figure
22 out what is causing these illnesses, and that is why I
23 believe by identifying and lifting that restriction we allow
24 that veteran, if they do come up with some illnesses, they
25 can get the help and maybe get the service connection that

1 they deserve for that illness, because of what they were
2 exposed to.

3 But if my staff can maybe elaborate a little it more on
4 that.

5 Mr. Reese. Absolutely. The concession of exposure for
6 the most part is for direct service connection. For service
7 connection you have got to have a disability, had onset
8 during service, and there has to be a medical nexus that
9 attaches between the two. And since veterans do not know
10 exactly what they were exposed to, to concede what they were
11 exposed to, gives them the ability to go and talk to their
12 clinician, talk about the chronic disabilities they have,
13 and to get a medical opinion that would either link the two
14 or separate the two. And that would give the golden nugget
15 in order to be able to file for direct service connection
16 before medical research and science has time to catch up.

17 Over time, these disabilities may become presumptives,
18 but that is too early now. We need to get them direct
19 service connection for those who have those chronic ailments
20 today, have clinicians who are taking care of them, and just
21 give them the information. And that is really what this is
22 about. It is conceding that X, Y, and Z were in burn pits,
23 and if you were exposed to X, Y, and Z and have this chronic
24 condition, yes, we feel it is related and you get service
25 connection, or no we do not and you do not. It is about

1 equity.

2 Mr. Bilirakis. Thank you. I appreciate it. I guess
3 my time has expired and I will submit the questions for the
4 record. Thank you and God bless you, and thank you for your
5 service to our country.

6 Chairman Moran. Representative Allred.

7 Mr. Allred. Well, thank you, Mr. Chairman, and I want
8 to congratulate DAV on a century of service to those that
9 have served us, and thank you for your service as well. Dr.
10 Roe was mentioning that Texas would not exist without
11 Tennessee, and I just wanted to remind him that a great
12 Texan said, "You all can go to hell. I'm going to Texas."

13 [Laughter.]

14 Dr. Roe. That was actually a great Tennessean that
15 said that, Davy Crockett.

16 Mr. Allred. I hoped you would not know that. So to
17 all the Texas here, if you all could stand up or wave a
18 hand. Thank you so much for your service. Thank you for
19 being here.

20 [Applause.]

21 Mr. Allred. I am glad that we are talking about toxic
22 exposures, because recently with some of my colleagues here
23 on the panel we visited Kuwait and Afghanistan over
24 Thanksgiving to spend some time with our folks who are
25 deployed over there. And I noticed, in Afghanistan, the

1 extreme--extreme--poor air quality that they are dealing
2 with, particularly if you are stationed in Kabul. As you
3 probably know, it is surrounded by mountains. The air
4 quality there is similar to a burn pit because in the
5 surrounding areas they are burning everything they can for
6 warmth, for light. And if you track the air quality, which,
7 on my phone, I look almost every day at what the air quality
8 is there, it is in the extremely toxic range.

9 So I am wondering if we are doing enough to expand the
10 understanding of what toxic exposure is, to include air
11 quality, while you are deployed.

12 Mr. Whitehead. You know, that is a great question for
13 the fact that, you know, there is research being done today,
14 and is continuing to be done. Research is important to
15 everything we do, because we want to make sure we identify
16 everything, you know, air quality and it is being tested
17 every day. But, you know, to identify each air thing we
18 need that research to prove that.

19 But I know, as we said earlier, we had somebody that
20 was over there and has seen some of this, so I would like to
21 have my staff maybe elaborate on this if we could.

22 Mr. Reese. It really comes from a two-pronged
23 approach. DoD does have a periodic occupational
24 environmental monitoring survey they do, which is like an
25 OSHA survey, and it does include air. But normally this is

1 under circumstances less than combat. So combat operations
2 and kinetic tempos, that does not allow for those.
3 Obviously it is very difficult to do.

4 But in these larger bases, just as an example, in the
5 most recent news of K2, which is a military base that had
6 some toxic exposure, it is actually their documentation that
7 actually shows the contaminants of depleted uranium and
8 asbestos that was in the soil, and the risk of those
9 pollutants being picked up in the air due to all the storms
10 that they have in the area. These are tools that are
11 already in use today. How efficient they are in doing that
12 and how diligent they are, again, I think when you are the
13 war fighter you have to make a choice of tactical operations
14 and strategic operations, but there is always room for
15 improvement.

16 Mr. Allred. Well, thank you. I think while we were
17 there General Miller told us that this is something he
18 thinks that everyone who has been deployed there is going to
19 have to deal with, and I think we are going to have to keep
20 our eye on that here.

21 So thank you all for what you are doing. You have
22 certainly done a great job in Texas, and I look forward to
23 continuing to work with you.

24 Chairman Moran. Thank you. Congressman Bost.

25 [Applause.]

1 Mr. Bost. Thank you, Mr. Chairman. First off, I want
2 to reach out and have all the Illinois veterans in the
3 crowd, if you could raise a hand, stand up and wave, and I
4 wanted to say thank you for being here. And I also want to
5 mention someone that is here, the Director of the VA of
6 Illinois, a former colleague of mine, Linda Chapa LaVia, is
7 in the back there. Director, thank you for being here. It
8 is great to have everybody with us, and thank you all for
9 your service.

10 My first question, Commander, was dealing with toxins
11 as well, but I think they have talked about that quite a bit
12 so I am going to go on to another question.

13 The Veterans Appeals Improvement and Modernization Act
14 was a massive overhaul of how the Department processes
15 appeals. As with any initiative, regardless of the success
16 of being implemented, further improvements can likely be
17 made. Do you have any recommendations on how we can
18 improve, from what you have seen already of the
19 implementation?

20 Mr. Whitehead. You know, thank you for that question.
21 Actually, with that I would like to have my staff address
22 that right away.

23 Mr. Marszalek. Thank you. Great question. I think
24 the collaboration that created AMA was one of the single
25 best things that ever occurred, right, everybody working

1 together. That is what we have not seen happen since then,
2 right? We would love to see that in every project that VBA
3 does, and VHA, for that matter.

4 Overall, we are very happy thus far with what is going
5 on with AMA. We are a little concerned about the hearing
6 backlog at the board. We are paying very, very close
7 attention to that. We know they are ramping that process up
8 and trying to do as many hearings as possible throughout the
9 year, and do hearings at different locations, things like
10 that, VA medical centers. We are paying very close
11 attention to that piece of it. But overall we are very
12 happy.

13 And I think the information-sharing piece that we get
14 from the Appeals Management Office, with Dave McLenachan,
15 and then Cheryl Mason at the board, has been tremendous.
16 Any time I ask them for information they give it to us right
17 away. And that collaboration still exists through that
18 process.

19 Mr. Bost. Thank you. Commander, what I was looking
20 for was some kind of answer as far as that side. Now let's
21 look at the other side. What about suggestions you would
22 have for when the initial claims process starts? What can
23 we do to speed that process up? Because I am telling you, I
24 was a veteran and I can tell you this story, right quick,
25 and then I want you to answer the question. And I have told

1 this to Ranking Member Roe and others.

2 I had a hearing loss in the Marine Corps, and because I
3 was so young when I left they said, "If you sign this waiver
4 that you won't come back on us, you know." And then I was a
5 state legislator, and somebody said, "VSO came to me and
6 said, you know, you can apply for that." I applied three
7 times, and became so frustrated with the process I quit. I
8 became a Member of Congress and then a person with the VA, I
9 told that story, and they said, "Well, we can get that for
10 you," and my answer was, "To hell you can."

11 I am just wanting to let you know that I know exactly
12 what people have to go through, and what do we need to do to
13 improve it, and that is what I am asking you now.

14 Mr. Whitehead. Well, I think it starts early on in the
15 career, right. As that soldier is transitioning out of that
16 service and now becoming a veteran, that is critical. We
17 have got to get that information in front of that soldier
18 and make sure that now veteran understands the process.

19 So our TSO program, the Transitional Service Officers
20 that we have on the base are critical to make sure we are
21 getting out, and letting that soldier know, now that you are
22 a veteran, where are your medical records? We have got to
23 prove everything.

24 When that veteran left that service it was a checklist.
25 I can tell you, I have gone through it, just as you have.

1 You know what? And you want to get off that base and get
2 out of that uniform as fast as you can. But guess what?
3 What the DoD is not telling that servicemember, now a
4 veteran, is what you went through, you are probably going to
5 have some, you know, maybe have some problems later. Now
6 that is somebody else's problem.

7 DoD's problem is no longer theirs and now it is the
8 VA's problem, and now that person has to go back how many
9 years to jump through hoops. Because how many people kept
10 their medical records, you know, especially Vietnam
11 veterans. When they left, got out of Vietnam and came home,
12 they did not have medical records. So now we have got to
13 prove it.

14 So that piece, that connection between DoD and VA,
15 sharing those records and making sure that that
16 servicemember, now veteran, knows how to enter and get into
17 that system.

18 Mr. Bost. Thank you, Mr. Chairman. I yield back.

19 Chairman Moran. Thank you. Congressman Lamb.

20 Mr. Lamb. Thank you, Mr. Chairman. Mr. Marszalek, I
21 thank you for your work and being a native of Pittsburgh,
22 Pennsylvania I will not ask all the Pittsburghers to stand
23 or anything, because we have one at the front table, so we
24 are proud of you and appreciate what you are doing.

25 I was wondering quickly if you could repeat the

1 statistics that you are trying to get from the VA on the
2 Blue Water claims, how they are being processed, because we
3 can write that down and try to get the same information as
4 well, if you would not mind just going through that again
5 quickly.

6 Mr. Marszalek. Absolutely. I mean, we asked how many
7 claims they have processed. They said, "About 1,000."
8 Well, exactly how many, and how much in benefits did
9 veterans--how much were they awarded thus far? They said,
10 "Around \$20 million." We want the facts. I mean, if we are
11 partners in this and we are trying to help get people in the
12 door and filing claims properly, we want to know what is
13 going on.

14 So any information they can give us, it should be
15 factual.

16 Mr. Lamb. And whether any have been denied.

17 Mr. Marszalek. Right. How many have been denied, how
18 many have been granted, what is the grant rate, what is the
19 done hour rate on the case.

20 Mr. Lamb. Grant and denial rate.

21 Mr. Marszalek. Yes.

22 Mr. Lamb. Total numbers. Got it. Because one of the
23 issues we have been following for a while are also job
24 vacancies at VBA and the working additions of the raters and
25 reviewers themselves, who were having a hard enough time

1 throughout 2019 keeping pace with what was happening and
2 adding these new claims in. That problem is not going to
3 get better. It is likely to get worse if VA does not
4 address the personnel side of it. So thank you for that.

5 Commander Whitehead, we have also been concerned about
6 the issue of the VA not including bladder cancer,
7 hypothyroidism, parkinsonism, and hypertension to the
8 presumptive list. Can you just say a word about what life
9 is like for your members that are suffering from these four
10 extremely serious diseases, especially when they are also
11 ineligible for caregiver benefits due to the technical
12 problems that VA has had?

13 And I want to be clear, for those in the room, it is
14 not as if VA--these problems are not the result of VA
15 starving for resources. We upped VA's budget yet again last
16 year. The Administration has again come requesting another
17 12 or 14 percent. This is a problem of execution.

18 So if you could just enlighten us a little bit more
19 what these problems of execution really mean in the lives of
20 your members.

21 Mr. Whitehead. Well, the biggest question, the biggest
22 problem we have there is the veterans continue to suffer
23 without getting the care, right. Some of these maybe are
24 service-connected for something else, they are able to get
25 the care, but they are having to pay for that care for the

1 stuff that is not service-connected. And so it is a
2 financial burden right away, the first thing. But then
3 also--

4 Mr. Lamb. Yeah. You do not have the option to not be
5 treated for parkinsonism or bladder cancer, in particular.

6 Mr. Whitehead. Yeah. So the big thing with the
7 caregiver's piece is what happens when that veteran passes,
8 and how that veteran that passes from one of those is not
9 service-connected or presumptive. That caregiver gets
10 nothing. That caregiver has nothing to fall back on. And
11 as we said earlier in our statement, they give up so much to
12 be that caregiver. They had a job for a while, their
13 retirement and all that, and now they do not have that.

14 Mr. Lamb. Have you gotten a better explanation than we
15 have as to why these four conditions were denied, because it
16 does seem that the evidence in the science are there and
17 that we have not really gotten a straight answer as to why
18 that is.

19 Mr. Whitehead. My staff can maybe take that.

20 Mr. Reese. Well, I think there was recent press
21 releases, information that came to light in one of the news
22 articles that pointed out that the Office of Management and
23 Budget made a decision that it was just not cost effective,
24 and they asserted that it was medical science was not there,
25 when there have been literally dozens of scientific reviews,

1 medical experts, from the Institutes of Medicine, that have
2 associated these conditions.

3 The simple fact that statistically there may be others
4 in the population that have these diseases does not mean
5 that they were caused by military service, when this
6 association does. They just do not want to do the right
7 thing because it costs too much.

8 Mr. Lamb. Well, I thank you for continuing your
9 advocacy on that, and again, it is just shockingly
10 inconsistent and inhumane in a year where they are coming
11 for a 15 percent budget increase anyway to pinch pennies on
12 the people with these conditions. So thank you for
13 continuing to fight for them, and we will as well.

14 [Applause.]

15 Mr. Lamb. Mr. Chairman, I yield back. I am sorry.

16 Chairman Moran. Thank you. Senator Sullivan.

17 Senator Sullivan. Thank you, Mr. Chairman, and
18 Commander Whitehead, thanks. Congratulations on 100 years,
19 and congratulations personally on your military service,
20 which you are continuing, which I think is great.

21 I appreciate the meeting yesterday with your team,
22 honored by the DAV's award, so thank you on that. You know,
23 Dr. Roe mentioned Texas and Tennessee. Sorry, Congressman
24 Allard has already left. You know, in my state, the great
25 state of Alaska, I thought I would pile on a little bit with

1 regard to Texas. We have a saying that if you split Alaska
2 in two, Texas would be the third-largest state in the
3 country.

4 [Laughter.]

5 Senator Sullivan. I am just saying. You can pass that
6 on to the Congressman. Sorry for the Texans here, but--any
7 Alaskans here? I know Pam, thank you very much. We have
8 more vets per capita than any state in the country, so we
9 are very proud about that.

10 Commander, I want to thank you for the shout-out on S.
11 2950, the Veterans Burn Pits Exposure Recognition Act. I
12 want to ask all of my colleagues, you know, we have a good
13 start, a bipartisan start on that. You know, what we are
14 trying to do here, you mentioned Agent Orange, the Blue
15 Water Navy. A lot of us were co-sponsors of that. But as
16 we talked about in my office yesterday, that is all
17 reactive. That is reacting for decades. And as Senator
18 Tester mentioned, people have passed away.

19 What we are trying to do with S. 2950 is to get in
20 front of this, to work with the VA to get in front of the
21 burn pit exposures. I just want to be clear. Is this one
22 of the top DAV legislative priorities for this Congress?

23 Mr. Whitehead. It absolutely is. You know, like you
24 said last night, and I want to say it again, we need to be
25 proactive when it comes to taking care of our veterans, and

1 not reactive, and that is exactly what I think this bill is
2 doing is making us be proactive at helping these veterans
3 before they actually need the service, that we have things
4 in place for them immediately.

5 Senator Sullivan. So we will continue to work with
6 you--thanks for your great work; your team has been
7 fantastic on this--and importantly work with the VA, because
8 we want to make sure this is in conjunction with them.

9 I notice, I mean, and you can only cover so many
10 things, there is nothing in your testimony on another issue
11 that a lot of us have been focused on, is exploring
12 alternatives to treatments to opioids, whether that is
13 medical marijuana or other kind of alternative treatments.
14 Do you have any view on that right now? I know there is
15 only so much time you can put into your opening statement.

16 Mr. Whitehead. Yeah, we actually do, and I would
17 actually ask my staff to elaborate, because again, you are
18 right. We did not have much space in there, for time, but I
19 would like my staff to maybe elaborate.

20 Ms. Ilem. We have been very pleased that VA has taken
21 up a number of alternative treatments to manage pain, and
22 obviously for our population, service-disabled veterans with
23 some catastrophic injuries and dealing with pain is a life-
24 long issue, and we want to make sure that veterans have a
25 range of options to choose from. And VA's whole health

1 model in their complementary and alternative, you know,
2 options are very welcome, especially we hear so much from
3 the younger generation.

4 At the same time, we want to make sure, like medical
5 marijuana, we do have a resolution that indicates we want
6 the research to be done. VA should do it. We want to make
7 sure, like any medication or drug, that that research is
8 done and that it would be an effective alternative for
9 veterans dealing with pain.

10 Senator Sullivan. So Senator Tester and I, I think you
11 know, have legislation on that. We would love to get your
12 views, or if the DAV is supportive.

13 So thanks again, Mr. Chairman. Thank you, and we look
14 forward to continuing working with all of you.

15 Chairman Moran. Thank you, Senator Sullivan.

16 [Applause.]

17 Chairman Moran. Now Senator Blumenthal.

18 Senator Blumenthal. Hi. I am Richard Blumenthal from
19 Connecticut. Anyone here from Connecticut today. Good for
20 you. Thank you.

21 [Applause.]

22 Senator Blumenthal. Thank you. I just want to
23 reassure everyone I am not going to continue Senator
24 Tester's line of questioning about your ages, and I am not
25 going to get into the dispute between Alaska and Texas. My

1 mom said to me, "If you don't have something nice to say
2 about someone, don't say anything."

3 [Laughter.]

4 Senator Blumenthal. Of course, my mom is not here
5 today.

6 Senator Sullivan. And if your state is a little bit
7 small you might not want to get involved in that either.

8 Senator Blumenthal. Well, there you go.

9 [Laughter.]

10 Senator Blumenthal. And we are fellow Marines, believe
11 it or not.

12 Let me just say, I want to say, on a personal note,
13 Commander Whitehead, I am so grateful to you personally, for
14 talking about your mental health treatment, because we need
15 more people like you. Everybody in this room has
16 demonstrated extraordinary courage and strength, you
17 veterans, but to talk about mental health takes an extra
18 measure of courage.

19 [Applause.]

20 Senator Blumenthal. And I can tell you I admire you
21 for being a role model. I invited, to the State of the
22 Union this year, as my guest, an uncle of a young man, Tyler
23 Reed, a Marine Corps sniper, who came back from three tours
24 in Iraq and Afghanistan, extraordinarily brave on the
25 battlefield, but he came back with those same kinds of

1 invisible wounds of war, and the VA failed him.

2 We need to make sure that we give young men and women,
3 like Tyler Reed and yourself, the health care they receive,
4 the mental health care. Right now, the numbers of veterans
5 seeking mental health care fortunately is rising, but we
6 need to make sure they have the kind of encouragement and
7 caregiving--thank you for mentioning that point--that leads
8 them to seek that kind of health care, and the VA should do
9 better providing it.

10 I just want to say, because unfortunately I only have a
11 little bit of time left, VA provides great care to a lot of
12 veterans. No question about it. In my state of
13 Connecticut, the VA is much appreciated and admired. But as
14 has been indicated here, the VA opposed the Agent Orange
15 legislation, tooth and nail. They were going to appeal that
16 court case that you mentioned. They were talked down from
17 it. They have failed to implement electronic records.
18 Literally 10 years ago when I came here, same issue. You
19 know, the promise, "We will deal with it next year." It is
20 10 years later. And of course the caregiver program, and
21 now the new battlefield contaminants that threaten veterans'
22 health, the K2 issue, PFAS. All of the chemicals and
23 radiation on the modern battlefield can be as destructive to
24 veterans' health as Agent Orange.

25 So I want to thank all of you who are here today for

1 keeping the VA, and particularly the VA leadership, mindful
2 about its continuing obligation. Your work is so important,
3 and I thank you for being here.

4 [Applause.]

5 Chairman Moran. Senator Blumenthal, thank you.

6 Senator Boozman.

7 Senator Boozman. Thank you, Mr. Chairman, and thank
8 all of you all for being here. There is nothing better than
9 looking out and just seeing a sea of you all. You know, I
10 know it is hard to come up, and I know it is hard to--there
11 is expense involved and all of those things. But there is
12 just no substitute for you being here, having such a great
13 presence, talking about how important these things are. So
14 we really do appreciate you.

15 Have we got any Arkansas folks here? Very good.

16 [Applause.]

17 Senator Boozman. We appreciate you guys. We had a
18 situation in Mountain Home, Arkansas, where the suicide rate
19 was simply off the chart. DAV stepped in and literally
20 identified every veteran in the area, went and visited them
21 personally, and as a result the suicide rate dropped down
22 only, you know, where I think it was a quarter of what it is
23 nationally.

24 [Applause.]

25 Senator Boozman. So one of the things I would like to

1 ask you about is the fact that so many of the people that
2 take their own lives are not directly involved with the VA,
3 and maybe have no involvement at all. As a result of that,
4 I guess what I would like to know is how we can do a better
5 job of reaching those that are not involved in the VA to get
6 them in a situation where either the DAV or some other
7 program can be of help.

8 Mr. Whitehead. Thank you for that question. I know
9 one of the good things that the VA is doing now is the
10 soldiers are transitioning out there now, making phone calls
11 for those that are, you know, within so many days of ETS and
12 are retiring from the military service. They are getting a
13 phone call to hopefully find them and get them, you know, in
14 the system.

15 But organizations like the DAV, you know, we are
16 continuing to do our outreach in the communities, you know,
17 and being out in the community where these veterans are, and
18 sharing these resources with them. And every veteran needs
19 to be familiar with that stuff. It is very important.

20 Senator Boozman. We recently passed out of committee
21 the Veteran Suicide Bill that is so, so very important. In
22 it, there is a tool to monitor suicide prevention progress.
23 And what it does is just basically say are these programs
24 working or are they not working. We do not have any metrics
25 right now, and so that is so, so very important, so that we

1 can beef up the programs that are working and get rid of the
2 ones that are not.

3 Do you have any experience on some of the programs that
4 are working, that you feel like are doing a good job?

5 Mr. Whitehead. Yeah. I would like to have my staff
6 maybe elaborate on what is some of the information that has
7 been pushed to them across the nation.

8 Ms. Ilem. I think, first, I want to say that we are
9 really heartened that both the Senate Veterans' Affairs
10 Committee and the House Veterans' Affairs Committee, I mean,
11 we have seen so much attention to this issue with regard to
12 mental health, and I think everyone is frustrated that the
13 rates have not come down, and we care for our comrades. And
14 we know that VA is doing a great job with its integrated
15 mental health system and primary care, its peer-to-peer
16 program, the predictive analytics program that you talked
17 about, and a number of other wraparound services that are so
18 essential to make sure that veterans have access to mental
19 health when they are in crisis.

20 But, as you noted, when veterans are in the community,
21 and they are out there, and they are unaware that they are
22 eligible for VA care, or they are unaware of the benefits
23 that may be there for them and the options, that is where
24 you can use the VSO community. I mean, all of the
25 organizations, like DAV, an organization like DAV, we have a

1 wide range, across the system, across the state. There are
2 departments and chapters out there dealing with veterans on
3 a daily basis, our NSO corps.

4 And we took, as an organization, this really seriously,
5 and we asked VA to come in and do the SAVE training for both
6 of our headquarters as well as our national service officers
7 who meet with veterans daily. We want to be at the front
8 lines and to make sure that if we see someone in trouble, we
9 are going to get them to the experts who can help.

10 Senator Boozman. Well, thank you all. Thank you for
11 all you represent, and a big shout-out to the auxiliary. We
12 know who does all the work.

13 [Applause.]

14 Chairman Moran. Senator Sinema.

15 Senator Sinema. Thank you, Mr. Chairman, and thank you
16 to our witnesses for being here today. I am thrilled at the
17 Arizona DAV commander, Glenn Hohman, and our delegation are
18 here today in the audience. Are you gentlemen around? That
19 is right. Oh, hi.

20 [Applause.]

21 I want to give a special thanks to our guys for all the
22 work that they do to support Arizona veterans community.
23 You guys are incredibly important partners in our work to
24 ensure that veterans get all the care that they have earned.

25 My first question is for Commander Whitehead. Our

1 staffs have spoken before about expanding the VA's medical
2 foster home program to allow more veterans who can no longer
3 live independently to choose to live in the private homes of
4 VA-approved caregivers. This option could be a welcome
5 alternative to entering into a traditional nursing home.

6 I am proud to work with Senator Blackburn to introduce
7 a Senate companion to this important bill. Could you speak
8 to the importance of the medical foster home and its impact
9 in maintaining the dignity of our older, disabled veterans,
10 and do you believe it would benefit both the VA and veterans
11 if more veterans could choose a medical foster home without
12 having to pay for their care entirely out of pocket?

13 Mr. Whitehead. That is a great question because
14 obviously it is important that we take care of all of our
15 veterans, and elderly veterans are very important to us,
16 because we want to be with them all along. But if my staff
17 can maybe elaborate a little bit more on the foster piece.

18 Ms. Ilem. We really appreciate your support for this
19 unique program. It is so important. It is an alternative
20 option rather than being in institutionalized care. To be
21 in a foster home, to have a more home-like environment is so
22 critical for veterans when they may not have any other
23 family members around. This can be a difference between
24 them really embracing life and continuing to be productive,
25 or really starting to go downhill.

1 So we are so thrilled to hear that you are going to do
2 that, and we are 100 percent behind the medical foster home,
3 any legislation. We appreciate that. Thank you.

4 Senator Sinema. Thanks so much. Commander Whitehead,
5 in your testimony you touched on the difficulty that
6 military families face during transitions into civilian
7 life. You may know I introduced the Somers Veterans Network
8 of Support bill to implement a program that ensures that
9 loved ones receive information about VA programs and
10 resources as a servicemember transitions out of the
11 military. This is actually named after a veteran from my
12 state, Daniel Somers, who tragically did not get the care he
13 needed from the VA, and we lost him to suicide.

14 What information do you believe is most critical to
15 share with loved ones so that they can best support their
16 servicemember who is transitioning out of service, and how
17 can VSOs best be engaged to ensure the success of the Daniel
18 Somers network of support care?

19 Mr. Whitehead. That is a great question for the fact
20 of, you know, which I shared earlier, the transition from
21 military service to civilian life is such a key piece to
22 getting that servicemember, now veteran, back into civilian
23 life.

24 Ensuring the family in all of these events is critical.
25 You know, as the soldier is transitioning out, making sure

1 that that family member, that loved one, is also part of
2 that transition. So when our TSOs are actually at these
3 military bases, I have shared the 100 military
4 establishments that we are at, making sure that part of that
5 invite is the family members, so when they are going through
6 this information that the family is hearing, as well,
7 because not everything goes home. When that soldiers get
8 the information--nope, not important, not important, I am
9 going to keep going, but make sure it is there.

10 But if my staff can maybe elaborate a little bit more
11 on that.

12 Ms. Ilem. I think the Commander has answered that
13 well. I think having, you know, specific information about
14 VA as well as other options, but just getting that
15 information in their hands. Oftentimes a veteran, and
16 during that transition period, does not really see for
17 themselves, but their family or their loved one or whoever
18 they might choose to have that information shared with, so
19 that they have got that protective factor around them, that
20 is critical, and we are very happy to support that
21 legislation.

22 Senator Sinema. Thanks. Thank you, Mr. Chairman. The
23 time has expired, but I want to extend my personal thanks to
24 everyone who is here today, not only for your tremendous
25 service and sacrifice to our country but your continuing

1 service by helping other veterans around our country. Thank
2 you.

3 [Applause.]

4 Chairman Moran. Senator Cassidy.

5 Senator Cassidy. Thank you to both my chairs. Anybody
6 from Louisiana here? You know, they should be doubly
7 thanked for being here, because they are missing Mardi Gras.

8 [Laughter.]

9 Senator Cassidy. So Happy Mardi Gras to you.

10 Thank you for your advocacy. Without your advocacy, a
11 lot of good things will not happy.

12 Now I have been very interested in the transition
13 assistance of which you refer. One thing I have learned,
14 most suicides occur within six months of somebody separating
15 from DoD. The average time for a first appointment in the
16 VA after separating from DoD is six months or greater. Let
17 that sink in.

18 I happen to be a physician, and I spoke to a
19 gastroenterologist in the Department of Defense. If
20 somebody in the Department of Defense is diagnosed with
21 inflammatory bowel disease and needs to have monthly
22 infusions, but the first appointment is six months after you
23 separate, that is six months that you have to figure out how
24 to get an infusion. So your advocacy is helping us address
25 these issues.

1 Commander, first, I have kind of listed this as
2 potential problems. Have you seen the problems, number one,
3 and number two, we are working on solutions but I would like
4 to know what solutions you propose.

5 Mr. Whitehead. You know, that transition piece, that
6 six months, you know, to get that first appointment is very
7 critical for us, you know, and the VA--you know, the DAV is
8 there to make sure that the VA is getting after that
9 timeline, right? So when that now veteran is trying to
10 enroll into the VA to get into the system, we have got to
11 have more access in a timely manner.

12 But if my staff can maybe elaborate a little bit more
13 on that, and all the different things going on.

14 Mr. Reese. On the benefit side, we had the privilege
15 of the Under Secretary for Benefits addressing as we began
16 our midwinter conference, and he pointed out the Solid Start
17 program that they are engaged in. You know, giving a
18 veteran, or now a veteran, a servicemember who just
19 transitioned out, hope is a key piece, because it is an
20 acknowledgment that they served, an acknowledgment of their
21 sacrifice, an acknowledgment that they have care yet to
22 come, and that prevents hopelessness when they get past
23 separation and they contemplate suicide. So we really
24 believe that Solid Start might be the beginnings of a great
25 plan.

1 Senator Cassidy. Let me ask you this. I have been
2 told that every time somebody is deployed to a new station
3 there is an evaluation of his or her physical state and
4 mental state, which tells me that when the person separates
5 from DoD, if it is some young man who is 24 years old, in
6 robust health, maybe he does not need an appointment. He
7 probably will not show up. I was 24 once.

8 But if somebody has a mental health issue and someone
9 is saying they have an issue, then that should be an
10 expedited referral and an expedited acceptance. And I could
11 go down a list of medical conditions. I mentioned
12 inflammatory bowel disease earlier. I am a
13 gastroenterologist; I would.

14 Any thoughts of the DoD side about how we could have
15 that other hand? We have got to have both hands shaking,
16 right? Any thoughts about that?

17 Mr. Reese. Well, I think in the big picture when we
18 are talking about self-reported information, the biggest
19 risk is that they do not report it. So when they do, that
20 is an absolute. There has got to be an immediate handshake
21 and a warm handoff, and I will let Joy add to that. Joy?

22 Ms. Ilem. I think when there is definitely a known
23 issue before they are leaving military service then that
24 warm handoff is so critical to make sure they actually know
25 where to go, who they are going to see, and they know they

1 have got somebody again, wraparound, protective, you know,
2 services. And we just have to do everything we can to make
3 sure that veterans know about those programs and they know
4 that they can access care when they need it.

5 Senator Cassidy. I am the last one so I will take a
6 little bit extra time just to say, one thing we are also
7 working on is to get that total integration of the
8 electronic health record, because there would be a way, on
9 the electronic health record and DoD, to flag out next
10 appointment in three weeks, and to have a system whereby the
11 doc would say, "This is three weeks. By the way, this is
12 not routine. Three weeks. Did you hear me? Three weeks."
13 And that would go in with the entirety of the record.

14 We have been assured that on a Secretary level this is
15 being made a priority, but we are following up on that just
16 to make sure, because if that does happen then it is less
17 dependent upon an individual and it is now dependent upon a
18 system, and sometimes systems work a little bit better.

19 Ms. Ilem. One thing that VA told us, that I found very
20 interesting, is that they know that it lowers the risk
21 factors for suicide when they just do a phone call when
22 somebody does not show up for an appointment, or in between,
23 just following up to make sure. Having either a peer-to-
24 peer discussion or someone calling can make all the
25 difference. So absolutely, we agree with that.

1 Senator Cassidy. Thank you all very much. I yield.

2 Chairman Moran. Dr. Cassidy, thank you very much.

3 Commander Whitehead, we have come to a conclusion. It
4 works out really well. The Senate has a series of five
5 votes starting at 3:30, so our timing was good.

6 But I want to personally thank you for your presence
7 here, your team, your wife Kim joining you, the efforts that
8 you make. It is clear to me that there is a lot of passion
9 and care and concern, of love for those who served our
10 country and those who are in significant need of our help,
11 and I appreciate that being exhibited today by you and the
12 DAV. I am very grateful for the opportunity to be inspired
13 by what you are doing and what you had to say.

14 I thank you all for traveling here. It is impressive,
15 as Senator Boozman said, to see the DAV members from across
16 the country present. It demonstrates to us the care that
17 you have, the desire for improvements, and it has an impact.
18 And we will work hard to make sure that impact is felt as
19 soon as possible for those that have served our country.

20 And, Commander, I thank your team here in Washington,
21 D.C., that we see on an ongoing basis. And we recognize
22 that this is an annual occurrence, but you have a team that
23 is present all the time, and we are grateful for their help
24 and assistance.

25 I always ask witnesses, in any committee I chair, if

1 there is anything they would like to say, anything that they
2 felt like they misspoke or something else they want to make
3 sure is said before I conclude the hearing. I know of
4 nothing. I am not necessarily suggesting that you did.

5 Ms. Ilem. We just appreciate all of your enthusiasm,
6 and congratulations to DAV on our 100th anniversary. And we
7 appreciate all that you do. You often do not get that
8 thanks as well. We know how hard you work and how much the
9 issues mean to you, and we appreciate that.

10 Chairman Moran. Thank you. That is a very nice way to
11 conclude.

12 [Applause.]

13 Chairman Moran. I would ask unanimous consent that
14 members have five days, legislative days, to revise and
15 extend their remarks and include any extraneous material.

16 With that, this hearing is now adjourned.

17 [Whereupon, at 3:34 p.m., the Committees were
18 adjourned.]

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