1	HEARING ON:
2	2014 LEGISLATIVE PRESENTATION OF
3	THE VETERANS OF FOREIGN WARS
4	
5	WEDNESDAY, MARCH 5, 2014
6	United States Senate,
7	Committee on Veterans' Affairs,
8	and
9	United States House of Representative,
10	Committee on Veterans' Affairs,
11	Washington, D.C.
12	The committee met, pursuant to notice, at 10:00 a.m.,
13	in Room SD-G50, Dirksen Senate Office Building, Hon. Bernard
14	Sanders, chairman of the committee, presiding.
15	Senators Present: Senators Sanders, Blumenthal,
16	Hirono, Johanns, and Boozman.
17	Representatives Present: Mr. Miller, Huelskamp,
18	Coffman, Walorski, Michaud, Takano, Brownley, Kirkpatrick,
19	O'Rourke and Walz.
20	OPENING STATEMENT OF CHAIRMAN SANDERS
21	Chairman Sanders. Good morning.
22	[A chorus of good morning.]
23	Chairman Sanders. Let me thank all of you for being
24	here. As American citizens, I want to thank all of you for
25	your service to our country and I want to thank the VFW for

the extraordinarily wonderful work it does in representing
 America's veterans. So, thank you for being here.

I want to thank at Commander Thien for your outstanding work and we look forward to having a productive and important hearing.

I also want to take a moment to acknowledge the VFW
members who are here from the State of Vermont. Vito
Dimarco, Ronald Tallman, Russell Bibins, and Brenda
Cruickshank have all served with the VFW for many, many
years and we thank them very much for their service. Thank
you.

12 These hearings are not perfunctory. They are serious 13 hearings, because our job is to listen to the needs of the 14 veterans of this country. Every Committee in Congress plays 15 an important role, but we are kind of unique, because we 16 have a special constituency; and you are that constituency. For us to learn about the problems facing the veterans 17 18 community, we need to hear from you and we take very 19 seriously what you have to say as well as what the other 20 veterans organizations have to say.

Last year, and I should tell you I am just completing or beginning my second year as Chairman, we went through the series of hearings; and all of us, in a bipartisan way, listened very carefully to what the needs of veterans were. We have worked hard to incorporate those needs into serious legislation. Legislation which came to the floor of
 the Senate last week did not get the votes that it needed
 but we are going to come back and we are going to win that
 legislation and get the votes that we need.

5 [Applause.]

6 Chairman Sanders. Let me tell you what the VFW itself said about that legislation. It said, if signed into law, 7 8 this sweeping legislation would expand and improve health 9 care and benefits services to all generations of veterans 10 and their families. Most notably, it would expand the 11 current caregiver law to include all generations of veterans 12 and provide that advanced appropriations to ensure monthly 13 compensation and pension as well as education payments are 14 protected from future budget battles.

15 The bill also offers in-state tuition protection for 16 recently transitioned veterans, improves access to mental 17 health and treatment for victims of sexual assault in the 18 military, and authorizes construction of more than 20 19 community-based outreach clinics to serve veterans in rural 20 and remote communities.

If there is one thing that I have learned since I have become Chairman, and I know that all of the members up here share that, because we have studied this issues, is the cost of war and the cost of service is much higher than most people understand. 1 Right now, just right now at this moment, when we look 2 at Iraq and Afghanistan alone, just those two wars, we are 3 not just looking at 6700 men and women who lost their lives, 4 we are looking today at hundreds of thousands, hundreds of 5 thousands who have come back with PTSD and TBI; and we are 6 not going to desert those men and women who are struggling. 7 [Applause.]

8 Chairman Sanders. We are looking at 2300 men and women 9 who suffered wounds in Iraq and Afghanistan such that they 10 are unable to have children. They want families, unable to 11 have it. But today the VA does not provide help for in 12 vitro fertilization or adoption or helping them have 13 families.

14 If they want families, we are going to make sure that 15 they are able to have families.

16 [Applause.]

17 Chairman Sanders. Now, I know there is an issue that 18 is dear to your hearts and dear to I think many of us up 19 here; and we made progress on this in 2010; and here is the 20 story.

21 Somebody gets hurt seriously in war; they are disabled. 22 They come back in a wheelchair, come back without arms. 23 Maybe they come back without eyesight. And, their loved 24 one, often a wife, maybe a mother, maybe a sister, maybe a 25 brother, maybe a cousin is with those veterans, those 1 disabled veterans 24 hours a day, seven days a week.

2 Just think for a moment, the stress that that caregiver 3 is under. Not easy. This Congress and the President made 4 significant progress three years ago, and I am very proud of 5 that. We passed the Caregiver Act which said that for all 6 of the men and women coming home from Iraq and Afghanistan in that situation, we are going to give support to those 7 careqivers; and I think that was the right thing to do. 8 9 But in my view right now, and what we have in our

10 legislation, is to expand that program to all families from 11 all wars.

12 [Applause.]

13 Chairman Sanders. I know the VFW has been concerned 14 about the issue of advanced appropriations. What does that 15 mean? This is why it means. It means that a couple of 16 months ago when the government was shut down, many people do 17 not know this, but we were seven to 10 days away from 18 disabled veterans not getting their checks which they depend 19 upon every single month to get by.

Advanced appropriations means that the VA will have money in the bank to make sure that if God forbid--I certainly do not want to see another government shutdown-but if that ever happens again, we will be certain that veterans get the checks that they are entitled to. [Applause.]

1 Chairman Sanders. So, let me just conclude by thanking 2 you for standing up for veterans and to letting you know 3 that the American people are clearly behind your goals.

They understand that there is no greater sacrifice that anybody can make that when he or she put their lives on the line to defend this country and when they come home, we have the moral obligation to make sure that we do everything we can to protect those men and women who have sacrificed so much for this country.

I know that Chairman Miller and I have a good relationship. We may disagree on this or that issue; but I know that every person up there, Democrat, Republican, Independent, cares about veterans; and we are going to work together to do everything that we can to protect your needs. So, thank you all very much for being here this morning.

17 [Applause.]

18 Chairman Sanders. Congressman Jeff Miller is the 19 Chairman of the House Veterans' Committee. He is doing a 20 great job there. We are delighted that he is here.

21 Jeff.

22 Chairman Miller. Thank you very much, Mr. Chairman, 23 for the invitation to be on this side of the complex today. 24 Thank you to everybody from the VFW that is here to 25 listen to the Commander testify. Thanks to the Commanderin-Chief, Mr. Thien, for being here. I look forward to your
testimony. Thank you for your years of service in uniform
and out of uniform. It is greatly appreciated.

Also Sissy Borel, National VFW Auxiliary Chair, we are proud to have you here and we thank you for the many things that the Auxiliary does.

7 Those that are here from the Sunshine State, if you 8 would, raise your hand. It is so much nicer at home than it 9 is in Washington today. It is great to have you here with 10 us today. Each of you are a credit to your community, to 11 this Nation, and we are proud to have you with us here in 12 your Nation's Capital.

I do want to give a special welcome to my fellow
Floridian, Karen Nigara, who is Chairman of the National
Legislative Committee. I spent some time with her yesterday
and the folks from Florida.

Commander, our work begins with your testimony here today. After reading your written statement, there is no doubt that you have a great deal to be proud of.

20 Whether it is the 8.6 million volunteer hours that VFW 21 members contribute each year or the \$3 million in 22 scholarships that your organization provides to students 23 annually, Americans across this country know, they really do 24 know the good works of the VFW and what you do in their 25 communities every day. Eye witnessed a lot of these first-

1 hand and I am personally grateful to each and every one of 2 those who volunteered for the hard work.

3 I am grateful for the hard work that VFW does right 4 here in your Nation's Capital. In my three years as 5 Chairman, hand in hand with the VFW and our other VSOs, we 6 have reduced veteran unemployment, provided retraining assistance benefits to tens of thousands of unemployed 7 8 veterans. We have ensured the safety of veteran patients 9 and VA employees by strengthening protections against sexual 10 assault and other safety incidents at the VA medical 11 centers. We have conducted close oversight of VA's 12 disability claims process -- a long way to go still -- major and 13 minor construction programs, and its mental health care 14 system.

15 Throughout these efforts, many more VFW support, 16 advice, and encouragement have been what I would say in 17 valuable.

18 I want to personally thank you for your resounding 19 support of H.R. 813, The Putting Veterans Funding First Act. 20 Chairman Sanders has already alluded to it, and you all know 21 that the Veterans Health Administration is largely shielded 22 from budgetary impasse but other functions critical to the 23 department and to veterans are not, including accounts for 24 information technology as well as for construction, spending 25 on vital maintenance and improvements projects.

And, I am going to continue to advocate for passage of this measure as the possibility of future political gridlock must not compromise the functionality of the Department of Veterans' Affairs or the delivery of earned benefits to our Nation's veterans.

6 [Applause.]

7 OPENING STATEMENT OF CHAIRMAN MILLER Chairman Miller. I also want to thank you for your 8 9 overwhelming support of H.R. 357, the GI Bill Tuition 10 Fairness Act of 2014, which passed the full House last 11 month. All of your hard work you did to gather support for 12 that bill did not go unnoticed, and I would like to ask for 13 your continued support in advancing this important 14 legislation over here in the Senate.

15 I know that the Senator had that particular piece of 16 legislation in his bill over here as well.

17 The major provision of this legislation offers public 18 colleges and universities a choice. Either they charge 19 veterans that are recently separated from active duty in-20 state tuition or they are no longer eligible to enroll 21 veterans under the GI Bill.

It is time that public colleges and universities recognize that veterans served this Nation as a whole, all 50 states, and that reality ought to be reflected in the benefits that they have earned. Commander, one other area that I was pleased to see mentioned in your written statement was in the need for continued oversight of management accountability at Veterans' Affairs. In your written statement, you commented that working at VA is not a right, it is a privilege; and I agree wholeheartedly.

7 What troubles me is that too many senior managers at VA 8 take advantage of this privilege. In fact, if you look at 9 recent preventable deaths at VA medical centers, patient 10 safety incidents and the claims backlog increases, the 11 department senior executives who presided over negligence 12 and mismanagement are more likely to have received a bonus 13 than to be held accountable and received punishment.

When the senior leaders are not held accountable, the Secretary is sending a message to the hundreds and thousands of hard-working VA front-line employees that negligence and poor performance are to be supported.

18 This is why I ask for your support for your support of 19 a measure that I have introduced. It is H.R. 4031, the 20 Department of Veterans' Affairs Management Accountability 21 Act of 2014.

22 What this does is it provides the Secretary with the 23 authority to remove any senior executive service employee 24 for poor performance. These employees are directly 25 responsible for the day-to-day success or the failure of VA

1 programs and they must be held to the highest standard which 2 is what you as veterans deserve.

I hope that this bill will have VFW support and that you will continue to work with us to empower the Secretary to lead VA into the future.

6 Commander, thank you for being here today and I do look7 forward to your testimony.

8 [Applause.]

9 Chairman Sanders. Thank you, Chairman Miller.

10 Senator Johanns.

OPENING STATEMENT OF SENATOR JOHANNS
Senator Johanns. Thank you, Mr. Chairman.
Good to see you all here today. Let me start out and
say good morning to Chairman Miller, Chairman Sanders,
Ranking Member Michaud. It is good to be here with each of
you.

I want to thank those who have convened this joint hearing to listen to the legislative priorities of the VFW. I would like to extend a very warm welcome to all VFW members who have traveled here today. Because of the weather, conditions of travel I know were tough. I had a tough time getting back myself.

I also think it is entirely appropriate that we start every one of these hearings with a thank you to our veterans and to their families. You teach us every day that our 1 freedoms are not free, and we appreciate the sacrifice that 2 you have made for us and we cannot say that enough.

Commander Thien, it is good to welcome you. I was visiting with the Congresswoman to my right and we talked about how cold it was back home in Indiana. She used the word tundra. I could use that word in Nebraska also.

I do have a little bit of connection with your State.
My wife Stephanie is a proud graduate of Central High School
in Elkhart, Indiana. So, a great community.

10 And congratulations. I think you were elected in last 11 July, and we appreciate your commitment to this great 12 organization.

Your service in the U.S. Navy and the Indiana National 13 14 Guard as well as the years of experience you have developed 15 in working with veterans is truly priceless. I am anxious to hear your testimony and your responses to questions. 16 The testimony that you provide today will be valuable 17 18 as our Committees analyze VA's fiscal year 2015 budget 19 request and look at ways to improve services in the VA. 20 As you know, in past years Congress has made VA a 21 priority. Budgets reflect that. Provided budget and 22 personnel increases to try to do everything we could to ensure access to care for veterans. 23

However, for many veterans, this has, unfortunately,not lead to better outcomes especially those seeking timely

1 mental health care and specialty care appointments.

For those caught in a long-term backlog of disability claims and for those facing decisions that are often times too often incorrect, we have got to do better, all of us, and we have to do it in a bipartisan way.

I would like to highlight, if I could, in my opening
comments two areas that are deeply concerning. One is the
disability claims backlog and the growing backlog in appeals
and dependency claims.

As this issue continues to be the center of national scrutiny, it is imperative for the VA to rate disability claims quickly, give people an answer, and most importantly do it accurately.

14 Over the last several years, Congress has provided 15 funding, lots of funding, to allow VA to develop new technologies, to hire thousands of additional claims 16 17 processors, and to pay overtime to try to get the work done. 18 But even with these and other new initiatives, veterans still face large backlogs, they faced long delays and 19 infrequent errors when trying to access disability benefits; 20 and this has to stop. 21

Veterans face delays not only when they apply for disability compensation but also when they are trying to access needed mental health and specialty care. We all know that veterans have sacrificed so much already and deserve 1 the best health care that we can provide.

However, they are faced with delays in scheduling appointments and accessing needed services. Ensuring veterans have access to needed mental health and specialty care service has to be a top priority for both the House Veterans' Committee and the Senate.

7 Additionally, many quality of care issues have been 8 uncovered at VA facilities that need to be addressed 9 immediately. As many of you know, during the last year 10 there have been over 40, 40 VA Inspector General health care 11 inspection reports regarding access to health services in 12 quality of care provided by the VA.

13 These reports highlight serious problems veterans face 14 while accessing critical services which have actually 15 resulted in patient harm and even death.

16 There are many other issues you raise that deserve our 17 attention including the high unemployment rate among 18 veterans, the lack of progress on the VA's major 19 construction list. I look forward to working with my 20 colleagues in the Veterans of Foreign Wars on all of these 21 important issues affecting veterans, their families, and 22 their survivors.

You know, we have tried to do a lot for veterans over the past years, but it just breaks my heart when we do something and then do not see the results, and I know it

bothers anybody in the room. We have got to get better at delivering these services that we promised you already. We have got to get better at that.

Again, I thank you, Commander, for your leadership. I thank you for your presence today and thanks to the Chairman for this opportunity to hear the VFW and its membership about issues that our veterans are currently facing.

8 Thank you, and I yield back to the Chair.

9 Chairman Sanders. Thank you, Senator Johanns.

10 [Applause.]

Chairman Sanders. Congressman Mike Michaud is the
 Ranking Member of the House Veterans' Committee.

13 OPENING STATEMENT OF CONGRESSMAN MICHAUD14 Mr. Michaud. Thank you.

First of all, I would like to thank you, Chairman Sanders and Chairman Miller for having this joint hearing today but also for both of your commitment to making sure that we do right by our veterans here in the United States. I want to thank you both for that effort.

20 Commander, I want to thank you and the Auxiliary for 21 being here today. We thank you and nearly 2,000,000 members 22 of the VFW for your military service and your continued that 23 dedication to our country and its veterans.

24 Commander, I would be remiss if I did not let you know 25 that you have excellent staff here in D.C. Mr. Wallace and 1 Mr. Kelley. They do an excellent job in making sure that 2 both the House and Senate Veterans' Affairs Committee are 3 aware of your issues so I want to thank them for their 4 continued service as well in representing the VFW that 5 before the halls of Congress.

I also want to thank those in the audience from the
great State of Maine. I know that Commander Olson and a few
members of the Maine VFW brought some wonderful Maine
weather with them here in D.C. and I want to thank them for
coming as well. This is a spring day in Maine.

11 Commander, I share the VFW's commitment to ensuring 12 that fiscal constraints are not carried on the backs of our deserving veterans. We owe it to America's veterans to 13 14 provide a stable VA budget. I want to thank you for your 15 support of H.R. 813, Putting The Veterans Funding Act first. 16 We have seen how well advanced appropriations works for the VA medical care. It is time that the rest of VA's 17 18 discretionary budget is treated in the same way.

19 The VA is pursuing a wide range of initiatives from new 20 methods of health care delivery to an electronic benefits 21 management, investments that will help bring the department 22 into the 21st century.

23 Working with you and the Department of Veterans' 24 Administration will make sure that these initiatives are 25 implemented fairly, transparently, and in the best interests

1 of veterans and the American taxpayer.

The VFW is an active and valued partner with us in Congress. We work very well together to make sure that we keep our promise to America's veterans. Making sure that the VA can meet challenges of the 21st century is a job for all of us and I know that VFW and your members across the country and your staff here in Washington are ready and eager to that challenge.

9 I look forward to your testimony here today, and again 10 I want to thank you for your long history of distinguished 11 service in and out of the uniform, Commander.

12 So, thank you very much.

13 With that, Mr. Chairman, I yield back the balance of my 14 time.

15 [Applause.]

16 Chairman Sanders. Thank you very much, Congressman 17 Michaud.

18 As the Congressman mentioned, the VFW has a

19 an excellent and strong team here in Washington who keeps us 20 advised about your concerns and they have been a pleasure to 21 work with.

I want to introduce Bob Wallace, VFW's Executive Director. Bob has been a passionate advocate for our Nation's veterans for many, many years.

25 Bob, would you please introduce your team.

Mr. Wallace. Thank you, Mr. Chairman.

1

2 Members of the Senate and House Veterans' Affairs 3 Committees, I am honored to have the privilege of 4 introducing to you the National officers of the Veterans of 5 Foreign Wars of the United States and their Ladies 6 Auxiliary.

Mr. Chairman, please allow me to ask those to be introduced to please remain standing, and I wish the audience applaud when the last one is introduced.

10 The National President of our Ladies Auxiliary, Sissy 11 Borel, from Louisiana. The National Secretary-Treasurer, 12 Jan Owens, from South Carolina. The Commander-In-Chief's 13 wife Linda Thien, from Indiana. The Senior Vice Commander-14 in-Chief's wife, Mary Stroud, from Nevada. Junior Vice 15 Commander-in-Chief's wife, Betty Jean Biedrzycki, from 16 Pennsylvania.

Senior Vice Commander-in-Chief, John Stroud, from 17 18 Nevada. Junior Vice Commander-in-Chief, John Biedrzycki, 19 from Pennsylvania. Adjutant General, John E. Hamilton, from Florida. Quartermaster General, Robert B. Greene, from 20 Kansas. Judge Advocate General, Harold M. Burke, from New 21 22 York. Surgeon General, Peter T. Buchanan, from Colorado. 23 National Chaplain, Robert H. Dickerson, from Texas. National Chief of Staff, David G. Havely, from Indiana. 24 Inspector General, Terry W. Vance, from Illinois. Chairman 25

of the VFW National Legislative Committee, Karen Nigara,
 from Florida.

3 Director, VFW National Legislative Service, Raymond 4 Kelley, from Maryland. Director, VFW National Veterans' Service, William Bradshaw, from Maryland. 5 6 I would also like to recognize the presence of many of 7 our past commanders in chief. 8 Thank you, Mr. Chairman and members of the Committee. 9 [Applause.] 10 Chairman Sanders. Thank you very much, Bob. 11 Now, I would now like to introduce Congressman Todd 12 Young. Congressman Young, would you please introduce the 13 Commander.

STATEMENT OF THE HONORABLE TODD YOUNG, A
 REPRESENTATIVE IN CONGRESS FROM THE STATE OF
 INDIANA

Mr. Young. Well, thank you so much, Chairman Sanders,
Chairman Miller, and all the other members of this
Committee, for your good work on behalf of our veterans. It
is really an honor to be here on behalf of the State of
Indiana, and it is a pleasure to introduce VFW Commander-inChief and fellow Hoosier, Mr. William A. Thien.

10 Mr. Thien has spent the last four decades serving his 11 fellow veterans through his involvement with the Veterans of 12 Foreign Wars and he deserves our utmost respect for his 13 service to our country and his dedication to our Nation's 14 veterans.

Mr. Thien served bravely in the United States Navy from 16 1969 to 1974 and served an additional five years in the 17 Indiana National Guard. During his service, he earned the 18 Vietnam Service Medal with Three Stars, Vietnam Campaign 19 Medal with 1960 Bar, the Armed Forces Expeditionary Medal, 20 Korea, National Defense Service Medal, and several other 21 declarations from our State's National Guard.

In 1971, Mr. Thien join VFW Post 3281 in New Albany, Indiana, where he maintains his Gold Legacy Life Membership. Since joining the VFW, he served as All-American Post Commander, All State District Commander, All-American State

Commander and, of course, his most recent position as
 Commander-in-Chief.

3 He has also held positions on numerous National 4 Committees including service as Vice Chairman of 5 Citizenship, Education and Community Service and as Chairman 6 of the National Scholarship and Recognition. 7 Proud Hoosiers, Mr. Thien and his wife Linda currently reside in Georgetown, a quaint town in Indiana's Ninth 8 9 Congressional District. 10 Mr. Thien, it is an honor to introduce you here today, 11 and I am privileged to represent you in Congress. I know 12 that we in Congress look forward to your continued 13 leadership on issues facing our Nation's veterans in the 14 21st century. 15 I yield back, Mr. Chairman. 16 Chairman Sanders. Congressman, thank you very much for that introduction. 17

18 Mr. Thien, the floor is yours.

19 [Applause.]

STATEMENT OF WILLIAM A. THIEN, COMMANDER IN CHIEF,
 VETERANS OF FOREIGN WARS; ACCOMPANIED BY KAREN
 NIGARA, CHAIRMAN, NATIONAL LEGISLATIVE COMMITTEE;
 RAYMOND KELLEY, DIRECTOR, NATIONAL LEGISLATIVE
 SERVICE; ROBERT WALLACE, EXECUTIVE DIRECTOR,
 WASHINGTON OFFICE; AND WILLIAM BRADSHAW, DIRECTOR,
 NATIONAL VETERANS SERVICE

8 Mr. Thien. Chairmen Sanders and Miller, Ranking 9 Members Burr and Michaud, members of the Senate and House 10 Veterans' Affairs Committees, on behalf of the Veterans of 11 Foreign Wars of the United States and our Auxiliaries, I 12 want to thank you for the opportunity to testify today on 13 the VFW's legislative priorities.

Before we start, I want to personally thank Ranking Member Michaud for the more than a decade of service on the House Veterans' Affairs Committee. You have been a true student of the issues and a strong advocate for veterans. Your leadership and your bipartisanship has not only helped the Committee but it has also improved the lives of our veterans. Thank you for your service.

21 [Applause.]

Mr. Thien. We want to thank Senator Sanders for your hard work on S. 1982. The VFW looks forward to working with you and all the members of the Committees to ensure of its passage. 1 The VFW and patriots everywhere are concerned today 2 because it seems that most of America has forgotten our 3 Nation is still at war. Our Nation is still at war. Sadly, some here in Washington has opened up a new war against the 4 5 very programs that you and your Committee have fought hard 6 to bestow on our service members and our veterans and certainly on their families as seen with a recent backroom 7 8 deal to lower military retiree costs of living adjustments.

9 I must thank you for correcting this unfair attack on 10 our military community but I must also ask that you do all 11 you can to ensure that back room, middle of the night deals 12 never again harm the well-being of our military personnel, 13 our veterans, or their families.

14 [Applause.]

Mr. Thien. The VFW wants open and frank debate on all the issues affecting our Nation's heros so that everyone fully understands the true impact on those who have stood ready to defend America.

Some believe the cost of war ends when the last troops leave Afghanistan. We know this is not true and that is why we need a fully funded, state-of-the-art VA health care system and a robust benefits program designed to meet the needs of all generations of war fighters, past, present, and certainly in the future.

25 There is a lifetime cost and obligation to sending

America's finest off to war and rest assured the Veterans of Foreign Wars of the United States will do everything in our power to make sure that the Administration and the Congress live up to that obligation.

5 [Applause.]

6 Mr. Thien. For VFW's full legislative priorities for 7 2014, I will refer you to my prepared testimony. For the 8 balance of my time today, I would like to focus on five 9 major issues that demand immediate action.

First, the VFW remains concerned about the potential impact of the looming budget sequestration on military veterans and programs. The future effects of sequestration are still unknown.

14 If sequestration continues to be the law of the land 15 after fiscal year 2015, we do not know if the VA will be 16 exempt. We do know that the Department of Defense will be 17 hit extremely hard which will be devastating to our troops, 18 their readiness, and our National security.

Congress must find a reasonable alternative to sequestration that will protect the VA's ability to provide care and benefits for those who have already sacrificed to this great Nation and allow the DOD to field a fully capable military of quality well-trained troops. The VFW calls on Congress to fix sequestration immediately for the sake of our Nation and for those who volunteer to defend it. Second, the VFW believes that our veterans must ever be held hostage by budget uncertainties which is why we are calling for full advanced appropriations for VA accounts through The Putting Veterans Funding First Act.

Last year the government shutdown nearly cut off the
arms of benefits of millions of disabled veterans, student
veterans, and survivors. Had the shutdown gone past
November 1, the economic impact on the veterans community
would have been devastating.

10 Thankfully, the VA hospitals stayed open during the 11 shutdown thanks to advanced appropriations for VA health 12 care, meaning veterans could still receive the critical care 13 that they need.

14 Congress must keep the promise to protect our veterans 15 in times of budgetary uncertainty by passing a full advanced 16 appropriations for VA.

17 [Applause.]

Mr. Thien. Third, the post-9/11 GI Bill was designed to cover the full cost of in-state education at public colleges. Sadly, many public schools consider veterans as being stateless for tuition purposes because of their past military commitments.

No veteran should be disqualified from in-state tuition because of military service. This is why the VFW calls on Congress to pass a three-year protection for veterans who recently left active duty to attend the public school of
 their choice at a reasonable rate.

The House has already decisively passed H.R. 357 by a vote of 390 to zero and we urge the Senate to quickly follow suit.

6 Fourth, the VFW remains concerned about the VA 7 disability claims backlog and the VA's current efforts to 8 overhaul its claims processing system. As the Veterans 9 Benefit Administration transforms from a paper-based to an 10 all-electronic system, we must ensure that the laws in place 11 to protect veterans remains intact.

12 The quality of ratings cannot suffer in the effort to 13 move claims more quickly through the system. The Veterans 14 Benefit Management System or VBMS has the potential to allow 15 the VA to work efficiently in an all-electronic environment. 16 However, VBMS continues to suffer from processing delays and 17 frequent and unpredictable downtime.

As a part of their effort to reduce the backlog and to encourage electronic claims filing, the VA has published Proposed Rule AO81 in October of 2013 requiring claimants to complete standardized forms before starting the claims process.

23 We believe the VA's proposal will rollback veterans 24 rights by making it more difficult to file a claim, cheating 25 thousands of veterans out of months worth of benefits.

1 Under the current law, a veteran can start a claim by 2 sending any written communication to the VA. Veterans then 3 have up to one year to complete the required VA forms. If 4 the VA awards benefits, the veteran receives back pay to the 5 date when the veteran first contacted the VA.

6 If the proposed rule goes into effect, an informal 7 communication would no longer serve as a veteran's date of 8 claim, unless the veteran files electronically. This has 9 not incentivized electronic claims. It penalized the 10 veteran who chooses to file by other means.

11 The VFW urges Congress to protect the ability of the 12 claimants to file an informal claim whether electronically 13 or on paper.

In response to the public outcry over the outrages wait times for what awaiting decisions, the VA has triaged his caseload to focus on the backlog of disability claims while neglecting other categories of claims like dependent claims and appeals. Congress must hold the VA accountable for this backlog as well.

The VFW recently visited VA regional offices in St. Petersburg, Florida, where our staff reviewed 79 paper and electronic claim files with the rating decisions.

23 What we found was 21 cases had problems or errors. 24 That represents 26.6 percent of the cases we reviewed. The 25 VA reports ratings in St. Petersburg are on the average

1 wrong 10 percent of the time. While not all the errors that 2 were found there involved ratings, 17.7 percent of the 3 ratings we reviewed were errors. This is significantly 4 higher than what the VA reports.

5 Further, we identified three clear and unmistakable 6 errors in earlier ratings. One of these decisions, when 7 corrected, should provide an award of benefits to a veteran 8 dated back to 1985.

9 In addition, the VFW found that raters accepted a 10 number of inadequate VA examinations for ratings. Based on 11 our review, the VFW is concerned that some raters would 12 rather rate a case using inadequate or negative evidence 13 rather than to return the examination to be completed 14 correctly.

15 The VFW will continue to hold the VA accountable for 16 its obligation to process timely and accurate claims, and we 17 plan to make more site visits to assess progress in the 18 coming months.

Finally, the VFW remains concerned about the access to quality care for our veterans, particularly veterans suffering from invisible wounds such as posttraumatic stress disorder, traumatic brain injury, or military sexual trauma. The VA anticipates veteran health care enrollment will grow beyond 9 million veterans in the fiscal year. 1 appointment times. We must not fail to provide timely care 2 to our heroes. It is the right thing to do, the right thing 3 to do.

4 [Applause.]

5 Mr. Thien. To properly care for our veterans, Congress 6 must fully fund the VA accounts and pass a capital 7 infrastructure budget that allows the VA to maintain safe 8 and efficient facilities to include proper contracting for 9 community-based outpatient clinics.

10 Suicide presents the most serious challenge to the VA, 11 to the military, and of course, to our Nation. One suicide 12 is too many but knowing that 22 veterans commit suicide 13 every day is a crisis.

14 The VA recently hired more than 2000 new mental health 15 providers and administrative staff. The VA also started a 16 peer-support program hiring more than 1000 veterans to serve 17 as peer support specialists.

18 The VFW sees no indication that this initiative was 19 sufficient, however noble was not sufficient to meet the 20 mental health care needs to satisfy the VA's 14-day care 21 mandate.

The VA reported that nearly 600,000 women veterans were enrolled for health care in 2012, a number that is expected to increase as the military downsizes. The VA has made positive strides expanding female health care services but 1 we must do more.

2 Military sexual trauma victims still face challenges 3 when filing a claim or seeking treatment which is why we 4 urge the Senate to pass S. 294, the Ruth Moore Act, whose 5 companion in the House was passed last June.

6 The VFW is very concerned with reports of negligent 7 veteran deaths in VA facilities. While we know the vast 8 majority of VA staff are dedicated employees but in the VA 9 must also hold employees accountable for negligence.

10 Serving veterans and working for the VA, as was said 11 earlier, is a privilege, not a right; and we look forward to 12 working with you to correct these deficiencies.

Finally, the VA's caregiver program has been a huge success but the program must expand to include all of those families who serve as caregivers for veterans who were seriously injured before 911.

I can tell you from a personal basis as a VFW member and as a World War II father that I took care of, it was tough on me to do it and work also.

20 Chairman Sanders and Miller, Ranking Member Burr and 21 Michaud, members of the Committee, these five issues that I 22 spoke about today are just the beginning.

In closing, let me always stress the importance of the POW/MIA mission, the importance it is to our organization. Our members will not rest until we have the fullest 1 accounting of those missing and unaccounted for from all of 2 our Nation's wars. We made that promise to those folks and 3 we are going to keep that promise.

4 [Applause.]

5 Mr. Thien. The VFW looks forward to working with each 6 of you to better serve our service members, our veterans, 7 and certainly their families. I want to thank you for this 8 opportunity to testify today. I will look forward to your 9 questions. Thank you very much.

10 [Applause.]

11 [The prepared statement of Mr. Thien follows:]

1 Chairman Sanders. Commander, thank you very much for 2 your very detailed presentation. Everybody should know that 3 what he presented was a small part of what his written 4 testimony was about, and that is important because we need 5 to know the issues that you are concerned about and we are 6 going to study those issues.

So, thank you so much for that excellent presentation.
What I would like to do in my time is pick up on a
point, Commander, that you made at the latter point of your
testimony, that is, the caregivers' program.

As you know, Congress did the right thing in 2010 by developing a very effective program for the families of injured soldiers from Iraq and Afghanistan. Tell me if you believe and why you believe, or your staff may want to jump in, it is important to extend that caregivers program to the veterans and their families of all wars.

17 Mr. Thien. Thank you, Chairman Sanders.

18 It is extremely important. I had a fortunate situation 19 that I had four sisters to help me stay with my mother and 20 father when they were ill. So, I was fortunate in that 21 aspect but everybody is not that fortunate.

We believe that it is such a great program but we know there are hardships on other veterans, pre-9/11 veterans, veterans that are out there trying to take care of their families. 1 So, it is very important. It is a great program, and 2 that is why we believe there is a need, there s a need out 3 there for that program to extend to the other classes of 4 veterans.

Chairman Sanders. Okay. Thank you.

6 Let me ask another question on an issue that you did 7 not get into. Most medical specialists believe that dental 8 care should be considered as part of health care, and most 9 people perceive that in America as a Nation we have a real 10 dental care crisis. A lot of people cannot afford good 11 quality dental care.

12 The legislation that I have authored includes a 13 significant pilot project to begin to bring dental care into 14 the VA with the understanding that dental care must be 15 considered a part of health care. You cannot segregated. 16 You cannot isolate it.

17 [Applause.]

5

18 Chairman Sanders. Commander, I would appreciate your 19 thoughts or your staff's thoughts on the view, should dental 20 care be part of VA health care. Sir.

21 Mr. Wallace. I will take that one, Mr. Sanders. The 22 number one issue that guard and reservists could not be sent 23 to war was because of dental. They were put into units 24 until they got their dental taken care of because they could 25 not afford dental care in the outside world. We cannot 1 allow veterans not to afford dental care in the outside

2 world. You are right on target and the VFW supports you.

3 Chairman Sanders. Thank you.

4 [Applause.]

5 Chairman Sanders. So, I think, as most people know, 6 dental care is provided for service-connected problems but 7 not for non-service-connected, and I think we have to move 8 forward in that direct him.

9 My last question deals with an issue, a very sensitive 10 issue, in that, as I mentioned in my remarks, some 2300 men 11 and women who served in Iraq and Afghanistan came back with 12 wounds which prevent them from having babies.

13 Should, in your judgment, the VA help those families be 14 able to have children if that is what is important to them? 15 And that raises the issue of reproductive health and so 16 forth.

17 Anyone want to take a shot at that.

18 Mr. Thien. I will take a shot at that. Absolutely.19 [Applause.]

20 Chairman Sanders. The issue there, and everybody put 21 yourself in the place of a young man or a young woman who 22 serves the country, who wants to start a family and now is 23 unable to do so and it is terribly important to them.

24 So, I thank you for your support of that and we are 25 going to do our best to get legislation passed which includes the VA helping those families get the help that
 they need.

3 I would like to now give the mike over to Chairman4 Miller.

5 Chairman Miller. Mr. Chairman, thank you very much. 6 Commander, there has been a lot written in the press 7 over the last year and particularly about the disability 8 claims backlog. There has been a huge focus by the 9 Secretary and people within the department to try to reduce 10 that backlog, and you mentioned it in your comments.

But what I would like you to expound on a little bit is where it concerns me, and I know it does you, where VA may be sacrificing quality of the decision of the rating and the benefit for, or in the name of, increased production.

I know that you said you recently made a visit to the St. Petersburg RO, and obviously that is in my State and I visited it several times.

But I would like to know what type of issues you discovered while you were down there because it does not appear to have been a very positive visit.

21 So, accuracy being sacrificed for productivity and then 22 St. Peterburg RO visit, if you could expound on that a 23 little bit.

24 Mr. Thien. Mr. Chairman, you know, a great thing about 25 being commander-in-chief of the Veterans of Foreign Wars is 1 that I have certainly subject matter experts. When I said 2 we went down there, we as in the VFW, not myself personally. 3 So, I would take that to those that were actually 4 there. Thank you Sir.

5 Mr. Bradshaw. Mr. Chairman, when we went to St. Pete, 6 and I think all over the country, VA is in a hurry to meet 7 the 2015 deadline, and we are in a hurry for them to meet 8 that.

9 But when you do things like physical examinations 10 coming back from the medical center that you know is not 11 ready to rate the case but in a hurry you rate the case 12 anyway which means that the rating is not accurate, all of 13 the little things that happens during the rating process is 14 now hurried.

And the thing that we worry most about is we want our service officers to be included to do quality reviews. As you know, when the claim is rated, the service officers have And the value to respond to that and says yes, we agree or we do not agree.

But we want to make sure that happens to keep us involved in the loop so that we can help them and also help veterans to say this is the mistake that you are making.

I am not sure that there is a specific mistake that all of them make. But when you rush things and you do not take your time, there are many mistakes that are made that hurts 1 veterans.

2 Chairman Miller. There is a lot of focus on two-year-3 old claims and older. Supposedly, they have all been 4 resolved. I would just like a show of hands of anybody in 5 the room that may have a claim that is older than two years 6 old.

7 [Pause.]

8 Chairman Miller. Thank you very much.

9 Commander, you mentioned that your members have 10 encountered delays in receiving specialty care. What I 11 would like you to talk about a little bit is what services, 12 other than dental, what services need to be more readily 13 available and what do your members see as the greatest 14 barriers to receiving some of that care?

Mr. Wallace. We have one staff member in D.C. who is dedicated to responding to issues, compliments, complaints, issues. We established years ago a 1-800-VFW-1899 telephone number. Over the years we have gotten thousands of issues that have been presented to us.

We continue to hear about mental health. We continue to hear about specialty care as far as orthopedics and so forth. I will be more than happy to get the list, provide the list to you of what we do hear about and what we see. It depends on where you are in the country. It depends on all kinds of things.

1 The VA does not really have truly good appointments 2 system. You know, you should be able to get on a computer 3 and make your own appointment.

What we continue to hear also is people that will have an appointment will get called and they say the doctor is not going to be in tomorrow; we have to reschedule you. It will be rescheduled for God knows how long. And, that is very critical on the mental health side and it cannot exist. I mean, we cannot have that kind of thing going on at all.

10 But we will provide you with that list that we have.

11 Chairman Miller. Thank you, Bob.

12 I yield back.

13 Chairman Sanders. Thank you, Chairman Miller.

14 Senator Johanns.

Senator Johanns. Thank you, Mr. Chairman, and again thank all of you for being here. Your testimony was great. Commander, I certainly appreciate that. The Chairman is right. Your written testimony is lengthy and filled with great information.

Let me, if I might, zero in on something you mentioned both in your written and oral testimony, and that is VBMS. I do not have at my fingertips the amount of money that our taxpayers have spent on this system but it is a ton. We all know it is a ton.

25 The whole idea was that we would improve processing of

1 applications. We would increase accuracy. A lot of

2 promises were made when this thing was being debated.

3 Let me just ask you point blank two questions. One is.
4 Do you think those promises are being kept? Do you think
5 this system is delivering?

And then number two, kind of linked with that question is the question of do you think we will meet the target of a eliminating the backlog by 2015?

9 And I am going to open up that to anyone, anyone else 10 up there or out there that is at the table that would like 11 to offer some thoughts on that.

12 So, is VBMS doing what it should be doing and are we 13 going to meet the 2015 goal?

Mr. Wallace. If I may, Senator, VBMS is having some fits and starts on predictability and down time and so forth. They still have not fully integrated the Veterans Service Organizations into the process on everything that has to be done with VBMS.

We think it has the potential to do everything that it is said it could do. We continue to be concerned about the push. 2015 has become the law of the land. In our opinion, if the backlog was 200 days before they started this initiative and it goes down to 140 days, that is a hell of a progress. If the error rate was 67 percent and it gets down to 90 percent or 85 percent, that is a hell of a progress. 1 So, we do not see that they need to keep that strict 2 125, 98 percent because what it is doing is putting a lot of 3 pressure on people and they are making mistakes, as Mr. 4 Bradshaw recently said.

5 Will they make the 2015 number? I am not sure. But in 6 the same respect, they need to continue to get the IT money 7 so they can continue to advance the system. Remember, they 8 started with nothing but paper records. So, they started at 9 Ground Zero and are working their way up. Your oversight, 10 continued oversight, is very, very important to hold them 11 accountable on what the heck they do.

12 Senator Johanns. You know, I am in this unique 13 position. I have decided I will not seek another term in 14 the Senate. So, at the end of the year, I kind of wrap it 15 up. Here is kind of how I feel about these things.

I think it is important to keep the promises we have made to the veterans. Now, I love adding things, and I see from the applause you do too. But having said that, it just seems to me that we are not keeping those promises.

If you have got to wait forever to get your disability rated, that is not fair. If you have got to wait forever to get mental health services, my goodness, wait for mental health services? What if you are in a crisis, you know, how does that work out? Or what if you are right on the edge of the crisis, how does that work out? It does not work out.

I would like your thoughts on that. Does that not seem important that we kind of take stock of where we are at and be able to say we are keeping our promises that we have made with past legislation because I think we are failing today in doing that. I would like your reaction to that.

6 Mr. Wallace. I think we have a long way to go to keep 7 the promise. As a Nation, we were not ready and prepared 8 for what happened with the two wars and the influx of 9 people, casualties, and the severity of their casualties.

Mr. Miller is going to love this one, but my favorite phrase is there is a lack of leadership, management, and accountability in many parts of the system that need to be held accountable.

14 Senator Johanns. Yeah, I could not agree more.

15 [Applause.]

16 I think most people come to the VA every Mr. Wallace. 17 day want to go to work and want to do the right thing; but if they are not led by the right people, if they are not 18 19 mentored by the right people, if they do not get the right 20 training, and they are not told when they make a mistake that here is the mistake you made, learn from it and let us 21 22 move forward, you just have a system that continues to go 23 bad.

24 Senator Johanns. Yeah. I will just wrap up with one
25 last thought, if I could. I think fortunately in this arena

veterans issues had been bipartisan. It is one of the
 things I like about sitting on this Committee. We do not
 fight about who is Republican or Democrat typically. It is
 there but, yeah.

5 [Applause.]

6 Senator Johanns. We want to do the right thing and 7 here is what I would say it is so important for your 8 organization to reach out to somebody like me on 9 legislation. I am in the minority.

I am not running anything quite honestly but I want to hear from you because I want to have a discussion with you about what are we not getting done, what promises are we not keeping, should we prioritize those promises, what about our \$18 trillion debt. We do not want that for our kids and grandkids.

Veterans are who they are because they put the country above themselves. So, I think these are very important issues. You are always welcome in my office, Commander, Mr. Wallace, whoever you wanted to send over. We will always make time for you, to hear you out and have a good debate about where we go forward and how best to do veteran services.

23 Thank you. God bless you.

24 [Applause.]

25 Chairman Sanders. Congressman Michaud.

Mr. Michaud. Thank you very much, Mr. Chairman.
 And once again, Commander, I want to thank you for your
 testimony and for being here this morning.

In your testimony, you caution that VA needs to maintain oversight of the patient-centered community care, the PC3, program. What specific danger do you see in the roll out of this program and are you primarily concerned with the lack of standardization in that program?

9 Mr. Wallace. Mr. Michaud, just like the state-run 10 nursing homes that the VA contributes the per diem to, they 11 have to have proper oversight. They have to have proper 12 oversight.

We also have to worry about, you know, to make sure that the quality of care that is being delivered is there. We think it is a positive thing, though, because you cannot build VA structures all over the country; and if you can get care in your local community for primary care or specialty care that you may have to drive 3- or 400 miles to in some parts of the country, that is positive.

But we are very concerned about the fact that VA has to have proper oversight and we have told them that and we want to see reports of what they do as this program continues to go forward.

24 Mr. Michaud. Thank you. Do you feel that capital 25 leasing--when you look at construction, we have under-funded

1 that for a number of years. Do you feel that capital

2 leasing or construction, which one is the better approach to 3 meeting the VA's infrastructure needs that they currently 4 have?

5 Mr. Kelley. Thank you, Mr. Michaud.

I do not know if you can put one above the other. They
both are very unique. We need both. We need to pass into
law Mr. Miller's bill, H.R. 3521, that will extend the
capital leasing. That is very important for the communitybased clinics that have expired.

11 Veterans are having to go out on the fee-based out 12 which is more expensive. So, we need to pass that.

We also need to properly fund the construction programs. Since SCIP was introduced, the strategic plan for capital infrastructure, it really laid out where the deficiencies were, where the gaps in safety were, where the gaps in access were.

18 Since that has come out, each year major construction 19 has been reduced by a third, the funding for it has been 20 reduced by a third each year after that. That is going in 21 the wrong direction.

We need somewhere around \$60 billion to close all of those gaps. Maybe construction is not the right direction to go. We need to look into it but we need to an honest, open debate on what direction to fill those gaps moving 1 forward.

2 Mr. Michaud. Thank you. My last question actually 3 deals with actually state veterans homes and taking care of 4 the long-term care needs of our veterans.

As the World War II veterans and Vietnam era of veterans are moving up, there is definitely going to be a capacity issue at the VA. When you look at the report that just came out early this year, the GAO says it is more costefficient to take care of veterans in the state veterans home versus the VA system. I know there is some question about the cost estimates.

Do you think Congress should actually start focusing on some of the longer term needs that we have not focused on such as the long-term care needs of our veterans? And if so, what do you think is the best way of dealing with that since, in a lot of states, whether it is Florida or Maine, we have a great, you know, state veterans home operation within different respective states out of there.

19 Any comments on that?

20 Mr. Wallace. I definitely think you should be, 21 Congress should be looking at the state veterans home 22 program and expanding it. It is cost-effective and the 23 quality of life that a veteran or a family member receives 24 in a state veterans home is second to none.

25 I had the privilege many years ago of running the

Veterans' Affairs in the Garden State of New Jersey, and I
 had three nursing homes at that time, veterans homes.

3 You just walk down the hall and some veterans organization was with you and somebody said my television 4 5 broke. Two hours later they got a brand-new television. 6 They have all the quality of life issues. They have 7 everything. Again, it is cost-effective. It is closer to where the residents of the homes live. It is easier for 8 9 families to get there. It is just a positive and it is a win-win for everybody. I would urge the Congress to look at 10 that as we go forward. 11

12 Mr. Michaud. Thank you very much.

13 Thank you Mr. Chairman. I yield back.

14 Chairman Sanders. Thank you.

15 Now, we are going to go to other members.

16 Congresswoman Walorski.

17 Ms. Walorski. Thank you, Mr. Chairman.

18 I wanted to add my welcome, Commander Thien, to your 19 wife. It is good to see fellow Hoosiers here. I am so 20 proud of what you have done, and I just wanted to say that I 21 am humbled and honored to be in this room with all of you 22 from the VFW. I just wanted to thank you for your service 23 and let you know that to me you are the hometown heroes all 24 over this country and I am grateful to be serving on the VA 25 Committee and advocating on your behalf. So, thank you for

1 being here today.

My question is, Commander, and maybe to Mr. Wallace as well, I share your concern on the five items that you talked about, Commander Thien, and particularly am concerned about the issue of the alarming increase in suicide and have had the horrible misfortune of having that already in my district and I have only been in Congress 15 months. I think horrific.

9 And my question is. Do you think the lack of 10 coordination on the transition services between the DOD and 11 the VA is improper? Is that the place when it comes to 12 transition services that we should be looking at this or 13 what are the recommendations of the VFW?

I am all ears when it comes to what more can we do in making sure that we get the proper mental health services to our soldiers.

Mr. Wallace. We spend a lot of time on military bases visiting military bases and talking to service members here and overseas. There is still a stigma in the military saying I have a problem. That stigma then relates to what could happen after the fact.

There are some good programs out there. One of them is the warrior to vet peer helpline that is set up that DOD has now embraced. It was a National Guard program and it has now expanded to DOD. So, people can call and ask the

1 question is it common to be experiencing this kind of issue 2 or that kind of issue.

I think there is also an awareness problem in society. We try to tell our VFW members to talk to someone to see if there is something that does not sound right or seem right that you can do something.

7 The sad thing is one year ago we came to town and one 8 of the individuals who came was an Iraq war veteran, gung 9 ho. He was the first one in the lobby who was going to go 10 visit his congressional delegation. He was the last one at 11 night that took all the notes and everything else. Three 12 days after he left here, he committed suicide. No one had 13 any idea.

Further investigation found out that he was a patient at the VA and he was really getting counseling and everything else. He had some real serious problems.

So, sometimes you cannot even tell that. But I thinkthe more awareness we get out there is a better.

19 This peer-to-peer group I think that the VA has 20 started, I think there are 1000 of them initially now, 21 should be expanded because that is an opportunity to get it 22 off your chest. Nobody goes into combat and experiences 23 what individuals who are going there see and comes back the 24 same person.

25 We all handle it differently. We may have families

that do it. We may have friends that can help and work
 through it and so forth. Or get us help.

So, the more awareness that can promote, the more
positive comments that are made by people that it does take
a hero to go get help I think is what it is necessary.
Also a concern that we have is the VA mental health
timeline. The 14 days, you know, that they put into effect,
is it really being met or is it not. GAO says it is not.
The IG says it is not.

10 Those kind of things I think have to be, you know, 11 firm. When you call for an appointment at VA, someone has 12 got to make sure that they are triaging you and getting you 13 into care if you need that care right away because it took a 14 hero to make that phone call.

15 Ms. Walorski. Absolutely.

16 Mr. Wallace. If you are not under VA care.

Ms. Walorski. One quick follow-up question. On the issue of MST, we have been very involved as a Committee on the House side on legislation with MST. What are you hearing from the ranks in the VFW from folks about additional services that need to be provided from the VA about their issues? Are they being addressed?

We did some bills on travel reimbursement in rural areas because folks could not even get to places. What are you hearing on MST follow-up from the VA? 1 Mr. Wallace. We are hearing pass the Ruth Moore Act in 2 the Senate. That is number one. We are also hearing that 3 VA is getting better. They are not asking victims to get 4 into a room with a bunch of men and had a counseling 5 session.

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6 Ms. Walorski. Yes.
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7 Mr. Wallace. They have learned. They are starting to 8 learn. But we are also hearing that there are some barriers 9 out there. People are not very comfortable sometimes and 10 have to get the right clinician and so forth.

Again, if we have a list, I will be more than happy to provide it to you.

13 Ms. Walorski. I appreciate it.

Mr. Wallace. Because it is a very sensitive issue, and it is male and female.

16 Ms. Walorski. Correct.

Mr. Wallace. And we have a couple of males that are part of our organization that come forward to us and ask for help, that said 20 years ago, 25 years ago I experienced something that has been built up in me and with all of this publicity coming out, I finally feel I can talk about it. Can you help me get some care?

23 Ms. Walorski. I appreciated.

I yield my time back. Thank you, Mr. Chairman.

25 Chairman Sanders. Thank you.

1

18

Congressman Walz.

2 Mr. Walz. Thank you, Senator and thank you, Commander, 3 for your testimony. Most importantly thank, all of you, for 4 coming here. You know why you came here. You know why it 5 is important and I often say, looking at his room, it is a 6 visual representation of the conscience of America.

If we ever need a reminder, yesterday morning a plane landed at Dover carrying the body of Marine Corporal Caleb Erickson from Waseca, Minnesota, a 20-year-old who was killed by this Nation's enemies in Afghanistan. As the Commander clearly said, this war is far from over.

12 The business we do here is serious business dealing 13 with this Nation's national security and keeping the faith 14 with those who are willing to put themselves on the line. 15 Corporal Erickson's family did that. They will know 16 that pain forever. While it was their son, he is our 17 warrior and that responsibility to get this right, to be 100

So, I know how frustrating it can be. Some of you have been doing this for decades. Democracy takes active participation. It takes work and you know that.

percent right, is absolutely unwavering.

My biggest fear is to ever imagine looking out that this room and not seeing you here. That is the fear we have. So, we have work to do. There are things we can get on. I certainly believe we are capable of doing it. The frustrations we have, and I always say I am the VA's biggest supporter but I am there a harshest critic when they need it and I appreciate this Committee.

5 Chairman Miller has clearly pointed that out where 6 there are shortcomings that need to be addressed and we need 7 to get them.

8 I have one question that I would like to see on this. 9 There is a young man named Jason Erhardt who lost a leg and 10 an arm in Iraq, getting care and rehabilitating.

11 A few years ago, we were able to pass a provision in 12 the Camp Lejeune bill with TBI that said--the VA was taking 13 their responsibility to rehabilitate these folks to a 14 certain level and their goal was to get Jason healthy and 15 they did wonderful care and get him in a wheelchair and then 16 the suggestion to the family was that he may need to be 17 institutionalized in a home.

18 What they did not count on was that was not quite 19 Jason's plan. He decided he would get better, and he 20 decided he would continue to make improvements, and he 21 decided that he did not want to be told. He said, what kind 22 of man wants to be told he has plateaued; I have not 23 plateaued.

And then he told me, what kind of man wants to drive a damned minivan. Can they not outfit a truck for me so I can 1 drive that?

And, he started talking like that and we said, this Nation has a responsibility to bring those warriors back to the highest possible functioning we can ever get, and we do not know what that level is.

6 Through Senator Sanders and the others who worked on 7 this, Jason's family has helped and the Caregiver Act has 8 helped but it failed them in times. There is more that we 9 can do.

10 My question to you is. Is it time for a National TBI 11 Center, like a PTSD center, to take this outside research? 12 I represent the district that has the Mayo Clinic.

There are breakthroughs on the horizon that can bring these warriors back, that can bring their lives back to a level that we could not have imagined. Is that something we need to do? Is that the way to go on this, in your opinion, or not?

Mr. Wallace. First of all, I think every, every disabled veteran, every disabled veteran wants to get back to normal life and excel. Your example is just one and there are many more out there.

We do not know enough about the brain and the mind and what goes on and how it is affected. We do not know what causes me to have PTSD and not you or you to have it and not me, and we both experienced the same traumatic event. We need to do more research. We need to put more money into it to figure this out and get it right. So that if we figure out that you are susceptible to PTSD, we do not send you into a situation where you may be affected and have that for the rest of your life.

I think the National Centers of Excellence are
something that should be done. I think DOD and VA should be
sharing more of that information and working closer
together. They should be in lock step in how they treat
people and how they hand them off. I think you are on the
right road. We support that.

12 Mr. Walz. Great. We will pursue it.

I would like to make one final comment, and on this, Commander, as it was said by my colleagues here, your national staff is second to none. I appreciate that.

Bob Wallace has worked closely with us. We have the POW/MIA commission focusing on our counterparts in Russia which is very timely right now where we have worked for decades because of the archives the Russians have that allows us to try to track down and recover our warriors and get them home as we promised.

I would encourage all of you, whatever you can do to continue pushing that to make sure that that is a priority because I am always very fearful.

25 We have Senator Chambliss and Manchin over in the

Senate and myself and our hero Sam Johnson from Texas to
 work on that. Through Bob's help, the State Department and
 others we are making progress.

My fear is is that during this time of tension with the Russians we lose some of that momentum and more importantly we lose the commitment that all of you know is so important. It is so much more than people. It is the whole faith and values of this Nation that we continue to strive to make sure that every single one is returned. And, yes, it is hard work; yes, it is long. But we have to keep that open.

So, I encourage you to do whatever you can do to continue to push to make that happen, and I yield back.

13 Chairman Sanders. Thank you very much.

14 [Applause.]

15 Chairman Sanders. Congressman Coffman.

16 Mr. Coffman Thank you, Mr. Chairman, and thank you all 17 for coming here today.

18 Let me just ask one question. How many Colorado VFW 19 members do we have here today? Please raise your hand. 20 That is great. That is great.

I come from a long tradition, military tradition in Colorado. My father was a World War II veteran and a Korean War veteran. I was the first Gulf War veteran and an Iraq war veteran, and I am proud to be with you here today as a life member of the VFW. So, thank you. 1 [Applause.]

2 Mr. Coffman Thank you for your testimony.

3 Mr. Thien, I want to thank you, the VFW, for endorsing 4 my VA Construction Assistance Act that aims to help the 5 major hospital projects underway in Aurora, New Orleans, and 6 Orlando.

7 Would you please elaborate on VFW's position on the 8 ability for VA to successfully construct and manage large-9 scale facilities such as the one in Aurora? Aside from 10 funding, what reforms should VA look for in order to 11 improve?

Mr. Kelley. Thank you, Mr. Coffman. We are happy to support your legislation. I think it is moving in the right direction. The VA has proven time and time again that, given a large scale project, they take too long and they spend too much money to get it done.

Your legislation will allow them to use the resources 17 within the Army Corps of Engineers to be a project manager, 18 to make sure there are some efficiencies, that there is a 19 20 standardized method in which they go about doing each one of 21 these contracts, that there is enough people in place, that 22 there is a single point of contact, not three people 23 responding to one response and giving three different 24 answers to the contractor and do something going in the 25 wrong direction that they have to fix later.

1 So, what you put in your legislation does move in the 2 right direction. We are happy to work with you moving 3 forward.

4 Mr. Coffman Thank you very much.

5 The Transition Assistance Program for our active duty 6 personnel moving into civilian life I am very concerned that 7 there is not an adequate job by the active duty military 8 working in conjunction with the VA to make our returning 9 service members really aware of all the benefits that they 10 have.

I really found that to be the case certainly on the issue of apprenticeship programs and on-the-job training that a little known program that allows them to use their GI Bill benefits towards that purpose. What efforts can be made to improve the success of on-the-job training programs to get our vets into great careers?

17 Mr. Wallace, is that your area?

Mr. Wallace. That is another awareness issue. TAP has gotten a heck of a lot better. It really has from what it was. Everybody is required to go and they do have the modules that are offered.

22 What we are hearing at some bases is that the 23 contractors who give the presentations cannot answer 24 questions. So, if I asked about apprenticeships, they say 25 okay give me that and we will get back to you; and some of 1 the soldiers, sailors, or Marines are saying that nobody 2 ever gets back to them.

3 So, they are reading a script and they do not have the 4 technical knowledge.

5 Some places, like I was just at Fort Hood last week and 6 at Fort Hood the VA folks work hand-in-hand with the TAP 7 folks; and if they have a question, they will email it to 8 them or they will ask them to come over and clarify it for 9 everybody.

10 It is a learning process, this new TAP program. I 11 think we have got to watch it. You have got to look at it, 12 you know, after it is implemented for 18 months, two years 13 to see where it has got to be fine tuned.

But as a former Speaker of the House of Representative said, "All politics is local"; and some facilities like Fort Hood are doing a good job. They are going above and beyond what has to be done to do it.

So, I think you have got to continue the oversight and the awareness program. It is an information overload. There is no question about it. When you are sitting there for five days, you are getting information overload. Maybe I do not understand something. I may have been told it but I do not understand it.

24 So, I think we have got to just watch it for now until 25 it grows and matures and fine tune it as we go forward. 1 Mr. Coffman Very quickly. Does the VFW have a 2 position on alternative treatments for TBI, PTSD like 3 hyperbaric oxygen?

Mr. Wallace. We have not specifically said hyperbaric oxygen. We spent a lot of time with former the Secretary of the Army who has been pushing hyperbaric oxygen, had a meeting with some staff members on the Hill and so forth.

8 We want all alternative medicine methods looked at. We 9 want anything that can make life more productive and improve 10 the quality of life for America's veterans, our military 11 personnel and families done. So, as I say once in a while 12 if it is flipping a switch on a light and that is going to 13 help them, do it.

Hyperbaric has come back with some reports of the trials that were done at Camp Lejeune and the Pendleton, and I think it was Fort Carson, and I think Fort Gordon did the trials. They did not say that it was a benefit to individuals.

19 Yet, there are some tests that have been done in
20 Louisiana and they are doing some good stuff in Colorado.
21 But it is outside the system that is doing it because it is
22 not FDA approved and so forth and so on.

If hyperbaric works, we want to promote it. If something else worth, we want it promoted. But the clinicians will not push hyperbaric until the results of

1 these studies and the trials have come back positive. That 2 is the roadblock that veterans are facing. That is why they 3 are going out to the outside to get that treatment.

4 Mr. Coffman I continue that discussion off line. I5 yield back.

Chairman Sanders. Congresswoman Brownley.

6

Ms. Brownley. Thank you, Mr. Chairman, and I do want to thank the Commander for his testimony today and your written testimony and to thank the VFW for what you do every single day on behalf of our Nation's veterans and for your service to our great country. Thank you very, very much.

And, I too would like to recognize any Californian members who are here today that I can offer a warm welcome. Any other California members. Well, thank you for leaving the good weather of California and tolerating our snowy D.C. weather here here. So, thank you very much.

I wanted to inquire a little bit more on, Commander, in your written testimony you discussed the need to expand the veterans reach training and assistance program, the VRAP programs, for older veterans.

I actually today introduced a bill. I have called it The Help Hire Our Heroes Act, which would extend that program. I certainly could use your help on the bill specifically but would really like you, if you would, to elaborate on what you believe some of the benefits to that 1 program are.

2 Mr. Kelley. Thank you for the question.

The benefits are that veterans that do not have any other resource for employment, they are out of every other resource. The state unemployment has run out. They do not have any more GI Bill eligibility. They may have had a career and because technology advanced, they have worked themselves out of a job. They need to be retrained.

9 This is a perfect opportunity for veterans who are a 10 little bit older to get an opportunity to get those basic 11 training skills to get back into the career field.

We found with the existing model that it needs to be expanded a little bit. Some four-year colleges probably could provide some of that training. It is limited to twoyear institutions which reduces accessibility for a lot of veterans.

17 Some community colleges are good but there are some 18 community colleges that have one program that is a four-year 19 program. That cuts them out. We need to make sure that 20 every program that should be eligible is eligible, not just 21 a narrow focus.

22 Ms. Brownley. Thank you, Mr. Kelley.

I also wanted to ask a little bit. I appreciate in your testimony the emphasis on female veterans and their quality of health care with in the VA. I am just wondering.

Is there any data that you have? My concern, I agree with 1 2 the concern and my concern is how we in Congress provide the 3 right oversight, because I am not sure that we have specifically defined all of the needs that we need to 4 5 undergo to make sure that we are providing parity both in 6 physical health care for women and mental health care for women because I think in both cases that care and that 7 delivery of care may very well be different. 8

9 So, we have a very large country and expanding women in 10 the military and women veterans, and I am wondering if we 11 have sort of the data to know where the gaps are and what we 12 need to be doing and how we can oversee that.

Ms. Nigara. Thank you, Commander, and thank you for that question. I certainly do not have data for that to give you, and I think that maybe we could probably do that. But I can speak personally.

I have a unique perspective maybe, that I am a military retiree so I am eligible for TRICARE but I am also a disabled veteran and I use the VA. In fact, I use the VA primarily for my health care.

My experience is that women's health care in the VA is inconsistent, as you alluded to, across the country. I live in Jacksonville, Florida. We have a brand-new VA clinic with a very robust women's health care center.

25 It is private, with private entrances and privacy

allowed with the veteran and the doctor which I think is
 important to some women. So, in my experience at my clinic,
 it is absolutely excellent. I am very happy with it.

In fact, I am happier with that than my civilian doctor that I have been TRICARE. But I know that across the country it is not that way in every facility and every clinic.

8 Some of the limitations of physical limitations of the 9 actual clinic, the facility itself. Some may be 10 implementation issues, oversight issues, a variety of 11 things.

12 But I can speak from personal experience in my clinic 13 that I use. Excellent care, excellent doctors. The only 14 complaint that I would have is the consistency and 15 continuity of the doctors that are in the women's clinic. 16 They do not stay very long, and that maybe just a VA problem 17 in general with doctors. I mean, you get comfortable with 18 one doctor, one gynecologist and you had him for a while but 19 they just do not stay very long. And I have a feeling that 20 is across the board in other areas of health care as well. 21 Ms. Brownley. Well, thank you for that. I would very 22 much like to work with you and the VFW so that we, because 23 I do think it is important for us to solve the problem that 24 we have to clearly identify the problem.

25 And, I think we have on a broader scale but I think

1 that that definition has to be very detailed city by city 2 across the country.

3 Thank you, Mr. Chairman. I yield back.

4 Chairman Sanders. Thank you.

5 Senator Boozman.

6 Senator Boozman. Thank you, Mr. Chairman, very much. 7 It really is a real honor to have you here, Commander Thien, 8 and I want to echo the fact that you have heard so much that 9 your staff in Washington really does do a good job and we 10 really appreciate their help in presenting us with lots of 11 facts when we need them and in pressing forward.

12 The other thing I would like to say is we really do 13 appreciate the Auxiliary. I like to tell the story about, I 14 have got a wife and three daughters, and about being at a 15 meeting that I was very familiar with and I said that the 16 Auxiliary there was the backbone of the organization, and I 17 know that is true in your organization.

18 On my way home, my wife was with me and she said, John, 19 they are not only the backbone, they are the brains.

20 [Laughter.]

21 [Applause.]

Senator Boozman. The other thing that is so important again it is great that you are here, Commander, and your team; but the most important thing is that the room is filled with people who have made the trip and Mike and Tamara Switser are from Arkansas are a great example of
 that.

But there is no substitute for you being in the office is personally. I think your team up here can attest to this, talking to your Congressman, talking to the staff and letting them know how important these issues are, not only here but also back in your State and things like that.

8 I would like to talk a little bit about the, you know, 9 trying to get the not just for mandatory counts but for the 10 discretionary spending also so that we can have extended 11 budgeting periods.

I agree with you, Mr. Wallace, that, you know, we have got some real problems with leadership and things in the VA and we have got tremendous people that are working hard.

But how much more do we compound that problem if you do not know what your budget is going to be until you get into the cycle? We had a great displaying of, you know, we have got something accomplished here.

19 A few weeks ago we pass an appropriations bill. The 20 problem was it was three months late. How does any 21 business, how does any family, you know, run their own 22 finances when you simply do not know what your funding is? 23 So again, can you all comment a little bit more about 24 how important that would be to get this done? 25 Mr. Wallace. Funding is the key. The issue of more

veterans into the VA and the unknown cost is something we have talked about at length. There are some precautions that have to be made.

Number one, we have to make sure that the disabled
veterans are a top priority. Number two, we have to figure
out a source of income. Maybe it is the veteran who comes
in and has to pay more money.

8 Number three, we have to put in some restrictions to 9 make sure that I as a medical center director are not going 10 after those people instead of taking care of disabled 11 veterans.

12 I think it is a positive idea but I think it is 13 something we have to work through, and we talked to the 14 staff about doing that, to make sure that we can give 15 veterans the opportunity, if they want to come into the system, to come in; and if they are not service-connected, 16 17 then there is a price for admission and so forth. 18 But then we get to the capacity issue which how many can come in at one time, and that is what all has to be 19 20 studied. But again, I think we should give the veterans 21 that opportunity but we have got to look at all the corners 22 and so forth.

23 Senator Boozman. We appreciate that. The other thing 24 on the, you know, the Committee, House and Senate, worked 25 very, very hard. You all worked very, very hard to get a

very, very robust GI Bill passed, and we can be very proud
 of that.

The idea that we cannot get state institutions or institutions in general to apply in-state tuition makes the most sense to me. We are literally as a result of testing that bill have dumped many, many millions of dollars into their coffers, and like I say, that is something that we need to get done.

9 In regard to veterans' suicides, you know, it is such a 10 complicated effort, not a complicated effort but a 11 complicated situations. We have got a lot of veterans who 12 have not overtly killed themselves but they are drinking 13 themselves to death.

They are self-medicating or they are using prescription drugs or other things that they should not be doing. They tell us that half of the, around half of the people that have committed suicide had never been deployed.

So, it is not an easy situation. And then, in the veterans' community, you know, the average age is older, you know, up around 50. So, what I would like to do is is really, you know, anything you can do to survey your members, anything that you can do to help us with the root cause would be very, very helpful.

My concern, and I think we are better at this now, is simply the VA, we put so much pressure on them and you all put pressure, we put pressure that they are doing a much
 better job.

3 There is a tendency sometimes to medicate individuals 4 in an effort to do something rather than getting to the 5 underlying causes and then in some individuals instead of 6 that helping it goes the other way. I think it actually 7 makes the situation much worse where individuals become 8 suicidal.

9 So, can you comment on that a little bit for us? 10 Mr. Wallace. DOD was atrocious for just giving people 11 medications. They give them 90 days worth of medications, 12 set them out on the street, and let them go get a VA 13 appointment, get another 90 days worth of and you could sell 14 them on the street, trade with people who use alcohol or 15 what-have-you.

16 They have gotten better than that. The warrior 17 transition units and the wounded warrior regiments now have 18 case managers who manage and most people that are on really 19 powerful drugs do not get more than seven days supply and 20 are monitored constantly.

But that does not prevent them from going out on the street and doing it if they are not taking care of the other causes that they have with the drugs.

I think VA is getting better at it. I could never sit here and tell you that throughout the whole VA system they are erring to what should be done because, as you say, the easiest way to take care of a patient is to just give them the drugs and say that will keep quiet. That is not what we want to do. We want to take care of that individual in the right way.

6 I think it is getting better from what we have seen in 7 the past but there still is a long way to go.

8 Senator Boozman. Thank you, Mr. Chairman.

9 Chairman Sanders. Thank you.

10 Congressman O'Rourke.

11 Mr. O'Rourke. Thank you, Mr. Chairman.

12 Commander Thien, I would like to give you my 13 perspective as a freshman member of Congress new to the 14 Veterans' Affairs Committee in the House and just thank you 15 and your team and the members of the VFW for helping to make 16 this a successful year for us and to get up to speed on the 17 issues where we did not have the subject matter expertise, 18 meeting with our staff, the testimony from Mr. Kelley, Mr. 19 Wallace and others on the Subcommittee on which I serve and 20 your feedback on legislation that we have worked on to 21 improve that legislation has been invaluable.

So, I just wanted to thank you and tell you that it has made this first term in Congress so far very effective for us and I really appreciate what you and the VFW do.

25 Of the issues that you brought up in your testimony,

1 perhaps the most acute for the constituents and veterans 2 that I serve is access to mental health care and to mental 3 health care providers in El Paso, Texas.

We serve nearly 80,000 veterans in that VHA clinic right now. We have had a very hard time fully staffing the manning named table as prescribed. A very difficult time recruiting and retaining mental health care providers.

8 We have gone so far as, I have personally called 9 recruits, a psychiatrist that we were trying to hire in El 10 Paso. We worked with the local VHA to hold them 11 accountable.

We have had numerous meetings with Dr. Petzel to make sure that we are getting to that 14-day commitment that we have so far failed to do.

We are working on legislation right now that would give psychologists the authority and responsibility of prescribing, something that happens in the Department of Defense right now. And to Mr. Wallace's point about that being an easy fix prescribing versus, you know, a comprehensive therapy, we understand that danger but we also have a shortage in prescribers in El Paso.

I think about, when I was campaigning for this office, meeting a young, very young Afghan war vet who had PTSD, was in El Paso, did not have family or friends or a network or roots in that community, was attending community college on

1 this post-9/11 GI Bill, working in a restaurant at nights, 2 told me he had PTSD and was supposed to see a therapist 3 every week.

He said he was lucky if he got in every six or eight
weeks. Every time he went in, it was a different counselor
or therapist. So, there was no continuity in care.

7 And since then, since I have been in office, I found 8 that the problem is worse than we thought. We surveyed the 9 veterans in the community. 25 percent who have tried to 10 make a mental health care appointment were not able to make 11 one within 12 months.

So, given some of the things that I have described that we are working on, what would you or someone else on the panel that is there with you, what would you recommend that we do in addition to what we are doing right now.

Mr. Wallace. That is a good question. Seriously, there are not enough mental health providers in the country; and if I am one, I may not want to come to Texas. That is another problem, you know, where they are.

That is why this PC3 is positive to get, they have a network of mental health people that they used to use, TriWest does, that used to be used for DOD or TRICARE. So, you have a cadre of people there that can help them. But it is a difficult issue.

25 The other side of that is that we are very concerned

1 that they do not lower the standards of what they consider a 2 mental health professional.

If I graduate today with a degree, a Bachelor's Degree in sociology, am I a mental health professional? No. I have got a long way to go to get to that degree. So, we are also riding VA to make sure that they do not do that.

7 They have got to do more work with universities so that 8 they groom people down the road but that is not helping 9 today in Waco or wherever or New Jersey or Connecticut or 10 Wyoming. It is just not doing it today. It is a real 11 serious problem.

I feel sorry for that veteran who is supposed to be seen every week who is not being seen in 12 weeks. I mean, that individual has got some real serious mental health problems and somebody should be watching him very carefully, and the VA is negligent by not seeing him. I mean, that is unacceptable.

Mr. O'Rourke. I would just add that it is not exclusive to these young veterans returning from Afghanistan and Iraq. I have met with a PTSD support group for Vietnam era veterans on several occasions. The shortcomings in access and capacity are being felt by them as well.

It really begs the question asked by the Senator earlier when we talk about meeting our commitments before we add additional services. You know, I would take it one step

further and I do not know that we can add additional wars and add additional commitments when we cannot take care of the veterans who have served in the wars so far, and that is always present in my mind as we look at commitments that we are making around the world.

6 [Applause.]

7 Mr. O'Rourke. So, with that, I will yield back.

Mr. Wallace. If I may just say one other comment. 8 The 9 vet centers are a very positive program. We should be 10 encouraging the VA to get more Vet Centers going on because 11 they are right out in the community. People who go do not 12 feel comfortable in going into a VA medical center and so 13 That is a very positive program. If we expand forth. 14 those, it would be a plus for all veterans, because Vietnam 15 veterans are using Vet Centers than current war veterans 16 are.

17 Chairman Sanders. Thank you.

18 Senator Hirono.

Senator Hirono. Thank you, Chairman Sanders. And
 Chairman Miller, good to see you.

I want to add my thanks to all of you who are here for your service and I particularly would like to give a shout out to the VFW folks who have traveled from sunny Hawaii to cold D.C. That is what I call solidarity and commitment. So, Frank Bragg and your wife Susan, George Bartlett, 1 Norbred Ennis, Fred Chang. Aloha.

2	We have gone through a number of questions that runs
3	the range from how do we provide adequate health care,
4	mental health care, how do we address the military sexual
5	trauma issues, et cetera. So, I am really glad to have sat
6	in for all of those questions.
7	Now, Commander Thien, you do mention in your testimony
8	that it would be helpful if you could get third-party
9	billing, reimbursements mainly from Medicare for the non-
10	service-related health care services that are provided by
11	VA.
12	Do you have an idea as to how much reimbursement this
13	would be?
14	Anyone can answer.
15	Mr. Kelley. Thank you for the question. I will follow
16	up. I think it is somewhere in the neighborhood of \$3
17	billion a year.
18	Senator Hirono. \$3 billion. So, you could do a lot
19	with \$3 billion a year.
20	Mr. Kelley. Absolutely.
21	Senator Hirono. Although, of course, that creates I
22	suppose a challenge for Medicare which is having its own
23	issues.
24	I also note, Commander Thien, in your testimony that
25	you mentioned the new GI Bill comparison tool that the VA

recently released with the Department of Education, and so,
 this is to enable veterans to really comparison shop with
 various institutions of higher learning, and I think that is
 great.

5 However, for example, I did log onto the University of 6 Hawaii and the information given under the University of 7 Hawaii, and I noted that one of the pieces of information 8 that I think would be really helpful is how much is the 9 actual cost of going to the University of Hawaii and what 10 would be the gap between that actual cost and what the GI 11 Bill would cover.

12 So, would not that kind of information which I am told 13 is available be good to include in this new tool? 14 Mr. Kelley. I will answer that one as well. VA has 15 just recently rolled out its comparison tool. It is on 16 their website. You can find it in there. And yes, the TAP 17 program should be leading veterans or service members know 18 as they leave that that is a place for them to go as they 19 make their college career choices, what is best for them, what is the most cost-effective for them, where the programs 20 21 are that they want to take part in.

22 Senator Hirono. But would you agree that there could 23 probably be more information that would be helpful to enable 24 the veteran to make a good choice?

25 Mr. Kelley. Access to the information, yes.

I would like to wait and see how the comparable tool works. We have used it. We sat around the office and used it and thought, holy cow, that is very good. It is very comprehensive. It will allow you to compare anything from prices to the degree programs. But service members and veterans do need to know that that tool is there.

7 Senator Hirono. Yes.

8 Mr. Kelley. So, what we can do to outreach, to make 9 that known to them needs to be--

10 Senator Hirono. I would agree. The first thing is that they should know is that it is available to them and 11 12 the second thing is that we want to make sure that the 13 information contained therein is as informative as possible. 14 So, having looked at what was in the University of 15 Hawaii information, I think that we probably could put a 16 little more without adding to the cost of the whole thing. 17 Okay.

18 I know that there are various federal veterans preference programs, laws, for example, in employment and 19 20 contracting, et cetera. Has VFW done any analysis on these 21 preference laws as to which ones really work, where 22 improvements could be made, et cetera, because we want to 23 make sure that what we put in place really does the job? 24 And maybe there are certain programs that work really well to enable our veterans to come back and have the kind of 25

1 quality of life and work that they are entitled to?

2 Anybody want to respond to that?

Mr. Kelley. I do not know if there has been clear analysis of what has worked great and what has not. If you look across departments, you see some Department of Veterans' Affairs, DOD that have very high hiring of veterans. You go to the Department of Energy, it is very low.

9 It may be skill set. It may be the desire of the 10 individual veteran of where they go. So, meeting that 3 11 percent may not always be there.

12 Also on contracting, getting service disabled and 13 veteran-owned businesses to get those contracts, that process needs to be a little easier. Getting their name 14 15 into the system right now is a little tough so we need to 16 figure out how to get their business into the pool of businesses that can get those contracts a little bit easier. 17 18 Senator Hirono. So, some kind of analysis would 19 probably be useful.

20 With your indulgence, Mr. Chairman, I just want to make 21 a note that since there are so many questions relating to 22 how we provide mental health services to our vets, I just 23 want to note that David Frankel in his most recent book, 24 "Thank You For Your Service" notes that there are some 25 500,000 of our troops who have come back from service in

1 Afghanistan and Iraq who are mentally wounded.

2 So, the need is great.

3 Thank you.

4 Chairman Sanders. Thank you very much.

5 [Applause.]

6 Chairman Sanders. Let me wrap up the hearing by 7 thanking all of you for coming to the Nation's Capital from 8 all over the country, thanking Commander Thien and his great 9 staff for their comments and response to our questions.

In a sense what you have seen this morning is what you have fought for. This is democracy. What this means is that our job who have been elected from states all over the country is to listen to your needs.

You elected us, you defended this country, and what our job is now to work in a nonpartisan way and I really want to say that I think in the House and in the Senate, you are looking at Committees that are serious about these issues and I believe that we are going to overcome a lot of the partisan nonsense which takes place here in Washington.

That, in fact, we are going to do the job that you sent us here to Washington to do, and with your help we are going to pass some strong legislation that will make you all

23 proud.

24 Thank you all very much for being here today.25 [Applause.]

1 [Whereupon, at 11:49 a.m., the Committee was

2 adjourned.]