FINAL

US SENATE COMMITTEE ON VETERANS' AFFAIRS
THE STATE OF VA SERVICES IN HAWAII FIELD HEARING

HELD ON
WEDNESDAY, OCTOBER 5, 2022
9:03 A.M.

OAHU VETERANS CENTER
1298 KUKILA STREET
HONOLULU, HAWAII 96818
APPEARANCES

THE HONORABLE MAZIE HIRONO, UNITED STATES SENATE
THE HONORABLE DENIS R. McDONOUGH, SECRETARY OF VETERANS AFFAIRS
DIANE HAAR, ESQUIRE, HAWAII DISABILITY LEGAL SERVICES
SMSgt ROXANNE BRUHN, USAF, RET., VETERAN
COL. RONALD P. HAN, JR., USAF, RET., DIRECTOR, STATE OF HAWAII OFFICE OF VETERANS' SERVICES
DAVID J. McINTYRE, JR., PRESIDENT AND CEO, TRIWEST HEALTHCARE ALLIANCE
US SENATE COMMITTEE ON VETERANS' AFFAIRS

THE STATE OF VA SERVICES IN HAWAII FIELD HEARING

HELD ON

WEDNESDAY, OCTOBER 5, 2022
9:03 A.M.

(WHEREUPON, the proceedings were called to order after which the following occurred:)

SENATOR HIRONO: Good morning, everybody.

This field hearing of the Senate Veterans' Affairs Committee will now come to order. It would be good if I turn on the mic.

Good morning, everybody. I just gavelled in the hearing. It's lovely to see all of you. And, really, I welcome all of you but what is really particularly special today is that we have the Secretary of the Veterans' Administration; and I would say that I don't remember the last time that we had a secretary come to Hawaii to listen to our concerns and we're all very appreciative that you are here.

So I am going to begin with my remarks.

Again, I want to welcome everybody. I want to thank all of the witnesses starting with, of
course, the Secretary. And I also want to thank the Oahu Veterans Center for hosting this hearing. The last time we did this was a number of years ago, so I'm really glad that we are back here to listen to the concerns. And I'll ask all of our veterans who are here, some of whom I got to meet, including some of the veterans who were exercising in one of the rooms back there and it's -- it's one of the things that happens here, Mr. Secretary. And they also do video exercising, especially during the pandemic. So there are a lot of services that are provided.

I want to let you know that I have had the opportunity to work with Mr. Secretary even before he became the Secretary when he was working for President Obama, and I can tell you that Sec. McDonough is a hands-on, can-do person. And I knew this when he was the Chief of Staff for President Obama and going forward as Secretary of the VA that I have worked with him on issues that really matter to us here.

And, in fact, earlier this year we passed the Honor Our PACT Act. This is historic legislation to expand VA health care access to more than 3.5 million veterans who were exposed to toxic substances while in the service; and there are about
100,000 veterans, Mr. Secretary, in Hawaii; 30,000 or so of them live off of Oahu and the neighboring islands and you will hear some of the particular issues relating to our neighbor island vets; and about 12,000 of our veterans are women. So the -- I want to mention the PACT Act includes former Congressman Mark Takai's Atomic Veterans Healthcare Parity Act which made veterans who participated in the Enewetak Atoll cleanup and were consequently exposed to Agent Orange eligible for VA healthcare services.

I want to acknowledge former Congressman Mark Takai because he was such an advocate for veterans and we lost him way too soon, but his provision is included in the PACT Act.

And last year the Johnny Isakson and David P. Roe Veterans Healthcare and Benefits Improvements Act was signed into law. This law contains the most comprehensive update to VA services for women veterans ever. Women veterans are the fastest growing group of veterans.

And later today I look forward to taking you, Mr. Secretary, to tour the Windward SEBOC in Kaneohe which opened in December 2021. I'm also proud for the VA's commitment to expand services in
Hawaii with the Daniel K. Akaka VA Clinic in Kapolei. This clinic will provide important care for veterans not only on Oahu but across Hawaii and the entire Pacific region. It is totally appropriate that this particular SEBOC is named for Senator Akaka because as we all know he was such a champion for veterans, and this SEBOC was first conceived by Senator Akaka nearly 20 years ago.

And I appreciate your partnership, Mr. Secretary, in getting it over the finish line. In fact, I called Mr. Secretary and I said we are having some issues with the SEBOC and what can you do to help us; and he just immediately did it. So when I say he's a can-do, hands-on person that is really very, very true.

And then most recently while abortion remains legal in Hawaii nearly half of all women veterans live in states where abortion is not and it's outlawed, and we have about 600,000 female veterans, maybe 300,000 of them according to testimony you provided to the veterans committee a couple of weeks ago in D.C. About 300,000 of them are of childbearing age. And I commend the Secretary very much and the VA for putting forward a proposed rule that would enable the VA to provide
abortion services in the instances of rape, incest, and for the health and life of the mother. I personally would like them to go further but I'm just really glad that not only did they respond to a letter that I led some of my senate colleagues in asking the VA to come forward with this proposed rule, that I'm very grateful with the very swift response.

Okay. I just skip around because you know what? I want you guys to know that I have had occasion to work with our Secretary so I just want to pretty much end by saying that while we made great progress in terms of our veterans who have been exposed to toxic conditions, while we are paying attention to the growing number of female veterans, while we listen to the -- the veterans who are experiencing homelessness, we just got by the way $1.5 million in Hawaii to address the -- the issue of veteran suicide, there is a lot that we can all do together.

So I know that the Secretary is going to address a number of those concerns and I do want to mention as we talk about the suicides that the evidence shows that AP to AAPI, Asian American Pacific Islander, group of veterans has a higher
incidence of suicide. And I brought this up in one
of our hearings and asked that the Secretary and the
VA Administration to pay attention, to be focused on
this particular cohort group of veterans and this
$1.5 million that's coming to the State of Hawaii
will help us do that.

So for everything that we are all doing
together and for the Secretary's leadership, I
welcome all of you.

With that, I would like to introduce the
Secretary. I have a separate introduction just for
you.

SECRETARY MCDONOUGH: Oh, my.

SENATOR HIRONO: Yes.

SECRETARY MCDONOUGH: You're very
generous.

SENATOR HIRONO: He has a very long
resume, but Mr. Secretary was sworn --

SECRETARY MCDONOUGH: Could we include
that in the record?

SENATOR HIRONO: Well, we should tell
people what a great person you are. So just a
little bit.

He was sworn in as the 11th Secretary of
the VA in February 2021, and because I sit on the VA
Committee I was really glad to be among those who voted for him out of our committee and then also on the floor.

As I mentioned, he previously served in the Obama administration as the 26th White House Chief of Staff. During his confirmation hearings, Secretary McDonough testified to this committee that he would work, quote, "work tirelessly to build and restore VA's trust as a premier agency for insuring the wellbeing of America's veterans," end quote. Over the past two years that is exactly what he has done. I have appreciated his partnership in our work on behalf of our veterans across Hawaii and throughout our country, and I look forward to our continuing collaboration.

Mr. Secretary, please proceed.

SECRETARY MCDONOUGH: Senator, thank you so much for the invitation to come to this wonderful state and for the opportunity to testify about the critical issues so important to Hawaii in general, but also the great tradition of service that is manifest by Hawaiians.

I want to also thank you for your steadfast support of veterans, for their families, caregivers, and survivors all across the country, of
course, and especially here in Hawaii.

Before I get to the topic of today's hearing and understanding that Hurricanes Fiona and Ian are literally on the other side of the country, I did want to quickly touch on them. Our hearts go out to everyone who is impacted by these terrible storms and we're doing everything we can to help. Before the storms, we worked closely with our federal and local partners to keep veterans safe, including evacuating 152 veteran patients in Bay Pines, Florida, and transporting them to other VA facilities.

And since the storms we've taken several additional steps: One, reaching out directly to veteran patients and VA employees to make sure they are safe; Two, we've offered a pause in VA debt payments to every veteran impacted by these storms; Three, in Puerto Rico all healthcare operations are normal with one exception, the Ponce Outpatient Clinic which is partially operational because they are transitioning to a new facility; Fourth, in Florida all medical centers are fully operational; 

And five, all of our cemeteries in Puerto Rico, Florida, and South Carolina are open for
visitation and burial services. Now, of course, there's still a lot of work to be done as we recover from and rebuild after these storms, something obviously Hawaii is familiar with. And I assure you that we at VA will not rest until vets, their families, and VA employees get the support that they need.

Now back to today's topic. There are an estimated, as you just heard from Senator Hirono, 113,000 veterans in Hawaii. And our shared mission at VA in Congress and as a nation is to serve each of them, every one of them as well as they have served our country. We serve vets like the late Senator Inouye whose heroism and service in World War II earned him the Medal of Honor, and whose service in the Senate resonates loudly to this day. We serve vets like the late Senator Akaka, also a World War II veteran and the first US Senator of native Hawaiian ancestry. And we serve vets like native Rodney Navarro, Hawaiian native Rodney Navarro whose story I'd like to quickly share with you.

Rodney's a veteran who had a rough time after leaving the Navy, struggling with homelessness, justice involvement, and mental health.
issues. Back in 2018, he found himself incarcerated at the Maui Community Correctional Center facing a dire and direct ultimatum:

either remain in jail or receive treatment for PTSD and substance abuse. Rodney chose treatment, a decision that gave him a much needed second chance in life.

He excelled in the treatment program, got sober, and then began receiving help from VA's Supportive Services for Veteran's Families program or SSVF, a program that gave him the support he needed to climb out of homelessness and a program that Senator Hirono has fought tirelessly to get us additional funding for. As a result, Rodney was able to get back on his feet and rebuild his life and start to contribute to the strength of his community once again in the same way he had contributed to the strength of this great country through his service in the Navy.

That right there is an example of how we can together deliver for Hawaii veterans. And that's exactly what you do so very well in Congress, Senator Hirono, with your strong leadership and tireless advocacy. And that's what we at VA strive
to do every day for Hawaiian veterans and for all veterans to serve them as well as they have served us.

Now, I want to talk quickly about what we're doing to fulfill that mission. That means providing veterans with timely access to world class healthcare, something that you've been very diligent in pushing us to do, deferred benefits in the lasting resting places that is their first health care.

When it comes to providing care to veterans and their families, study after study show that veterans in our care at VA do better in terms of health outcomes than veterans that receive care in the private sector. Veterans' trust scores for outpatient care have averaged over 90 percent during the past year. We have permanently housed more than 26,000 formerly homeless veterans just this year putting us on track to meet our goal of housing 38,000 homeless veterans, permanently housing 38,000 homeless veterans before the year ends.

And I'm proud to say that since President Biden took office, VA has delivered more care to more veterans than any time in our nation's history. Notably, in 2021 we had a record 33 million
completed community care appointments. Now, we're not -- we're not where we need to be on timely scheduling of those referrals but we're making steady progress and reducing wait times.

And as you've consistently raised with me, Senator, I know that this is particularly important for our vets here in Hawaii and broadly in the Pacific.

During Deputy Secretary Remy's Indo-Pacific site visit back in August, he met extensively with local staff at VA facilities to hear their concerns and assessments about how VA was serving -- is serving vets in Hawaii and across the Pacific. The feedback he received was varied but one them stood out above the rest, and that is that healthcare of all types is in short supply throughout the Pacific Islands in Hawaii.

SENATOR HIRONO: Yes.

SECRETARY MCDONOUGH: So let me address that for a second and I know we'll talk about this at greater length. We are looking at ways to extend the use of telemedicine and other virtual tools to reach vets here in Hawaii and throughout the Pacific. We're working with our federal partners including at the Department of Health and Human
Services whose Health Resource and Services Administration, HRSA, funds community healthcare centers in rural and remote areas.

We made hiring and retention our top, one of our top priorities to make sure that we're both attracting and keeping great medical professionals to serve Hawaiian vets. And we're continuing to increase our capacity here in Hawaii, including as the Senator just said, building the Senator Akaka Outpatient Clinic to serve the more than 87,000 veterans on Oahu. So we're going to keep working on this and make sure that we're delivering world class healthcare to all Hawaii vets, and if I don't I know who I'll hear from first.

Next, we're laser focused on delivering the benefits that veterans have earned and deserved. Right now we're processing veterans' claims faster than ever before. In fact, VA processed 1.7 million veteran claims this past fiscal year shattering the previous record which was the year before by 12 percent. And we're already -- we already have many more claims coming in as a result of the PACT Act that Senator Hirono just talked about, which Senator Hirono got through the Senate and President Biden signed into law in August.
Thank you, Senator, for the work you did to pass this historic law because it's going to help VA deliver care and benefits to millions of toxic exposed veterans and their survivors, including so many here in Hawaii.

So to anyone listening today, I ask that you share these three messages with veterans and survivors you know:

First, we want veterans and survivors to apply for their toxic exposure related care and benefits right now. We do not want you to wait.

Second, we will begin processing PACT Act benefits for veterans and survivors at the earliest date possible, which is January 1st.

And third, any veteran or survivor can learn more about the PACT Act by visiting va.gov/pact. That's va.gov/pact or calling 1-800-MYVA411, 1-800-MYVA411 because we want every veteran, every single one to get the toxic exposure care they need and the benefits that they have earned.

And last but in no way least, we're focused on honoring veterans with the lasting resting places they deserve. Nationwide we're now providing 94 percent of vets with access to burial
sites within 75 miles of their homes. We've expanded our Veteran Legacy Memorial program which keeps veterans' stories alive long after they're gone to approximately 4.5 million veterans. And I'm proud to say that here in Hawaii 100 percent of veterans have access to burial benefits because every Hawaii veteran has earned a lasting resting place in this beautiful state befitting their selfless service.

So, Senator Hirono, those are just a few of the ways that we're working together to serve Hawaii's 113,000 veterans and all vets together. I look forward to continuing this work with you and your committee to do this important work and to keep serving veterans like Rodney Navarro, as well as they have served us.

So thank you for listening and for your ongoing support and for inviting me here. I mentioned to you as I arrived that an invitation from Senator Hirono is -- to put the invitation in air quotes, but it is nevertheless very generous. I'm here for two reasons: One, the great tradition of service in Hawaii and, two, because of this great advocate on behalf of Hawaii and Hawaii veterans, Senator Hirono.

So thank you so much for having me.
SENATOR HIRONO: Thank you very much, Mr. Secretary. I'm really glad that you talked about the PACT Act and how important it is for the veterans who have been exposed to toxic substances in Vietnam, for example, and the Middle East. They come forward and apply for this coverage because one of the issues, Mr. Secretary, in working with veterans is the outreach that needs to happen.

SECRETARY MCDONOUGH: Yes.

SENATOR HIRONO: And the information that needs to get out to the veterans because not every veteran comes to access.

SECRETARY MCDONOUGH: Right.

SENATOR HIRONO: They do not all access the system and so there are thousands of veterans who should be informed that this coverage is now available; and if you know any veterans or are there are things that you can do through your social media, et cetera, to get the word out that they need to apply to get this coverage that they should do so. It's one of the challenges as I've talked with veterans all across the state just the information that needs to be imparted.

So there is a lot that we can do. I remember when ending homelessness among veterans was
the number one priority for one of our earlier VA
secretaries, and it was very -- it was very
challenging and we did not meet that because
obviously we're still dealing with veteran
homelessness.

Do you want to talk a little bit about
what is it that you're doing that is decreasing the
number of veteran homeless and putting them into
permanent housing?

What are the kind of ways that are working
to reduce the number permanently?

SECRETARY MCDONOUGH: Yeah. Thank you
very much, Senator; and I apologize. I just got a
note that I was hard to hear so apologies for not
holding the mic closer.

It is true that Senator Shinseki, another
proud son of Hawaii, did make ending veteran
homelessness our goal as an agency. He succeeded in
halving the number of homeless veterans, so without
setting that big audacious goal he wouldn't have
gotten there.

So we intend to continue is aggressive
posture with your help. The bottom line what we
have shown in many communities across the country
because this is an issue that obviously Hawaii is
grappling with significantly, but so are communities across the country.

SENATOR HIRONO: Yes.

SECRETARY MCDONOUGH: And that's just -- that's homelessness generally, not just -- not only veteran homelessness.

SENATOR HIRONO: And especially, Mr. Secretary, in a place like Hawaii where the cost of housing is very, very high and it makes the challenge of housing homeless population, veterans or otherwise, or in fact --

SECRETARY MCDONOUGH: Exactly.

SENATOR HIRONO: -- families really, really challenging. So I hope that there are things that we can do particularly from Hawaii that's going to meet the needs of our homeless. But, please, go on.

SECRETARY MCDONOUGH: Yeah. So -- and we can really -- we can definitely get into the specific programs that I think with your help we've been able to really crank up over the course of the last couple of years.

But there's basically two major things that we are doing at VA. We are succeeding in bringing in -- so we set a goal earlier this year to
house 38,000, permanently house 38,000 homeless veterans this year. We assess that there are about 45,000 homeless veterans in the country. We are on track to meet that goal.

What we do particularly well at VA is that we aggressively identify who the homeless veterans are. In communities across the country we have a by-name list of the homeless veterans. We are able to identify what the challenges are facing those veterans. Often times, you are correct, it is as in Hawaii a high cost of housing states or cities where it's a particularly difficult challenge. But it's also that veterans have particular challenges whether that's substance use disorder, untreated mental health challenges and justice involvement, or financial challenges. That's why this year -- so the first thing we're doing is making sure that we know the veterans, we know their particular challenges and getting them wrap-around services, that is to say the full suite of services whether that's health care, substance -- mental health care, substance abuse disorder, or increasingly financial support and legal support to get them out of justice involvement such that they can address the issue that made them homeless in the first place. That's
the first and major thing we're doing and we're
doing it well, although we're not to zero yet.

    The second thing we're doing -- and this
goes directly to your question about high cost
cities and states -- is we are focusing aggressively
on prevention of homelessness in the first instance.
We're in a position to do this because of programs
that we have like housing loan guarantee through our
mortgage programs and through our financial services
center. I happened to be traveling this week with
one of our leaders from our financial services
center where we have an ability to have clarity
about particular looming financial challenges facing
veterans, and when we get evidence of those early we
can work with them to address those challenges
before those challenges become crisis and then
they're on the street.

    So wraparound services recognizing the
unique needs of homeless veterans in the first
instance.

    Second, preventing veterans from becoming
homeless. That's why going back to that excellent
work that Senator Shinseki -- or sorry, Secretary
Shinseki did, General Shinseki did -- we believe
that we can show we've either permanently housed or
prevented from being homeless a million veterans in
the United States.

SENATOR HIRONO: What I'm hearing you
saying in particular, Mr. Secretary, is that the key
is to know who the homeless veteran is and it's not
one size fits all. It is really to tailor the
programs and the support to the particular needs of
that veteran. I think, you know, while that takes a
lot longer it can be to the kind of permanent
results that you are seeking.

One of the issues that the veterans always
raise, especially the veterans who live on the
neighbor islands, is accessibility to healthcare and
I brought this up when I think we were having a chat
a couple of weeks ago about the reimbursement of
travel because often the -- the providers, the
healthcare providers, are not available on the
neighbor islands. They have to come to Oahu. And
so I think there needs to be more clarity as to when
the travel expenses can be reimbursed from -- by the
VA.

Can you tell us a little bit more about
how is it that a veteran can find out if a
healthcare travel need can be reimbursed or not?

SECRETARY MCDONOUGH: Yeah. Thank you
very much. And in fact, you did raise this with me
as you often do raise issues of access for Hawaiian
-- Hawaii's veterans.

SENATOR HIRONO: He can't get away from
me.

SECRETARY MCDONOUGH: Yeah. I think
they're picking that up.

SENATOR HIRONO: Thank you.

SECRETARY MCDONOUGH: So much so that even
when you travel to the other side of the country I
still come, so -- so the beneficiary travel. There
is a threshold issue which is if you are 30 percent
service connected and I know our veterans in the
audience and both watching understand what that
means, but if you are 30 percent connected -- 30
percent service connected, you will qualify for
beneficiary travel full stop. If you are having
trouble getting reimbursed for the beneficiary
travel and you're at 30 percent, make sure that you
contact the senator, you contact me directly or you
contact the Beneficiary Travel Office at the clinic,
or you talk to the veteran -- the patient advocate.
I'm not saying that we're perfect. We aren't, but
we are getting very good at speedy, speedier
reimbursement. So that's the first thing.
If you're 30 percent service connected, you qualify. If you qualify, work, and you're still running up against challenges, make sure that you reach out to us either through your senator or through my office directly or through our teammates here who are all sitting right here in the front row here in in-state.

The website on reimbursement rates and the reimbursement program can be found at vatravelpayreimbursement@va.gov.

Vatravelpayreimbursement. That's the second thing.

We should -- all that information should -- it is there for you. If you have feedback on how we can make it more readily available to you, please let us know.

Third, and I know this will be the subject of the second panel, and this is a subject you and I have been going back and forth on, is we'd love to have it be such that veterans needn't travel here for as much travel -- for as much care as they do need to now. So that goes to our efforts to increase telemedicine access, our effort to increase availability of localized community care networks and we're working very closely with our third party administrator, TriWest, to insure that there are
robust networks across the islands in the state.

That's work that's by no means done, but we'll stay on top of it and this is a constant, you know, a constant priority for us because there's no more important thing for us to do than insure timely access to the world class care we have.

SENATOR HIRONO: Understanding -- thank you, Mr. Secretary. Understanding that there is a provider scarcity on the neighbor islands, so now that it has been clarified and the veterans probably know that that if you're 30 percent rated disabled that you are able to get reimbursement.

But does that reimbursement also apply to elective care on Oahu, for example, as long as you're 30 percent disabled or is there another --

SECRETARY MCDONOUGH: The beneficiary travel applies to travel for care whether that care is provided in the direct care system, you know, so like the Weaver Clinic for example, or whether it's provided through the community here in Oahu. So whether it's elective, you know --

So, again, provided it's referral made by your primary care, you know, physician, wherever you get that care that is reimbursable care. You just have to get over that 30 percent service connection
and then you're in.

And I'm happy to note I see the admiral in
the front row here, Admiral Robinson, who's our
director here of the Hawaii Healthcare System,
nodding in agreement so I say that without fear of
rebuttal later.

SENATOR HIRONO: I would be curious to
know what percentage of the veterans of the 112,000
or 117,000 veterans in Hawaii meet that initial
threshold, so if the Secretary doesn't know for the
next panel would you let me know so that when I get
these inquiries that we can be very clear as to who
would qualify for beneficiary travel reimbursement?

SECRETARY MCDONOUGH: We'll make sure we
get that into the record if not answered today for
sure.

SENATOR HIRONO: One of the ongoing issues
-- and you touched upon this, Mr. Secretary -- is
the need to recruit and retain our provider network
and including, by the way, the people who are in the
VA Hospital system and it's been quite the
challenge.

Are you making inroads in recruiting and
retaining the providers of the network of nurses and
physicians and specialists within the VA system
itself? How are we doing on that score?

SECRETARY MCDONOUGH: Yeah, so we have a weekly staff meeting to prepare the week ahead and I list our priorities every week, and every week and the top three priorities of the department are hiring, hiring, and hiring. So this is a major challenge for us.

Let me give you an example. We believe that we need to hire 45,000 nurses in the next three years. Those are nurses of all specialties and all, you know, ranks:

registered nurses, nurse practitioners, LPNs, assistant nurses, 45,000. July was the first month of this calendar year that we hired more nurses than we lost through retirements or through leaving to go to other -- other healthcare systems.

SENATOR HIRONO: How did that happen? Did you provide more benefits, higher salaries?

SECRETARY MCDONOUGH: Yeah. So there's two things. One is what we're doing and the second thing is what is happening in the community.

What we are doing is we are using the authority that you gave us in what is called the RAISE Act. Senator Hirono, Senator Tester, Senator Moran got together and got through the House and
Senate which gives us additional authority to increase pay for nurses specifically. So we're using those authorities. Those relate expressly to pay.

The second thing we're doing is we're using the authorities now available to us from the PACT Act which is the new law that covers, as we said, toxic exposure. There's a whole part of that law that gives us additional authorities to retain and to hire medical professionals. Let me give you an example of what it allows us to do.

There's something that's particularly helpful for us here in Hawaii called the Three R's: Recruitment, retention, and relocation bonuses. For a long time we used to have to go to the Office of Personnel Management, OPM, which is a separate agency in the government. So you have to first work your way through the morass of bureaucracy at the VA then go, like, several blocks away and work yourself through a different morass of bureaucracy just to get the ability to use this Three R's capability.

And as we've just said, relocation costs if you're coming to Hawaii are high. Retention costs are high. So we -- you've given us in the PACT Act the ability, for example now, of our own accord to just
go ahead and use those bonuses.

The second thing is often times what would happen is a nurse would be recruited by saying, hey, we'll give you a signing bonus. We received in some places where those bonuses were as high, I just heard earlier this week, as $70,000. My mother was an emergency room nurse. I told you about my family out front, Senator. My mom worked midnights, came home in the morning, sent us all to school, got a little bit of sleep then went back to work the next night. She had 11 kids doing that. I wish my mom had the leverage in the market that nurses have right now. So I don't begrudge the nurses that one bit. I think it is terrific that nurses are being paid what they should be paid. But we were capped in many cases or limited in what we could do, including we could say, yeah, we'll give you a bonus as well, but we've got to wait until the end of the year to pay you your bonus. So you stay the year, we'll pay your bonus; but if you go across the street you'll get your bonus the day you start, so you've given us now the authority to pay that bonus out front.

So those are the things that we're doing using these authorities to more quick -- to better
remunerate nurses. What's happening in the community and then one thing we have to fix -- what's happening in the community right now is many nurses I'm hearing increasing stories of and it'll be interesting to hear if that's the case here in Hawaii, which we'll talk about I'm sure in the hearing today, but also in our visit this afternoon -- is nurses are seeing the beneficial things that happen in the -- including the better nurse-to-patient ratio, better retirement benefits, better work/life balance, and they're now having shifted to the attraction during the pandemic of other settings are now shifting back to us. So we'll see if that continues.

The third thing is something we have to do a better job of. We have to get better at onboarding our personnel. We go find someone, we hire her. That person when we hire her is conditionally hired based on what is called "onboarding", which is a series of background checks, paper filling out exercises even in some cases writing an essay about why you want to be a nurse. I wish that were a joke but it's not. That sometimes can take three to four months after you're hired and during which time you are not paid. We
can't continue to be competitive if we continue to
do conduct our business that way.

   So we do some things well, some things are
changing in the community, one thing we have to do
better on and this is squarely on me, we have to
hire faster, onboard more quickly, so that we get
vets providing care -- sorry. Nurses providing care
of vets.

SENATOR HIRONO: Thank you for that
explanation. It tells a story of how you have to
identify where the roadblocks are and then remove
those roadblocks. Often, it's really specific such
as requiring an essay.

When I got on the VA Committee and one of
the things that happened was, of course, the whole
crisis of the tremendous wait times and the fact
that it was really difficult to hire personnel for
the VA because there were so many steps that they
had to go through; and so we actually had to amend
the law to authorize VA to more quickly hire people,
but it goes to show, Mr. Secretary, there is still
work to be done.

   And by the way, there is a nursing
shortage throughout the country. We in Hawaii know
that Governor Ige recently issued an executive order
to enable nurses to come to Hawaii without the need
for them to be licensed in Hawaii. So there is a
huge nursing shortage.

And the other issue that we should note is
one thing about the pandemic, we knew that a lot of
people on the front lines were immigrants and a lot
of the nurses -- a huge percentage of nurses in our
country are immigrants. We need to fix our
immigration system. We need to enable more
professionals and others, especially in some of
these needs categories to come to our country. Very
much impacted by the way during the Trump
administration, they -- the immigration numbers
fell dramatically so we need comprehensive
immigration reform. We need to understand that
there are -- that most of the nurses frankly come
from the Philippines. They are trained where there
are massive wait times for them to come to our
country. So there are things that, you know, that
we need to address the huge nursing needs.

And there's also huge needs for doctors,
by the way, so then the question that I have is that
we -- I'm sure that the VA system is already working
very closely with the John A. Burns School of
Medicine because one of the ways that we can retain
medical personnel is to provide them with the opportunity for residency in the state system. I'm told that people who do the residencies in another state they tend to stay in those places, so I hope that we're providing whatever residency opportunities that the VA can provide to the John A. Burns people and I -- you're nodding?

SECRETARY MCDONOUGH: Yes, can I say something about this?

SENATOR HIRONO: Yes, please.

SECRETARY MCDONOUGH: In fact, we do, we do. We have 16 residents from the John A. Burns School. I would like to see us grow our residency program for the -- for doctors, but we also have a big nurse residency program in the country, but it's only right now about 1500 nurses. And the same thing, there's 1500 slots. The same thing is true with nurses as is with doctors, which is nurses who conduct their residencies with us are more inclined to stay with us. They're sticky.

SENATOR HIRONO: Yes.

SECRETARY MCDONOUGH: So we want to see an increase of that. We'd like to see an increase of that by about -- and I think we'll see this in the president's budget request for next year by about 5X
so we'd like to grow that from 1500 slots a year to 7500 slots a year because I think the demand is there.

The second thing that we can do and I say this to the aspiring med students and doctors and nurses who are watching is we have very aggressive loan repayment, student loan repayment programs. These have just gotten even more generous thanks to your work in the PACT Act, but we can often see through loan repayment and loan forgiveness through your service at VA that we're able to help our providers, docs and nurses, and their student loan debt in 10 to 15 years as they served with us.

SENATOR HIROKO: I'm glad you covered the student loan issue. Mr. Secretary is going to be doing a round table with some of the students in the University of Hawaii system. You mentioned earlier there are about 17,000 veterans in our system and so the -- can you speak about how the Biden administration's recent actions on federal student loan forgiveness will support student veterans in Hawaii and elsewhere? Maybe you can just provide a little bit more to that?

SECRETARY MCDONOUGH: Yeah. So we obviously work very closely with the Department of
Education on our student programming, veteran student programming. Much of what I'm going to talk about now speaks expressly to the Department of Education announcement last month where President Biden has insured that working and middle class Americans can get a little bit more breathing room in up to $20,000 in debt relief in Pell Grant recipients and up to $10,000 to other borrowers.

While I don't have specific Hawaii data on who will benefit, just to put this in perspective, student veterans are a part of Hawaii's estimated 111,500 borrowers who are eligible for this relief. And about half of those are Pell Grant eligible --

SENATOR HIRONO: Yes.

SECRETARY MCDONOUGH: -- meaning half of those, about 65,700, would be eligible for the up to $20,000.

The Student Debt Relief Plan will help borrowers and families continue to recover from the pandemic and prepare to resume student loan repayments in January of 2023. Nearly 90 percent of relief dollars will go to those earning less than $75,000 a year and no relief will go to any individual or household in the top five percent of income. So, again, the focus is very intently on
working families.

And then it's targeted relief for borrowers with the highest economic need. The administration's actions will also help narrow the racial wealth gap. Nearly 71 percent of black undergraduate borrowers are Pell Grant recipients, 65 percent of Latino undergrad borrowers are Pell Grant recipients, and I just said half of the borrowers in Hawaii are Pell Grant recipients. So it should be and will be weighted towards those student veteran borrowers who are, you know, obviously as many of us were when we were younger, working to bring down yet not making a lot of money and trying to get by.

**SENATOR HIRONO:** I know that the student loan forgiveness program is very targeted. It's not as though we're just handing out money to everybody out there.

**SECRETARY MCDONOUGH:** Right.

**SENATOR HIRONO:** It's very targeted and when we reduce the student loan burden then that inures to the benefit of the family, the community, and everyone so it's very targeted. And on Pell Grants I have been a champion of Pell Grants and knowing full well that they -- a huge number of
veterans go to school on Pell Grants.

Now one of the things that happens, though, is every student who gets onto the Pell Grants need to complete what's known as the Free Application for Federal Student Aid called FAFSA, and currently generally we know that student veterans complete FAFSA at lower rates than other students. Why this is the case, I do not know.

Is there anything that the VA has done to improve the FAFSA completion rate for student veterans? Is this an issue that has come to your attention?

SECRETARY MCDONOUGH: I'll be very candid with you, Senator, which is that I am familiar with your history on FAFSA, including having enacted the FAFSA Simplification Act I think which will help, but I will confess to you that before I was preparing for this hearing I was not aware of the challenges facing veterans. So this is one of the things that I will take from my preparation for this hearing from this hearing itself and see if there are things that we can do in the inner agency, i.e. with the Department of Education, with our partners, our VSOs. I see some of our VSOs represented here today, but also factor this into our transition
planning for active duty military.

I sat down with a group of Air Force personnel yesterday in Dallas and Las Vegas. We talked about the whole question of access to healthcare as they transition into veteran status, but we'll see if there's a way we can include FAFSA and access to student loan and in addition to the GI Bill opportunities we have into our transition planning.

SENATOR HIRONO: We know that veterans in Hawaii but elsewhere, everyone, they have childcare costs, they have housing costs so I think that this is another area where whatever we're providing for veterans' housing, for example, in a state like Hawaii, is there recognition that housing costs are very high and therefore adjustments are made to providing housing support for veterans in a place like Hawaii?

SECRETARY MCDONOUGH: Yeah, so we are in a place like -- well, in every state we are statutorily tied to the basic allowance for housing that is established by DOD. You will have seen an announcement from Secretary Austin about two weeks ago in recognition of the fact that many of our lines of investment in our military personnel need
updating, that he has increased many of those lines
of support so that will directly translate to our
ability to provide additional housing support
through some of our programming. But as it stands
right now we're directly tied to DOD, so this is
something that the secretary and I have been talking
about which is how are we making sure that in these
-- in difficult times, you know, our families have
access in these high cost states, high cost cities -
- have access to the maximum amount of assistance we
can get them.

We just heard -- I just heard from Patty
on my team. We visited Punchbowl yesterday. She
visited Punchbowl yesterday. I too often hear about
personnel who work for VA, including at the National
Cemetery Administration. These are people working,
many of them veterans, overwhelmingly veterans,
working full time. They are still on Food Stamps.
I find that unacceptable, so we're looking at a
variety of special pay rates, special year in
bonuses to make sure that they have, A, recognition
of their excellent work, B, they don't have to find
themselves struggling to make rent, struggling to
pay for food.

SENATOR HIRONO: I think that a lot of
these indicators have been set and we need to revisit these kinds of set amounts for housing, et cetera, to reflect the realities, current realities. I mentioned that there is a higher incidence of veteran suicide which is a huge concern across the board, but in particular the higher incidence of suicides among Asian American, Native Hawaiian and Pacific Islander veteran groups. And I had raised this with you and I had asked that the VA specifically address this cohort of veterans.

Are there things that you can update us on what the VA is doing to address this particular group of veterans?

SECRETARY MCDONOUGH: Yes, so let me get to the specific group of veterans in a second. I just want to call everybody's attention to four things:

One, suicide prevention continues to be our number one clinical priority;

Two, we released two Mondays ago the annual report on suicide prevention, which provides the data for the year, the most recent year that we have comprehensive data. We get data through the CBC. It usually has a two-year leg, so we just published the 2020 data. We saw more than 6000 veterans die
by suicide in the year 2020, which is heartbreaking and unacceptable, and in fact until there are zero we won't stop pushing on this. At the same time there were about 220 fewer suicides, deaths by suicide, in 2020 than there had been in 2019, and in 2019 there had been fewer than there had been in 2018. So we've now seen the biggest reduction in suicide among veterans, death by suicide among veterans since about 2005, which gives me some hope that --

And this is the third point, the things that we're doing including investing in comprehensive care, thanks to your support for our Office of Mental Health and Suicide Prevention, dramatically ramping up access to the Veteran Crisis Line by using -- by urging veterans to dial 9-8-8, a simple three-letter -- three-number telephone exchange. Just by dialing 9-8-8 and then pressing 1 veterans or family members in crisis can reach care immediately and we can get veterans in crisis into care that day.

So we are making progress including by using also as you just said, I think some of the grants that you've -- Hawaii's been awarded under the Sgt. Fox program where we invest in local
veteran associations which know veterans best.

SENATOR HIRONO: Yeah.

SECRETARY MCDONOUGH: That's the third thing.

Expressly then on AAPI vets, native Hawaiian vets, we are working on culturally competent care.

SENATOR HIRONO: Yes, yeah.

SECRETARY MCDONOUGH: And we're making sure that that training is available not only to our providers here in Hawaii, but also available to national resources like the Veteran Crisis Line, so you have us focused on this. We are making sure that we are attacking this through every avenue we can, including by making sure that we have access -- or trained professionals are trained in culturally competent care.

The last thing I'll say is this: Those veterans watching, those family members watching, please visit us at va.gov/reach, va.gov/reach, where you'll find a full listing of information best, you know, professionally laid -- professionally laid out, professionally tested information to insure that even if you're not in crisis today if you find yourself in crisis what you will want to have
prepared yourself for to include the use of gun locks, gun safes, getting some distance between veterans and firearms in a time of crisis. So please visit us at va.gov/reach.

SENATOR HIRONO: Thank you. The fact that 6000 veterans as you mentioned passed away through suicide in 2020 is -- it is heartbreaking and I think the kind of very specific identifiers that you're talking about for our veterans to prevent suicide is the kind of thing you're doing for our homeless veterans, so I think that is what's needed.

I know that we are getting to the end of the one-hour period. There are other issues relating to support for veteran-owned small businesses and we have the Small Business Administrator present only a few weeks ago, and she is also focused on those needs and anyone here who's interested in veteran-owned small businesses and would like to get some information on that, we have information there. And then the entire area of mental health services for veterans and telehealth, that is all areas that I know you're already pursuing.

So, Mr. Secretary, thank you very much for your attention and time and your commitment to all
of the veterans. I remember when I talked with him and he called when he had been nominated for this position, and I had not particularly associated Sec. McDonough with veterans' issues, but he told me otherwise and what he really made clear, though, was that he was very, very focused and committed in improving the lives of our veterans and I take him at his word and he has been doing just that.

So thank you very much.

We are going to take a little bit of a break as we set up for the second panel. Thank you.

SECRETARY MCDONOUGH: Thank you so much.

SENATOR HIRONO: As we say in Hawaii, mahalo.

SECRETARY MCDONOUGH: Thank you very much.

Mahalo.

(WHEREUPON, a short recess was had.)

SENATOR HIRONO: Everyone, I am going to call this hearing back into session. We're going to go onto panel two and I would like to welcome everyone on the second panel. Before we begin, I want to remind each of you on the second panel I know some of you wrote pretty extensive testimony and I would appreciate it if you could -- I know you have a shorter version but, of course, your full
testimony will be included in the record of this hearing.

I'd like to first introduce Diane Haar of Hawaii Disability Legal Services. You can wave here, that's okay. There's Diane.

Then next we have retired Air Force Senior Master Sergeant Roxanne Bruhn? Roxanne, welcome. We are also happy to welcome Ronald Han, Director of the State of Hawaii's Office of Veterans' Services and a retired Air Force colonel. You've got to wave to them. Okay, there you go. They need to know who you are. I know they already do.

And our final witness of this panel is Mr. David McIntyre, Jr., co-founder, president and CEO of TriWest Healthcare Alliance.

And thank each of you for being with us today. And for those of you who have served our country, "Mahalo nui loa" for that.

And now we will start with Ms. Haar.

**MS. HAAR:** Thank you, Senator.

**SENATOR HIRONO:** Can you help her with the mic?

**MS. HAAR:** Thank you, Senator. And thank you for coming home and being with us today and
bringing this important event to us today.

My name is Diane Haar. I'm a licensed attorney. I practice in the State of Hawaii, the Pacific territories, and the Philippines. My practice is devoted to representing veterans and others with disabilities. I am a VA disability attorney and I represent veterans for other types of disability programs, as well. I'm happy to report I actually just got someone benefits this morning.

SENATOR HIRONO: Great.

MS. HAAR: In the course of my practice, one of the things that I end up doing is talking to an awful lot of medical providers, so we're getting the veterans' medical records and they open up to me a lot about the problems they're having with billing. And I'd like to thank VA for things that are going better; and one of the things that's going better is a few years ago we had a lot of veteran medical providers, a lot of doctors, mental health providers just drop out and refuse to take any more VA patients because they weren't getting paid for nine months or a year. It was taking a really long time and some of these folks didn't know if they'd ever get paid.

This has gotten a lot better. Now it
takes at most about 60 days. I don't know if that's
every medical provider. I'll say over the last
couple of weeks I spoke to providers here and on our
neighbor islands. While they seek me out because
they knew I was coming here, I wanted to see how
things were going out there. So I went out and
sought them out. And what I actually found out is
we're still in danger of losing medical providers.
This is supremely important.

As you guys know, we have a VA Medical
Clinic here in Honolulu. We have community-based
outpatient clinics on Oahu, on our neighbor islands
and our territories. We don't have a VA medical
center. The clinics are relying on others sometimes
for specialty care. For our neighboring islands,
they're relying on providers that can give veterans
care closer to home. And this is really important
because honestly some of our veterans are pretty
poor. You know, they'll be reimbursed by VA but
they can't afford it in the first place and these
referrals make a huge difference.

The problem we're seeing is those who've
been treating veterans for a while now, those who
have been treating veterans for two years or more
are getting these overpayment notices, and what
they're getting is notices from VA saying you owe $5000, $8000, some other large amount. And as you know, most of our medical providers here are pretty small, you know, one-doc shops who are doing their own billing.

VA is sending them these letters telling them if they don't pay the money back immediately, the VA will take out of what they owe them or what they're supposed to owe them in the future from any future veterans they take. And this is a major disincentive to keep taking veterans.

Worse, the providers have let me know it takes an inordinate amount of time to try to sort this out. A lot of the phone calls they make, it's incredibly hard for them to reach someone who can actually discuss the overpayment with them, let alone someone who can ferret out what the problem is and help them sort it out. And they let me know if they stay on top of it, most of these will be resolved in their favor. However, like I said, these are one-doc shops, you know, or just a couple of docs shops and they're doing their own billing. All the time they spend on this is money that they're not paid for. It's money that they can't -- it's time they can't spend treating patients. It's
money that they don't have, so it really makes them
question whether they're going to take more VA
patients. And I'll say it goes beyond that. I had
doctors really reach out to me and let me know that
they really are really seriously considering not
taking veterans anymore. They've got one foot out
the door already because they don't know how to
handle this.

And they're telling me it's a double
whammy because these are fees that were already cut
down when they initially submitted their request and
now they're being asked to pay more back and they
just can't afford it.

And I know it's been brought to me by the
providers, by vets, my husband had to leave but he
served for 25 years and is now in the VA system, and
he is in significant pain. I really admire him.
He's in significant pain and pain management and he
goes to these providers regularly, and both of these
outside providers are telling him the same thing, "I
don't know if I can continue to do this. I don't
know if I can continue taking the time to fight
these overpayments."

So I wanted to bring this to you today to
let you know, we are a small state. I work with a
lot of homeless, I work with a lot of veterans and I
know -- I have every confidence in you because I
know you know how important these providers are and
how important this medical care is. We can't afford
to lose these folks and we are all so grateful for
you allowing me to give this testimony today and --

SENATOR HIRONO: Thank you.

MS. HAAR: -- for everything you do for us
and for everything that I know you'll do to help us
because it's super important that we keep these
providers in the loop. I know telehealth is on the
horizon as well but, you know, as I was on big
island last week and there are areas that cell
phones don't reach.

SENATOR HIRONO: Oh, yes.

MS. HAAR: And providers -- those of us
out there, even I do it, do home visits. We go see
people where they're at. That's how we are on
Hawaii. So having these providers able to get
reimbursed, able to pay for their own housing, able
to stay off Food Stamps, it's huge. So thank you for
allowing me to speak.

SENATOR HIRONO: Thank you.

And, Mr. McIntyre, I hope that you will
address some of these concerns raised by Ms. Haar in
terms of reimbursement and the issues facing the provider community and that's a group that you work with, right? Okay.

So the next person will be Ms. Bruhn.

**MS. BRUHN:** Aloha, everyone. My name is Roxanne Bruhn. I am a 32-year veteran of the Hawaii National Guard and retired from the United States Air Force. I wanted to testify because this is my experience with the VA, and I'm only speaking for myself but then this may have happened to other female veterans primarily.

I was part of the VA journey after my retirement in 2015. One of my first experiences with the VA was that I, you know, I'm a 13-year veteran so I'm used to taking orders; you tell me you want this, this, and this done and I will do it because I am a good airman, I follow instructions.

So I took all of my legal documents and submitted it to the reception area because that's what I was told to do, bring all my records and take it to them. I did that.

Somehow my records got lost.

**SENATOR HIRONO:** Oh.

**MS. BRUHN:** To this day they don't know where my records are at, so I got a -- I got a
letter stating that I didn't follow and I needed to submit my documents for my PCP to continue to reevaluate me. So I went back to the VA and re-submitted my documents and I waited there and I was insistent, and I said I was not going to leave until these documents are placed in my records because it was lost the first time. I got a lot of resistance and, you know, people were very unhappy with me because I was insistent that I wasn't going to leave until my documents were placed in my records. But, you know, one time you're burned you're not going to allow that to happen again because, you know, this was the start of my journey.

The next time I went to see the VA, I'm a good airman again; my appointment was at 8:30 so I arrived at 8:00 because if you're on time you're late.

SENATOR HIRONO: Yeah.

MS. BRUHN: So I'm early. I'm sitting in the waiting area in the women's clinic and I check in and I'm waiting. Then these two staff members come in. You know, I'm thinking they're going to start their work. They come out and they tell me, "Excuse me, ma'am, but you have to leave."

And I'm like, "Why?" "Oh, because we're
going to a staff meeting and you have to vacate the waiting area, you have to wait outside in the hallway."

And I couldn't understand why would I have to do that when the doors are all locked? I'm not going to try to break into the area. But I went outside and I waited because they had a staff meeting and then they came at a quarter to 9:00 and my appointment was at 8:30, but it's okay as long as I get seen. But no other clinic in the VA makes their people leave their waiting area if they're going to have a meeting, so why was the women's clinic different? Why would they make the women who were waiting leave the area so that they could lock it up?

Already I was starting to have this anxiety because it seemed as though every time I would go to the VA for my appointment nothing went right. I always -- I started to be apprehensive and waiting for that other shoe to drop because something doesn't go right.

I was seen by my PCP on several occasions and each time she would review my medical record -- my medications and say, "Oh, are you still taking this?" And she would check it off. Somehow my
prescriptions would be dropped from the system. I don't know what she was doing or what she had to do but every time I saw her I lost all my prescriptions, so I couldn't go for my refills which made it hard for me when it came time for my refills that I didn't have any, even though I already had like three more -- three more prescriptions left. And this happened not one time, this happened like three or four times and then I would have to -- they don't pick up the phone. I called and I'd leave a message; I don't get a call back. I call, I leave a message, they don't call back. So I ended up emailing in a secure message and then two days later I would get a email responding to me saying, "Oh, we'll let your PCP know."

So already this is now going on two weeks without my refill. I'm running low, which is my fault; I should not have waited that long but I don't know if everybody is like really on top of your medications. You figure you have medications that you could just call in and they'd get it mailed to you.

So it just compounded a situation, a feeling of not being treated well. The one thing that threw me over the edge was when I went on a --
I had an appointment on a Saturday morning and I was there early, and I waited for like an hour-and-a-half and I kept asking, "What's going on?" And no one would tell me that my PCP didn't come to work yet. So my appointment was at 8:30, but she didn't arrive until after 9:00 and I -- and how I knew that is because I saw her running into the clinic and there was no apology. But, you know, if you were late, you have to reschedule because, you know, you're backing up into someone else's appointment. But it's okay for the patient to wait one hour. You know, that was unacceptable.

My PCP referred me to a therapist because I was assaulted when I was in the military when I was on active duty and it caused -- it caused problems that I wasn't aware of. I repressed this assault because if you were to tell someone what happened, you are female and you're labeled, and then your career can take a huge hit if -- if this -- if this gets out. And so I had this repressed anger that I didn't realize that was causing me the problems at work where I was -- I was always angry. It went home where I was having difficulties with my marriage because of this repressed anger and, luckily, my PCP, she saw this, she referred me to a
therapist and I was so happy to see my therapist, but they would only allow me a few visits. You were only allowed, like, three or four visits and then you -- then you had to see a regular therapist, but there was no female therapist available. So what do I do?

She then referred me out to the community of care service for my therapist and that's who I am continuing to see to this day is that therapist.

But why wasn't there any female therapists? There was only males and why was there no female that could help a female veteran who suffered an assault while on active duty? You know, I didn't feel comfortable talking to another male about what happened to me and I felt much -- I felt freer to speak to a female than to a male, but it was through that -- those issues that I asked then to be referred out to community of care, which is now who helps me, who I see on a regular basis for my care is the community of care which I was just being told by my doctor that they may stop because they're not getting paid on time and that it's not worth their while and that's going to really hurt me to have to go back and then have the same type of issues follow me, you know, at the VA.
I really -- I'm very, very thankful for the community of care ability because that has helped me to overcome the -- the mental issues that I didn't know I have. You know, you don't know what you don't, and I didn't know; but luckily someone saw and pointed me in that direction and I'm thankful for the VA for -- my PCP for seeing that I had this anger thing going on, and I guess it's -- I guess it's because of my anxiety. Every time I had to go to the VA my anxiety level comes up because nothing goes right. That anger issue came up so it -- it -- in the final result, it worked out. But I can't -- but I would be remiss in not seeing that the VA has come a long way and I'm very thankful for Dr. Robinson and what he's done, what he's doing for the VA.

My husband and I had excellent care when we -- during the pandemic, we got our COVID shots through the VA when they opened up -- they opened it up to your -- to your caregiver, to your spouse, which was very good because if I get COVID -- if he gets COVID and he gives it to me, what's the sense? So it was very helpful that VA allowed the spouse to get the shot as well as the veteran, and so I'm very grateful for that. But I really feel in my heart
that the women's health clinic at the VA needs to
have a better -- a better handle. They need to
understand that women veterans are not special in
the sense where we need special care and we need to
be coddled, but we have different -- different
things that needs to be addressed.

We need -- we need more females. We need
them, the mammograms, those types of things, I -- I
cannot stress enough that I feel that the women
veterans are under-served and that more should be
done for our women veterans here in Hawaii.

    Thank you very much for allowing me this
time, Ma'am.

SENATOR HIRONO: Thank you, Ms. Bruhn.

Mr. Han?

Yes, there are people out there who
acknowledge it and agree with you. Me, too.

    Go ahead, Mr. Han.

MR. HAN: Thank you so much, Senator
Hirono. I'm very, very thankful to you for all your
hard work. You know, our congressional delegation
with what you do on the Senate at the Veterans'
Affairs Committee and our Senator Schatz in the
Krowseman (phonetic) case comes fairly working
together and do amazing things for our veterans. So
thank you so much for your legislation efforts.

And I also want to thank the Secretary for his commitment and his dedication. Your presence here today, Sir, speaks volumes of how you put your veterans first. I hear that all across the entire spectrum from my other state veterans directors out there, so thank you, Sir.

I've been here, this is my second time. Back in 2014, Senator Hirono, thank you so much offering me the opportunity to testify. I was here with Mr. Dave McIntyre. We sat almost in the same positions we are in today and, frankly speaking, the VA was as you pointed out -- was under duress. It was a completely different -- that's eight years ago.

Things have changed quite a bit. We have seen the differences. You know, it was all about the institution; how did we fit the veteran to the institution? Now it's about the veteran's experience, it's about what do you do for veterans? It's about how the veterans feel about things, so we have seen the changes and so I just wanted to cover very quickly -- I know I put a lot in my written testimony, but just very briefly, State Office of Veterans' Disability Claims. We handle and work
very closely with the counties and eight state
veteran cemeteries. We have like ADCOM control,
operational controls with the counties.

I also wanted to point out that incredible
time. Roxanne already put out a lot of things about
the pandemic, but we went into a telecom mold like
many others and so we started processing 25 to 30
percent more disability claims than we ever had
before. We never shut our doors. The State shut
down. We had a high infection rate across the
nation, but we never shut down. What was important
about that is we were able to put those claims into
the VA, and the VA went and they went on overtime.
A lot of them worked on Saturdays with their staff.

I also agree with Roxanne about the shots
in arms. It wasn't just here in Oahu. That's one
of the biggest things that our veterans talk about,
you know. And Senator Hirono already brought it
out. Let's not just talk about Oahu, let's talk
about the state as a whole, you know. Everything
gets sucked up about Oahu, but the neighbor islands
deserve just as much emphasis and focus as any place
else. And they went out there and they put shots in
arms, vaccines, flu shots, amazing kind of things.

And I love Roxanne's commentary about that
because it took care of the family members as well.

We overlooked that. This was a tough time for everyone the last two years and the VA really stepped it up.

I go back to my testimony. I kind of concentrated on three different areas. One was on excess, one was on timeliness, and the other one was on quality. And so I have seen excess for the VA improve in many different directions. Sitting next to Mr. McIntyre with TriWest, understanding how we go to civilian providers in community, and you already touched upon it already. There is a lot of shortfalls with our healthcare providers overall. But once the veteran and, Roxanne, you mentioned it or Roxanne mentioned it already, once the veteran receives an appointment in the healthcare system, they get very good support even with the sponsored members that are out there. The key is to get in -- getting into that queue. Never easy to do, but the quality is there.

Also, I would also make mention that there's been a lot of hiring. We've seen that with Dr. Robinson's staff, with John Lombardo's staff, also with more services, with Jim Horton's staff. So that's a good thing. Telemedicine, telehealth, it
absolutely was a game changer for us during the pandemic. That cannot be over-emphasized and I really believe that, you know, we still have some veterans that we're trying to get up to speed on things, but we are patient and we want to try to help them as best that we can. Some have Wi-Fi capability issues; others are in really rural set of areas. They just can't get connected, but we will never give up and you pointed that out, Secretary. There's not enough we can do for our veterans.

Also, I want to make mention of the fact that the startup of the Daniel K. Akaka SEBOC is another important -- thank you so much, Senator, and thank you so much, Secretary. You do not realize how much that's going to help with the programs that we have throughout the state, not only throughout the Pacific as well.

And guess what? You're setting up the same kind of programs with Dr. Robinson and Craig Oswald's in the room over on Maui and over on Kawai. It's a unique concept. It's a one-stop shop. And we're proud that the SEBOC is going to be there, the vet center is going to be there along with the State Office of Veterans' Services. A lot of support there. So they don't have to go to three or four
different locations, have to navigate their way through things. It will all be provided to them if you want to read them.

I also want to make mention of another important first step. Again, thank you so much, Senator, and your hard work, Senator, along with Secretary McDonough. The Daniel K. Akaka State Veterans Home. A 120-bed skilled nursing facility long term care, 60 percent completed over in Kapolei.

We had a longstanding shortfall and we're so very proud to see this come to fruition. We're looking at our first intakes, it should be completed May of '24. So the first intakes probably latter part of that year and into calendar year '25. It's a much-needed facility. We're one of three states – the Yukio Okutsu is our very first state veterans home that has adult daycare built into it, and we're going to do the same thing for here on Oahu.

Again, that's opened up to the entire state not just Oahu.

I also want to make mention of the fact that the programs that I've seen where access has really been important, Purple Heart and Civil Veterans Equal Access Act of 2018. Sometimes we
miss -- miss that, you know, where our veterans now even with a zero disability rating can gain access to the commissaries. It may seem something small to people, that's a huge benefit for our veterans. It's too bad we don't have enough commissaries on the neighbor islands, but we can work on that for the future maybe.

Also, VA Caregivers Support Program. We just started up one in October. That's another one that's going to help our family members of survivors being able to take care of their veterans. Again, a lot of excess issues.

You already mentioned about the veteran homeless program. We have a very robust program here in Hawaii. Like, you mentioned, Mr. Secretary, we have a number, it's about 228. Most of those are sheltered. There are some unsheltered and they have them in the data system, including Partners of Care interagency consult. They work very, very jointly across the state and I really believe that, yeah, one veteran is too many; and the only reason why the veteran might be on the street is because they don't want to accept the help. We work harder and harder and harder every year to get them to accept that help.
You mentioned about wraparound services. The people here are very, very committed and those numbers were a lot different back in 2014. So you're absolutely right; we have come a long way, Senator.

Also, some of the other important programs -- you mentioned about suicide prevention. So we have undertaken, Senator Hirono and Secretary McDonough, the Governor's Suicide Challenge. It's about time. You know, we have other escape partnerships; there's about 35 of them. So what that basically does, it runs DOD, state, federal, county, and private partners together to start working on preventive measures programs, Senator, that need to be done and that just started in May of 2022.

So we're taking best practices across the states and incorporating them here in Hawaii. So you're going to see a lot more information of programs about that. And we can't -- we just have to keep focusing, you know, because that's everybody's responsibility. That's just not just the service providers or the folks that work in mental health. That's everybody's responsibility.

I also wanted to make mention of the fact
that, you know, we also have participation in women's programs. There is a state subcommittee on that full time who work very closely with your coordinators in the VA. They're embedded in there. They're doing a real good job and the minority of LGBTQ and war veterans are also available services that we also participate with. But also the VEO Office, the Veterans' Experience Office.

   Asian-American and native Hawaiian and Pacific Islander, Pacific Region project now.

Senator Hirono mentioned about that, but there is now a deep dive that is going to that for this specific group. So there is a review and asking of the community partners out there, what do we really need for this special demographic? So we can go ahead and challenge ourselves to put those kind of programs into the VA. So we see that happening out there, Vivian Hudson (Ph.) and the team that are there, they're doing some amazing work. That has never happened before since I've been here and that's very, very -- that's a welcoming sight to see that happen.

   Also, the benefits home loan guarantee. I know nobody wants to make mention of that, but you know, interest rates were very good in the pandemic
and most of our veterans took advantage of it. It created a lot of extra work for a lot of things. You know, mainly in the home loan guarantee business that issued the claims, but that is absolutely a good thing for folks refinancing their home. Now, the rates are well over seven percent, triple almost; but I would tell you that the team really worked hard to be able to take care of veterans for that.

And in Hawaii, you know, the median cost of a home, Senator Hirono touched on it, right? It's over a million dollars. You know, it's over a million dollars. So we really have to really kind of bear down on what the veterans have to do to survive out here, you know, and which is going to bring up a couple of other things.

I also want to make mention of the fact that Blue Water Navy, the Camp Lejeune, and the Historic PACT Act -- and thank you, Senator Hirono, and the Secretary for your support of that. Modernization of claims appeals, there's just some amazing things happening with access. You know, we're not declaring victory for all those things, but the thing about it is we started. We did some things that have completely revolutionized what we
did, what we should've done back in 2014 and we see
it happening.

I'll also tell you what time it is now.

Senator Hirono, you beat me to the punch.

So we do have some issues with VA travel and it's
involving reimbursements. So when it comes to per
diem, when it comes to out-of-pocket expenses, and a
simple example. The big island, you've got a
veteran out there that needs to go to Kona to Hilo
to the service providers there. It's a two-and-a-
half, sometimes three-hour drive. They've got to
find a hotel. That hotel is already above the
median, you know, the -- the threshold for
reimbursement and then next thing you know it,
they're taking money out of their pocket. And in
some cases some veterans are making the decision
before they leave for treatment and saying, you
know, I can't afford it; I'm going to forego
treatment. So somehow, some way we've got to find a
way to localize, you know, that part of it.

I don't know if we need to have, you know,
special specialists that are familiar with the
region. I understand the special nuances of the
veterans' experience that are going out there and
then, of course --
SENATOR HIRONO: Mr. Han, I know you're wrapping up, aren't you?

MR. HAN: I'm going to wrap up. And so, you know, lastly the Burial Equity Act. I'll just leave it with this. Thank you so much, Senator, for the opportunity. So Burial Equity Act is -- and I know you've had a special session with Governor Ige back in July at the Governors' Western Conference, so it opens up for reserves and our guardsmen, but it doesn't come with resources. And the burden now is on the state and it's very difficult to see individuals not get the adequate eligibility because there's not a money funding resource pot put together. But that's all I have.

I just want to say thank you, Senator. Sorry for going overtime and thank you for pulling the hook on me and --

SENATOR HIRONO: Thank you.

MR. HAN: -- and thank you, Secretary McDonough.

SENATOR HIRONO: I know you have a lot to say.

Our last speaker is Mr. McIntyre, please.

MR. McINTYRE: Thank you, Senator Hirono.

Thank you for your effective leadership on the
issues that are important to Hawaii's veterans and
for the invitation to join you and Secretary
McDonough and my fellow panelists for the hearing
today.

My name is Dave McIntyre, President and
CEO of TriWest Healthcare Alliance.

In the '80s I was the lead health staffer
for the Senate Indian Affairs Committee, so I know a
bit about Hawaii, Alaska, the Pacific Territories;
and I was actually the author of the Indian Health
Care Improvement Act that stood for 25 years until
it was reauthorized.

I'm joined today by Karl Kiyokawa who
leads our team here local in the islands that's
focused on providing support needed by VA veterans
and providers to make the programs that we support a
success. All of us associated with TriWest,
including Hawaii's own HMSA, have been privileged to
support VA and now DOD for more than 25 years as
they work to meet the healthcare needs of those
sacrificed so much for our freedoms our nation's
military personnel, their families, and veterans.

In 2013, we were honored to be selected to
serve in support of VA in 28 states including in
Hawaii and the Pacific Territories as they sought to
efficiently and consistently find a way to provide access to care in the community through a consolidated network of credentialed specialty care providers. We stood that up in 90 days.

We then subsequently were called on to do the same in primary care and urgent care. Today our network of some 5600 providers across the state of Hawaii are engaged in the work to support VA. Not perfect, but a start. They've delivered more than 55,000 care encounters for veterans, women's health, mental health, cancer care, dental visits, heart transplant, primary care, urgent care and PT, and everything in between. They nor we have sought to replace VA. We simply are there to augment VA and to support them as they need the elasticity to provide services in the spaces where they're unable to do that directly.

Among our most important responsibilities is the process and paying of claims. As the son of an Army doc and the son of a nurse, Secretary McDonough, my mom was a nurse, too, I have the goal of being the fastest and most accurate payer to healthcare providers for their services as a thank you for the service that they provide to veterans. Because of this, we changed out our claims process
in the last year and are re-engineering this
function. I'm proud to say that in Hawaii for the
entire 2020 period, we've been paying 99 percent of
clean claims -- not claims, but clean claims within
five days. The requirement is 30. And that's about
the place that we'd like to be because we understand
at the end of the day that the rates that we get to
pay with are constrained against demand, and so
we've gotten to this industry leading performance
and that's not been easy, but we know that there's
some old claims that need to be cleaned up to make
sure that everyone is in the right place.

And we regret the difficulty that this has
posed for those whose claims are in the last mile of
cleanup. Listening to Ms. Harr's testimony and I'm
looking forward to the list as I'm sure our VA
colleagues are of those that are in the provider
subset that received these demands for overpayment.
It's unclear to me without that detail as to whether
those are ours or they're the VA's or whether
they're ours together. But I'm confident that we
and VA will get to work in cleaning those up.

To speed up our progress, we recently took
some steps to automate parts of the work and we've
increased the size of the staff working these
challenged claims for the State of Hawaii and the broader Pacific, and we will not declare victory until those are done.  

We expect that based on conversations over the weekend and last night to be concluded by the end of this month, not next month, not next year, the end of this month. Our work in the critical areas brought us to light the fact that we got some efforts that need additional focus.  

First, the staffs that do billing for the providers in some cases need some rudimentary training to make sure that those claims that are submitted are done properly, and we're going to commit to doing that training together with the VA involved. We plan to be in the Pacific in Guam in the next three weeks to address the same issues with the providers down there.  

Number two, we found that a number of providers in the islands are not submitting their claims electronically, so we want to make sure that they understand how that's done and they're enrolled to do that and most importantly that they're enrolled to get paid electronically, because when you have that work the payment can be in less than five days because it works on an automated basis.
And lastly in the dental area as we work to replace VA's direct contracts with those in the network, we are in the process along with VA of making sure that the claims issues that those providers had historically are cleaned up.

Lastly, and I think this is a place where you and the Secretary can potentially help all of us, is that we are required today under a law to tell providers that they only have six months to file a claim. That is unique to the VA. In Medicare, Medicaid, TriCare in the private sector they have up to a year. I believe that this is an artifact of budget of predictability and budget execution, and I think we're at a point where we're stable enough now on both sides to make the change to allow provider billing operations to have a consistent time frame against which they work.

In our network across the 21, 28 states, we have every academic facility that's a partner of the VA, and it was really important to us that they be part of the network. We're owned by two academics that are in that cohort. They cannot file a claim within six months to save their life, and so when they end up showing up eight months later, we have to deny it and then that starts a whole process
on all sides -- their side, the VA, and our side -- of trying to clean that up. And there's a lot of inefficiency and ineffectiveness in this space, so I look forward to the possibility of working with you and Secretary McDonough to try and address whether that ought to be changed.

Mahalo for the invitation to appear today. I'm honored to serve the VA, my colleagues are honored to serve the VA and veterans, and I look forward to any questions you may have.

SENIOR HIRONO: Thank you very much.

Mr. McIntyre, you mentioned that with regard to these letters that are being sent to providers demanding repayment of overpayments, you were not sure whether they're going to your providers or whether they're going -- where they're going.

So is this something that, Mr. Han, are you aware that this is happening and that there are providers who are supposed to send thousands of dollars back to, I take it, VA?

MR. HAN: Yeah, so we really don't get involved in the health care portion, Senator. So we would just defer to the Veterans Health Care activity and Secretary McDonough mentioned about
patients' advocates. It could be in regard to the
service providers and their -- and their payment
back, but we wouldn't get involved in that with the
State.

SENATOR HIRONO: Okay. I'm just
mystified, Mr. Secretary, as to why this is
happening and there's no explanation and resulting
in already a lack of private providers, I guess, or
people who participate privately in the system
leaving the system. So I hope we can find out
what's going on and resolve it in some way.

Mr. McIntyre, you mentioned that part of
your concern is that the providers are not
submitting their request for reimbursement
electronically.

Is this because they're solo providers and
a lot of them are not set up to do that? That they
need help? They -- they -- they are not doing things
electronically? They're still writing things out.

Is that an issue for your provider
community?

MR. MCINTYRE: In some cases, yes, and
those providers should be able to submit the claims
on paper; but for those that can do it
electronically, it's the most effective way to make
this work. And so we're going to reach out to the
providers that are not signed up electronically over
the next couple of weeks in the islands and take
them through the process of how they do that in
order to try and help them with efficiency and
accuracy. The one thing that happens when you file
electronically is it allows you from the system's
perspective to make sure that all the information is
entered correctly where you can't go to the next
step and you can't ultimately push "Send". That,
ma'am, is the reason really at the end of the day
why that electronic submission is important.

SENATOR HIRONO: You mentioned that you
have 5600 providers. How many of these providers
are solo practitioners? Do you know?

MR. MCINTYRE: I'd say probably in the
islands it's about 30 to 40 percent.

SENATOR HIRONO: So, Ms. Haar, those are
the people that you're hearing from? You mentioned
that a lot of our provider community are solo, so
they probably need help with submitting
electronically. I mean, there's probably a number
of these aspects and there's something else that
they need help with.

MS. HAAR: Most of the people that I spoke
to were solos, but I would say Roxanne referenced Stroud (phonetic) as well. I didn't talk to the big facilities.

SENATOR HIRONO: Let's talk about the need for I would say the need of women veterans to have gender appropriate services, including some -- as Roxanne Bruhn mentioned. So for you, Mr. Han, would you acknowledge that we need to do better in terms of providing appropriate, gender appropriate services --

MR. HAN: Absolutely.

SENATOR HIRONO: -- for our female veterans? And for her to have been treated that way, you know, no veteran should feel as though she was not treated well.

MR. HAN: Absolutely.

SENATOR HIRONO: So what are you doing? What is your advocacy with regard to providing care and the -- what we need to do for female veterans?

MR. HAN: So, once again, Senator, we don't have a health care portion of it, but we do have a state subcommittee that focuses on women veterans, so they've had several summits, in person summits, over the last five years. They had a virtual summit just recently, and most of it was to
talk about those kind of issues. It did involve the VA here locally. It did involve other service providers, so there's a lot of information that is again passed up.

So the big issue is how do we feed that into the local piece of it and then up into the national piece?

I know Secretary McDonough has special minority groups and committees. Part of it has women's committees set up. I belong to the National Association of State Directors for Veterans' Affairs; they have a very robust women's committee that's -- and we have one right out of Arizona that partakes in that, so as information is provided we send that information to our national counterparts, and they in turn look at legislation, it may be entered into congressional or we work directly with the VA on those subcommittees.

So that's the process that we do.

**SENATOR HIRONO:** The concern regarding the appropriate treatment of women veterans has come up quite frequently in the Veterans Committee and so we need to be very intentional about the kind of attitudes that can be exhibited when a woman veteran shows up, that, you know, talk about being
traumatized. They're there for a service and if the veteran is treated in a way that is really disrespectful or dismissive, that is something that the attitudinal kind of changes that are hard to deal with, but we have to be intentional.

Of the 5600 providers how many of them, Mr. McIntyre, are women?

MR. MCINTYRE: I don't know that answer specifically. I will get that for you, but we have a couple of hundred OB/GYNs, we have people there in the other specialties that women would rely on, and I believe that to be consistent with the ratio of the providers that are in the islands that are females serving females because 5600 is a bit network for these islands. So we'll get you that data on specifically the gender of the providers themselves.

SENATOR HIRONO: I just would be interested to know if it makes sense to recruit as part of the network of providers to go out and specifically recruit female providers.

I don't know if that makes sense, Mr. Secretary. Is that something that you've been --

SECRETARY MCDONOUGH: Yes, for two years in a row we've asked for the highest level of
investment in what we call gender specific care.

Gender specific care allows us to invest in specialists and invest in technology specifically for the kinds of things that we heard discussed in the testimony earlier. So we were just talking here that we're obviously going to get to the bottom of this specific situation that you confronted.

But I think Admiral Robinson and I were just talking that, you know, I think you'll see that the technology and the providers are different than what we heard about earlier. That's not to say it was right before and it's not say it's perfect now. It's to say that we're improving and that's a direct result of the investments that we've asked of from Congress and that Congress has given us over the course of the last two years.

SENATOR HIRONO: As I mentioned, the intentionality regarding the gender appropriate services to female veterans, I think that's really important especially so you're now proceeding with providing abortion services, which is something that albeit in the instance of rape, incest, or for the health and safety of the mother, but these are services that you have not heretofore provided, and so there's going to be a whole range of those kinds
of providers, Mr. McIntyre, that will need to be
brought into the system, I'd say.

Do you have a comment?

MR. MCINTYRE: I think those providers for
the most part are in the network now and available
to the VA staff that does the same and they have the
ability when setting the appointment to talk with
the provider about gender specific desires on the
part of the veteran, and as a company our policy is
to follow the Secretary's policy. And so you should
expect zero gaps in that space.

SENATOR HIRONO: And especially as you are
also in states which do not allow abortions, so
especially in those states. That would not be
Hawaii but we still get a lot of inquiries because
of the chaos and the fear generated by the
overturning of Roe is across the country.

Ms. Bruhn, I am curious to know but
apparently according to Mr. Han I think there is
some sort of a task group or a group here in Hawaii
that focuses on care for female veterans.

Are you involved with that?

MS. BRUHN: Yes, I am.

SENATOR HIRONO: Good.

MS. BRUHN: Yes, I am, Senator, yes.
SENATOR HIRONO: And I hope you're seeing some changes in how women are treated here as a result of the recommendations.

MS. BRUHN: I go to community of care now, Ma'am, so I have not been there physically to see any changes. I'd like to think that there have been. I'm hoping that there is because if I lose my community of care I'm going to have to go back to the VA. So I'm hoping that there's been changes.

SENATOR HIRONO: I'm sorry. Can you describe for me, I believe you said you go to the community of care? You --

MS. BRUHN: Yes.

SENATOR HIRONO: -- go outside of the VA services?

MS. BRUHN: Yes, yes, yes. I am now being seen by my PCP at Straub Clinic. I'm treated by my cardiologist and my internist all at Straub because my PCP referred me through the system. It was a very painful -- very painful; I'm not saying it was easy by any sort but, but I finally got all that I needed and it's in place so I'm hoping that I'm able to keep it.

SENATOR HIRONO: I take it that you're getting better treatment through the community of
care process than what you described as your
experience with VA?

MS. BRUHN: Yes, you're correct, and --

SENATOR HIRONO: And when -- when was it
that you had this kind of treatment in the VA
system?

MS. BRUHN: I left the VA system in 2020.

SENATOR HIRONO: So that wasn't very long
ago. Let us hope that there are improvements in how
female veterans are treated.

So this goes to as I said attitudinal
changes, which takes some time, but we have to be
intentional.

I think that I am at the end of this
panel's time. Is that right?

MS. BRUHN: I do have one thing I would
like to say, Senator.

SENATOR HIRONO: Yes?

MS. BRUHN: Is that I'd like the VA to try
to look at the thought process because when you talk
to any veteran, even for myself, whenever I think
"VA", I always think, "They're going to tell me no."
They're going --

SENATOR HIRONO: Wow.

MS. BRUHN: They're going to put as much
roadblocks in front of me that I have to overcome in order for me to get treatment, in order for me to be seen. I really hope that there is a method or that there is a way that the process change of the environment of the culture will change. When veterans said or when you're told a veteran to go to file a claim or to go to medical, that -- the veteran will not automatically say, no, I don't want to do that, because they're going to give me a hard time because that seems to be the prevalent thought when you talk to any veteran who -- who has to journey through the VA system is that they're going to give me a hard time and the answer is going to be no and I have to fight, and so I'm hoping that that will change.

SENATOR HIRONO: Thank you. Obviously, there are a lot of veterans out there who agree with you and with that observation; and so -- but we need to be a lot more intentional about how people are going to treat veterans, the female veterans, and across the board.

You know, it's like how do we get to yes, right? That should be the framework. I have to say that to my staff, too. How do we get to yes without breaking any laws or anything like that? That's not
what I'm talking about.

I do want to thank the second panel and I know that there are a number of our organizations who are with us today and I want you to know that my staff is here to be of assistance if any of you who represent organizations or individuals, if you need services my staff is here to help you and we're in the back there. I think there's a -- yes, they're waiting. So we'll do that.

Mahalo nui loa for your attention and your commitment because we are all in this together, and the focus on providing the services that the veterans deserve and need. Aloha.

This hearing is adjourned.

(WHEREUPON, the hearing was adjourned at 11:10 a.m.)