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Chair Akaka, Senator Burr, distinguished members of the Committee, thank you for the opportunity to offer testimony on this critical matter. I'm Dr. Stanley Luke, a clinical psychologist, and the Vice President of Programs for Helping Hands Hawaii, a provider of mental health services for Hawaii adults.

Since the start of the Iraq War, we've seen an increase in demand for treatment of PTSD, and traumatic brain injury. There are two major problems that we've identified:

First, barriers to treatment
The volume of eligible veterans has increased so much that the system is unable to accommodate the demand. The consequence on a clinical level is that those with PTSD and traumatic brain injury are left untreated, and their illnesses and injuries get worse, resulting in increased family conflict, financial burdens, and many veterans dropping out of necessary treatment out of frustration.

Second, delays and hurdles in disability applications.
Many veterans experience financial hardship because their applications are delayed in a system that is overwhelmed. For many disabled veterans, this confluence of financial pressure, frustration with the system and their attendant disability results in bad outcomes.

Consider the following hypothetical case, which is typical:
Sergeant John Doe comes home from a Tour of Duty in Iraq and Afghanistan. He was wounded and removed from his unit, stayed in a military hospital in Germany, and returns to his home town. Upon return, he's having nightmares, irritable moods, family conflicts, and hypervigilance, and a startle response - classic Post Traumatic Stress Disorder. Anything, a pile of trash on the side of the road, an abandoned car, can trigger a memory of an IED or another upsetting occurrence..

This is the kind of psychiatric disorder that requires immediate attention after separation from the military. The current delays exacerbate the condition, and may result in violent behaviors.

From a Hawaii perspective, the lack of a stand-alone veterans hospital means that active duty military and the veterans are treated at the same facility. This makes it nearly impossible for Tripler Hospital and the VA Clinic to handle both groups effectively and efficiently. There is literally not enough room.

From a native Hawaiian perspective, it would be unusual and uncharacteristic for a soldier to assert that he or she is experiencing mental health problems and needs help. The cultural disconnect between the skilled VA staff and so called "local" people decreases the likelihood that Hawaii's veterans will willingly seek the services that they need. Our Hawaii-based efforts have focused on bridging the divide and utilizing our cultural competency to assist veterans in accessing the care they deserve.

The proposal for a pilot program to assess the feasibility and advisability of using community based organizations to ensure that veterans receive the care and benefits that they need is a wise beginning.

Helping Hands Hawaii has endeavored to start this process, with the establishment of a small office dedicated to identifying eligible veterans and assisting them with navigating the complexities of the VA system, as well as providing group therapy and other necessary case management services. A staff psychologist and a case manager have been visiting National Guard Units, both before and after deployment to educate soldiers about their treatment options and rights. In addition, we've been collaborating with native Hawaiian health centers and a health related organization called Papa Ola Lokahi to reach out to eligible veterans.

As someone with a specialization in treating PTSD, I want to personally thank the members of this Committee for their vigilance and their commitment to providing the care that our returning soldiers need. With pilot projects such as this, combined with your oversight, and sufficient funding, we will honor our veterans, improve their quality of life, and perhaps even save lives.

Thanks for the opportunity to provide testimony.