WASHINGTON'S VETERANS:
HELPING THE NEWEST GENERATION TRANSITION HOME

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WEDNESDAY, APRIL 4, 2012

United States Senate,
Committee on Veterans' Affairs,
Tacoma, Washington

The Committee met, pursuant to notice, at 10:30 a.m., at the South Tacoma Activity and Recreation Center, 3873 South 66th Street, Tacoma, Washington, Hon. Patty Murray, Chairman of the Committee, presiding.

Present: Senator Murray.

OPENING STATEMENT OF CHAIRMAN MURRAY

Chairman Murray. Good morning to all of you. This hearing of the Senate Veterans' Affairs Committee is officially called to order. With this, I would like to turn to Mike Gregoire, who will be leading us in the Pledge of Alliegance --if you would all please stand.

The Audience. I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

Chairman Murray. Thank you very much, and I want to officially thank First Gentleman, Mike Gregoire, as most of you know him First Mike, for leading us in the Pledge of Allegiance. I really want to thank him for all the work he has done on behalf of all of our servicemen and veterans here in Washington State.

I also want to thank the Metro Parks Tacoma Board of Commissioners and Executive Director Jack Wilson, as well as the Star Center and the Metro Parks Tacoma staff, for hosting this event here today. Shon Sylvia and his staff have really done a tremendous job, and we all really appreciate all the extra work you have done.

Today's hearing is the first major event ever held at the Star Center, which is not scheduled, apparently, to officially open until next month, so we appreciate you letting us use it early.

As all of you can see, this 75-acre SERA campus is a national model of how to leverage resources to best serve the diverse needs of this region. By combining the facilities of Gray Middle School, the Boys and Girls Clubs Topping Hope Center, and the Star Center, this campus is able to provide a one-stop shop for a multitude of important services, and I am really impressed with how this public parks and recreation agency has taken the lead and established a partnership with Joint Base Lewis-McChord and the U.S. Olympic Committee to offer resources to the Warrior Transition Battalion at JBLM.

I am particularly proud to note this campus is home to

the Tacoma Titans wheelchair basketball team that just finished 18th in the nation during the national championships just last week. That team included civilians, veterans, and injured active soldiers from the Warrior Transition Battalion at JBLM,and I want to recognize and congratulate the Tacoma Titans here today for their tremendous season. Please give them a huge round of applause.

[Applause.]

Chairman Murray. This program, among many that you will hear about today, are the types of solutions that our communities are using to help the newest generation of veterans transition home, and these partnerships will grow because of many of you who are here today. So thank you again for hosting this event and for making our military families and our veterans to feel welcome here.

I also want to thank some of our dedicated elected officials who have joined us today as part of the larger community effort to support the transition of service-members and veterans. Pierce County Executive Pat McCarthy, Tacoma Mayor Marilyn Strickland, and Lakewood Mayor Doug Richardson. Thank you all for the work you do and for being here today.

I also want to recognize a number of state legislators that are here with us today. Thank you for taking time out to be with us. And no veteran event would be complete without the presence of tireless veterans' advocates, especially, John Lee, who is Director of your Washington State Department of Veterans' Affairs and his incredibly hard-working team.

I also want to thank the members of South Sound Military Community's Partnership who are here today under the leadership of Dan Penrose. They are great partners of mine in fighting for the needs of this community.

We also have a number of staff members who are here today representing the offices of Senator Cantwell, Congressman McDermott, Congressman Dicks, Congressman Smith, and Governor Gregoire. From Senator Cantwell's office, we have Mike English, Sam Mack, and Tommy Bauer. Congressman Dick's office is represented today by Jami Burgess, Clark Mather, and Joe Dacca.

Roelof van der Lugt is here from Congressman Adam Smith's office, David Loud from Congressman McDermott's office, and Veronica Morone from the Governor's office. We appreciate all of you being here today.

I also want to take a minute and thank the many businesses and community leaders in and around Joint Base Lewis-McChord for their efforts to help servicemembers, veterans and their families here in this community. And finally, I really want to thank all of you here in the

audience today who took time out of your busy schedules to be here today to talk about these important issues.

As Chairman of the Senate Veterans' Affairs Committee, I am holding this hearing here in the backyard of one of our nation's most important military bases to better understand how we as a nation are helping to ease the difficult transition home for our servicemembers. Today's hearing is focused on the unique opportunities and challenges that the South Sound and Washington State continue to face as thousands of veterans return here to this region.

In particular, today's hearing will focus on improving mental health, employment opportunities, and community outreach for our returning veterans. To be clear, today's hearing is not the result of any single incident, nor is it in any way meant to cast doubt on any of the caring and selfless individuals that serve our servicemembers and veterans.

In fact, it is very much the opposite. It is an opportunity for all of us to step back, to look across the range of challenges that we have and to examine whether we, at the Federal and State Governments, or the military, or the VA, or the local community understand the difficult transition our servicemembers face in returning home and are doing everything we can to aid them.

My hope is this hearing will not only be a reminder that we face a number of difficult problems, but also that we have so many resources and dedicated individuals to confront them. It is a hearing I am holding because while I believe many of the events here at JBLM have tested so many that are here with us today, I also know that when this community comes together, it has the strength to overcome just about any test.

Now, this is an official United States Senate hearing and as such, we have to follow the same procedures that are used at hearings in Washington, D.C. That means testimony is limited to the invited witnesses, there are strict time limits that these timing lights in front of me will indicate, and we are recording this hearing to create a formal record of today's proceedings.

Unfortunately, that also means we will not be allowed to take questions or comments from the audience, but I want to make sure that everyone here today knows you will have an opportunity to share your views. We do have a comment form you can fill out. We also have a sign-up sheet so you can get updates from me on many of the critical issues our veterans face.

So with that, let me explain how today's hearing is going to work. Today we will have three panels of witnesses. The very first panel that is before us now consists of veterans. And I again want to extend a very

special thank you to each of them for their courage to come here today and to speak out publicly about some very personal issues. These witnesses are providing voices for many others who cannot be here with us today, so I really want to thank you all very much.

The second panel will consist of community leaders who are working to improve the transition home for those who are returning here to Washington State. These passionate advocates and business leaders are joining us to give us a sense of what is working help smooth our veterans' return home, and what we still need to work on.

And finally, our third panel is going to consist of senior VA and DoD officials who will discuss their efforts at the national level as well as the local initiatives that may be worth replicating in other parts of the country.

Despite the quality of our witnesses and the many topics they they'll discuss during their testimony, I know there are more challenges we will not have time to talk about today. So if you do have a concern that we do not cover, I want you to write it down and give it to my staff members who are here.

When I call on our first panel, each witness will have up to five minutes to present their testimony and then I will ask you questions. Of course, as everyone knows, your full written statement will be entered into our Committee record, and when we are done with our witnesses on the first panel, I will then call on the second panel and then the third.

I do know that we have a lot of veterans who are here in the audience today, and I want to take just a moment and thank each and every one of you for your service to our country. If you are here and you need any help from the VA, I want you to know we have representatives here today on site who can help you file a claim. You can meet with officials from the VA Regional Office, the VA Hospital, the Washington State Department of Veterans' Affairs, and several veterans service organizations who are in the hall outside the room.

If you need help with an existing claim, members of my staff are here and can help you solve a claim with the VA. Because of Federal privacy rules, you do need to sign a letter giving us permission to investigate your case before we can do anything else, so I invite anyone who is here with a claim, if you need help, please find one of my staff members who will be more than eager to help you.

Now that I have gone through the formalities, let me speak to the topic at hand. Today we stand at a crossroads that our nation has stood at before. We are at the end of a conflict that was bruising, but one that also reaffirmed the courage and strength of our servicemembers. We have arrived at a point where we, as a nation, have to come together to really examine what every single one of us can and has been doing to aid those who were asked to make those

sacrifices.

It is a moment that in the past we as a nation have risen to the challenge to meet such as in the era that built the greatest generation and one where we, as a nation, have fallen flat on our face, as in the aftermath of Vietnam, where far too many veterans slipped through the cracks. But it is those moments that must inform our work today. I can certainly say that they guide my own efforts, as Chairman of the Senate Veterans' Committee, and that is because those key moments played an important part in my own life.

As many of you know, my father was a World War II veteran who was one of the first to storm the beaches in Okinawa. I can remember the admiration of folks in my little hometown of Bothell, Washington, for his service. The way he was treated, not just by our neighbors and community members, but also by the Federal Government that provided him with the G.I. Bill.

But my experience with those returning from war was much different decades later when as a college senior I interned on the psychiatric ward of the Seattle VA during the Vietnam War at a time when veterans were coming home with invisible wounds of war which they did not yet even call PTSD.

I can remember the faces of those veterans, many my age or younger, who were being told they were just shell shocked. I can also remember, like many of you, the lack of answers during that time, the feeling that we were not a nation firmly at the back of those who had served, the feeling that as a nation we were quickly turning the page on that war and those who fought it.

Those moments have taught us. And one of the most important things they have taught us is how critically important it is for us to partner with the common purpose of really supporting our servicemembers and our veterans.

As many of you know, approximately 6,000 soldiers transition out of the Army from JBLM each year and each one of them faces a job market today that is uncertain and highly competitive. It is a problem that they face along with 13 million other Americans, but for our veterans, many of the barriers to employment are unique, and that is because for those who have worn our nation's uniform, and particularly for those young veterans who spent the last decade being shuttled back and forth to war zones half a world away, the road home is not always smooth, the red tape is often too long, and the transition from the battlefield to the workplace is never easy.

Too often our veterans are being left behind by their peers who did not make the same sacrifice for their nation at a critical time in their lives. Too often they do not realize the skills that they do possess and their value in the workplace. And too often they are discouraged by a job market that is unfamiliar to them after their service.

But as all who know, the character and experiences of our veterans in this region understand that this should not be

the case. Our veterans have the leadership ability, the discipline, the technical skills to not only find work, but to excel in the technical industries that our state leads the way in.

Despite that, too many of them continue to struggle in this tough economy, and I do not think it has to be that way. I was proud that the President signed my Vow to Hire Heroes Act legislation into law late last year. And thanks to that, we have been able to make a real concrete step forward putting our veterans to work. But it was only that, a first step.

The next step is building the partnerships with businesses across the country to hire our nation's heroes. Companies like Microsoft and Weyerhaeuser, General Plastics, Martin X Shipyards, so many are stepping up already to the plate. But we must keep working to tackle this problem.

I look forward to the witnesses on our second panel discussing how their efforts here in the South Sound and throughout Washington State are not only making a difference in putting our veterans back to work, but leading the nation as well. The other critical challenge we face in the transition of thousands of veterans home to this region and one that goes hand-in-hand with employment is ensuring timely access to top quality mental health care.

I know we have all read with concern the headlines over the past few years about individual servicemembers coming home, experiencing great difficulties in readjusting, and ultimately doing harm to themselves, their families, or their futures. But I also know, in this region, we read those stories they are not reflective of the overwhelming majority of servicemembers who without much attention make the Puget Sound one of the best places in the country to live and to raise a family.

Not every veteran will be affected by the invisible wounds of war, but when a servicemember or a veteran has the courage to stand up and ask for help, VA and DoD must be there every single time. They must be there with not only timely access to care, but the right type of care.

Challenges from PTSD or depression are natural responses to some of the most stressful events a person can experience, and we will do everything possible to ensure those affected by those illnesses can get help, can get better, and can get back to their lives.

More recently, we have read about the Army's record of improperly diagnosing psychological health injuries at JBLM. Over the past several weeks, I have had numerous meetings with senior military officials, both in Washington State and Washington, D.C., and have made clear that our soldiers deserve to have their mental health care needs properly diagnosed and treated, not forsaken by doctors or administrators that take the military's bottom line into account when making their decisions.

Our servicemembers and their families deserve far more than the frustration and confusion that comes from being

diagnosed and treated with one mental health condition, only to have that diagnosis taken away or changed. I have also made clear that beyond their current efforts to reevaluate servicemembers who may have been misdiagnosed at Madigan, the Army needs to bring uniformity and accountability to its efforts to identify those who are struggling with PTSD and other behavioral health problems nationwide.

Like the military leaders who will be testifying today, I am committed to working to improving care not only here in Washington State, but in communities all across our country. I know while there have been a host of headline-grabbing stories recently at JBLM, ignoring the fact that many of these problems exist nationwide, would only serve to sweep the many big challenges the military faces under the rug.

As we continue to work to make the necessary changes, it is important to remember, while there will always be particular challenges our military must address, the overwhelming majority of those who have served our nation and those who care for them have performed magnificently under stresses that few of us experience.

At the end of the day, the only way we will be able to ease the difficult transition home for these young men and women is by working together with private and public partnerships, with investments in unique new programs, with unified encouragement to seek mental health care and overcome stigmas, and, very importantly, with a plan to get these veterans back to work. Our servicemembers and veterans, through a decade of war, have done everything we have asked of them. While they do not ask much in return, we owe them a tremendous amount.

Today is an important opportunity to examine and improve our efforts to deliver for them. So I look forward to the testimony from each of our witnesses, and at this time, I will welcome our first panel and we will hear from them.

Again, I want to introduce our first panel to share their personal stories and suggestions for improving our transition process. We are first going to hear from Sarah Lillegard. She is an Army veteran from Olympia and was deployed to Afghanistan in 2009. Next we will hear from John Millan, a Washington Army National Guard member who lives in Bonney Lake and deployed to Iraq in 2004 and 2005. We will then hear from Bill Scarier. He is the former Western Regional National Vice Commander for The American Legion and a Vietnam veteran.

I want to express my heartfelt appreciation to each of the witnesses who are here today for sharing very personal, and in many ways, painful experiences to really help highlight the current challenges in the transition process, but to also highlight areas for change and improvement. As I mentioned earlier, each of you will have five minutes for your opening statement. Your testimony will appear in our record in full. And again, I really want to thank each of you for coming forward today to share these personal

stories. Ms. Lillegard, we are going to begin with you.

STATEMENT OF SARAH LILLEGARD, A VETERAN FROM OLYMPIA, WASHINGTON

Ms. Lillegard. Good morning, Senator Murray, and thank you for the opportunity to speak. I was an intelligence analyst with the Army for four years, and during that time, I was stationed at Fort Lewis and assigned to the 5th Striker Brigade Combat Team. I deployed with my unit to Afghanistan for 12 months in June of 2009, and our deployment to the southern part of the country was exceptionally violent on both sides of the fence and many of the soldiers in my unit lost their lives or were injured in severely life-altering ways.

I think that the impact of an experience like that can only really be measured once you return home and start noticing how different you feel from the people around you. Although I did not see nearly as many awful things or get shot at nearly as much as many of the members in my unit, I did have some trouble readjusting once I was home.

This process of readjustment was also made considerably rougher because of the weeks of presentations, screenings, check-ups, interviews, and everything else that a soldier is subjected to once they return from war, all of which had an isolating effect on me.

When I was diagnosed with PTSD a few weeks after getting back, I was automatically enrolled in a new-at-the-time program to treat the symptoms. The program I had been enrolled in was a different kind of program in that it consisted of someone calling on my phone to check up on me sort of when a time was convenient for me and offering more psychological care if I wanted it, rather than a physician strongly recommending and basically forcing psychological care on me.

This was a good thing for me since the removal of choice was one of the most unpleasant aspects of receiving medical care in the Army. My number one problem with any kind of treatment at that time was that my unit had an incredible amount of access, not only to my medical records, but was actively trying to track who was being treated for anything in the unit, how it was going, when and where the medical appointments were.

Obviously this is for accountability, but there is a fine line between enforcing accountability and belittling the individual. Because I did not want to have any more of my life controlled by my unit than was necessary, I tried to stay off the radar, and as a result, I ended up refusing any kind of treatment other than the program that I was enrolled in since it did not deny my own individual agency.

It was very painfully clear to me that the only thing that my unit and the vast majority of medical people I spoke to cared about was not getting blamed for some sort of outburst on my part, which was yet another incentive to not talk to anyone about how I was feeling truthfully.

The people I talked to on the medical side of things

and the higher-ups in my unit cared a great deal about whether or not I had committed some sort of act of violence or had an outburst now that I was back home, and very obviously did not or could not care about the acts of violence that I had seen and experienced while I was away.

The other reason why I did not want to seek any further help was that I was told it may delay my out-processing, which is largely erroneous. Also, several of my friends were told the same thing and they were actually experiencing much worse effects from the deployment.

My best friend was explicitly told that if she was on paper for having mental or behavioral problems, she would not be able to move to a new duty station, which she wanted to do because she would be closer to her family, which would then, in turn, help her get through what she was feeling.

However, the number one reason I did not want to get plugged into the Army health system was that I was out-processing from the Army a few months after getting back from deployment. I saw no reason to getting used to have the therapeutic resource planted in my life, troublesome as it may be, only to have nothing at all like it once I was out of the Army in a few short months.

From all the horror stories I had heard and myself witnessed about VA claims and VA care, there was just no sense that I saw in trying that road. That being said, I wish the opportunity to address these issues was presented to me after out-processing because that is when I really had time to deal with them.

I made it through okay, though, and I went to school, threw myself into school and took up kayaking and various other things. My own way of coping has been working out pretty well. I wish I could say the same thing for the other people that I know who had similar problems. So my interaction with the VA was a very brief one regarding a complicated and fairly dull dental issue, but it was an interaction which stopped my willingness to deal with the VA before it even started. It is all in my written testimony. I will not go through it here.

That being said, I believe that we can make things better. It is not that the VA is broken. It is that the VA is not currently running the way it ought to be for each individual soldier every single time, as the Senator stated previously. I think to change the situation, individual people within the system must be compelled to actually care. Those that do already care, and I know that there are many, should not be stymied by bureaucracy or inflexible rules that prevent any progress being made at the level of the soldier.

The job of the VA is to dispense care and has been charged with this task for some time. It is not that the task is never completed well; however, it is evident that the system frequently fails at the level of the soldier. Thank you.

[The prepared statement of Ms. Lillegard follows:]

Chairman Murray. Thank you very much. Mr. Millan, go ahead.

STATEMENT OF JOHN MILLAN, A VETERAN FROM BONNEY LAKE, WASHINGTON

Mr. Millan. Good morning, Senator Murray. Thank you for reaching out to me and allowing me to go through this experience and have this opportunity. I would like to use this time to shed light on a topic that seems to be overlooked, but is equally as important as the work that you and your Committee are doing to vet the VA health care system.

I would like to discuss how the Washington Army National Guard's Medical Command facilitates soldiers who are going through the medical evaluation and physical evaluation boards. My experience, I pray, is an isolated experience.

I am a Washington Army National Guard soldier and I have been so for about 17 years. I volunteered to deploy in 2003 and served in Iraq during Operation Iraqi Freedom in 2004 and 2005, earning a Bronze Star for my efforts. Like so many servicemembers, I returned home to nightmares, intrusive thoughts, anxiety, and a plethora of other PTSD-related symptoms. At the urging of my father, Harry Millan, who is with us today and who is also a combat veteran of the first Gulf War, I checked into the Deployment Health Clinic at the Seattle VA. This was in 2005.

Since this time, I have been given a service-connected rating of 80 percent and I continue to seek treatment on a regular basis. My providers, Dr. Bradford Felker and Dr. Otom Pullson, have been a tremendous support. Compassionate, sincere, invested are a few of the adjectives that come to mind to describe these two providers.

Despite my struggles with PTSD and until my brush with suicide, I had been attending drill weekends and annual training fully aware of the impact this participation would have on my family and I. The annual ratings I received from my superiors were nothing short of stellar. The confidence from my command was constantly echelons higher than my pay grade and the respect from my subordinates was unwavering.

The facade I portrayed was of a soldier who was of strong and sound mental health. I hid the truth from my command for reasons only a soldier could understand. I reached out for help in the spring of 2010. I was told I did not meet the medical retention requirements per Army Regulation 40-501. This news on the onset was a shocking disappointment to me, but very much welcomed by my wife.

What followed this news has been two years of wondering and misinformation. It has been two years of uncertainty, struggle, and confusion. Had I known that the Washington Army National Guard's Medical Command did not have an established and supportive process for facilitating soldiers with mental health concerns through the Medical Evaluation Board or that I would be left wondering about the fate of my career, I can only assume that I would not have divulged

this ailment that continued to compound upon itself as I selfishly continued to serve.

And with this assumption in mind, I can only assume that when I was having severe thoughts of suicide during the summer of 2011, instead of shutting down my iPad to head home after spending time looking at pictures of my wife Missy and son Max, I would have followed through with my plan of ending my life.

My immediate chain of command was and has been more than supportive. I cannot say the same about the Washington Army National Guard's Medical Command. This command's dismissive, uninformed, and lack of foresight during this entire process has created anxiety, panic, and stress that nearly led to my end.

I am not surprised with the number of suicides our armed forces have witnessed in recent years. Honestly, I am more surprised the numbers are not higher. I do not make this claim because I have some sort of doomsday outlook on life. I make this based off my personal experience and firsthand account of hearing an individual, a soldier and officer who was assigned to support and help soldiers who are in need of help, minimize my concerns of my mental health.

This officer, who was assigned to the Washington Army National Guard's Medical Command and who claims to work for Madigan Army Medical Center's Medical Evaluation Board, tried to convince me to, quote, just be happy with the treatment and compensation you are receiving from the VA, end quote.

He told me that he was willing to sign the paperwork needed to have me discharged immediately. He said that it is unlikely I have PTSD and it is more likely that I have an adjustment disorder and that the Army does not medically retire soldiers with an adjustment disorder.

After he finished telling me how the VA hands out the PTSD diagnosis like candy, he told me that, quote, PTSD does not last for more than five years, end quote. And that it is in my best interest to take the benefits that the VA has already provided me.

He concluded by saying that the VA will stop my benefits when they see that the Army has diagnosed me with an adjustment disorder rather than PTSD, potentially leaving me with no benefits for my family or I. I said to this provider that I am fully eligible for a medical retirement and this is the route that I would like to pursue. His reply, quote, it is your gamble, end quote. So when I say that I am not surprised with the amount of suicides within the Army, it is based off of this experience.

My struggles with how the Washington Army National Guard's Medical Command facilitates soldiers entering or going through the Medical Evaluation Board process extends beyond the mindless bantering from an ignorant provider. It extends into the workings of my family and my career.

Unlike the active Army, the Washington Army National

Guard does not formally educate the soldier on this complex and convoluted process. Unlike the active Army, the Washington Army National Guard does not provide the soldier with an advocate. And sadly, unlike the active Army, the Washington Army National Guard does not include the most important member of my treatment team, my wife Missy.

There is an unmentioned and implied expectation of soldiers in my situation are content with the unknown. The other part of this misfortune focuses on the treatment, not the level of care, but the place of care.

From my understanding and according to a notice I recently received, when a National Guard or Reserve component soldier enters the Medical Evaluation Board process, their medical packets are sent to Florida. This is where the Medical Command told me my packet was sent. This Medical Command cannot provide me with a contact person or phone number. This Medical Command could not tell me if or when my packet was received and/or if other information was needed, nor could this Medical Command tell me what was to happen next.

National Guard soldiers, regardless of their home of record, regardless if they have a major military medical facility 30 minutes from their home, are at the mercy of medical professionals in Florida and Georgia. In my case, I am required to travel over 3,000 miles away to attend a board that Madigan Army Medical Center can and does facilitate. This logistical ineptness prevents, from a practicality standpoint, my wife from being with me when I will need her most.

Senator Murray, I conclude my testimony by saying that I fully understand and recognize the influx of wounded and injured servicemembers entering our military medical system. I fully understand and recognize that my experience may be an isolated experience. What I do not understand is why a combat-disabled veteran from the Washington Army National Guard is not afforded the same opportunity, advocacy, and support as the active Army soldier he fought next to while in Iraq.

How can Interstate 5, the freeway that separates Camp Murray from Joint Base Lewis-McChord, also be the divide that determines going through a complex and discombobulated process here at home and near family or being sent thousands of miles away without the support of family and without the guidance and support from the Washington Army National Guard where I have proudly served for nearly 17 years? Thank you for this opportunity.

[The prepared statement of Mr. Millan follows:]

Chairman Murray. Thank you very much for your testimony. I really appreciate it. Mr. Schrier?

STATEMENT OF BILL SCHRIER, PAST NATIONAL VICE COMMANDER, THE AMERICAN LEGION

Mr. Schrier. Good morning, Senator Murray. On behalf of 2.4 million members of the American Legion, I appreciate this opportunity to offer my insight and understanding of

some of the challenges faced by our transitioning soldiers. I have been asked to come before you today to represent my views of my organization, but also to reflect upon and compare the similarities and differences between transitioning servicemembers of today, of our Vietnam veterans 40 years ago, our Korean veterans 60 years ago, and for that matter, any veteran who has come home after facing the ravages of war.

They want to be accepted back into our community. They want the treatment and care for their wounds, visible and invisible, which they received in their service to this nation. They want to go back to work, back to the business of building and shaping the America for the veterans themselves and for generations to come.

When their time comes to turn their stories into plowshares, they want the tools that they need to make this transition fruitful so to lead them on to a better life. This country has admitted its failings in the past on how the Vietnam generations were treated. There was a common groundswell of support during these wars to ensure that we do not repeat these mistakes of the past. As a nation, we have made some progress toward these ends, but there is a great deal of work still to be done.

When returning to the community, this is perhaps the hardest portion of the transition to codify and to act to fix. You cannot pass a law to make citizens welcome veterans back to their homes and their communities. From a positive perspective, people seem to want to try to make this part of the work--to make part of this to work.

There are still concerns, however. Much of this has to be overcome by the community leaders and by us who live in those communities. At the conclusion of Vietnam, the public narrative on the Vietnam veteran emerged as a group of angry, alienated loners. Vietnam veterans were ticking time bombs living out in the woods, irrevocably damaged by the experiences of war and ready to explode on an unsuspecting community.

Media portrayed these years as negative and a clear picture emerged that war had destroyed the generations of young men sent to fight. This image persisted despite polling from groups such as the VFW, which indicated that 91 percent of the actual Vietnam War veterans served with pride, and that over 66 percent would serve again if they were asked to go back to war.

Again, we run the risk of creating an image of those suffering from post-traumatic stress disorder, a signature wound not only of Vietnam, not only of our wars of today, but back through history. No matter what we called it, whether we called it soldier's sickness, soldier's illness, shell shock, it persists.

We need our community leaders, those who the public look up to for guidance, to show a positive picture of how our veterans can put their lives back together and move forward, to get our servicemembers to step forward and

admit that they need help from the stresses of war, and to seek out that help.

They need to see leaders who champion their cause, who recognize the impact of these traumatic experiences, who sought treatment and put their lives back together in order to lead a fruitful life. We need to actively take away the stigma that looms such as PTSD, and if I would add, also TDI, treating the wounds of war in transition.

If veterans are to move forward in the civilian community, they must be able to expect treatment for wounds they suffer, both visible and invisible. As we have seen all too tragically in Washington State at the Madigan Army General Hospital, and too often in other concerted efforts across the nation, many are denied veteran services, and/or suddenly find that they are no longer what they were, but there is something else and treated for a personality disorder.

Sadly, the occurrences at Madigan are neither isolated nor uncommon in other military bases. This trend cannot continue if we hope to serve the interests of those who have served our great nation. This is important and it is positive to see corrective measures moving forward to better facilitate our young veterans.

It is important for any veteran to feel that they have not been misdiagnosed at Madigan, but rather, that their original finding was true and they were simply going to be shuttled aside.

The American Legion maintains a staff at multiple locations to assist servicemembers, both here and in the area. Rather than go through a long list of those areas and phone numbers, I will be available after I am done speaking to make sure that anybody in the room that needs that information I will have it for them.

Senator, I am going to skip parts of my prepared text today because, quite frankly, both Sarah and John spoke quite eloquently on those areas that I was going to speak, and I could add nothing to it. But I would thank both of you for your service and, John, it is good to meet you, brother.

One of the most glaring areas of concern that currently relates to how soon a transitioning veteran will see money from the VA compensation payments depends on, and despite there being recognized a service-connected and rated during discharge problems, veterans have to wait three to four months after discharge before seeing the first of their disability checks from the VA. I would add, that number is somewhat conservative.

In the normal disability process, a veteran who receives this notification letter from the VA informing them of service connection for disability will see a payment beginning in 30 days. Again, I find that to be somewhat conservative. There needs to be ways to close this gap for these transitioning veterans.

Given the uncertain job market that they will face upon

discharge, maintaining some level of continuity of pay is vital so that they can begin their new lives and when returning to the work force. Much has been said about the problems that veterans are currently facing in the job market, and despite some recent improvements, veterans are still facing unemployment numbers that are greater than their civilian counterpart.

The American Legion, of course, is grateful to you, Senator, for your efforts and leadership in passing the Vow to Hire Veterans Act this last year, one of many things that you have led our great state to and led our nation to and we thank you with all of our heart. The landmark legislation will bring about many improvements to the jobs battle for American veterans.

Although we have all learned during the fight to properly implement the Caregivers Act, close attention will be necessary to ensure implementation matches the good intent of lawmakers as bills are passed. An improved and mandatory transition program, TAP, will be a great help to our servicemembers preparing to enter the job market. It, too, is too early to tell how TAP will be effective and what will come online, but let me offer this.

After a career in the military, I can tell you that local commanders have a choice, to accomplish the mission they have been assigned or to allow people to go into this TAP process. If that mission is assigned and it must be done, they must have troops to do it.

I can envision that a local commander, having to make the choice between sending somebody to TAP to find out how to do a job resume or anything else that is offered in that training cycle, might have to choose on accomplishing the mission. You see, that is what we do in the military. We accomplish that assigned mission.

We are hopeful that they can translate to this outstanding instructional capabilities of these staff members that will be serving them in the TAP process and we hope they can move forward and, again, become a viable portion of our civilian community.

I would again like to skip a few other things if I may. That is why the Federal level of the American Legion is supporting legislation such as S.2239, the Veterans Skills to Jobs Act of 2012. This legislation would enable the head of government agencies to deem military veterans to have satisfied and certification requirements while in service on active duty in the various military branches.

It is simple to fix and long overdue. As has been said many times in the past, our veterans can patch up people on the battlefield of Iraq and Afghanistan. They should be able to come back and serve as an EMT to take care of people who are tragically injured out on our highways.

If they can drive a truckful of supplies in a combat theater and be ready to repel an ambush, then certainly they can drive through the mountains of, say, western America and drive and bring those things that are needed to our

communities. It only seems fair. It is only rational to assume they were able to do all of this during their military service.

I would like to conclude. The best thing our veterans have going for them today they did not have after Vietnam, in country have to arrange this notionless or total disregard for their well-being. We can harness whatever they have brought home with them and put it to good service here in our local communities. To all who have served, of course, the American Legion and I offer our very best. We thank you for your service. We thank you for all of your service.

The American Legion believes that we focus on basic things. We help our veterans enter the community without fear, help our veterans receive treatment and compensation for their wounds of war, help our veterans translate their military success into successes in a civilian job market. We will be winning the fight to ensure that just treatment for our men and women who have fought will finally be achieved.

There is still a long road in front of us to achieve all these aims, but we are working. Congress is working. The people of America are working. We will not fail as we did in the past, but together we will see success. That concludes my testimony, Senator, and I will answer any questions you might have.

[The prepared statement of Mr. Schrier follows:]

Senator Murray. Thank you very much to all three of you. I really appreciate your statement before us today. I do have some questions for you. Mr. Millan, I wanted to start with you. Thank you so much for sharing your story with us. One of the most troubling aspects of what we heard today from you was the disregard shown to you for your mental health concerns at the beginning of your disability evaluation process.

I want to understand that a little bit better. You mentioned you were told that it was unlikely that you had PTSD. Had you been diagnosed with PTSD prior to that?

Mr. Millan. Senator Murray, yes. I was diagnosed with PTSD I want to say in 2005 or 2006. This particular individual immediately made that diagnosis within a two- or three-minute time period of our initial meeting.

Senator Murray. The individual who told you that it was unlikely?

Mr. Millan. Unlikely, yes. There was a two- or three-minute--two or three minutes after I walked into the door, this individual had already made the determination that it is unlikely I have PTSD and more likely I have an adjustment disorder.

Senator Murray. So you had been diagnosed with PTSD. You went in. This individual saw you for just a few minutes?

Mr. Millan. I was diagnosed--the VA diagnosed me with PTSD in 2005-2006 timeframe.

Senator Murray. Right.

Mr. Millan. When I started the Medical Evaluation Board process through the National Guard, the provider at the Medical Command, he made this determination.

Senator Murray. Had he done any type of examination or reviewed any of your medical records or anything before make that statement to you?

Mr. Millan. No, ma'am.

Senator Murray. Well, I think that experience really demonstrates the difficult nature of changing cultures, but we have come a long way in reducing the stigma associated with mental health conditions. But statements like what you just gave us today, which really minimizes a servicemember's mental health concerns, are completely unacceptable, completely unacceptable.

If we want men and women to seek care today, they need to know they are receiving a thorough assessment and evaluation. So I am sorry that happened to you. I am glad you are moving forward, and I really appreciate you sharing that with us today so we can all understand that is occurring.

Ms. Lillegard, you said your experience readjusting after returning from Afghanistan was made challenging by what you called weeks of sitting through presentations, screenings, check-ups, interviews. Can you talk a little bit about why those programs made your readjustment more challenging?

Ms. Lillegard. Yes. There is sort of a perception that when you come back from war and you hug your family at the terminal or at the gym or wherever you are taking that, you can then be with your family. However, that is not really the case.

You are supposed to sit through, pretty much, from, you know, say eight or nine in the morning until around four or five in the afternoon, briefings. And a lot of the briefings do not pertain to everyone, so I was sitting there as a single soldier sitting through briefings that pertained to either child care or special help for those with exceptional family members, et cetera, et cetera.

So there are a lot of irrelevant briefings, and there are also a lot of briefings that had to do with not having a negative outburst of some kind or falling into patterns of substance abuse. And we hear it so many times from so many different people that it is sort of implied that that is what we are all thinking.

Like, if they did not tell us not to, then we would all just go out and do that. But, I mean, I was looking forward to seeing my family and, you know, perhaps having some free time and enjoying the beautiful place. I came back in June. It was gorgeous. There was trees and grass. It was amazing. But we were herded into a dark theater and forced to sit through briefings which explained the dangers of substance abuse, which we were all very well aware at this point.

Senator Murray. So it was irrelevant to you and the timing was not good?

Ms. Lillegard. Yes.

Senator Murray. What recommendations would you make to make that more relevant to people and done in a better way?

Ms. Lillegard. I guess I would trim down the briefings so that they are more positively oriented, rather than do not do this, and do not do this, and do not do this. Say, these things are available to you, and chop it down so it is not two or three solid weeks of power point presentations.

Senator Murray. When all you want to do is go see your family?

Ms. Lillegard. Yes, exactly.

Senator Murray. So would it be helpful if you were able to see your family and come back?

Ms. Lillegard. Yes. I think that as the regulations are now, it is sort of mandated that you sit through all these briefings prior to going on leave. There were some soldiers that did it after their post-deployment leave because they got back to late that they were able to go take leave with the unit and then they came back and did an abbreviated version of those briefings.

But mainly it was all these very, very negative briefings that sort of gave us, as soldiers, the impression that we were, you know, incapable of behaving like normal citizens.

Senator Murray. Okay. Mr. Schrier, it has been about 40 years since you returned home from Vietnam and you have seen a lot, a lot has changed about how America views and treats our servicemembers and veterans. What is the biggest change you have witnessed since when you came home and these soldiers are returning today?

Mr. Schrier. I could answer that in two parts. First let us talk about right here in our own home, Washington State. We have a Governor who absolutely does everything she possibly can for our military and our veterans. We have the Washington Department of Veterans Affairs, headed up by Mr. John Lee as the Director, who carries forward and makes these policies happen.

The Governor's Veterans Affairs Advisory Committee, many in this room, where I had the honor to serve for years. They bring these ideas to the table because they speak from each of their veteran service organizations and our soldiers' homes. Our senior officers and senior NCOs being brought on staff to work with our veterans because they understand what is happening.

Our ideas have been carried out to some of the other states across the nation, like our MOU when we harness not only the military side of the house, but those civilian communities and the Department of Labor, for one, and there are, of course, many others. Bring those ideas to the forefront and when our service directors meet, and I know that they do, some listen, apparently some do not.

Now, on the national scene, quite frankly, Senator,

one, we have got to do something about this claim backlog. It is growing again, not shrinking. And when we were back for testimony in February before your Committee, we heard the VA say, Well, it is going to be down to 300 days and ultimately be 180 days. It is going the other way. It is back up to over 400 already.

We are closing out Afghanistan, 140-something thousand people coming home. How many are going to leave the branches? How many are going to now be going into the VA system? How many people my age are looking at the VA now for health care because they are retiring or they have lost their jobs?

Things need to happen. New programs are being brought up monthly. They never reach down to the street level where our veterans need them. We have men and women who fought and will carry wounds, in the wars, our recent wars, living in cars out on the streets. They cannot go to school because they cannot seem to get the G.I. Bill, if you would, .20, the latest update, if you would, for the G.I. Bill, to work for them.

It is because if you have ever opened up that website, and I work with people who have trouble doing this, to help them, it is a long, convoluted, non-ending spiral of gobbly-gook. We have got to start thinking about the people who are out on the streets, our veterans who are at home. If they have issues, we have got to get them in to see a doctor, intern or otherwise, sooner not later. Not 90 days down the road.

And I do not find any fault and I do not believe any veteran does once they are into the medical system. They do not find fault with the care that they are receiving. They cannot get into the medical system in a timely fashion. We need to start thinking about what is going to make things happen right now for our veterans, because that 1,200,000 claims that are up there somewhere in the world today are about to grow and we know it is happening.

And if I could simply close on one thing? I am not going to try to compare the National Football League to the horrors of war, but there is one thing, one item that caught my attention a few months ago. Former football players are suing the NFL because they are having memory lapses because they are suffering from dementia because they have got this disorder that makes them violent.

It is being caused by repetitive concussions and that is exactly what TBI is. What is going to happen not now, like after Vietnam with Agent Orange, what is going to happen in 5, 10, 15 years when our veterans start suffering this from having those horrible concussions? Who is going to be there and how do we know that they are going to be there? Because they were not after Vietnam, I can assure you. We are still fighting that battle. Thank you, ma'am.

Senator Murray. Thank you very much. Mr. Millan and Ms. Lillegard, on the next panel, we are going to have some witnesses who will talk about the value of mentorship and

peer-to-peer support among veterans in making the transition home successful. They are going to talk about having someone who has already successfully navigated the system, mentor someone who is going through that. Would that have helped either one of you as you are transitioning or transitioned?

Ms. Lillegard. A specific mentor assigned to a soldier?

Senator Murray. They are going to talk about peer-to-peer support, correct.

Ms. Lillegard. I believe so. If the peer was capable of providing the kind of on-point leadership that the soldier required. I had different requirements certainly than the person sitting next to me.

Senator Murray. If it was somebody who understood what you were going through?

Ms. Lillegard. Exactly. I found the TAP program to be excellent when I was able to do it and not required to go.

Senator Murray. Mr. Millan, how about you, if you had somebody working with you who had gone through it before?

Mr. Millan. Well, I am going to answer your question with a question if you do not mind, Senator. Who is going to teach that peer what the process is? Because apparently, the person who facilitates the Medical Evaluation Board process for the National Guard does not know the process. So who is going to teach the teacher?

Senator Murray. Okay, good point. I am going to ask you also, Mr. Millan, you are still going through the transition process. I understand you are waiting for a determination now from the military's disability evaluation system, correct? You are waiting for a decision now?

Mr. Millan. Honestly, Senator, I do not know what I am waiting for. I put a call in last week regarding the letter that I received that said I may have to fly to Georgia. I called both numbers on the sheet of paper to make the appointment. One number was to TRICARE and they do not make appointments; the other number was to the Fort Stewart--excuse me--the Augusta, Georgia, VA and they said to me that they do not know why they are getting an abundance of calls from National Guard soldiers to that VA when they do not do anything. They do not do anything with the MEB process.

So I called my point of contact on Camp Murray. It was about a minute conversation. He said he would call me right back, and to this moment, I have not received a call. So I do not know what I am waiting for, Senator.

Senator Murray. Well, you stated that the process has created anxiety, panic, and stress. I assume it is because no one is giving you information, and you do not know what is going to be the next step and where to go, correct?

Mr. Millan. Yes, that is correct. It is hard to plan your--it is hard to plan, whether it be schooling or whatever it might be, when on a given moment I have to leave and go to, presumably, Florida or Georgia.

Senator Murray. If you could change this process in any way, what would you do?

Mr. Millan. Well, first off, Senator, I would have to be convinced that the leadership wants to change it. That is the first thing. I think there is an obvious need to separate the active from the reserve from the National Guard, logistically speaking. I think that there is an obvious need for that.

But I think at some point, somewhere down the road, somewhere down the line of looking at the three different components, there has to come a time when the three components come together and they recognize that above our left breast pocket it says U.S. Army. It does not say National Guard. It does not say Reserve. It says U.S. Army.

So if I could change one thing, I would change the fact that when soldiers are entering this process--well, first off, let us look at it from a common sense standpoint. Why are we sending soldiers across the country when two miles from Camp Murray and 35 miles from Camp Murray there are two major medical facilities that could meet the needs much more efficiently and effectively than sending a soldier away. That is the first thing.

The second thing is, do not have two different systems. Do not have two different regulations for a Medical Evaluation Board for a National Guard or Reserve component soldier that was in the same line of fire as the active duty soldier. That does not make sense.

Chairman Murray. Okay. That is very helpful. I really appreciate it. I want all of you to know that I am really concerned about mental health care that the VA is providing to our veterans today. My Committee has been very aggressive in our oversight of the Department. We had four hearings on this, and I will be continuing that oversight this year.

One of the major issues we have identified is the VA's difficulty in providing timely care for our veterans in terms of mental health. Mr. Schrier, you mentioned this a moment ago. We are seeing long lines and appointments that are not within the time frames that are required. Is that what you have been hearing from your members, too, in terms of seeking mental health care at the VA facilities?

Mr. Schrier. Yes, Senator, it is. That is exactly what I have been hearing, not just from the veterans themselves, but from people who are involved with working within the veteran system, the people who are handling claims, the people who are involved, who are taking care of our veterans.

The bus driver. I have had a bus driver, a van driver that moves veterans. A lot of our young people were exposed to improvised explosive devices on the road. For them to drive down I-5 is a major trying event. You call it PTSD. I prefer PTS, drop the D for disorder. You make it sound like there is something wrong with the person. It is simply a wound.

But yeah, I hear that all the time, Senator. And how

can you help but not become a little bothered by it. These young people are just back from the theater, they did their best, and again, it is like what John was saying. It does not say National Guard or Reserve or Regular component on their battle dress uniform. What it says is, it says they are a soldier, U.S. Army.

I do not understand how we can bring them back here and suddenly separate them. One will get this level of care and one will get this level of care. It does not work that way.

Chairman Murray. Well, as I said during my opening statement, I believe that a veteran, when they ask for care, should get it every single time. What do you think would be most helpful for veterans to make sure that they are getting the care that they seek? More off-hour, Saturdays? What would help in terms of veterans getting help?

Mr. Schrier. There would be so many ways to answer that. You are talking about veterans. One of the things we could do is ask for a series of veterans, as they go in to see the hospital or they return home, find out when they are best capable of going in to have an appointment.

We have got thousands of soldiers, airmen, sailors, Coasties coming home right now here in our state, and that problem that I am speaking about and the things that I have heard are here, not in Washington, D.C. And then some flexibility. And I am not going to point my finger at the VA, the largest HMO in the world and the work that they do and what they have to do. I would not do that.

What I will say is that what happens in Washington, D.C. in the Secretary's office and when the Under-Secretaries go out to make these things happen in the regions, if you would, does not necessarily filter down to that veteran, be they living in the back of a car or undergoing problems with drug/alcohol, spousal problems.

We need to get people in to see a doctor. They are standing up and saying, Treat us, I have a problem. We have been asking them to do it for years, since Vietnam, and probably well before, and what is happening? We are saying, Okay, take your time, stand in line.

Chairman Murray. We are running out of time for this panel. I do have one more question, Ms. Lillegard, I wanted to ask you, because in your testimony, you said you did not seek care at the VA because of the horror stories that you had heard about and experienced. Can you tell me exactly what happened to you?

Ms. Lillegard. Oh, as far as the VA is concerned and my interaction with them, it really did just--I did not even start anything because of what happened while I was still on active duty. I was out-processing. I will make this very brief. But I had a root canal 12 months prior to deploying, so I was away from 12 months.

During the first month of deployment, the root canal had to be removed because a file had been left in my jaw. A

chunk of dental file had been left in my jaw. So the whole thing had to be torn out. I had to leave it as it was during the deployment. I came back. There was no dentist at the unit. Waited for the dentist to arrive. Got things rolling once he did arrive.

And then during that process, it was going to run about one month to two months over that point when I was going to be ETS'd out of the Army, the tooth would not get back from the lab, the one lab that makes them in Georgia, and so I would be technically VA at that point once I ETS'd.

So I went to the guy at Walter Hall, the VA representative, and I asked him, you know, what should I do? Like because it is ongoing, all they have to do is pop the crown in, in about a month, and he said, Well, it was cosmetic, so we are not going to cover it.

So I went to my dentist, who luckily was a very caring, excellent provider, and I told him this whole story and he said, Well, that is absurd. I have a duty to care. So I will finish the procedure. But the VA said it was cosmetic the day I was not active duty. I was simply not covered.

Chairman Murray. So you were really caught between being active duty and a veteran and really caught between the two systems in the middle of a health care issue to you--

Ms. Lillegard. Exactly.

Chairman Murray. --that did not have an identity of a veteran or as a servicemember.

Ms. Lillegard. Exactly. There would be no tooth until I came across health care that would cover it, which would probably be, you know, after school, better job.

Chairman Murray. Should not have happened and appreciate your coming today and sharing that story so we can all understand what falling through the cracks really means to you and to many other people.

I want to thank each and every one of you for your testimony, your courage in coming before us today, and I look forward to continuing to work with all of you as you transition. Mr. Schrier, again, thank you for speaking for so many veterans today. Thank you to all of you.

[Applause].

Chairman Murray. As these panel witnesses change to our next panel, we will be hearing from representatives of rganizations that encourage partnerships with other community organizations and support active and Reserve component and troops and their families to promote wrap-around services that fill the gaps that are left by the VA, DoD, and other sectors of the community.

And finally, we will hear from Joe Wallis. He is the Senior Program Manager of Military Recruiting and Outreach at Microsoft, which has proactively developed and advocated

for veteran-specific hiring practices and supports systems within their organization to make sure that veterans succeed.

So thank you again to all of you for being here and for the incredible work you are doing for our troops and veterans and their families here in the Puget Sound region. Each of you will have five minutes to deliver your testimony and then we will have questions. Mr. Fischer, we will begin with you.

STATEMENT OF MARK FISCHER, PROGRAM MANAGER, WASHINGTON STATE DEPARTMENT OF VETERANS AFFAIRS

Mr. Fischer. Thank you, Senator Murray, for this opportunity. As a preface to my comments, most of what I am going to say today regarding the issue of transition employment and mental health comes from conversations that I have had with returning veterans over the last seven years. Bringing those comments into a succinct quote or a statement was difficult, but here is the gist of it.

What would really have been helpful to me as a service member leaving the service and a veteran, would be a peer mentor who had discovered the strategy trick to transition and has resources to provide me, and most importantly, listens to me with their heart and interest.

This listening and guidance needs to be done over a period of months or longer since they took months and sometimes years to train me. Now I need that same time to become a civilian. So that sort of encapsulates what I hear from a lot of veterans regarding the transition process.

The Washington Department of Veterans Affairs, who I am proud to work for, provides a variety of services that assists veterans, returning veterans, as well as veterans who have served in past wars and eras. The programs that I manage specifically have been primarily involved with returning veterans using peer-to-peer support. By finding passionate veterans who are eager to help other veterans, we have developed two programs, the Veterans Conservation Corps and the Vets Corps program.

The Kennedy Serve America Act, which you, Senator Murray, helped to support and passed in 2009, not only reauthorized the AmeriCorps, but authorized the creation of the Veterans Corps, the idea being that veterans who served in national military service could also be called upon to serve their country once again, this time to serve as AmeriCorps members in national civilian service.

Funding to support the Vets Corps comes via the application for AmeriCorps submitted by the Washington Commission for National Community Service to the Corporation for National Community Service, and as a result, we became the first Vets Corps program in the country three years ago.

At this time, there are 31 Vets Corps members spread across the state in two- and four-year colleges and two members at the Warrior Transition Unit at Joint Base Lewis-McChord. And as a group of Vets Corps members, they have

had contact with over 3,000 veterans, active duty members, and family members each year in the last three years.

These Vets Corps members who are mostly returning veterans and some spouses of returning veterans, some of whom are in the audience today, help other veterans and family members to navigate the college system and find services at the VA and other service providers such as Tom Schumacher's PTSD statewide counseling program.

The most important task that the Vets Corps members can accomplish at the colleges is the creation of a veteran community so that veterans can have a team once again. The greatest losses that veterans feel upon exiting the military are the lack of mission and team. The team means that they have others who they can trust to assist them, a listening ear, a mentor, resource and referral information, and a veteran conversation that they can understand.

The civilian world can feel very foreign after being in the service, given that the military culture is quite exacting and disciplined in its approach to inculturation. Some veterans have lived halfway around the world in austere conditions with traumatic events happening almost daily. Most unprepared civilians would crack in one day.

And yet, these servicemembers are trained to handle difficult extremely adverse situations and a huge percentage of them do it very well. We expect veterans to adapt instantly to civilian life, and as one veteran said recently, people can talk about the water, how cold and wet it is, but until you jump into it for the first time, you really have no idea whatsoever.

We also work on helping veterans find a new mission. Sometimes that is as simple for the veteran to provide for their family, but often there is an additional desire for something more. When you are accustomed to working 16 hours a day feeling part of a well-organized unit doing amazing jobs, it is hard to think about an existence that lacks that energy.

And then to have that training be marginalized by not crediting it towards college or apprenticeship is another blow upon reentry. Many returning veterans want to continue to serve in their communities, so finding that path can take discussion with others, Vets Corps members or others, which is another task that Vets Corps members take on willingly, given that they have found their own mission.

In addition, I believe that there is a great deal of mutual healing that occurs when these Vets Corps members serve other veterans. Relief and perspective on trauma and service-related mental health issues can occur in a counselor's office, but another very effective healing process is being part of a community of peers that you know and trust.

As a testimony to this healing, there are now 13 former Vets Corps members who continue to serve veterans through the VA, WDBA, and other veteran service providers. Other former Vets Corps members are serving other populations in

the community and many have now completed their college degrees and are employed in their chosen fields.

So moving on to employment issues, the Vets Corps members feel they are helping with transition issues at the colleges and they direct veterans towards employment assistance. However, there are many gaps in the employment process because as veterans say, from having experienced it, my job in the military was nothing like jobs I see now.

Our agency works as closely as possible with the VA and DoD. We are pleased with the new directions and opportunities for the TAP and ACAP programs and have pledged to work closely with the transition program staff. My hope is that other contractors can be brought into this assistance such as private non-profits, our agency, and other service providers.

Even with the best of intentions, the DoD and VA cannot reach out to all of those who are leaving or have recently left the service, and even if the existing servicemember has a good experience in their last months of service, there will be questions and issues to resolve once they step outside the gate when they really hit the cold, wet water.

My ask of America for next year is a larger group of Vets Corps members to include transition assistance and employment assistance specialists as members who can meet veterans in the community and the bases, and provide on-the-spot guidance to connect veterans up to employers, colleges, internships, the work source or other resources.

Our programs are developing good relationships with many employers who are now eager to hire veterans as they have discovered the wealth of talent within this group. As the Society for Human Resource Managers have discovered, this is a two-way process. This is a new partnership and we are finding that this is a partnership and we are finding that this is a good partnership.

But the discovering that they have done is that as far as a veteran's need for culture awareness, that is one thing, but also the employers need to be versed in veteran culture competency. So we are looking at this from a two-way street.

We are the beginning, but a matrix of support using all providers is paramount for success, and we also need to create some unique roles that do not fit into a typical Federal or state bureaucracy. Through Vets Corps, we can be a robust partner in this employment and transition initiative and assist in bringing in other partners as well.

If you bear with me for a little bit, I am going to give you a few more quotes from some of the veterans that I have talked to over the years.

Only a third of returning veterans in this state have even been to the VA. How will the other two-thirds get any health care assistance? Why do the bases not set the servicemember up with the enrollment in the VA health care system before we leave our base? When I left the service, the last thing on my mind was listening to the ACAP person.

The first thing was getting home to my family.

I was out of the Army for several years before I knew there was a women's clinic at the VA where I could have felt more comfortable getting help. What happened to the post-deployment clinic? I went there one day and it was gone. Where are all the yellow ribbons around the place I am trying to get a job?

In conclusion, I think the solution to transition is in all of us working together towards a healthy process without the silos that inflict so many initiatives and the hoarding of assets that accompany that need to control a silo. Thank you for the time.

[The prepared statement of Mr. Fischer follows:]

Chairman Murray. Thank you very much. Ms. Sprute.

STATEMENT OF ANNE SPRUTE, FOUNDER AND PRESIDENT, THE UNFINISHED MISSION

Ms. Sprute. Senator Murray and esteemed members of the panel, thank you for allowing me the opportunity to join you this morning. I would also like to thank all of my fellow servicemembers, veterans, and their families here today for your selfless and committed service.

I am an Army veteran with over 24 years of service. The latter assignments I held in the Army provided me with very unique experiences, serving in the Warrior Transition Battalion staff and an appointment as the Rear Detachment Commander of 4-6 Air Cavalry Squadron, both located at JBLM.

It was in these roles that I learned a great deal about the numerous organizations outside the gates of the installation offering services and support for military and their families. I realized that through focused collaboration with community business sectors and other governmental agencies, a direct and positive impact can be made.

I also recognized the disparities at that time with governmental agencies and understanding how very critical these partnerships are to provide transparent and seamless support. I would like to also acknowledge that currently, I have met several times with the JBLM Garrison Commander, Colonel Britton, and his staff and I know that they understand the relevance of these partnerships and their reaching out to the community.

Upon my departure from the Army, I accepted a corporate position. It was through my own transitioning after meeting with other transitioning veterans that I learned more about the enormity of these issues facing our service men and women. Given the scope of sacrifice, I decided the most immediate and effective solution was to enlist other veterans that have already navigated the process who are now citizen leaders.

I founded The Unfinished Mission as a grassroots veteran-to-veteran impact team for the purpose of providing an opportunity for veterans who have made the transition to pay it forward. We are committed to growing the network of accomplished military transitioners in order to become

citizen leaders.

We focus on three synergistic touch points that affect the evolution from wearing a military service uniform to entering the civilian workforce. These touch points are education, employment, and community. Higher education and vocational schooling are often pathways for the community to get involved and assisting guiding and recruiting veterans to showcase their unique experiences and future aspirations.

There has been a recent movement for the establishment of deliberate key partnerships that are centered on enabling veterans to perform a significant role in their own success while facilitating the success of their peers. The Vets Corps program that Mr. Fischer developed has set the bar high for future veteran peer programs, as the Vets Corps is unique to Washington State, providing positive immeasurable outcomes.

In 2011, AmeriCorps established United By Service, which also recognizes the value of military mentors within the community. West Care Foundation offered their partnership to broaden the scope by dedicating to hire 40 veterans to fill the AmeriCorps positions.

Recently, I met the West Care Washington State AmeriCorps veteran, a retired Army combat veteran who served five tours in Iraq. I have had the opportunity to work with him. He is one of the bravest warriors I have had the privilege and honor of knowing.

He inspires me every day with his tremendous work ethic and determination towards a continued mission of service dedicated to his fellow comrades regardless of their service affiliation or the generation in which they served. He is a true testament to the powerful impact offered by enlisting seasoned servicemembers to provide advocacy, mentorship, and coaching for those transitioning and veterans already living in the community.

Another innovative example of community and educational partnerships for veterans is Veteran Futures, Heroes Helping Kids initiative led by the Boys and Girls Club of South Puget Sound. In keeping with the theme that mentorship is healing, this initiative was established by reaching out to local colleges and vocational schools in the community to offer efficacy roles for veteran students. This small investment in this case, work-study funding, will provide a solid return for strong communities and a stronger America.

Today's call to action for education is a challenge. The DoD, VA officials, and community members are here today to spread the message of these best-in-class example programs and seek opportunities for modeling, sustaining, and funding others throughout Washington State and across the nation; grow the responsibility to influence unknown and unfulfilled gaps in veteran wraparound services; and unite disparate efforts that currently exist; build long-term capacity for greatness by investing in human capital and for the future of America; encourage and provide resources to support community outreach and veteran peer mentoring

programs with educational institutions.

Servicemembers who are seeking employment have expectations and goals that lead them to the pursuit of a new career. Teaching a veteran how to evolve, inventory their skills, articulate their capabilities, and measure their competencies is at the center of gravity for answering the employers and the veterans' needs, expectations, and demands.

Today's employment challenges are not just a veteran issue. It is often described that veterans want to work, but face translational roadblocks. This is because employers, and sometimes even veterans, tend to associate veteran skills based upon their military occupational specialty, or MOS, rather than the vast inventory of proven capabilities a veteran has to offer.

During one of my very first phone screen interviews with a corporate employer, the recruiter asked me, How does being a helicopter pilot equate to working in our company? There was an automatic assumption that being a helicopter pilot meant that I only could fly and that I had no adaptable skills that would add value to the business.

Conversely, working with veterans in transition, there is a disparity in understanding how to inventory their skills and realize the value of their military experiences. I recently had the opportunity to poll a class of all veteran students enrolled in an aerospace composite program at Clover Park Technical College on their capabilities and confidence levels in entering the civilian workforce.

The initial response was filled with angst because of the translation concerns from military to civilian-speak. However, after walking them through some real world examples of the basic competencies advertised in current Boeing job descriptions, the student veterans realized there were many familiarities with their military experience and competencies such as teamwork and personal commitment. They realized that their potential for this position was much greater than they had originally thought.

The military culture is clearly unique. However, this acknowledgment is not to diminish the fact that the warrior ethos is incapable of adapting to the business environment. The community and employers have an expectation that veterans will adapt instantly to civilian life. To illustrate this point further, I would like to offer the following the scenario to challenge such thinking.

Imagine you retire as a general manager at a Fortune 500 company with over 25 years of accomplished experience in business. After retiring, you decide to take your additional time, talent, and value to another organization. You decide to join as a senior leader in the military.

As a general manager in the private sector, you have never been exposed to the military culture and protocols. Many of the challenges in this scenario are the same as those facing transitioning veterans today. I offered this example in an effort to help employers and community members

understand that the challenges veterans face in transitioning their experience and skills is not that different than from that of a civilian job seeker.

The plethora of experience and proven skills military veterans bring to industry are an asset, not a detriment. Employers who understand the scenario when seeking veterans as future top performers for their organizations also understand how to recruit onboard and retain top talent in general. These employers have an opportunity to act as champions and model the way as leaders in the rest of their industry in order to effect change from the mantra of, hire a veteran to hired a veteran.

Today's call to action for employment is to call upon all leaders of all sectors to change the dialogue of cultural indifference and how difficult it is to translate military occupations to one of employing veterans is not about checking a box; rather, it is about identifying their potential for empowering demonstrated leaders with the opportunity to grow long-term careers, to propel the next generation of working men and women, and add value in the right places within society.

It is also vital that DoD, Federal and state Departments of Veterans Affairs proactively work together to establish outcome-based processes that integrate communities, businesses, non-profits, and educational institutions to foster teaming and providing a pathway and structure through the progression.

Critical to developing these teams is including a seat at the table for workforce central representatives. The role they play in identifying our workforce needs and bringing appropriate partners to the table is invaluable.

In summary, the true expertise for success in civilian life does not lie in DoD or in the VA; it lies within one's community. The next step to a successful transition begins with the establishment of real relationships between governmental, public, private, non-profit, and organizations that offer a continuum of service, refine pathways, remove obstacles and bureaucratic red tape within existing organizations, programs, and services.

Effective change as an organizational support will grow communities and encourage veterans to evolve into citizen leaders and public service warriors. Today we challenge governmental agencies and community members to grow and support non-traditional, innovative solutions, and partnerships that focus on shifting strategies from linear governmental veteran services and assistance programs into a community approach offering a teaming framework amongst new and existing service providers.

And lastly, a significant point that was referred to earlier by Mr. Fischer, one of the greatest losses a veteran feels upon exiting the military are a lack of mission and team. It is important to note that team to a veteran means that you know you will never be left behind. Thank you.

[The prepared statement of Msprute follows:]

Chairman Murray. Thank you very much. Mr. Wallis.

STATEMENT OF JOE WALLIS, SENIOR PROGRAM MANAGER, MILITARY RECRUITING AND OUTREACH, MICROSOFT CORPORATION

Mr. Wallis. Good morning, Senator Murray and distinguished guests. My name is Joe Wallis. I am a program manager for military recruiting at Microsoft. As a Marine Corps reservist with close to 26 years of service, this is a topic that I am very passionate about. On behalf of the Microsoft Corporation and Microsoft's internal military community, I thank you very much for the opportunity to discuss this important topic focusing on veterans in our region and how to assist them in transitioning to civilian life and employment.

Microsoft is one of the largest employers in the Puget Sound region who recognizes its commitment to engage with our local community and understands that the veterans in our region face challenges in transitioning to civilian employment.

Recognizing the need to assist transitioning military persons to civilian employment, Microsoft's internal military community and senior leaders in the company came together to establish a recruiting program. This program targets the recruitment of qualified military veterans at Microsoft, as well as assisting these veterans in their successful transition to civilian employment regardless of whether they became employed at Microsoft or not.

We truly believe that hiring veterans is not only the right thing, but it is a great business decision as well. Our program took on the tag line, We Still Serve, and that phrase has reflected our commitment at Microsoft to continue to serve our veterans. The We Still Serve program was established in our recruiting organization to identify opportunities for recruiting veterans at Microsoft.

Our veteran-focused website at westillserve.com has several functions that assist transitioning military persons in engaging with open positions at Microsoft. The website has a military occupational specialty decoder that allows a military person to enter their specialty code and then view current open positions at Microsoft that may fit their unique experiences and skills.

Candidates can link directly to positions at Microsoft that require special security clearances. We also have a chat room available on Fridays where transitioning military persons can chat with veterans at Microsoft and learn about how to best engage in our recruiting process or to discuss questions around interviewing or translating their military skills to a civilian position.

The website also links veterans to our Microsoft talent network which will update them when positions open that match their skills. Our extensive social media presence also updates candidates on news in regards to careers at Microsoft.

Our recruiting program also attends numerous military-focused career events locally and across the nation to engage military candidates and assist them in their transition to civilian employment. These events are great venues for bringing together transitioning veterans and a large number of corporations and organizations interested in their success.

We have partnered at these events with organizations such as the U.S. Chamber of Commerce, the Military Spouse Employment Partnership, the local Seattle area non-profit organization, Hire America's Heroes, as well as the transition centers of all the Puget Sound area military bases and other bases across the nation.

Microsoft has also reached out to the transitioning military community with our Elevate America's Veterans Initiative. Microsoft launched this program to help our country's veterans and their spouses acquire the skills and resources that they need to be successful in today's workplace.

Through this initiative, Microsoft convened a coalition of public, private, and non-profit organizations that are interested in contributing expertise, cash, and in-kind resources to help veterans and their spouses build the skills and access the resources that they need to be successful in today's workforce.

Through Microsoft's investments of more than $12 million in cash, software, and related support, veterans and their spouses can take advantage of resources, including technology skills, training, and certification; job placement; career counseling; and other support services such as child care, transportation, and housing to help in their successful transition to civilian life.

And Microsoft recently extended this program with a voucher initiative. Microsoft, with the assistance from the U.S. Department of Labor in a liaison role in local workforce areas, is proud to offer U.S. military veterans and their eligible spouses vouchers for no-cost IT skills training and certification designed to help them build the technology skills that employers are looking for.

Microsoft recognizes the fact that these efforts in assisting a military person's transition to a successful civilian career is a goal that takes dedicated programs by corporations and organizations nationwide working together to deliver expertise, support, and most of all, an opportunity for successful careers to those who have served our nation honorably. Thank you.

[The prepared statement of Mr. Wallis follows:]

Chairman Murray. Thank you very much to all three of you for your excellent testimony. I just have a couple of questions for this panel. One of them is, in many of my conversations with veterans and employers, veterans tell me that they are afraid to write the word veteran on their resume because of the fear of stigma for mental health. Do any of you have any strategies for us to help make sure we

are doing the most effective way of working both with the veterans and with employers to reduce the stigma?

Mr. Fischer. Senator Murray, I think a lot of it has to do with not only educating the veterans about what I talked about in my talk about their need to understand civilian culture, but the employers need to understand veteran cultural competency, too. And so, we are instituting a process in this next year where we are going to be training a lot of human resource managers in veteran cultural competency and I think that will help a great deal.

The Society for Human Resource Managers represents about, I think, 2,000 employers in this state and we are going to be doing some regional training all across the state in order to help with that process.

Chairman Murray. Ms. Sprute, any advice?

Ms. Sprute. Yeah. I think also to again engage leaders in the corporate world, leaders in the community to change that dialogue and that stigma, because ultimately, veterans are about 1 percent of the population and there is a much larger population working that are in the workforce that have diagnoses similar to those of veterans. However, those do not seem to cause any issues for them.

So rather than making PTS or TBI an issue, we should be talking about all the valuable skills that a veteran does bring to the table, and that they really are the top performers that employers are seeking to have in their organizations.

Chairman Murray. Mr. Wallis, you have had a lot of experience doing this at your own firm. Do you have any advice for other companies that you talk to, small or large?

Mr. Wallis. Yes. I believe it is really important to get your senior leadership involved in a program such as veteran hiring and reaching out to that community, as well as leveraging your internal veterans in the company.

Those are your best examples of those who have already made the transition, have been successful, and are currently at the company and they can advocate and provide that education across the board to those who have not served on the skills and the great qualities that veterans bring to a corporation.

Chairman Murray. Thank you. And Mr. Fischer, I just wanted to ask you, you continue to do a lot with our veterans, many of them with mental health issues. Can you talk about what kind of relationship you have with the VA and what needs to be done to more effectively leverage the services that you are providing to get better care for our servicemembers?

Mr. Fischer. So it is mostly my boss, Tom Schumacher, who works more intimately with the VA, and I think there is a very good relationship between he and they. A lot of the psychologists and psychiatrists know him quite well and they work together on cases. I think it is a good partnership in our state. I cannot say the same for a lot of states because I think Tom has the only statewide PTSD program

running out of a Department of Veterans Affairs in the country, from what I understand.

So that partnership is strong. It has been going for 20-some years now; whereas, again, I am not sure that exists anywhere else. I think there is always gaps, and again, I am not going to point a finger at the VA. They are, as Bill Schrier said, the largest health care system in the world. They do the best, I think--we all need to work together to fill those gaps and Tom does his best about that.

One of the things that I think could be done more, I think Tom has some written testimony here, would be sort of expansion of fee services for veterans. I think the CBOCs are great and that has been a great addition. I think that there could be some easing of some of the regulations about working with families, although I think that is probably going to take a long time.

Tom's program is open to family members or spouses; whereas, the VA at this point does not allow for counseling in those areas. So there are a lot of things that can improve, but I think we are working together and doing the best we can in this state.

Chairman Murray. Okay. Appreciate it very much. Ms. Sprute, I just have one more question for you. We heard Mr. Millan in the first panel talk about the need for family support. How do you work with families to make sure that a veteran has the support of the people around him?

Ms. Sprute. Well, you know, there are so many resources that are out there available to families. It is just making sure that we start to kind of pull those resources together and work more effectively to get them to the family members.

One of the things, when I was assigned as the Rear Detachment Commander for 4-6 Air Cav, was that I took my staff and I made sure that they were educated on what services were out there and available. And it was interesting to see what an eye opener it was for some of these active duty soldiers that had never really went outside the installation.

I think that, again, I would refer back to some of the conversations I have had with the Garrison Commander, Colonel Britton, that he recognizes this. I know that he is encouraging the commands and the staff within the installation to start really looking outside the gates and making sure that we are pooling those resources.

It is, again, all about today what we are talking about, is collaboration and bringing some synergy together between disparate efforts so there is not so much overlap.

Chairman Murray. Well, I really appreciate all three of you, the tremendous work you are doing in our community, your testimony today, and your willingness to continue to work with all of us as we move forward in this transition process. So thank you very much.

And with that, we are going to turn to our third panel so bear with me as I introduce them as we make this

transition. [Sound interruption]--official, Dr. Petzel oversees the health care needs of more than 8 million veterans, who are enrolled in the VA health care system. Thank you for being here today.

Dr. Petzel is accompanied today by Dr. Susan Pendergrass. She is the Director of the Northwest Network, also known as VISN 20, for the Veterans Health Administration who oversees all VA hospitals, community outpatient clinics, and other health care programs here in Washington State and throughout the Pacific Northwest.

And Willie Clark is with us, Western Region Director for the Veterans Benefits Administration, who oversees the adjudication of all benefit claims in the western United States.

With us from the Department of Defense today is the Acting Under Secretary of Defense for Personnel and Readiness, Dr. Jo Ann Rooney. Dr. Rooney is the Senior Policy Advisor to the Secretary of Defense on recruitment, career development, pay and benefits for 1.4 million active duty military personnel, 1.3 million Guard and Reserve personnel, 680,000 DoD civilians, and she is responsible for overseeing all state of military readiness. Thank you for traveling out here today as well.

Dr. Rooney today is accompanied by Lieutenant General Thomas Bostick. He is the Deputy Chief of Staff, G-1, of the United States Army. General Bostick is responsible for developing, managing, and executing the Army's personnel plans, programs, and policy and managing their overall manpower.

Major General Lloyd Miles is here. He is the Commanding General of I Corps, Rear, of the United States Army. General Miles is responsible for managing the I Corps, Rear, Detachment, while Lieutenant General Scaparrotti is deployed to Afghanistan as the Deputy International Security Assistance Force Commander.

And finally we have Major General Richard Thomas. He is the Commanding General of the Western Regional Medical Command and Senior Market Executive for TRICARE Puget Sound, United States Army.

I really want to thank all of our witnesses on this panel for being here today. Each of you had to make significant changes to your own schedules to attend this hearing, so I very much appreciate your willingness to be here with us today to discuss these very critical issues that are facing our servicemembers and our veterans. So thank you all for joining us today.

Under Secretary Petzel, we are going to proceed with you, and so will you please begin.

STATEMENT OF ROBERT PETZEL, M.D., UNDER SECRETARY OF HEALTH, VETERANS HEALTH ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS

Dr. Petzel. Chairman Murray, I appreciate the opportunity to discuss the Department of Veterans Affairs' commitment to ensuring successful reintegration to civilian

life for transitioning and recently separated veterans. I am accompanied today by Dr. Susan Pendergrass, Director of Network 20, and Mr. Willie Clark, Western Area Director for the Veterans Benefits Administration.

Working in close relationship with DoD, VA strives to ensure that every servicemember's transition from DoD to VA is as smooth as is humanly possible. For nearly three years, our departments have worked together on a Virtual Lifetime Electronic Record, which takes a phased approach to sharing health and benefits data to a broader audience, including private health care clinicians involved with veterans and servicemembers' care, benefits adjudicators, family members, care coordinators, and other caregivers.

In early 2007, VA partnered with DoD to make the changes to DoD's existing Disability Evaluation System, or DES. Through the new Integrated Disability Evaluation System, or IDES, the departments have created a more transparent, consistent, and expeditious disability evaluation process for servicemembers being medically retired or separated from military service.

As a result, VA can deliver benefits in the shortest period allowed by law following discharge, thus eliminating the pay gap referred to earlier that previously existed under the Legacy process. VA is responsible for the initial claim development and medical examination, the proposed rating, and the notification of benefits. Between February 2011 and February 2012, we reduced the number of days to complete these processes by almost a third, from 186 days to 134 days.

VA and DoD are committed to working together to improve the access, quality, effectiveness, and efficiency of health care for servicemembers, veterans, and their families. One of our cooperative efforts is the integrated mental health strategy which was developed to address the growing population of servicemembers and veterans with mental health needs. This integrated strategy centers on the coordinated public health model to improve the access, quality, effectiveness, and the efficiency of the mental health services we deliver.

The integrated mental health strategy has identified four strategic goals. First, expanding access; second, ensuring quality and continuity of care across the Departments; third, advancing care through community partnerships and education; and fourth, promoting resilience and building health care systems for tomorrow.

One critical element to these efforts is a better understanding of military culture amongst mental health providers, and together, VA and DoD are developing a curriculum to support this initiative. Of course, employment is a critical concern for a servicemember in transition.

VBA assists veterans in obtaining gainful, suitable careers through the Vocational Rehabilitation and Employment program, VRE, which helps veterans with service-connected

disabilities prepare for, obtain, and maintain suitable careers in maximum levels of independence in their daily living.

The Vocational Rehabilitation program has also reached out to local colleges and university campuses to implement the Veteran's Success on Campus program which is designed to ease the transition from servicemember to veteran by coordinating veteran benefits smoothly and seamlessly. By the end of 2012, the program will be operational on 28 campuses. VA's 2013 budget request includes funds to expand this program to 80 campuses serving approximately 80,000 veteran student.

VA supports OEF, OIF, OND veterans and servicemembers through a variety of VBA outreach events. These provide information about VA benefits, answer related questions, enroll members in E-benefits, review veteran records, and accept claims for VA benefits. Since the beginning of 2012, VBA employees have provided over 2,400 hours of outreach and interacted with more than 40,000 veterans and service members who have been participating in these events.

In February 2011, the Seattle regional office participated in 127 community outreach events reaching more than 11,000 veterans and their dependents. These events were focused on homelessness, former prisoners of war, women, minority veterans, as well as separating service members.

During fiscal year 2011, the Seattle VR&E Division received 2,088 applications for services, had 3,000 participants in all facets of their program, and rehabilitated 352 disabled veterans.

Madam Chairman, VA worked closely with DoD to help our veterans return home and reintegrate into civilian life safely, easily, and with as much success as possible, and we continue to explore further ways to smooth their path. This is true throughout the nation, but is especially so in the State of Washington.

We are particularly proud of the VA Puget Sound health care system. Since 1923, this facility has distinguished itself as a leader in patient care, teaching, and research while earning prestigious recognition as part of the largest health care network in this country. This concludes my prepared statement. My colleagues and I are happy to respond to your questions.

[The prepared statement of Dr. Petzel follows:]

Chairman Murray. Thank you very much. Dr. Rooney?

STATEMENT OF JO ANN ROONEY, ACTING UNDER SECRETARY OF DEFENSE, PERSONNEL AND READINESS, DEPARTMENT OF DEFENSE

Ms. Rooney. Good afternoon, Senator Murray. It is my pleasure to be here today to testify on the reintegration of our servicemembers to civilian life, including mental health services, employment, and fostering partnership roles within our communities. I am honored to be joining with my Army colleagues and my partners in Veterans Affairs.

Together we are working towards a seamless transition for our recently separated veterans.

Taking care of our servicemembers is the highest priority for the Department of Defense. This includes ensuring each of our service men and women are prepared for success after completing their military service for our nation. As a department, we have undertaken many initiatives for both active duty and Reserve component members. However, we acknowledge there is still much to be done.

Today's servicemembers and veterans face a number of challenges in making the transition to civilian life, including successfully assimilating into a post-productive, post-military career. In August 2011, the President called for the creation of a task force led by the Department of Defense and Veterans Affairs to develop proposals to maximize the career readiness of all servicemembers.

In coordination with our VA, Department of Labor, and Department of Education partners, DoD's role involves implementing and sustaining a comprehensive plan to ensure that all transitioning servicemembers have the support they need and deserve when they leave the military. This includes working with other agencies in developing a clear path to civilian employment, admission into and success in an academic or technical training program, or successful start up of an independent business entity or non-profit organization.

The Yellow Ribbon Reintegration Program assists Reserve component members and families with support, information, and referrals focused primarily on local community resources. The Hero2Hired Initiative also helps our Reserve component servicemembers connect to and find jobs, and is participating with the U.S. Chamber of Commerce on multiple job fairs.

To address the physical and mental affects after ten years of intensive operations on our force, the Department is committed to providing access to mental health care and ensuring a smooth transition between the Department of Defense and Veterans Affairs benefit systems. The VA/DoD Integrated Mental Health Strategy focuses on developing community/organization collaboration and partnerships to address the ongoing effects of traumatic brain injury and post-traumatic stress disorder.

Over the past five years, the Departments of Defense and Veterans Affairs have worked together with assistance and guidance from Congress to reform the cumbersome and often confusing bureaucratic process which provide care and benefits to our servicemembers when and where they need them.

Our departments have established a governance process co-chaired by the Deputy Secretary of Veterans Affairs, along with me, and working groups led by our senior members of our teams. Our shared goal is one of continuous improvement and facilitating an easy transition from service

member to veteran.

The Integrated Disability Evaluation System streamlined the DES process so that the servicemember receives a single set of physical disability examinations conducted according to VA examination protocols, proposed disability ratings prepared by VA that both DoD and VA can use, and processing by both departments to ensure the earliest possible delivery of benefits.

This past year, IDES became the standard with implementation at 139 locations across all of the services. The Department is continuously monitoring statistics on this IDES process and developing improvements to the system designed to drive the processing time down towards a goal by the end of this calendar year, but we do not plan to stop there.

We are obligated and committed to do all we can to enhance the experience and continually make improvements. The DoD and VA are working on numerous interagency electronic health data sharing activities and are delivering IT solutions that significantly improve the secure sharing of appropriate electronic health information.

Interagency health information exchange capabilities that leverage the existing electronic records of each department are in use today. As both departments work to address the need to modernize our electronic health records, we are working together to synchronize planning activities and develop a joint approach to modernization.

To date, the Department has transmitted health data on more than 5.8 million retired or separate servicemembers to the Veterans Affairs. Of those, approximately 2.3 million have presented to the VA for care, treatment, or claims determination.

I would again like to emphasize the Department of Defense's commitment to taking care of our servicemembers, veterans, and their families. For their sacrifices in service to our nation, they deserve nothing but our strongest support. I will continue to spearhead this effort with our VA partners as we constantly look for ways to improve.

Thank you again for the opportunity to be here with you today and for your support of our active duty and Reserve component servicemembers, their families, and our veterans. We look forward to your questions.

[The prepared statement Ms. Rooney follows:]

Chairman Murray. Thank you very much. Dr. Rooney, you are the head of Personnel and Readiness at the Pentagon and I really appreciate you coming all the way out here to Washington State to talk about issues that are very important to our community here.

As you know, Joint Base Lewis-McChord and this community are struggling with the news that a team of Army doctors may have changed medical diagnoses to save the Army money. We have had doctors, medical staff, and others involved that appeared to change hundreds of cases in order

to deny benefits and medical retirement to soldiers that were separating.

Some of those soldiers now are being reevaluated; many more are going through the process and getting their original diagnosis back. You heard one story here today. The actions that the Army took had an incredible impact on the soldiers and their families who, as you know, were already confronting some significant challenges as they transitioned out.

I know that you and the Pentagon and the Army and the VA really believe, as I do, that we have to uphold the commitment to our servicemembers and veterans, but this instance has really called into question once again how the Pentagon is handling the needs of our servicemembers and their families. I am confident we all share the same goal of making sure that what happened at Madigan is not and does not happen at other bases across the country.

But I want to talk to you today about the Disability Evaluation System, which seems to be at the crux of this problem. Now, the review by the forensic psychiatry at Madigan was a change from the standard disability evaluation process that is used across the military. I want to know what the Secretary is doing now to make sure that service members do get a proper diagnosis, adequate care, and an honest evaluation when they are going through this Disability Evaluation System.

Ms. Rooney. Yes, ma'am. As you know, the Army Surgeon General has put a stop to using that forensic process that you described. The soldiers, sailors, airmen and Marines that would have gone through that process are being reevaluated at this time, and we are also taking the opportunity to do a step-back and look across not only at the practices at Madigan and JBLM, but across Army as well as across our other services to make sure that we have consistent application of policies that are in place first, that that information is translated down to the people that are actually providing the services.

Because you are right. There seems to be nothing but the most heartfelt need to want to serve our servicemembers well, but we need to make sure there is no disconnect there. But again, not only here in Washington State, but across the country and across the services. So that is the process we are undertaking now.

As I know the Secretary mentioned in February in testimony in front of you, that any process that does not support not only the diagnosis, but moving appropriately through a process and support for our servicemembers and their families, when that does not seem to be in place, we have an obligation to not only determine what the cause is, but to fix that and do that across.

Chairman Murray. Can you tell me what specific steps you are taking so that we are assured that there is fairness systemwide on these evaluations?

Ms. Rooney. I can tell you where we are at at this

point, which is there are a series of investigations, not only on this base, but stepping back, those investigations are not completed. In fact, I was planning to be out here in Washington State in a few weeks hoping that at that point we would have at least some preliminary information not only here, but then we will take what we learned here and look across all of our installations where a disability process is being used.

I can also tell you that we have been making a very concerted effort since earlier this year, most definitely with our VA colleagues, to look at each individual site across the country and look at each step in the process, the disability evaluation process.

So not only is it in regards to behavioral health, but each step in that process, and determine where we feel that there is a backlog, what resources we can put to that backlog, if that is what it takes to move people through, and also we have had teams consistently going out, working with people on the ground to get their suggestions and input as to where we can streamline that process. All of that has been going on.

We do monthly reports to both of our Secretaries, at this point, to give them the updates on where we are in that process, and also, I am being held directly accountable by Secretary Panetta to make sure that we are able to show progress on all of the fronts you mentioned, not just on behavioral health.

Chairman Murray. Well, you can imagine the concern we all feel after ten years of war, many, many soldiers separating, five years now after the Disability Evaluation System was put in place, that we are finding that this is happening. I am hoping that you are doing this diligently, quickly, and effectively because we need to know what needs to change.

But we also need to reestablish trust back into the system with this kind of scandal where people were denied care and servicemembers were treated in a way that none of us wants them to be treated. So tell me how we are going to reestablish that trust.

Ms. Rooney. It will be by not only saying that we are continuing to evaluate this process, but coming up with specific steps for it and then being held accountable, whether it is to our internal leadership in the Department of Defense, to the members of Congress such as yourself and your colleagues who continue to express not only their concern, but their support, and then, quite frankly, with the members going through it.

So that is, we are sitting here in the future. We are hearing fewer, if any, reports from our service men and women going through the process, that they are finding disconnections or do not feel they are having the access to the treatment. That is the only way that I can see that we can re-establish the trust and also continue to improve.

Chairman Murray. Well, you heard Mr. Millan a few

minutes ago. He did not believe that anybody really wanted to change and that was his question. I had the opportunity to sit down a few weeks ago with a gentleman, Sergeant Stephen Davis, and his wife. Sergeant Davis had had multiple tours in Iraq and Afghanistan. He had been treated for years in the Army for post-traumatic stress syndrome and other mental health disorders.

But when he was going through the Evaluation Board, he was told that he was, and I quote him, he was a malingerer and that he was lying. He fought back. His therapist tried to fight back, but the forensic psych team told him and his doctors that he was lying. You cannot imagine the stress on this man and his family as they sat and talked to me about what he was going through and what it meant to him to being treated, after multiple tours, for post-traumatic stress syndrome, and then as he is leaving the system, told that he is a malingerer and a liar. What he has to live with and the hurt in is family.

We have to take this seriously. I mean, again as I said, we are ten years into this war, thousands of people who are leaving. We cannot allow this to be happening today. So part of why we are doing this here today is to really make sure we are addressing the underlying problems in our system, and I cannot help but listen to Sergeant Davis or Mr. Millan and think, we have problems.

I do not want just an investigation that gets shoved under a rug and two years down the road from now we are in the same place, and we are hearing the same stories. We just cannot allow that to happen.

So I want to ask you, what is the Pentagon and the Army doing to make sure that servicemembers, like Sergeant Davis, like Mr. Millan, never have to go through this situation again? And I just have to tell you, Mr. Millan told me--we had talked to him ahead of this hearing--and his father said to me, Well, nothing is going to change.

I want them to know something is going to change. How can you convince us that that is going to happen?

Ms. Rooney. As I indicated, the only way that I and the members of my team and the people that work on this can convince you, and particularly those men and women that are going through the system and depending on that, that things will change is by proof. And the only way I will be able to do that, Senator, is to continue to keep you informed as we are keeping our Secretaries informed. Also to be very open and transparent about showing the hard work that is being done.

And at this point, there is a tremendous amount of work, as you know, discovering new ways to be able to diagnose and treat, particularly behavioral health, but we need to make sure that we are not just getting that information and not translating it and working directly with our providers in our MTFs, with our civilian providers, our Veterans Affairs providers, and then constantly monitoring the results that are coming out, so that we are able to, if

a problem does arise or there is a disconnect by our practitioners or lack of clarity in any guidance that we give, that we are able to determine that early on and be able to take the corrective actions.

And it is only going to be in proof of action, not my words or statements here, that will eventually be able to convince not only the members of Congress, but more importantly, the men and women who have to rely on that system, that the leadership is taking it seriously and we are committed to putting our own efforts in to make sure that this does change.

Chairman Murray. Well, what steps are you taking to make sure that we are monitoring so that this does not happen again? Do the services monitor the number of appeals at the Medical Evaluation Board stage of the process?

Ms. Rooney. Yes, they do.

Chairman Murray. And how often do you do that?

Ms. Rooney. Actually, those appeals are available throughout the process at various stages. We do monitor that. In fact, as I indicated, as we look at the time our members are going through each particular stage of the disability evaluation process, we are now breaking that down not only by how much time it takes at each point, but that also includes the appeal process, and we are starting to look at that information by particular location.

Chairman Murray. But if you have been doing that, how come what happened at Madigan was not caught?

Ms. Rooney. I cannot attest for if that was being done before. As I indicated, we have closely been monitoring that and breaking that information down since January-February time frame of this year. Some of the services have been monitoring that, but it has not been in a collective way so that we are able to get visibility across all the services and locations.

We are doing that now, and my team that actually oversees and works on the policy for the disability evaluation system is now directly involved with each of the services, so we now have a high visibility.

Chairman Murray. When you say now, do you mean now within the last few months?

Ms. Rooney. Yes. Yes, ma'am.

Chairman Murray. General Bostick, you have referred to the Integrated Disability Evaluation System as, I quote, fundamentally flawed and said that the biggest area that the Army needs help is in the Disability Evaluation System. Can you share with us how it is flawed and what does the Army and the Department of Defense and the VA need to do to get this system working right again?

General Bostick. Senator, thanks for the opportunity to be here. First I wanted to take a moment and thank the first panel and thank John and Sarah for their articulate comments here today. I am committed to go back and make sure that at the end of the day, John knows what he is going

to be expected to do next, what the Army will do for him next, and to Sarah, thanks for you laying out some of the issues in reintegration. We are a learning organization in the Army and I am sure those lessons will be shared and we will do better by our troops.

We have been at war for over a decade, but at the end of the day, the Army is about people and we are going to take care of our soldiers, the wounded, ill, and injured, and all of those that serve and their families.

I did want to touch on what Bill Schier said, because it gets back to what you are asking me here. In my office in charge of personnel, one day I drew a big circle. On the outside of that circle I said it is readiness. That is what we are about. We have to be ready to meet the needs of the nation, and that is in peace and war and that is at home and abroad.

Readiness for us is about making sure we have, in the personnel arena, we have the people in order to man our units in order to accomplish our mission. If you can imagine, inside that circle, there are three smaller circles that are interconnected that we have to succeed in. One is the drawdown. We are going to draw down 80,000 soldiers in the active, 4,500 in the National Guard, and 1,000 in the Reserves.

Connected to that circle is transition, and every year we transition about 130,000 soldiers out of the active Army. Add onto it the Reserves that are coming off of deployment, we are up to about 170,000 that will transition. So the discussions on the earlier panel about transition.

And the third one is DES. The third one is the Disability Evaluation System. These three things are inside that bigger circle of readiness. To Mr. Schier's point that the military is focused on the mission, he is exactly right. But part of our mission, our ability to maintain our readiness includes those three things. We cannot turn our eye off of the drawdown--

Chairman Murray. Including those soldiers who are leaving?

General Bostick. We cannot turn our eye off of transition and we cannot turn our eye off of DES, and if any of those have difficulty, then our overall ability to accomplish our mission is going to be challenged. And that is a paradigm shift for us. We have always thought and trained and made sure that we are prepared to go to war.

And if you are going to transition out of the Army, that is that soldier's responsibility. Once you are in the DES process that that soldier is the medical responsibility. And what we are saying is, it is all of our responsibility and it starts with leadership. So it is not just the medical community's responsibility. It is not just the Army

career and alumni program that transitions soldiers' responsibility. It is not the folks that are working the drawdown. It is leaders.

So what we have done from the Secretary of the Army and from the Chief of Staff of the Army, they have led the charge on how we are going to approach all of these three major issues that I am talking about. And the Vice UCA [ph] staff every month leads a session on the Disability Evaluation System.

In fact, what he has done has had two sessions, and these are mandatory sessions where all commanders, all medical leaders will come up on VTCs from throughout the Army, and on a monthly basis walk through the Disability Evaluation System. We have set up a separate VTC because we have a bigger problem, frankly, on the Reserve component, and just as John pointed out, this is one Army and the one Army leadership is looking at this with the Reserve component.

But what we found was with the Reserve component, we did not really have a medical system that could support an operational Reserve. In the past, we have a strategic Reserve. The active would go fight and then when we needed the Reserve component, they would come in as a strategic Reserve.

Now in our Army Force Generation Model, the Reserve component, both Guard and Reserve, are part of the operational force. They get into that R-4 gen model, train, they reset, they train and ready, and then they deploy. When they come back, they come into a medical system that is not designed for an operational force.

So that is part of the challenge that we found. We knew this was coming at us, so we asked General, Retired, Fred Franks to go out and do a study for us, to review it. He looked at it for a year--

Chairman Murray. You knew this was coming? Are you talking recently?

General Bostick. A couple of years ago. A couple of years ago we started working, even before that, but General Franks started the Reserve component medical review two years ago, and a couple years before that, he started the ACE, and we made some changes on the active component.

And the big change we thought we needed to make on the Reserve component, which gets at John's frustration, part of the change that we are making is causing some of his concern. We looked at it and the senior leadership of the Army decided that when you looked at all the different states and the different tags, and you looked at the different Reserve units that were out there, we did not have consistency across the medical community and across the units on how we would care for our wounded, ill, and injured

that were going through the DES system.

So we decided we needed a pilot, one location, and that was in Penales Park near Tampa, Florida. And we decided that we were going to bring all the Medical Evaluation Board files to that location.

Chairman Murray. How long ago was this decision?

General Bostick. It was over a year ago. Over a year ago, we started processing files through Penales Park. We called it the Reserve Component Soldier Medical Support Center, because it was intended to support soldiers, like John and other Reserve component soldiers that were not getting the support in the MTFs.

And it was not just the MTFs and the docs that were the issue here. And I go back to this is a leader responsibility. While the doctors have a big role in it, our leaders are responsible for the soldiers from the squad level to the platoon level, company, battalion, and higher. So part of what our leaders in this paradigm shift do, they have to look at that soldier as part of their readiness and take care of them.

And we saw the MEB packets piling up at the MTFs. So rather than surge on the MTFs, like at Madigan, to try to get them to work those RC packets, we said we were going to centralize in Florida, bring those packets there, send them to Eisenhower in Georgia where the leadership of the Army--

Chairman Murray. Can you imagine how this feels, like Mr. Millan behind you?

General Bostick. Exactly, exactly. I understand. I completely understand. The goal was, once we set up a system that was consistent across all states, because we would find horror stories in different locations because we lacked that kind of consistency, we lacked the checklist of things that the commanders had to go through and that the physicians had to go through in understanding this very, very difficult process.

But it first started off with a packet. The intent was, once we got it to a steady state--and first let me back up. When John goes to Georgia, the intent was to put him on 12.301H orders, which would bring him back on active duty, in order to go do the physicals that he needed. In order to get those physicals done as quickly as we could.

Chairman Murray. Okay. Part of his problem is that his records are one place, but he lives some place else.

General Bostick. Exactly.

Chairman Murray. You are aware of that. But the other part of his problem is really real here and it happened not just to him, but at Madigan, too, where someone who has been diagnosed with PTSD as they are going through this disability system, are then told, No, you do not have PTSD. And you are not addressing that and I am deeply concerned about

that.

General Bostick. I can address it. I cannot say what happened in his case. I cannot say what happens in other cases.

Chairman Murray. It is not one or two cases. It is many.

General Bostick. And what I would say, having worked through this very frustrating Disability Evaluation System that we have been using for over 60 years now, we have a medical community that is focused on three different fights, in my view, the behavioral health specialists. They are trying to get the brigade combat teams and that operational force out the door. And that is one of their missions.

The other mission is to focus on those in the Disability Evaluation System. The third one is the temporary disability retirement list, those that are retired that may have behavioral health issues that we then have to reexamine every six months.

Chairman Murray. Are they reevaluated with different tools depending on which category you just put them in?

General Bostick. They are reevaluated with the same tools, and almost all of them retain their retirement, almost over 90 percent of them

Chairman Murray. Then why are so many of them being changed?

General Bostick. I cannot explain. I cannot explain why they are being changed, but I think John's case is a good example. What he told you was that he, like most soldiers, do not want to tell anyone that, I have got a problem. We have worked hard to remove the stigma. But even if you remove the stigma as much as you can, an individual choice, it is not something that a soldier wants to come forward and say, I have this problem.

So from the community, from the unit's point of view and from the medical professionals that have been treating him, they have not seen this problem. They have not heard. And then we just decide whether you are fit or unfit. So having no problems at that point, they make a decision on whether he is fit or unfit. They made the decision that he was unfit and then he goes over into the process.

Chairman Murray. General, I think you are very well-intentioned. I know you care as deeply about the soldiers as I do, but I think there really is a problem where soldiers are being identified and treated for post-traumatic stress or other mental health care, then they go through this Disability Evaluation System, which you yourself have called fundamentally flawed. And all of a sudden, as they are being separated, they are told, No, you are a malingerer; no, you are lying; no, you do not have PTSD.

I am deeply concerned, as an American, that

someone has served my country, has an issue that we owe them as a country to care for them, is told, You do not have that condition. And they are sent out either back to the service or sent out into a community with an illness that is not being treated and they are told they are lying, and that is a problem.

I want to turn to Dr. Petzel who is here from the VA because he also has a role in this really important joint disability process where we seem to have a problem. I know you have seen firsthand some of the VA's examinations showing PTSD that were later overturned. Are you comfortable with the quality of the VA's mental health exams?

Dr. Petzel. Madam Chairman, just to be sure I heard you correctly, you said some examples of VA PTSD being overturned?

Chairman Murray. I know that the VA has told me that they have seen examples of PTSD that were later overturned and as you look at them at the VA that you diagnose as PTSD.

Dr. Petzel. Well, we have a number of what I would call sort of safeguards in terms of our PTSD examination. We are a world expert on PTSD. Probably nobody has the kind of experience both in terms of research and clinical care that we have.

All the VA physicians that do disability examinations,

as an example, are certified. They have to go through a training course. They have to take a test, if you will, at the end of the training course and pass that in order to be someone who is qualified to do a PTSD examination.

The second thing is that all PTSD examinations that are asked for in the Veterans Benefit Administration need to be done by a VA physician. We do not allow outside practitioners to do those examinations. The feeling again is that we have got such good experience and well-trained people that we can do it.

I have not seen examples within the VA of a determination of PTSD being overturned.

Chairman Murray. Hve you have seen where a soldier has been separated from the
military with a 20-percent rating and has come to the VA and has gotten an 80 percent rating, for example?

Dr. Petzel. I have heard examples of that, yes. I do not know--I am not personally familiar with that, Madam Chairman, but I have certainly heard people talk about that anecdotally.

Chairman Murray. Well, as we have talked about, Mr. Millan is here and he has talked about people attempting to minimize his mental health concerns in the military.

General Bostick, you talked about this a minute ago. The military's mind set has always been to get our military

back into the service and have them redeploy and serve our country. It has not been historically on those soldiers who are leaving, and it seems to me, as we have set up this joint Disability Evaluation System, we are giving you a new mission, but it is deeply flawed, as we have seen and heard.

The bottom line is, as I said at the very beginning, a servicemember should never be in a position of questioning whether a medical decision was made for financial reasons. That is deeply disconcerting to me as a member of Congress. I have asked the VA repeatedly, and they know this, in the military, you tell us what it is going to cost. It is up to us, as a country, to step forward with those resources.

A servicemember should never have their mental health conditions minimized by a provider, whether it is in the context of care or in a disability evaluation.

[Applause].

Chairman Murray. I would like to ask the top Army leaders who are here today, how do we put a stop to that? Any one of you? General Thomas, if you want to respond?

General Thomas. Yes, ma'am. Thank you, ma'am. Senator Murray, again I want to echo the comments from the other panel members here and thank you for the opportunity to be here today. I also want to thank all the veterans here and their family members because families serve, too. Let us not forget them.

But your comment, ma'am, I think it comes down to one central point, and if we could hone it down to an issue, is education. Education is how we are going to change the culture. I think we have a cultural divide here. We are trying to effect a change in a couple systems, the VA, the DoD. We are talking about a seamless transition for our veterans. We cannot be seamless if the edges do not touch.

That is where we are at. So we have that gap that we got to protect these soldiers, these servicemembers, all of our troops and their families, and I think I have never seen--we have evolved greatly over the last ten years. I have never seen such enhanced collaboration between the two departments as we are seeing now.

I know there are still problems, but it is positive for progress. I have to say that. I think our education of our providers, of our servicemembers, their families, and there is a lot of tools out there that we could step it up to, to reach out to them from the top, the highest level of the DoD and the VA down to the end users, because when they do not have the education, they have got that void of information. I think that is what is causing a lot of the problems we have with the folks.

Chairman Murray. Dr. Rooney, General Thomas, I am going to ask you directly. How do we make sure that no soldier is ever denied care because of cost?

Ms. Rooney. I am going to go with what the general just said, which is, first of all, that is the directive, is no soldier or family member will be denied support because of cost. What we need to make sure is we know that is clearly behind everything we are doing. We believe that our providers and those in garrison knew that as well, but we need to make sure that message gets out loud and clear, that no matter what, money, dollars, financial reasons is never a reason to deny care.

I will tell you that is the policy. That is our feeling, but very definitely we need to make sure that message is received and sent loud and clear regularly and repeatedly.

Chairman Murray. General Bostick?

General Bostick. I would just reinforce that. I have been in nearly every IDES meeting over the last two-and-a-half years and it has never come up, money. In making decisions based on money has never come up. Quite the contrary, the question the leadership is always asking is, How much money do we need for additional resources. In the last year, we have added almost--we know we need to add about 1,400 more behavioral health PEBLOs [ph] and we are pretty close to achieving that goal.

So the message in all of the BTCs, and that includes all the commanders and all the medical professional at the

senior level, on every installation have been informed that our goal is to make sure that this process is as efficient and as effective as it can be, and what resources are necessary, we will apply them to give the best care we can to our soldiers who deserve it.

Chairman Murray. General Thomas, let me go back to you. You have a unique perspective on the Disability Evaluation System, which sort of seems to be the crux of a lot of this. What do you think we should be doing to improve that system?

General Thomas. Ma'am, I think that we are doing some things now that are helping, but we are not going to get there fast enough, I think, at this juncture. I think that--and as an Army physician, my goal is really to take care of these men and women. I mean, they joined us. We claim to be a values-based organization. I know that is the case, so we do not leave anyone behind.

I think that a single point of adjudication would go a long way to help us out, to make it more seamless, more transparent, more fair, and I think that part of the issue with our servicemembers, I have seen all of our troops, ma'am, as they go through the system, it is confusing in many cases.

We need to do a better job of educating them in how they can navigate the system, and then with the changes that the IDES have brought, there are improvements there. But I do think because there is a lot of lack of knowledge, both sides, patient and provider, I do not think, as a physician, I need to be giving a disability rating to my patient. There needs to be a single point of adjudication, make it fair.

And then also this education will help to dispel some of the, you know, the voids in knowledge that they have, and they are afraid. They are afraid because they are facing the unknown future. We can do better. We can do better at training. It is fair to train, in many cases, I think, not only our providers, but also with our patients.

Chairman Murray. Some of the problem, or a lot of the problem seems to be the consistency of the diagnosis for PTSD in the cases that I have been hearing. I know that these are mental health issues. There is always going to be disagreements that cannot be eliminated. But actually, the GAO has raised this issue and offered some recommendations back in 2010.

I know the Department of Defense just wrapped up a study on this. How are we going to make sure that the diagnostic disagreement in the disability evaluation process is fixed?

Ms. Rooney. In speaking especially with our medical team, that is exactly the concern that we talked about. We

do not want to discourage, when there is an appropriate challenge between providers who may have a disagreement about a diagnosis, but the protocol from that point should then be to raise additional questions to encourage additional testing or reevaluation so that there is that commonality.

We need to make sure that that procedure and that process is what is being supported in the field. In the examples you cite, and frankly, the ones we heard today, we could see that that consistency is not what is happening between our providers. So that, frankly, is up to me, along with our medical team and health fairs, to make sure that we have a process in place to allow that professional discourse.

But then what is the appropriate way forward so that a common diagnosis is able to be reached, even if it is in this complex area, taking into consideration time, treatment modalities, and even review of other diagnoses and see that as a way forward, not just having a process in place that is inconsistency for how to deal with those disagreements, and then passing that to the VA and engaging them as well so there is not any kind of seam between our two teams.

Chairman Murray. How common are disagreements on PTSD diagnosis?

Ms. Rooney. I have not seen a direct number. We can look in one particular case or two, but based on my conversations with our medical team, they said it would not be unusual--and again, this is anecdotal, this is not scientific--that 10 to 15 percent of cases would raise questions between providers because of the complexity of these cases.

Chairman Murray. Are you collecting this data currently?

Ms. Rooney. We are not now. As I said, that is anecdotal, but we will absolutely be looking at that, again, to see if we are having some difficulties in terms of process, and also making sure that our providers understand--

Chairman Murray. So are you beginning to collect that data now moving forward?

Ms. Rooney. Yes. We are just beginning to collect that data.

Chairman Murray. Okay. Well, we can all see how confusing this becomes for servicemembers. They have two different groups of physicians who come to very different conclusions. Who has the responsibility to explain this to all the servicemembers?

Ms. Rooney. All of us have that responsibility.

Chairman Murray. How does a servicemember find out about the disagreement, if there is one, and who walks him

through the process when that does occur?

Ms. Rooney. As we are looking at the disability evaluation process, in particular, we do have built into that process care coordinators and people whose job is not from the medical diagnosis, but to help service men and women through that process. That is something that we work with our VA partners in terms of the roles of those various care coordinators.

Again, they are not physicians, but they are to be the ones to help servicemembers through that process. That is something our two teams are looking at. Are these people being trained well? I know that was a question that came up. Do we have consistency in training of those people that are part of that process?

And our reliance will be on those paticular care coordinators throughout the DoD process and then with a specific hand-off to VA so that there is that consistency, and they are the ones to provide the guidance, the information, and take away any of the questions on the process itself.

Chairman Murray. Dr. Petzel, as the head of the Veterans Health Administration, what do you see as the major differences between how the military branches diagnose mental health disorders and how the VA diagnoses them?

Dr. Petzel. Well, I am not--Madam Chairman, I am not familiar in detail about what the DoD goes through, but let me just make a couple of points. One is that we have developed jointly the algorithm for both the diagnosis and the treatment.

Chairman Murray. Jointly with the military?

Dr. Petzel. With the military. We have a joint clinical practice guidelines group and they have specifically been working, for a number of years, on mental health clinical practice guidelines, so that at least the outlines of how we approach these things are very similar.

I know that we go through a rigorous training program and we have come to organizational agreement as to what the diagnosis is, how you make that diagnosis, and there is, I would say, within our professional group a uniformity of feeling and thinking about what PTSD is and how you take care of it.

Now, that has taken a long time. As you know, 15 years ago, this was a controversial diagnosis. There was disagreement within the professions about this. I think we have solved that problem, so there is this consistency, if you will, of approach in our organization.

Chairman Murray. Do both organizations use the same diagnostic tools?

Dr. Petzel. Yes, they should. Yes, we do. Yes, we do.

Chairman Murray. Well, I just have to say I am really concerned about the number of soldiers I am hearing from who are getting diagnosed with what they call adjustment disorder after several years in the service. Adjustment disorder, I understand, is having trouble adjusting going into the military. So if you have been in for two or three or four or five years and get an adjustment disorder diagnosis, and then VA later on is diagnosing them with PTSD.

I just have to ask both of you, Dr. Petzel, Dr. Rooney, once you leave here and go back to Washington, D.C., both of you, what can you do to make sure we really are using the same tools and assessments and current best practices to evaluate mental health conditions?

Dr. Petzel. Two things from my perspective, Madam Chairman. First of all, we need to go back and review the clinical practice guidelines, review the diagnostic criteria, and I think review what we are doing within each of our organizations to educate our professional staff about how this illness is approached and how the evaluation of that illness, as it relates to disability, is done. That is one.

Two is that in terms of the IDES, the DES process, one of the things that we have been talking about is a single examination, so that there would be only one exam done for

both purposes, the DoD purpose and the VA purpose.

Chairman Murray. As the soldier is going through the disability evaluations?

Dr. Petzel. Correct. That would, I think, in many regards, address some of the issues in this problem.

Chairman Murray. Dr. Rooney?

Ms. Rooney. Supporting what Dr. Petzel just said, but then adding the next step is, it is not just good enough for our teams to collectively agree on the appropriate diagnoses and procedures. But then we have to make sure that we are doing the training and making sure that goes down to our actual clinical providers, and that could be where there is an opportunity for disconnect, if it is possible for that disconnect to occur.

I think we have to be very diligent about making sure that that gets translated down to our providers, not only those in the MTFs, but we are also working with Public Health Service to help supplement our mental health and behavioral health providers as well as a number of our direct care providers in TRICARE.

So we have an obligation to take what is obviously best practice and clinical practice guidelines, but make sure they are actually translated to and educated directly to the practitioners. So that is in addition to the two points that Dr. Petzel just made.

Chairman Murray. General Thomas, I wanted to ask you, there are a lot of rumors about what happened at Madigan, and a lot of finger pointing. Can you tell this Committee what you know now, as of right now, about why the forensic team was set up and how it operated and what role it had in these cases?

General Thomas. Yes, Senator. The forensic team that was set up at Madigan was designed of a panel of experts, forensic psychiatrists, psychologists. These are sub-specialists in their training in their specialty. They have the mission set of looking at the tougher cases, if you will. They do forensics, meaning they do some work with law enforcement and also do some work with compensatory things on the outside.

They are not unique to the military. They do exist on the outside, too. The use of the team at Madigan predates the IDES, the current Integrated DES system that we have here. It was set up around 2007, I think, initially. And over time, they were established as the main or the primary body that would adjudicate or review those MEB cases coming through with a behavioral health diagnosis to validate or invalidate any of the diagnoses and take a scrub at those. That is where they came from.

The difference is, because this is a major medical center with a lot of capability, those forensic

psychiatrists and psychologists that they have at Madigan are few in number. They do not exist across the DoD or across the country. There is relatively few numbers of them. They do have some at Walter Reed and places like that, the bigger centers, but not across the formation where they are doing the disability or the IDES, in this case, all those areas.

So that introduced, I think, a variability that was inherent in the system, because they had been established. So as the IDES came online, you had a capability for forensic psychiatry here which did not permeate at all the other sites.

Chairman Murray. Well, you can understand how confusing it is to a soldier to be diagnosed with PTSD and then go through a forensic psychiatric team here that did not necessarily take more than much time with them and told that they do not have PTSD anymore. What kind of message does that send to our soldiers?

General Thomas. Yes, ma'am, it is a confusing message. I mean, if a patient comes in, it is not inherent just to behavioral health. As a surgeon, I may have a discussion with other surgeons on a treatment, for example, for a condition. The diagnosis itself, in many areas of medicine, is somewhat debatable sometimes, but pretty much we can nail down the diagnosis, and we may have a discussion,

intellectual discussion with my colleagues on what treatment we want to render.

Behavioral health, I think, is a little bit different. The treatment may be something that is discussed, but also, the diagnosis may be more open to discussion amongst the professional colleagues. Not unusual. And then also with behavioral health disorders--this is a surgeon talking. With behavioral health disorders, you look at a constellation of symptoms and that is what the guys are using to diagnose their condition with.

Ma'am, I have got to tell you that some of our service members come in with multiple diagnoses. They do not just have PTSD. I have got soldiers that have got TBI injuries, also, or other physical injuries just to go with their invisible ones. So they can be very complex.

I would just say that right now, we are at a defining point for medicine, not just military medicine. Combat is your greatest catalyst to medical innovation. It is driving us to make some changes and to get better in how we take care of our patients, not just our service men and women, but all of our patients ultimately.

This is not really dissimilar from what Walter Reed did for yellow fever or Jonathan Letterman did for patient evacuation or Mike Debakey did to design our new combat surgical hospitals, which we use that concept today. I

think some of the changes, some of the things we are learning in this conflict with our men and women are going to help us to treat our patients, all of our patients, better in the future.

Chairman Murray. General Miles, how has the situation at Madigan impacted soldier confidence in the integrity of the Disability Evaluation System?

General Miles. Ma'am, all these issues that we have been talking about today, obviously these soldiers, how they go through that system, they belong to me. Their confidence cannot help but be shaken, obviously, when they hear the discussion that we have had here today, that we have heard in the national news, the issues that have been brought up across the board.

I do want to say, though, that we do not want to paint Madigan Army Medical Center with the entire facility, an organization with the same brush. There are portions of it, and General Thomas has outlined the forensic psychiatry department being one of them, that is currently being investigated.

But as a customer on the core side, my soldiers, their family members go through that hospital every single day and that hospital provides great care, I think, on a daily basis to our service men and women. I have had treatment there myself. I am a military amputee. I lost my leg, suffered

TBI as well during that time period, had damage to my right elbow, grenade fragments throughout my body and to my neck and a portion of my face.

To this day, I get care at Madigan. I initially had my care done at Walter Reed for about a year. So I trust in the services that I am getting there, and what I look for and would hope that same level of care that I have been given as a younger officer is the same care that would be given to my soldiers as they go through that process.

I was in that process. Before I was found and retained on active duty, I was in the medical evaluation system for discharge from the military. But I think it was through the great care that I received at Walter Reed, places like Madigan, that allowed me to stay on board and continue to serve and lead my soldiers in combat on numerous occasions.

So my point is, you know, whatever we can do, and you hit the nail on the head. You know, we owe it to these service men and women. When we send them off to war, it does not really matter how we feel personally about the war, the bottom line is they stepped up. They served their country, they did what we have asked them to do, in many cases over and over again.

And so, we have to do whatever we can, as a service, as a community, I think as a nation, to support those young men and women. President Lincoln, at the end of his second

inaugural, he gave an address and it sticks in my mind. It was shortly before he was actually assassinated. It was not a very long inaugural address. It was actually done in March of 1865, not like in January that we do today, and it was pretty short, apparently one page long.

But it was that last paragraph that always stuck with me. He talked about how we have to finish the job that we have begun, and at that time he was talking about the Civil War, and then he mentioned that we have to care for those who have borne the battle and its widows and its children.

We have not always done a great job of that, I think, as a nation of caring for those who have borne the battle. That task is even greater today after ten years for those soldiers who bear the physical and invisible wounds of war, and I have to say also, their family members. As a father of a young boy, it broke my heart, while I was deployed, to have my son admitted to a mental institution in Georgia on two different occasions and I was located half a world away and could not do anything to assist him.

So it is not just the servicemember. It is their family members that we have to care about, not just the widows, but those who are currently serving, their spouses, I think, and their children as well.

Chairman Murray. Well, I really appreciate that comment and I just have to say that we all want to do the right thing. I do not think there is anybody in this room that does not want to. But I think we really need to re-look at this Disability Evaluation System. General Bostick said it himself.

I am deeply concerned about the large number of soldiers who are coming home who are going to be going through this process, the ones that are currently there, the ones that have gone through it already. We have to make sure that mental health care is evaluated accurately and correctly, that we never allow money to be a decision-maker in any of this, and we have a great deal of work ahead of us.

So I expect, Dr. Petzel, Dr. Rooney, that you will all return to your jobs as they were before today, but I hope that you go with the renewed effort to let us get this right. We have a lot of work ahead of us.

I do want to thank all the witnesses who are here today for sharing their very unique insights into how we can, as a nation, better meet the needs of our newest generation of veterans as they leave the military and return home, whether it is here in South Sound or Washington State or any community in this country.

At the end of the day, it is really clear to me that we will only achieve success in easing the difficult transition home for these young men and women who have worked so hard

for us by working together as a community, a state, and a nation.

I plan on taking the information from this hearing back with me to Washington, D.C. to use it in my role as Chairman of the Senate Veterans' Affairs Committee. We will be working with both the VA and DoD, the witnesses who testified with us, and the many veteran leaders in this audience to get this right.

As I mentioned at the beginning of the hearing, staff is going to be available outside this room. If any of you have a question or need assistance or want to leave a comment, they will be there for you. And as an official hearing of the United States Senate, again we were not allowed to take questions from the audience. I do want you to know, if you have a question, our staff will be out there for you to do that.

Again, thank you so much to all of our witnesses and to all of you who are committed, as I am, to getting this done right. Thank you very much.

[Applause].

Chairman Murray. With that, this hearing is adjourned.

[Whereupon, at approximately 1:15 p.m., the hearing was adjourned.]