

1 LEGISLATIVE PRESENTATIONS FROM PARALYZED VETERANS OF  
2 AMERICA, ASSOCIATION OF THE UNITED STATES NAVY, AMVETS  
3 (AMERICAN VETERANS), VIETNAM VETERANS OF AMERICA, NON  
4 COMMISSIONED OFFICERS ASSOCIATION, GOLD STAR WIVES OF  
5 AMERICA, INC., NATIONAL ASSOCIATION OF STATE DIRECTORS OF  
6 VETERANS AFFAIRS, WOUNDED WARRIOR PROJECT, AND NATIONAL  
7 GUARD ASSOCIATION OF THE UNITED STATES

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9 THURSDAY, MARCH 9, 2017

10 United States Senate,  
11 Committee on Veterans' Affairs,  
12 House of Representatives,  
13 Committee on Veterans' Affairs,  
14 Washington, D.C.

15 The Committees met, pursuant to notice, at 10:00 a.m.,  
16 in Room SD-G50, Dirksen Senate Office Building, Hon. David  
17 P. Roe, presiding.

18 Present: Senators Boozman, Heller, Tillis, Sullivan,  
19 Tester, Sanders, Brown, Blumenthal, and Manchin;  
20 Representatives Roe, Coffman, Wenstrup, Poliquin, Arrington,  
21 Rutherford, Higgins, Walz, Takano, Brownley, Kuster,  
22 O'Rourke, and Correa.

23 OPENING STATEMENT OF CHAIRMAN ROE

24 Chairman Roe. Good morning, and thank all of you for  
25 being here today. It is a great privilege for me to be here

1 with Ranking Members Tester and Walz to welcome you to this  
2 morning's hearing. Unfortunately, Chairman Isakson is on  
3 medical leave and will not be able to join us. We all wish  
4 him a speedy recovery and look forward to seeing him soon.

5 I want to welcome our witnesses today, starting with:

6 Mr. Al Kovach, Jr., the National President of the  
7 Paralyzed Veterans of America;

8 Rear Admiral Garry E. Hall, the National Executive  
9 Director of the Association of the United States Navy;

10 Mr. Harold Chapman, the National Commander of AMVETS;

11 Mr. John Rowan, the National President of Vietnam  
12 Veterans of America;

13 Master Chief Vince Patton III, President and National  
14 Commander of the Non Commissioned Officers Association of  
15 the United States of America. And, Mr. Patton, when I grew  
16 up in a military town, I thought, correctly, that the  
17 sergeants ran the Army, and it turns out I was correct on  
18 that.

19 Ms. Misty Brammer, a member of the Government Relations  
20 Committee of the Gold Star Wives of America;

21 Mr. Randy Reeves, President of the National Association  
22 of State Directors of Veterans Affairs;

23 Lieutenant General Michael S. Linnington, the Chief  
24 Executive Officer of Wounded Warrior Project;

25 And last, but not least, my friend Major General Gus

1 Hargett--from the great State of Tennessee, I might add--the  
2 President of the National Guard Association of the United  
3 States.

4 Welcome to all of you all.

5 Mr. Walz. Yeah.

6 [Applause.]

7 Chairman Roe. Being here this morning is an honor for  
8 those of us who sit on the Veterans' Affairs Committees.  
9 This hearing gives us the opportunity to hear from you about  
10 what we need to do to improve the lives of veterans.

11 I want acknowledge the vital role each of your  
12 organizations play in assisting our Committees. We need to  
13 hear from you because you have the pulse of the veteran  
14 community. You give us valuable insight into what veterans  
15 actually experience when they access the VA. Simply put,  
16 our Committees could not ensure that veterans receive the  
17 services they deserve without your help.

18 I would be remiss if I did not take a moment to  
19 recognize and extend my gratitude to your organizations'  
20 auxiliaries, whose members commit countless hours to  
21 improving the lives of our Nation's heroes.

22 [Applause.]

23 Chairman Roe. Before we begin--and I know there is--I  
24 would like for those Tennesseans to stand, and one is my  
25 good friend Bill Kilgore, who is a former AMVETS National

1 Commander. So, fellow Tennesseans, let us stand up and be  
2 recognized.

3 [Applause.]

4 Chairman Roe. Thank you all and to everyone here for  
5 traveling long distances to Washington to ensure that the  
6 voices of our veterans are heard.

7 I would like to take a moment to discuss one of my top  
8 priorities as Chairman, and that is the issue of  
9 accountability. I recognize that most of the time, the vast  
10 majority of VA employees work hard to provide veterans with  
11 quality health care, accurate claims processing, and other  
12 services, such as educational benefits and home loan  
13 guarantees.

14 At the same time, there are a few employees who  
15 consistently do not do the right thing. We have seen it  
16 time and time again, with manipulated wait time data,  
17 physician malpractice or negligence, and mismanaged funds.

18 Unfortunately, current law makes it very difficult to  
19 hold these employees accountable. That is why I introduced  
20 a bill, the VA Accountability First Act, that will make it  
21 easier for the Secretary to remove employees for poor  
22 performance or misconduct. The Committee marked this  
23 legislation up yesterday, and I am pleased to say we will be  
24 on the floor of the House next week seeking passage.

25 But our work does not stop there. I intend to focus on

1 strengthening VA's health care system, which must include an  
2 integrated network of community-based services. Our  
3 Committee heard from the Secretary Tuesday night about this,  
4 and I am confident we will chart a course together to ensure  
5 veterans have the access to quality medical care they need,  
6 unencumbered by bureaucratic red tape.

7 Further, we will remain focused on what seems to be a  
8 perennial problem: VA's disability claims and appeals  
9 backlog. I am concerned that from May 2016 to February  
10 2017, the number of backlogged disability claims rose from  
11 76,000 to almost 100,000--a nearly 33-percent increase. Not  
12 only must VA find a way to reduce the backlog, but it must  
13 also improve its accuracy rate so that veterans receive the  
14 correct decision the first time.

15 As you know, appeals reform is a priority for all of  
16 us, and in a perfect world we would not be worrying about  
17 appeals because veterans would receive accurate initial  
18 rating decisions. However, until that day, we must continue  
19 to move forward with developing a timelier and more  
20 efficient appeals process that better serves our veterans.

21 It is also important to take a look at our educational  
22 programs, including the post-9/11 GI bill, to ensure that  
23 our returning servicemembers have access to the best  
24 training and educational programs.

25 In order for meaningful reform to take place--for these

1 and other programs--we need your help. We need to find the  
2 right solutions that will best serve our veterans. I look  
3 forward to hearing your views and advice on how we can best  
4 do this.

5 I will now read a statement from my good friend  
6 Chairman Isakson:

7 "Welcome to the nine military and veterans service  
8 organizations and their members who are in attendance. I  
9 regret that I am unable to attend the hearing today. Per my  
10 doctor's orders, I am at home recovering from a February  
11 20th back surgery. I look forward to returning to  
12 Washington, D.C., next week with a new and improved back to  
13 continue working harder than ever before on behalf of  
14 veterans."

15 And, by the way, his doctor friend here advised him to  
16 stay away, something I did not do when I had my surgery.

17 "As I said at Secretary Shulkin's confirmation hearing,  
18 we are about making health care more available to veterans  
19 through care in both the private sector and VA. We do not  
20 want to privatize VA. We want to empower it. I look  
21 forward to working collaboratively with you and other  
22 stakeholders to help improve the care and services for our  
23 veterans."

24 I now yield to House Veterans' Affairs Committee  
25 Ranking Member Walz for his opening statement.

## 1                                    OPENING STATEMENT OF MR. WALZ

2            Mr. Walz. Well, thank you, Chairman Roe, and good  
3 morning to every one of you.

4            I would like to thank the Chairman. He is a humble  
5 Tennessean. He is a Vietnam veteran, a doctor, one of this  
6 Nation's leading advocates for veterans, and I can tell you  
7 a man of great integrity and decency, and it is always a  
8 pleasure to be up here with him.

9            To each of you, thank you. To many of you, I myself  
10 and Chairman Roe belong to your organizations. To all of  
11 you who came here today, if you wonder what it matters, I  
12 used to always wonder where my dues went. I am really glad  
13 they went to putting people like Gut Hargett sitting there  
14 to advocate for those things when I was a Guardsman out in  
15 Minnesota. It does make a difference. And if we have any  
16 Minnesotans who traveled here, this is not summer outside  
17 yet, you may think. It is just nice. But we welcome you  
18 and welcome the testimony that we are going to hear.

19            As the Chairman said, there is a commitment, and it is  
20 not the hyperbole that you hear in the press or those that  
21 want to find ways to divide us. Nothing unites this country  
22 more than care for their veterans. It does not matter what  
23 yard sign they have in their yard. We would all have the  
24 same one. Every single constituent I see in southern  
25 Minnesota, I am sure it is in Tennessee, I am sure it is in

1 California and Maine. They tell us, "Do the right thing for  
2 veterans." And it is our job to help figure out what that  
3 is.

4 It is pretty simple. If it is right for veterans, it  
5 is the right thing to do. If it delivers care in a timely  
6 manner, it is the right thing to do. If it reduces wait  
7 times, it is the right thing to do. If the benefit of the  
8 doubt goes to the veteran, it is the right thing to do.

9 And we believe on this Committee that we can do that in  
10 a manner that is also responsible to the taxpayers and make  
11 it use existing resources that are out there, strengthen  
12 that core mission of the VA; and as Dr. Roe said, make sure  
13 that the VA is a place, an employer of choice, where people  
14 want to go. We want our best and brightest working in the  
15 VA.

16 And I can tell you this: There is no one who dislikes  
17 a bad employee more than a good employee working next to  
18 them. We need to get that right. We need to make sure we  
19 are retaining the good employees. We are incentivizing them  
20 to be there, and we are doing what Dr. Roe said: removing,  
21 and removing as quickly as we can, those bad actors.

22 So I look forward to your testimony, but I do want to  
23 make mention, I thought it was an extraordinary testimony  
24 the other night by Secretary Shulkin who has the support of  
25 everyone. Imagine this--and they will be coming joining us



1 shortly from the United States Senate and in the House,  
2 where the Senate voted--I would have never believed they  
3 would vote 100 to nothing. It was Thursday. But they voted  
4 100 to nothing for Dr. Shulkin. They agreed. They agreed  
5 that he was there--

6 [Applause.]

7 Mr. Walz. That he was there for veterans. And the  
8 other night, he said some amazing things. He made a comment  
9 that we have a 3-year study to see if service dogs help  
10 people in recovery. And people are saying, "That is too  
11 long. We need to move this," or whatever. And he said,  
12 "You know what? It is too long. We will do our study, but  
13 you know what?" he said. "We are trying to do the study,  
14 which means we need a control group: one group of veterans  
15 that have service dogs, and one that does not. I cannot  
16 find anybody who does not, so that tells me we probably  
17 should just do it, and we are going to." And that was just  
18 great.

19 [Laughter and applause.]

20 Mr. Walz. That was fabulous. When is the last time  
21 you heard that? And that is what inspires faith in people  
22 because he is cutting through that. And then I want to  
23 thank John and the Vietnam Veterans, and others led, but you  
24 guys were out front on this issue of the other-than-  
25 honorable discharges, the bad paper discharges. Our

1 brothers and sisters in arms who for whatever reason,  
2 whether it was PTSD, military sexual trauma, or for some  
3 reason were dismissed, basically kicked outside, which meant  
4 they could not get the care they needed. In many cases,  
5 they had served honorably in combat, came back, and were  
6 experiencing those wounds of war, and instead of dealing  
7 with it and getting them to the VA, we kicked them out.

8 Well, the other night the Secretary did something that  
9 many have been asking for forever. He waved that magic  
10 wand, and I would argue the conscience of America spoke. He  
11 said, "You know what we are going to do? Every one of those  
12 people can come back in and get the mental health care they  
13 need, because it is the least we owe them."

14 [Applause.]

15 Mr. Walz. So all of you here in a time of great angst  
16 and uncertainty, and every poll shows that it is 50-50, no  
17 matter what you poll. There is one poll, like with Dr.  
18 Shulkin, that is 100 to nothing. Care for our veterans come  
19 first. We need to join together to get it done, and I am  
20 just proud you are here to give that voice.

21 I yield back, Chairman.

22 Chairman Roe. I thank the gentleman for yielding, and  
23 I think you can see why I enjoy serving with Mr. Walz.

24 Senator Tester is not here just yet, so we will start.  
25 Welcome again, Mr. Kovach. You may begin your testimony on

- 1 behalf of the Paralyzed Veterans of America. You are
- 2 recognized for 5 minutes.

1                   STATEMENT OF AL KOVACH, JR., NATIONAL PRESIDENT,  
2                   PARALYZED VETERANS OF AMERICA

3           Mr. Kovach. Thank you. Chairman Isakson, Chairman  
4 Roe, and members of the Committee, thank you for giving me  
5 this opportunity to speak on behalf of the members of  
6 Paralyzed Veterans of America. We are among the most  
7 profoundly disabled yet resilient contingent of the veteran  
8 population, and with all the legislative priorities we  
9 entered into the written record, none is more important to  
10 us than protecting the specialized system of care at the VA.  
11 On behalf of all paralyzed veterans, I ask you this: Are  
12 you willing to guarantee me that as a paralyzed veteran who  
13 was encouraged by you to access care in the private sector  
14 is going to receive care that is comparable to the VA?

15           I have been relying on the VA for 26 years, which is  
16 longer than any of you have served on this Committee, I am  
17 assuming. My survival was assured by the quality care that  
18 I received at the VA from the time I suffered my spinal cord  
19 injury in 1991, and much of that is a result of the  
20 collaboration between this Committee and Paralyzed Veterans  
21 of America.

22           For this reason, it concerns us that too often our  
23 elected leaders have hastily generalized that private health  
24 care is superior to the VA. But consider this: In the  
25 1940s, a veteran with a spinal cord injury could only hope

1 to live 18 months. By the 1990s, when I was injured,  
2 paralyzed veterans were told that statistically we might  
3 live until the age of 62. And now, in 2017, it is not  
4 unusual to see paralyzed veterans reaching their 70s, which  
5 is almost consistent with the general population. In fact,  
6 some of those World War II veterans who founded PVA in 1946  
7 are still living. One such survivor, Captain James  
8 Bromwell, whom I actually got to meet, is currently enjoying  
9 the recently opened long-term-care facility at the Long  
10 Beach VA Spinal Cord Injury Center at the age of 98.

11 [Applause.]

12 Mr. Kovach. I would challenge any of you to find a  
13 nationwide system of care in the private sector that can  
14 produce lifelong results such as these.

15 It is unsettling that those of you who have the  
16 authority to determine, or at least largely influence, where  
17 I get my care have yet to fully appreciate the reality that  
18 the VA provides more comprehensive, coordinated, and  
19 outcome-driven quality care than the private sector in many  
20 specialties such as spinal cord injury, post-traumatic  
21 stress, traumatic brain injury, polytrauma, and prosthetics.  
22 This is not an abstract for us. This is our reality.

23 VA is differentiated by the nationwide hub-and-spokes  
24 framework and high standards defined by the Commission on  
25 Accreditation of Rehabilitation Facilities, also known as

1 CARF. CARF places emphasis on the needs of special  
2 populations by ensuring programs meet patient-centered and  
3 state-of-the-art national standards for rehabilitation.

4       However, PVA has found evidence that not all  
5 rehabilitation centers in the private sector that claim to  
6 provide the gold standard of care are actually CARF-  
7 certified. These findings suggest inconsistency in  
8 determining the standard of care in the private sector. For  
9 this reason, I propose that those of you who consider the  
10 uncertain private sector a better option than the VA, please  
11 explain how you arrived at such a decision without full  
12 inquiry to validate your assumptions. So I also ask you,  
13 Who wants hurried access to questionable care in the private  
14 sector when we need timely access to quality care at the VA?

15       Finally, crucial to the quality of veterans' health  
16 care is its staff and its clinical services. Every time I  
17 have the opportunity to testify to this Committee, I have  
18 alerted you to the fact that the VA has not maintained its  
19 capacity to provide for the specialized health care needs of  
20 America's most severely disabled veterans. If you can  
21 simply enforce Public Law 114-223 that you passed last year  
22 that requires the VA to report its capacity, you would see  
23 that the VA is woefully understaffed and beds remain empty  
24 despite the long line of veterans that are trying to get  
25 admitted to the hospitals.

1           To make matters worse, the VA must think you are asleep  
2 at the wheel because over the past 7 years, the VA has  
3 fallen short of its mandated staffing of bedside clinicians  
4 by operating at only 60 percent capacity. Furthermore, the  
5 VA continues to reduce the number of beds, and they continue  
6 to reduce the clinical staff. This behavior is reckless and  
7 unacceptable, and Congress is not holding them accountable.

8           Now is the right time to make a difference. Let us not  
9 squander this opportunity with so much control over the  
10 destiny of our veterans' health care. There is absolutely  
11 no excuse for failure. If the VA does not improve now, it  
12 will be impossible for you to escape blame.

13           With approximately 100 veterans currently serving in  
14 Congress, I would hope more would want to serve on this  
15 Committee, and I would hope that they would use the VA for  
16 their own care. After all, if you want to provide oversight  
17 for veteran health care, you might need a little skin in the  
18 game. But until then, I think I can speak for veterans when  
19 I say we are here reporting for duty, to serve our country  
20 as we continue to assist you in providing the quality care  
21 for all veterans. Veterans do not want any more excuses.  
22 We just want appropriate care.

23           This concludes my testimony. I will take questions  
24 that you may have at the appropriate time.

25           [The prepared statement of Mr. Kovach follows:]

1 Chairman Roe. Thank you, Mr. Kovach.

2 Admiral Hall, you are now recognized for 5 minutes.



1                   STATEMENT OF REAR ADMIRAL GARRY E. HALL, USN  
2                   (RET.), NATIONAL EXECUTIVE DIRECTOR, ASSOCIATION  
3                   OF THE UNITED STATES NAVY

4           Admiral Hall. Thank you very much. I am honored to be  
5 here and to speak to this distinguished Committee. And I am  
6 also humbled by the roomful of veterans. I think we are  
7 standing room only. But to be a voice for veterans is a  
8 very humbling event.

9           I recently submitted our detailed written testimony,  
10 which I believe has gotten rave reviews, according to my  
11 legislative director.

12           I think in your opening comments and the comments of  
13 the members here at this table, you will see a thread of  
14 continuity. You mentioned the processing of documents. As  
15 a flag officer during my retirement, I was fast-tracked, I  
16 was put on the ultimate brand-new fast track for processing  
17 of disability claims, and it took me 10 months. If it took  
18 an active-duty flag officer 10 months to process a  
19 disability claim, I am very concerned about those 22-year-  
20 olds that do not have the support system of family, health  
21 care, TRICARE that go right from DOD to the civilian sector.

22           So my opinion today or our opinion today is based on  
23 our observations over the past 15 years of combat  
24 operations. Unlike our previous generation like my father  
25 from World War II, who used VA care, he went from DOD during

1 combat to eased into civilian care and then eased into  
2 veterans' care. Same with my brother from the Vietnam era.

3 But today rules that would have killed a Vietnam  
4 veteran do not result in death, so instead of 55,000 names  
5 on a wall from the Vietnam era, we have one-tenth of those  
6 casualties. So what has resulted in a new type of injury--  
7 and I would say that TBI, traumatic brain injury, and post-  
8 traumatic stress disabilities are rampant and need our care.

9 So what I see, what our association sees, is the  
10 turbulence that is caused by moving from the DOD medicine  
11 system into the VA system. If it takes me 10 months, think  
12 of that veteran who is injured in war, flown to Germany,  
13 then flown to Walter Reed, and then gotten stabilized, and  
14 then flipped over into the VA system.

15 So I believe that we need the power of alignment. As  
16 an active-duty flag officer, I watched our Chief of Naval  
17 Operations, Admiral Vernon Clark, transform the Navy through  
18 the power of alignment. And so the power of alignment needs  
19 to occur in order to reduce the turbulence--the turbulence  
20 that is taking these young men and women, these wounded  
21 veterans, whether it between with PTSD, TBI, to resort to  
22 street medications or possibly the permanent solution of  
23 suicide, which we have seen so too much of over the past few  
24 years.

25 So the power of alignment with the three verticals--

1 continuity of care, quality of care, and funding of care--  
2 are the concerns of the Association of the United States  
3 Navy. Continuity of care is what causes that turbulence.  
4 Why do we not have electronic records so that you can  
5 smoothly transition from the Department of Defense into the  
6 VA system, that if you move from one VA area to another VA  
7 area, it is a smooth transition, you do not have to start  
8 over?

9       Quality of care, there are best practices in the  
10 Department of Defense. They need to be utilized in Veterans  
11 Affairs. We have treatment therapies and medications that  
12 DOD uses but VA does not recognize. We need the power of  
13 alignment so the two entities are aligned.

14       And then, of course, funding of care, we do not want to  
15 privatize the VA system. We applaud the Choice Act. We  
16 think that the VA should come up with a system similar to  
17 the TRICARE system. No veteran who has given their service  
18 and has wound up injured, wounded, or ill should pay for any  
19 of their treatment.

20       So I thank you for your bipartisan and bicameral  
21 support of our veterans. They deserve our support. And  
22 that concludes my remarks. I will be happy to take your  
23 questions at the appropriate time. But the power of  
24 alignment.

25       [The prepared statement of Admiral Hall follows:]

1 Chairman Roe. Thank you, Admiral.

2 Mr. Chapman, you are recognized for 5 minutes to

3 present AMVETS' testimony.

1                   STATEMENT OF HAROLD CHAPMAN, NATIONAL COMMANDER,  
2                   AMVETS (AMERICAN VETERANS)

3           Mr. Chapman. Thank you, Chair. Chairmen Isakson and  
4 Roe, Ranking Members Tester and Walz, and members of the  
5 Committee, as AMVETS National Commander, it is an honor to  
6 be invited to testify today. When I was 18 years old, I  
7 enlisted in the United States Air Force and am a Vietnam-era  
8 Air Force veteran who was born in Missouri and raised in New  
9 York, where I still live today. Sitting before you today  
10 representing the veterans and the interests of our  
11 organization is an opportunity that I am grateful for, and I  
12 thank you for the opportunity.

13           Since 1944, AMVETS has been one of the largest  
14 congressionally chartered veterans service organizations in  
15 the United States and includes members from each branch of  
16 the military, including the National Guard, the Reserves,  
17 and the Merchant Marines. We provide support for the active  
18 military and all veterans in procuring their earned  
19 entitlements, and I appreciate the opportunity to present  
20 our legislative priorities to the Committees today.

21           My submitted statement covers the full AMVETS  
22 legislative agenda, which is formulated by our members who  
23 annually vote on resolutions at the national convention.  
24 This morning, I want to focus on our four core legislative  
25 priorities and will begin by expanding on our first one:

1 advocating for increased research to improve identification  
2 and treatment of mental health disorders that affect  
3 veterans being treated in the VA system of care.

4       It is equally vital that the veterans seeking mental  
5 health treatment have full access to care. Research to  
6 improve identification and treatment must also include the  
7 behavioral aftereffects of mild traumatic brain injuries,  
8 which often mimic post-traumatic stress disorder.

9       Progress has been made, but the repercussions of not  
10 tracking mild TBI for many years after the start of the  
11 conflicts in Iraq and Afghanistan left all branches of the  
12 military unable to assess or properly treat various issues  
13 that arose.

14       AMVETS has heard many stories from those who acted out  
15 after returning from deployment and who were subsequently  
16 given bad paper discharges, which we discussed earlier,  
17 instead of the treatment they needed.

18       Leaving the service with a bad paper discharge prevents  
19 a veteran from receiving the health care they would  
20 otherwise be entitled to, and that coupled with untreated  
21 mental health or behavioral issues often leads to  
22 unemployment, homelessness, drug or alcohol abuse, and  
23 sometimes even suicide.

24       AMVETS just learned this week that Secretary Shulkin,  
25 as you mentioned, committed to allowing veterans with bad

1 paper discharges to be seen at the VA facility for mental  
2 health care. We are pleased with this step forward and  
3 continue to advocate for the reviews of bad paper discharges  
4 for those who had honorably served prior to exhibiting  
5 behaviors that could be related to the undetected or  
6 untreated post-traumatic health issues.

7 AMVETS also advocates for increased acceptance and use  
8 of Veteran Treatment Courts across the country. These  
9 courts aim to prevent needless incarceration of justice-  
10 involved war veterans, and instead treat post-traumatic  
11 mental health issues, as well as behavioral issues stemming  
12 from mild TBIs.

13 Our second priority is advocating for continued  
14 research related to toxic wounds resulting from a veteran's  
15 military service, especially those not yet recognized by the  
16 VA as presumptively causing ill health, such as burn pit  
17 exposure in Iraq and Afghanistan.

18 Our third priority is expanding and enhancing the  
19 offering of complementary and alternative medicine to  
20 veterans receiving VA treatment for mental health or chronic  
21 pain issues.

22 And our fourth priority is advocating for increased  
23 research and use of assistive technology, including expanded  
24 use of assistive service dogs which perform tasks of daily  
25 life that a personal aide may be currently helping the

1 veteran with, such as getting dressed, doing laundry, and  
2 retrieving items. A live-in canine companion trained to  
3 perform these tasks would not only save money and help  
4 preserve a person's dignity, but would allow a strong mental  
5 connection and bond with the animal.

6 In addition, AMVETS advocates for research to continued  
7 advancements in assistive technology for amputees, those  
8 suffering from mobility-limiting diseases and illnesses, and  
9 spinal cord injured veterans. I would like to take this  
10 opportunity to say that I am personally passionate about  
11 ensuring that spinal cord injured veterans continue to  
12 benefit from the VA research. It is quite moving to tour  
13 the VA system Spinal Cord Injury and Disorder Center and see  
14 how advanced in technology so incredibly increases a  
15 veteran's quality of life. As Elmer Davis once said, "This  
16 Nation will remain the land of the free only so long as it  
17 is the home of the brave." And it is our duty to care for  
18 those veterans that have served this great country.

19 Thank you again for the opportunity to testify here  
20 today. If you have any questions, I will be willing to  
21 answer. Thank you.

22 [The prepared statement of Mr. Chapman follows:]



1 Chairman Roe. Thank you, Commander.

2 Mr. Rowan, please begin your testimony on behalf of  
3 Vietnam Veterans of America. You are recognized for 5  
4 minutes.

1                   STATEMENT OF JOHN ROWAN, NATIONAL PRESIDENT,  
2                   VIETNAM VETERANS OF AMERICA

3           Mr. Rowan. Thank you, Mr. Chairman, Dr. Roe, Mr. Walz,  
4 Mr. Tester. Good to see you and all the other members of  
5 the House and Senate Veterans' Affairs Committees. We have  
6 put our record in print, and we sent it to the office, so  
7 hopefully we can put that in the record later. I would like  
8 to digress on a couple of things from just the usual story.

9           First of all, as a reminder, accountability has been  
10 our number two project. Number one has been POW/MIA.  
11 Number two has been accountability. That has been our  
12 number two priority for many years.

13           I would like to digress for two things. One, first of  
14 all, to thank Dr. Shulkin for allowing other-than-honorable-  
15 discharge veterans--just thanks to some of you up here who  
16 voted for the Fairness to Veterans Act. I know that  
17 Representative Coffman was involved in that bill. Thank  
18 you. And I want to thank Dr. Shulkin for moving so swiftly  
19 on that.

20           But I want to talk a little bit about a personal  
21 aspect. That is something we never hear very much about,  
22 and that is the good care in the VA. This is my Huggie  
23 Buddy. This was given to me by the staff at the Manhattan  
24 VA Medical Center on February 15th, 3 weeks ago, when I had  
25 major heart surgery to replace my aortic valve. The

1 surgeons who worked on that were from the New York  
2 University Medical Center. As many of you know, every VA  
3 hospital is associated with a medical school. The doctor  
4 who did my surgery, Eugene Grossi, was the chief thoracic  
5 surgeon for the NYU Medical School. All his staff are all  
6 NYU staff medical people.

7 The recovery staff, the ICU and recovery staff that I  
8 dealt with, the nurses, the aides, everybody, I must tell  
9 you were terrific, really exceptional. And, thankfully,  
10 many of them were veterans. I had this particular night  
11 nurse. First of all, it was great that he was bigger than  
12 me. He was able to toss me around. And he was 28 years in  
13 the Army and Army Reserves as a medical man.

14 My two occupational therapy people, one was a retired  
15 colonel. She spent I do not know how many years in the  
16 Army.

17 The follow-up was great. The place is spotless because  
18 all of the maintenance staff are all veterans. They keep  
19 that facility spotless. And when I was talking to the chief  
20 of the ICU, they have the lowest rate of death of any  
21 facility in New York City.

22 Now, it just so happened that when I was--at the time I  
23 was there, I was there for Presidents' Day, and Dr. Shulkin  
24 happened to come by. He lives in New York City. I had  
25 heard rumors from the staff that he was coming, so I emailed

1 him and said, "Stop by," which he did. His is this  
2 signature over here on my pillow. And I had a chance to  
3 chat with him, and, of course, because I am the National  
4 President of VVA, we got the viral thing going all over the  
5 place.

6 Most of the staff, however, had no idea who I was or  
7 why the Secretary was coming to visit me, which is great,  
8 because all it means is they did not know who I was. I was  
9 not getting preferential treatment. I was getting the  
10 treatment that every other veteran in that hospital gets.  
11 And I cannot stress enough how good that treatment was.

12 As you can tell, I am sitting here 3 weeks later. My  
13 wife was not too happy I jumped on a plane this morning, but  
14 here I am.

15 [Laughter.]

16 Mr. Rowan. So, you know, every time something goes  
17 wrong in the VA system, we hear about it, and rightfully so.  
18 But they do not tell us about the vast majority of veterans  
19 who get excellent service every day in and out, mostly by  
20 veteran staff or people from the wonderful medical centers  
21 that we are affiliated with all across the country.

22 And so I just thought today I would just take this  
23 opportunity to thank all these wonderful people and all the  
24 ones that did not get a chance to sign my little pillow.  
25 There is a reason for it. When I am supposed to cough, I am

1 supposed to use this thing, and it helps me when I do  
2 certain other things. But I really must commend everybody  
3 who was involved in it.

4         Given the size of the VA system, the fact that we get  
5 some bad apples once in a while happens. But I tell you, if  
6 we had the same publicity to the private sector, you would  
7 be amazed at how bad things can be out there. And I must  
8 say just as an aside, we have all this discussion about  
9 going into the private sector for health care, and that is  
10 nice when it is doable and when it is available. But I can  
11 tell you that even in New York City, there are lots of times  
12 when the doctors are too darn busy to talk to you outside of  
13 the VA system. And I have a gold standard health care from  
14 my retirement system with the city of New York. I could  
15 have gone to any hospital in the city of New York for this  
16 surgery. But I went to the Manhattan VA Medical Center  
17 because I knew the kind of care I was going to get.

18         Thank you.

19         [Applause.]

20         [The prepared statement of Mr. Rowan follows:]

1           Chairman Roe. John, we wish you a speedy recovery.  
2 You look great, and I hope you are not in too much trouble  
3 with your wife when you get home. You should listen to your  
4 wife probably. Thank you.

5           Master Chief Patton, you are recognized to present  
6 testimony on behalf of the Non Commissioned Officers  
7 Association. You are recognized for 5 minutes.

1           STATEMENT OF MASTER CHIEF VINCENT W. PATTON III,  
2           (RET.), PRESIDENT AND NATIONAL COMMANDER, NON  
3           COMMISSIONED OFFICERS ASSOCIATION

4           Master Chief Patton. Thank you, Mr. Chairman, and good  
5 morning to all. It is such an honor and a pleasure to be  
6 here not just to do my testimony but also to sit amongst my  
7 colleagues representing other military service  
8 organizations. I am going to be brief. You have my  
9 testimony in print that has all the details.

10           From the standpoint of the Non Commissioned Officers  
11 Association, we fully stand behind what each and every one  
12 of our fellow military service organizations support,  
13 particularly in the area of health care, both physical and  
14 mental, education, claims processing, special interests as  
15 it relates to supporting homelessness, as well as to our  
16 women, and also to focus on helping veterans from the  
17 employment aspect.

18           Now, we recognize that in many cases from the veteran  
19 side of the house that there are other departments,  
20 particularly the Department of Labor, that are very much  
21 supportive toward the employment side. But we want to  
22 ensure at least to the standpoint from where you are and  
23 your respective committees that that should always remain as  
24 the forefront and focusing on support to our veterans as  
25 well.

1           There are nine particular areas of emphasis that  
2 individuals who serve in the military that they take with  
3 them in retirement: honor, respect, duty, courage,  
4 commitment, loyalty, integrity, service, and excellence.  
5 These nine words represent core values--core values from all  
6 five of our branches of the military--that our young men and  
7 women, that they swear and affirm to protect the  
8 Constitution of the United States, do an excellent job while  
9 they are in the service, and then when they get out, they  
10 carry those core values with them. They are excellent role  
11 models, particularly in the area for employment. These are  
12 the folks who we feel from the Non Commissioned Officers  
13 Association to where we really continue our support.

14           I will leave you with a small story that sticks in my  
15 head from a few years ago. The Non Commissioned Officers  
16 Association, we do career fairs that focus on helping  
17 veterans from the employment aspect. I remember being at an  
18 event, and I met a young man who was a lance corporal,  
19 United States Marine Corps. He was just getting out. As I  
20 was looking at the buzz throughout this particular event and  
21 saw how everybody was all abuzz about, excited about looking  
22 for employment and so forth, this young lance corporal  
23 seemed very dejected and depressed. I walked over to him.  
24 I asked him what was the problem. And he looked at me and  
25 he says, "There are no jobs for me." I said, "What do you



1 mean there are no jobs for you?" And I said, "There is  
2 Immigration and Customs Enforcement. There are all these  
3 other companies and Government organizations that are very  
4 eager to support veterans."

5 And he says, "Well, sir, there are no jobs for me  
6 because of what I have done in the military." I said,  
7 "Well, what did you do?" He said, "I am a sniper, and there  
8 is nothing for me for my employment as a sniper for the type  
9 of work out there."

10 And I thought about it for a minute, and the good news  
11 is even though I have never served as a sniper, I know what  
12 snipers do. So I looked at him, and I said, "You know, you  
13 know all about attention to detail. You know all about  
14 loyalty. You have to have a security clearance in order to  
15 even qualify to become a sniper. You know a little bit  
16 about physics. You know all kinds of different things that  
17 make you very valuable."

18 My point to the story is to say those nine words that I  
19 talked about in the core values of our veterans, these are  
20 the very people that we support, and this is what we are all  
21 here about and what our testimonies are here to support.  
22 And we thank you. I personally thank you on behalf of the  
23 Non Commissioned Officers Association. We thank you for  
24 your continued effort and love to see the fact that this is  
25 a bipartisan support to this, and we stand behind you as a

1 great association.

2 I stand by for any questions that you have.

3 [The prepared statement of Master Chief Patton

4 follows:]

1 Chairman Roe. Thank you, Master Chief. And you find  
2 that young sniper. I can find him a job in Tennessee  
3 tomorrow.

4 [Laughter.]

5 Chairman Roe. It will not be a problem.

6 Before I recognize our next guest, during the  
7 President's address a couple weeks ago, I think the country  
8 was moved by the sacrifice and courage of Carryn Owens. Ms.  
9 Brammer, thank you for what you and the Gold Star Wives to  
10 on behalf of widows of the fallen. Thank you for that. And  
11 the praise that she received that night, I have never seen--  
12 I have been to--this is my ninth State of the Union. I have  
13 never seen a reception like that. And I do not know whether  
14 my colleagues have, but I personally never have. And I  
15 think that that night was really directed at all of your  
16 organization, not just her, so those who sacrificed and  
17 continue to for the country. So thank you for that. And  
18 with that, I will recognize Ms. Brammer from the Gold Star  
19 Wives for your testimony.

1                   STATEMENT OF MISTY J. BRAMMER, GOLD STAR WIVES OF  
2                   AMERICA, INC.

3           Ms. Brammer. Good morning, distinguished Members of  
4 Congress. I am honored to be here today testifying on  
5 behalf of Gold Star Wives. I am here to bring the stories  
6 of surviving spouses to life and respectfully request your  
7 assistance in ending some of the unfair challenges that we  
8 face.

9           My name is Misty J. Brammer. I am the widow of Staff  
10 Sergeant Kerry J. Brammer, who died on active duty in 2005.  
11 He was a U.S. Army medic. I volunteer on the Government  
12 Relations Committee, and I was raised in Fairbanks, Alaska,  
13 as an Air Force brat, and I now live in Colorado.

14           After my husband's death, I obtained custody of my two  
15 stepchildren and raised them to adulthood. Like many  
16 surviving spouses, I have suffered paralyzing shock and  
17 pain. I will forever grieve the loss of my servicemember,  
18 and such loss is stabilized by public laws and benefits  
19 afforded to us. Specifically, Gold Star Wives would like to  
20 thank Representative Jeff Miller and Senator Richard  
21 Blumenthal for the passage of the Veterans Health Care and  
22 Benefits Improvement Act of 2016. This included the  
23 extension of time for the earliest post-9/11 surviving  
24 spouses to access educational benefits.

25           Gold Star Wives also appreciates the extension of SSIA,

1 and additionally, we would like to thank the Office of  
2 Survivors Assistance as well as the VA Benefits Service.  
3 Again, these are much-needed stabilizing benefits.

4       The message we want to convey is that surviving  
5 military spouses endure and continue to sacrifice long after  
6 our servicemembers are laid to rest. We need your  
7 assistance in addressing some of the inequities that  
8 currently exist. These include DIC, the SBP/DIC offset,  
9 SSIA, education, and the remarriage penalty. Let me briefly  
10 unveil the realities of the inequities.

11       DIC: COLA increases have been the only changes in DIC  
12 since the flat rate was implemented in 1993. When DIC is  
13 compared to payments to surviving spouses of other Federal  
14 employees, DIC lags behind about 12 percent. The current  
15 DIC flat rate for surviving spouses is less than \$1,300 per  
16 month. We know of an 85-year-old widow from California  
17 whose husband was killed in Vietnam who is barely making it.  
18 She is surviving solely on DIC. The meager COLA increase of  
19 \$3.76 is not enough to buy a gallon of gas. Currently,  
20 there are no bills in the House or Senate that will correct  
21 these awful situations, and she is not alone. Gold Star  
22 Wives is looking for a primary sponsor and passage of a bill  
23 to increase DIC.

24       SBP/DIC offset: Servicemembers made a decision in good  
25 faith to purchase SBP, not realizing that the SBP would be

1 offset by DIC. The security that they spent saving for is  
2 not there. A widow from South Carolina receives only  
3 \$78.05, but should be receiving \$1,336 per month. This is  
4 unfair. H.R. 846, introduced by Representative Wilson, and  
5 S. 339, introduced by Senator Nelson, will repeal the offset  
6 and eliminate the inequity. Please vote on the passage of  
7 these two very important bills.

8 SSIA: Surviving spouses subject to SBP/DIC started  
9 receiving SSIA in October of 2008. That will abruptly end  
10 May 2018. This will cause a deficit of \$310 per month. Our  
11 first and most efficient ask is to repeal the SBP/DIC  
12 offset, and as a stop-gap, Gold Star Wives asks for further  
13 extension of SSIA unless SBP/DIC is repealed.

14 There are education benefits, and Gold Star Wives is in  
15 appreciation of the two, and right now we are asking for  
16 support in an increase because as of right now, the  
17 Survivors' and Dependents' Educational Assistance pays  
18 \$1,024 per month. This is not enough to cover the cost of  
19 most colleges.

20 The remarriage penalty: Gold Star Wives would like  
21 your assistance in changing current law that binds young  
22 surviving spouses to widowhood. Under current law, if a  
23 surviving spouse remarried before the age of 57, we forfeit  
24 life-saving benefits. To lose these benefits creates  
25 further undue burden and places surviving spouses at risk.

1 Many younger surviving spouses feel they cannot exercise  
2 their civil right to remarry. Still further, those who  
3 remarry after 57 are not subject to the SBP/DIC offset, and  
4 so they actually benefit from a remarriage. A remarriage  
5 does not negate our loss. Please simply remove the age  
6 limit on all available resources for benefits for surviving  
7 spouses who remarry. Representative Coffman is currently  
8 seeking cost analysis on a potential bill to eliminate the  
9 remarriage penalty at any age. Please support that effort  
10 and vote on a bill we do hope is introduced very soon.

11 In conclusion, Gold Star Wives is thankful for the  
12 benefits that help stabilize after a devastating loss. We  
13 endure long after our servicemember is laid to rest. We are  
14 very proud of them and this great Nation, yet burdened in  
15 the complexities of emotion and confusing bureaucracies that  
16 impact us. We need your help. Please increase DIC,  
17 eliminate the SBP/DIC offset, address SSIA, help us access  
18 education, and allow us to remarry without penalty.

19 I am honored and deeply humbled in your presence.  
20 Thank you so much. I am available for any questions that  
21 you might have.

22 [The prepared statement of Ms. Brammer follows:]

1 Chairman Roe. Thank you, Ms. Brammer.

2 Mr. Reeves, you may begin your testimony for the  
3 Association of State Directors of Veterans Affairs. You are  
4 recognized for 5 minutes.



1                   STATEMENT OF RANDY REEVES, PRESIDENT, NATIONAL  
2                   ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

3           Mr. Reeves. Mr. Chairman and distinguished members of  
4 the Committee, I am both honored and humbled to be able to  
5 present the views of the State Directors of Veterans Affairs  
6 for all 50 States, the District of Columbia, and our five  
7 territories. With me today is General Les Beavers, our  
8 NASDVA executive director.

9           NASDVA is really second only to the U.S. Department of  
10 Veterans Affairs as the largest provider of services to  
11 veterans and our roles continue to increase. Collectively,  
12 States contribute over \$10 billion each year in support of  
13 our Nation's veterans and their families. That is even in  
14 the face of constrained State budgets, so we have some skin  
15 in the game, Mr. Chairman.

16           While there are many organizations that serve our  
17 veterans, NASDVA, through its member State and territories,  
18 is the single organization that represents and serves all of  
19 America's nearly 21 million veterans. We have a  
20 longstanding State and Federal cooperative relationship with  
21 the VA, and that partnership was codified through a formal  
22 MOA between VA and NASDVA in 2012 and was updated and signed  
23 last month by VA Secretary Shulkin and myself. We are  
24 committed to working with VA to find solutions for our  
25 veterans.

1           Our written testimony does cover a wide range of items  
2 that are important for our veterans, but in the interest of  
3 time, I will take the advice of a close friend and mentor of  
4 mine, Sonny Montgomery, who was the Chairman of your  
5 Committee for many years, sir, and he told me to find a  
6 couple of items that I really know and focus on them. I am  
7 going to try to do that today.

8           First of all, the appeals process, as we know, is  
9 failing our veterans, and with an inventory of over 465,000  
10 appeals, it is projected that the inventory could grow to  
11 over 2 million appeals over the next decade if there is no  
12 change in the current process. NASDVA strongly urges  
13 Congress to act to reform the VA appeals process and to  
14 streamline the VBA appeals procedures and decisions and  
15 allow for seamless transition to enable decisions in the  
16 Board of Veterans Appeals. By placing significant focus on  
17 process within VBA and our regional offices, prior to  
18 appeals being sent to BVA, due diligence and due process in  
19 favor of the veteran can be maintained while creating an  
20 environment where appeals requiring VBA and BVA adjudication  
21 can be decided on the merits of the original claim and in a  
22 timely manner.

23           In addition, while transforming the streamlined appeals  
24 process, which is more efficient and less costly for  
25 taxpayers, VA will need and NASDVA does support a short-term

1 funding increase to be able to resolve the inventory of  
2 appeals that are pending in the current system.

3 In 2016, NASDVA worked with VA, our National veterans  
4 service organizations, and congressional members and staffs  
5 to develop a comprehensive and workable framework that, if  
6 implemented, will dramatically improve the appeals process.  
7 Every day that appeals reform legislation is not enacted,  
8 the appeals backlog continues to grow. We ask that Congress  
9 act now, as soon as possible, to enact the appeals  
10 modernization and reform framework that we, along with our  
11 partners, developed for our veterans.

12 The second item I would like to cover, Mr. Chairman, is  
13 the future of veterans' geriatrics and long-term care should  
14 be on all of our minds and must be a priority as we as a  
15 Nation prepare to care for an increasingly aged veteran  
16 population. As I mentioned to you last week, Chairman Roe,  
17 when we spoke, the VA and NASDVA and other stakeholders are  
18 in the first stages of a veterans geriatric and long-term-  
19 care task force to address the looming "Silver Tsunami" that  
20 is just around the corner with the number of veterans 65 or  
21 older rising to more than 4.5 million by 2024. VA cannot do  
22 this alone, and neither can the States. This challenge that  
23 we can address, if we work together, requires a holistic  
24 approach that brings all stakeholders to the table so that  
25 we may address a wide array of issues, including future

1 national capacity needed to address this. We as veterans  
2 and those who serve veterans need your Committees' support,  
3 the support of the entire Congress, and the support of the  
4 administration to keep focus on the future needs of our  
5 aging veterans population. They served on our behalf. Now  
6 we must work on theirs. We look forward to working with  
7 Congress, VA, and all of our stakeholders to effect  
8 meaningful solutions for our veterans.

9       And, finally, I must note that we are heartened that  
10 your Committees and the Secretary of Veterans Affairs have  
11 committed to preserving the VA's health care system,  
12 extending and modernizing the Choice Program, and making  
13 accountability and suicide prevention priorities.

14       Mr. Chairman and distinguished members of the House and  
15 Senate Veterans' Affairs Committees, thank you for the  
16 important work that you do, and may God bless those who are  
17 in harm's way today for all of us. I stand for any  
18 questions.

19       [The prepared statement of Mr. Reeve. follows:]

1 Chairman Roe. Thank you very much, Mr. Reeves.

2 General Linnington, you are recognized for 5 minutes to

3 begin testimony for the Wounded Warrior Project.

1                   STATEMENT OF LIEUTENANT GENERAL MICHAEL S.  
2                   LINNINGTON (RET.), CHIEF EXECUTIVE OFFICER,  
3                   WOUNDED WARRIOR PROJECT

4           General Linnington. Thank you, Mr. Chairman.  
5           Chairman Roe, Ranking Members Tester and Walz,  
6           distinguished members of the Committee, thank you for  
7           inviting Wounded Warrior Project to testify in front of your  
8           distinguished Committee this morning. First, I would like  
9           to congratulate the new Chairman and Ranking Members on your  
10          leadership positions, and we look forward to working with  
11          you in the months and years to come.

12          As background on our organization, Wounded Warrior  
13          Project has existed since 2003 with a vision to foster the  
14          most successful, well-adjusted generation of wounded  
15          veterans in our Nation's history. We serve veterans who  
16          have been injured in both mind and body since 9/11, along  
17          with their caregivers, filling critical gaps where  
18          Government programs end. Through our free programs and  
19          services, we connect warriors with each other and their  
20          communities; we serve them by providing physical health and  
21          wellness offerings, job placement services, and benefits  
22          help; and we empower warriors to live life on their own  
23          terms. With a commitment to continuous improvement, Wounded  
24          Warrior has placed a great focus this year on improving  
25          efficiency and accountability. And this month, we served

1 our 100,000th warrior, demonstrating that commitment in  
2 large numbers. In fact, over the past 3 months, Wounded  
3 Warrior has registered more than 3,800 warriors and family  
4 members. These numbers demonstrate that the needs of this  
5 generation of veterans is indeed great and continues to  
6 grow.

7 Although we have a number of policy priorities, we want  
8 to highlight just a few today. Our first priority is  
9 working to integrate existing Government services with the  
10 network of nonprofit programs available across the country.  
11 Today nonprofit organizations are delivering results in a  
12 variety of areas, from the initial transition from military  
13 service to physical and mental health to long-term economic  
14 success. Many of these efforts are well funded, playing out  
15 on a large scale, and are tied together into well-performing  
16 networks.

17 In 2016 alone, for example, Wounded Warrior dedicated  
18 more than \$30 million to an intensive outpatient program  
19 addressing post-traumatic stress. By integrating efforts  
20 like this with VA offerings, we can transform the way we  
21 deliver care and support, improving outcomes for veterans.

22 Our second priority is improving care for veterans with  
23 moderate to severe traumatic brain injury. Although in  
24 general the VA provides excellent clinical care for this  
25 population, many of these veterans require more

1 comprehensive, non-clinical services, including intensive  
2 case management, home care, residential programming, life  
3 skills and behavioral coaching, and transportation  
4 assistance. The VA provides many of these services through  
5 the Assisted Living for Veterans with Traumatic Brain Injury  
6 Pilot program, but this program is set to expire in October  
7 of this year and needs significant expansion. As you look  
8 at reauthorization, we would appreciate the opportunity to  
9 speak with you about how we and others may best partner with  
10 the VA and help meet the needs of this at-risk population.

11 Our third priority is ending health insurance premium  
12 discrimination against the most seriously injured medical  
13 retirees. As you know, most military retirees pay very low  
14 costs for premiums, with TRICARE as low as \$23 a month. In  
15 contrast, the most severely injured retirees--those who  
16 cannot work as a result of their injuries--qualify for  
17 Medicare. Upon qualification, these individuals lose their  
18 access to low-cost TRICARE plans and are required to  
19 purchase Medicare, with premiums skyrocketing from \$23 a  
20 month to more than \$110 a month.

21 To give you an example, I want to talk about what  
22 happened to Ryan Kules, a Wounded Warrior Project employee  
23 who is sitting right behind me and who addressed this  
24 Committee last year. Ryan was wounded in Iraq in 2005 when  
25 his vehicle struck an improvised explosive device, severing



1 his right arm above the elbow and his left leg above the  
2 knee. Because of his injury, Ryan could not work for a  
3 period of time and became eligible for Medicare in 2007. At  
4 that point, Ryan lost his low-cost TRICARE benefits that he  
5 had earned as a military retiree. Even though he later  
6 improved to the point where he could return to work, he  
7 remained eligible for Medicare until last year. Only then,  
8 after 8-1/2 years of paying the higher Medicare premium that  
9 he did not want and did not need, was he finally able to  
10 transition back to the more reasonably priced TRICARE plan  
11 he preferred.

12 Finally, I wish to thank the many members of this  
13 Committee who were instrumental in temporarily authorizing  
14 the VA to provide in vitro fertilization. It means so much  
15 to the veterans who can finally start a family and move  
16 forward with their lives. This year, along with a broad  
17 coalition of veterans organizations, we will advocate for  
18 the Committee to make that legislation permanent.

19 In closing, I would like to thank the committees for  
20 your dedication and commitment to providing for veterans of  
21 all ages, and in particular, for the generation of wounded  
22 servicemembers having served since 9/11.

23 Thank you for the opportunity to testify today, and I  
24 am happy to answer any questions you have.

25 [The prepared statement of General Linnington follows:]

1 Chairman Roe. Thank you, General.

2 General Hargett, you are recognized to give us  
3 testimony on behalf of the National Guard Association of the  
4 United States, and welcome.

1                   STATEMENT OF MAJOR GENERAL GUS HARGETT, USA  
2                   (RET.), PRESIDENT, NATIONAL GUARD ASSOCIATION OF  
3                   THE UNITED STATES

4           General Hargett. Thank you, Mr. Chairman, Ranking  
5 Member Tester, Ranking Member Walz. On behalf of the 45,000  
6 members of the National Guard Association of the U.S. and  
7 the nearly 500,000 soldiers and airmen of the Guard, I  
8 appreciate the opportunity to share our thoughts with you  
9 today for the record.

10           First, with the passage of the veterans' status last  
11 December, I want to express my deepest gratitude to this  
12 Committee for your efforts. Thanks to Ranking Member Walz  
13 for his tireless leadership in the House on behalf of our  
14 Guard members. I want to thank Ranking Member Tester,  
15 Senator Heller, and Senator Boozman, and their staff, who  
16 fought tirelessly for our Guardsmen who served 20 years of  
17 duty to be able to call themselves "veterans."

18           I would like to focus today on three issues impacting  
19 on the Guard that fall under the jurisdiction of this  
20 Committee: correcting the benefit disparity for the  
21 National Guard when deployed under Title 10, Section 12304  
22 Bravo; strengthening of USERRA; and reducing the high  
23 suicide rate within the National Guard.

24           Section 12304 Bravo duty status reform. NGAUS strongly  
25 supports all efforts to ensure that the Guard and Reserve

1 receive the same benefits as their active counterparts.

2 This is not a benefit issue. It is an issue of fairness.

3 To that end, we ask that you support the passage of  
4 Ranking Member Tester's bill, the Educational Development  
5 for Troops and Veterans Act, which would ensure deployed  
6 reserve-component members receive post-9/11 GI bill benefits  
7 equal to those enjoyed by active-duty members, protect them  
8 from lost wages while deployed, and ensure all other VA  
9 benefits.

10 I would also like to thank Congressman Palazzo and  
11 Congressman Walz for H.R. 1384 that they introduced  
12 yesterday which addresses the issues with 12304 Bravo.

13 Strengthening and clarifying USERRA provisions. Since  
14 9/11, Guardsmen have mobilized more than 780,000 times.  
15 Under USERRA, all servicemembers are protected in civilian  
16 employment. Guard members may not be discriminated against.  
17 USERRA establishes the right to prompt reinstatement after  
18 service and ensures health care. Current forced arbitration  
19 procedures are not clear. Overall, we ask you to change the  
20 law to clarify congressional intent, stop the  
21 misinterpretation, protect our Guard members, grant Guard  
22 members due process in the workplace. In the 114th  
23 Congress, NGAUS strongly supported Senator Blumenthal's  
24 legislation to clarify these procedures for Guard members  
25 within USERRA, and we urge reintroduction of that bill.

1           Combating suicide. NGAUS hopes to continue to support  
2 and amplify initiatives to reduce suicides in the National  
3 Guard. Before identifying some of the specific initiatives,  
4 I would like to point out a few challenges we face in  
5 combating mental health issues.

6           We ask this Committee's support to standardize mental  
7 and behavioral health programs within the Department of  
8 Defense, including in the National Guard Bureau.

9           Regarding staffing and personnel, there is currently  
10 insufficient funding for Army National Guard Directors of  
11 Psychological Health, who provide important counseling to  
12 our servicemembers. Similarly, research has shown the  
13 importance and benefits of full-time chaplains in the Army  
14 and Air National Guard. However, today with 90 chaplains  
15 across the Nation to meet the needs of 448,000 people, we  
16 hardly find that adequate.

17           NGAUS has and will continue to support increased access  
18 to veterans centers. Last Congress, we endorsed Ranking  
19 Member Tester's bill to authorize behavioral health  
20 readiness services for certain Guard and Reserve members.

21           We also believe it is essential to establish community-  
22 level networks at State levels. The MSP program,  
23 established by the Department of Mental Health and Addiction  
24 in Connecticut is one of those fantastic examples. For just  
25 over \$500,000 per year, the MSP program provides clients

1 with accessible, convenient, and confidential counseling  
2 through a network of over 400 clinicians, as well as a 24/7  
3 call center.

4 The MSP program also includes an Embedded Clinician  
5 Program and civilian providers made available to the  
6 Connecticut National Guard. They get to know their unit  
7 members and are immediately accessible to the Guardsmen if  
8 they need assistance. Major General Martin, the TAG,  
9 recently testified: "It is free with no required insurance  
10 coverage, and it works for our people."

11 Guard Your Buddy program is a joint effort of the  
12 Tennessee National Guard and the Jason Foundation and E4  
13 Health to give men and women and families in the Tennessee  
14 National Guard anytime access to critical life resources on  
15 demand for counseling.

16 I thank you again for allowing NGAUS to testify today  
17 to this Committee. As I retire from NGAUS at the end of  
18 this month, I look forward to introduced Brigadier General  
19 Roy Robinson to each of you. It has been my distinct honor  
20 to work with each and every member of this Committee, and I  
21 look forward to continuing to work for you, and thank you  
22 for your steadfast support of our National Guard and members  
23 of our service. Thank you, Mr. Chairman.

24 [Applause.]

25 [The prepared statement of General Hargett follows:]

1 Chairman Roe. Thank you, General Hargett.

2 General Hargett is one of the only ones I could really  
3 understand when you gave your testimony, being from  
4 Tennessee.

5 [Laughter.]

6 Chairman Roe. I want to take this opportunity to--I  
7 know Senator Tester had to get here. All of us have a lot  
8 of other obligations, but I would like to yield to him now.  
9 And we are going to limit the questions because of how big  
10 the panel was to 3 minutes from our end here, and just go  
11 ahead, Senator Tester, when you are through, and go ahead  
12 and begin questioning.

13 Senator Tester. Okay. Thank you, Chairman Roe. I  
14 appreciate the hospitality. And I want to thank you all for  
15 your testimony, each and every one of you. I appreciate the  
16 fact that you are here today giving us your perspective,  
17 because, quite frankly, we should be taking our cues from  
18 you, and I think we are going to be taking our cues from  
19 you. We should not be taking them from political pundits or  
20 TV reporters, or even to the point of folks who do not  
21 serve. The fact is you guys represent the folks on the  
22 ground. You know what is best for our troops, you know what  
23 is best for our veterans, and you know what is best for our  
24 families. So thank you very much for your comments today  
25 and the oversight that has to happen and the legislative

1 effort that is going to happen this Congress, and, in fact,  
2 already has started.

3 I think it is a critical time for the VA. We are  
4 confronted with funding challenges and shortfalls. We are  
5 confronted with the Choice Program that does not work very  
6 well. And, quite frankly, we are also confronted by some  
7 who want to slowly erode from the VA and take it to a  
8 privatization effort--not necessarily the folks on this  
9 panel either, I will tell you, but folks outside that are  
10 trying to influence us.

11 I will tell you as straight as I can tell you, I am not  
12 for privatization of the VA. I think we should build  
13 capacity within the VA and let the private sector fill in  
14 around the cracks. So I think it is very, very important  
15 that we move forward in that direction. I think that is  
16 basically what we have heard from any veteran service  
17 organization that we have heard from over the last 2 weeks.

18 So I just want to finish, before I go to my questions,  
19 and just say thank you. Thank you for your advocacy. Thank  
20 you for your tireless work. Thank you for coming in front  
21 of this Committee.

22 I am going to start out by asking a question that I  
23 have asked the other veteran service organizations that have  
24 been here before because I think it is an important question  
25 to ask. As I said earlier, we need to take our cues from



1 you. I think Secretary McDonald set a tone for what is to  
2 be expected, and I think Secretary Shulkin has followed his  
3 lead. So the question I have for each and every one of you  
4 is: Have you or any representative from your organization  
5 had an opportunity to meet with the President? I will start  
6 with you, Mr. Kovach.

7 Mr. Kovach. No, I have not.

8 Senator Tester. Garry?

9 Admiral Hall. No.

10 Senator Tester. Mr. Chapman?

11 Mr. Chapman. No, sir.

12 Senator Tester. John?

13 Mr. Rowan. No.

14 Senator Tester. Vincent?

15 Master Chief Patton. No, sir.

16 Senator Tester. Misty?

17 Ms. Brammer. No.

18 Senator Tester. Randy?

19 Mr. Reeves. No, sir.

20 General Linnington. No, sir.

21 Senator Tester. Gus?

22 General Hargett. No, sir.

23 Senator Tester. The reason I ask that question is  
24 because just as I say Congress needs to take its cues from  
25 you, so does the administration. And I think your

1 perspective is so critically important, and hopefully that  
2 will change. I have been told by some organizations that it  
3 will change. It would be good if it does.

4 I am going to start with you, Mr. Kovach. Can you  
5 speak to why it is critical that, while streamlining  
6 veterans' access to care in their communities, we also need  
7 to build the capacity of the VA to directly address the  
8 needs of our veterans, particularly those veterans with  
9 disabilities or mental health challenges?

10 Mr. Kovach. The problem is access to care. The care  
11 of the VA is very, very good. I spent 26 years getting  
12 great care. I survived 26 years because of the great care  
13 at the VA. The problem is that you are so understaffed--the  
14 VA is so understaffed, at 60 percent capacity.

15 It is quite simple. If you could get the HR  
16 departments to streamline that so we can hire more nurses  
17 and more doctors to treat the patients instead of hiring  
18 these administrators. I know a lot of nurses that are  
19 coming out of nursing school apply for the VA, but it takes  
20 6 months to a year to get that notification that you are  
21 hired. By that time they have gone and found other jobs  
22 elsewhere. But if you could hire--I believe the number is  
23 1,000 nurses. If you could get 1,000 nurses in the VA  
24 health care system, I think that would address a lot of the  
25 problems with access to care.

1           Senator Tester. Yeah, thank you very much, and I  
2 agree.

3           General Hargett, I just want to say I am sorry you are  
4 retiring. You have been such a great advocate, and I hope  
5 your voice is still back there and pushing people in the  
6 right direction. I was proud to introduce the Educational  
7 Development for Troops and Veterans Act with strong support  
8 from you and your association. Among other provisions, it  
9 ensures those activated during the 12304 Bravo mobilization  
10 authorizations receive eligibility for the post-9/11 bill.  
11 Can you just tell me why this is important?

12           General Hargett. Well, I think it is a matter of  
13 fairness. It is parity. I think we had unintended  
14 consequences when we created 12304 Bravo. I do not think it  
15 was ever intended to be this way. And I think it is just  
16 fair that when you have two people serving in the same  
17 foxhole in the same country that they receive the same  
18 benefits.

19           Senator Tester. And I know I am out of time, and thank  
20 you. But could you tell me about any other inequalities  
21 that might exist for Guardsmen under Titles 5, 10, or 37?

22           General Hargett. I am not aware of any others in the  
23 care process. I think there were some issues with TRICARE  
24 in the beginning and the length of time you get for TRICARE.  
25 I do believe the bill that Congressman Palazzo and

1 Congressman Walz introduced yesterday will address all the  
2 inequities under 12304 Bravo.

3 Senator Tester. Thank you very much, and thank you all  
4 for your testimony.

5 Thank you, Mr. Chairman.

6 Chairman Roe. I thank the Senator. I am going to just  
7 briefly go over a couple things. I yield myself 3 minutes.

8 I am going to focus on access to care for veterans and  
9 timely access to care, IT reform that has to be done,  
10 accountability, appeals, shortening the appeals process,  
11 women's health, which has not been mentioned here, and also  
12 the suicide prevention.

13 General Hargett, on Monday I met with the founder of  
14 the Jason Foundation and Guard Your Buddy and spent about an  
15 hour with him going through that. What I would like to do  
16 later in the year, after we get past this fire hose drinking  
17 time we are on now, I want to do not a hearing but a  
18 roundtable. I have found roundtables are better. Turn the  
19 TV cameras off and sit down and really get to the bottom of  
20 it, bring a lot of stakeholders. There are many around the  
21 country. And I saw this--just very briefly I am going to  
22 tell you that you could put an app on your phone with this  
23 Guard Your Buddy program, you can hit two buttons and  
24 literally be talking to a master's level mental health  
25 provider on the phone. You know, not like when you call the

1 cable company and it is punch this and this, like you do  
2 when you call a lot of things. You get right to a provider,  
3 and I think that can be lifesaving.

4           Could you just talk about that for a minute?

5           General Hargett. Yes, sir. I started talking to these  
6 guys when I was still the Adjutant General in Tennessee, and  
7 I happen to know Clark Flatt and the reason he started the  
8 Jason Foundation is because his son committed suicide.

9           Chairman Roe. Suicide.

10          General Hargett. And working with him, what I found is  
11 that this gave Guardsmen in Tennessee immediate access to  
12 somebody without, as you say, calling some 911 number or  
13 calling somebody and waiting. And it is not an expensive  
14 way to do business. So they have almost taken this on for  
15 the Tennessee Guard as a free project. It is an inexpensive  
16 way. So everything is not about money. It is about access  
17 and the ability to do it.

18          Chairman Roe. I think it is one of the most effective  
19 ways for the money spent that I have ever seen, and that is  
20 why I want to bring this roundtable together, bring Wounded  
21 Warriors, a whole array of people. There are many people  
22 out there who are trying to do this.

23          Another mention I did not put out that, Randy, you  
24 talked about and we talked about some in the office are our  
25 aging veterans. We have an aging population in the United

1 States, not just veterans but an aging population, and how  
2 to care for them with State homes or however we do it, and  
3 we have got to think out of the box. We cannot continually  
4 just build these big, huge concrete monoliths that cost  
5 millions and billions of dollars. We have got to partner  
6 with the community and figure out how to do this, because  
7 there is a tidal wave coming in our direction as people live  
8 longer and longer, which is a good thing.

9 Mr. Kovach, I want to mention one thing you said that  
10 is very true. The number of people working for the VA is  
11 not the problem. When I got here in 2009, there were  
12 260,000 people working for the VA. Today it is 360,000. So  
13 it is not the number. It is hire doctors and nurses and  
14 clinical people that actually take care of people, not all  
15 these middle management people, and we have got to get with  
16 the Secretary and work on that.

17 My time has expired. I want to recognize Mr. Walz.

18 Mr. Walz. Well, thank you, Chairman, and I concur.  
19 That is exactly right.

20 Mr. Kovach, you asked us to publicly state it. I will  
21 publicly state it. The VA, the comprehensive, holistic care  
22 that they provide is as good as anywhere else in the world.  
23 I say that--I represent the Mayo Clinic. They will say it  
24 for you, too. And I think that is critical here. I am  
25 proud of the Committee, and it has been stated and I think

1 we need to continue to state it, no one who is involved with  
2 these issues or has any knowledge of them is saying  
3 privatize the VA. Let us be very clear and keep repeating  
4 that. The public does not understand. The public thinks  
5 that it is in the best interest of veterans just to give you  
6 a card and let you go on your own and handle it. They do  
7 not do that because--they are doing it because they care  
8 deeply. They think that is what it is because of what they  
9 have heard. We need to tell them why that is a bad idea.  
10 So, yes, I am on the record with that.

11 Admiral Hall, you are exactly right. The seamless  
12 transition, we talk until we are blue in the face. I can  
13 tell you this Chairman has tackled this issue. I said I  
14 think it will be his legacy that DOD just recently went off  
15 the shelf to get their whole suite of scheduling and medical  
16 records and all of that. In that extraordinary hearing the  
17 other night with Secretary Shulkin, he stated clearly, "We  
18 are going to get out of the business of developing software,  
19 and we are going to buy it so it communicates directly with  
20 DOD." And so that is a fundamental point. I am glad you  
21 brought it up. Please keep driving on that.

22 But I have to tell you, I have spoken about this for 10  
23 years, and I am more optimistic than I have ever been that  
24 they are finally going to do it. We are on the verge of it.  
25 So thank you, sir. I think you are dead on right.

1           Everybody talked about appeals reform. Let us move it  
2 and get it done. We can do it together. It is the right  
3 thing to do. I think we can, certainly.

4           I was going to ask just one specific question. General  
5 Linnington, you brought up something that both Dr. Roe and I  
6 are pretty appalled by with this idea of the glitch between  
7 Medicare and TRICARE. Can you explain what is necessary or  
8 help us start going in the right direction? What is the fix  
9 to that?

10          General Linnington. I think allowing the veteran the  
11 choice of staying on TRICARE when they have been grievously  
12 injured would--

13          Mr. Walz. As it stands, they do not, correct?

14          General Linnington. If they are grievously wounded,  
15 they are required to go on Medicare and pay the higher  
16 premiums. And Ryan can certainly speak to it more  
17 specifically than I can. But in Ryan's case, over the last  
18 8 years he spent \$10,000 out of pocket for the increased  
19 Medicare payment versus staying on the lower cost of TRICARE  
20 which he earned and wanted to stay on.

21          Mr. Walz. Well, our expert is sitting right next to me  
22 on this, and I think this is one that we can tackle. If  
23 that is a fix, that should be done.

24          And I will end my time with two things. Never stop  
25 pushing for this, Ms. Brammer. You are going to be told it



1 is too expensive. The conscience of this Nation demands it.  
2 I have carried that bill at different times, and members up  
3 here, we have to stick with that.

4 And my final seconds go to--I have to tell you, as my  
5 president, as a member of NGAUS, I could not imagine my dues  
6 being better spent with the advocacy than General Hargett--  
7 Gus--has given up here. So from me to you, thank you. I  
8 appreciate it.

9 [Applause.]

10 Chairman Roe. Mr. Poliquin, you are recognized for 3  
11 minutes.

12 Mr. Poliquin. Thank you, Mr. Chairman. I would like  
13 to thank everybody from the bottom of my heart for you folks  
14 being here. We do not have a country unless you folks  
15 stepped up to serve, and I am very, very grateful. I have a  
16 26-year-old son that I love to death and am very concerned  
17 about his future, but I know that when folks step up to  
18 serve our country in uniform, we just have a better  
19 opportunity for a better future, and thank you very much.

20 Ms. Brammer, I was very moved by your testimony and, in  
21 particular, the impediment to remarriage. I think  
22 remarriage at any time in anyone's life is a wonderful  
23 thing. We ought to make it easier, not more difficult, for  
24 that to happen. Mr. Coffman is not here right now, but I  
25 know Mike is running some numbers on that, and I am really

1 looking forward to see the numbers that come from that  
2 study.

3 But I would like to go down a different path, if I may,  
4 Ms. Brammer, with you. We love our veterans in Maine, and  
5 we have--one of the highest percentages of our population  
6 are Mainers, and there are more Mainers who are veterans  
7 that live in rural parts--yes, maniacs, that is exactly  
8 right, Mr. Chairman--in our State than any other State in  
9 the country. So we have a lot of veterans, and we have more  
10 that live in rural areas than any other State in the  
11 country.

12 So my question to you, Ms. Brammer, you living in  
13 Colorado, which also has very rural parts of the State, can  
14 you advise us here on the Committee, ma'am, any specific  
15 issues--beyond the ones that you have already mentioned, of  
16 course--that apply to or impact our veterans and their  
17 families that live in rural areas? What would be the number  
18 one impediment to a better life and a better future to our  
19 veterans that live in rural areas?

20 Ms. Brammer. I do not have all of the facts. My  
21 guess, having grown up in a rural area, is access, access to  
22 services. That would be my immediate, off-the-cuff answer  
23 for you.

24 Mr. Poliquin. We have had a wonderful success story,  
25 Ms. Brammer, up in northern Maine, up in Aroostook County

1 whereby our veterans who live in that area are about a 5-  
2 hour drive from Togus, our veterans hospital in Maine. And  
3 we have been able to contract with a local hospital so they  
4 can get their services close to home. And I know that is  
5 something that we are all working on, but when you mention  
6 services, I think you predominantly mean health care  
7 services. Is that correct, ma'am?

8 Ms. Brammer. I would say services and support, so  
9 support especially for surviving spouses, but access to  
10 health care I would imagine--and, again, without facts, but  
11 I would imagine that would be an issue.

12 Mr. Poliquin. Anybody else in my remaining few seconds  
13 want to chime in when it comes to specifically veterans  
14 living in rural areas? Mr. Reeves, it looks like you are  
15 about to say something.

16 Mr. Reeves. Yes, sir. As far as access, a lot of  
17 times in rural areas it has to do with whether or not we  
18 actually have providers when you are talking about health  
19 care. People talk about the capacity within the VA and  
20 needing to build capacity in the VA. In Mississippi, where  
21 I am from--and I am from a very rural area--our biggest  
22 problem with health care specifically is that a lot of times  
23 we get more access at our VA medical centers than we do in  
24 our local communities, like a lot of the folks who are from  
25 rural areas, because the providers do not exist, especially

1 in mental health, one of the big issues, and just primary  
2 care. We have such a primary care shortage that it is  
3 unreal.

4 Mr. Poliquin. Thank you very much, Mr. Reeves.

5 Thank you, Mr. Chairman.

6 Chairman Roe. I thank the gentleman for yielding.

7 Mr. Correa, you are recognized for 3 minutes.

8 Mr. Correa. Thank you, Mr. Chairman. I just wanted to  
9 again thank all of you for your service to our great  
10 country. And I want to see the hands of our California vets  
11 here today. California, I am proud to say--

12 [Applause.]

13 Mr. Correa. California is home to the biggest number  
14 of vets in this great union, and I was honored in the  
15 California State Senate to work with all of you.

16 Today I am learning by listening, and I have heard that  
17 we have to work on the appeals process, fix that. Correct?  
18 We found out today that the VA--keeping the VA, fixing it is  
19 important. Yes? Found out that the Choice program is  
20 important. Yes? And maybe privatization is something to be  
21 put on the shelf. Yes? Yes, okay.

22 In my few seconds I have, I just wanted to ask a very  
23 quick question. California, home to the biggest number of  
24 vets in the Union, very diverse population at home, lot of  
25 languages being spoken. My question to all of you: Do you

1 have any knowledge, are you aware, is the fact or no fact of  
2 delivering services to veterans, to their families, to  
3 enable their families to deliver those services to veterans  
4 in a language other than English, is that a factor? Do we  
5 do that? I will open that up as a question.

6 There is a gentleman over there to the right who is  
7 putting his hand up, but I will open up to question. Yes,  
8 sir?

9 Mr. Rowan. Yes, Congressman, we found that problem,  
10 frankly, in Puerto Rico. We have had a lot of issues with  
11 the Puerto Rican veterans who go back to Puerto Rico, and  
12 while they may skate through while they are in the military  
13 on the limited English they know, they revert back to  
14 Spanish when they go back to Puerto Rico. And they have had  
15 terrible problems down there with the VA. We have had to  
16 sue them a couple of times on crazy--on English-only stuff  
17 they were handing out, trying to cut benefits by sending  
18 people notices only in English, and several other things.

19 I think today, of course, we see a lot of immigrants  
20 coming into the military system, so the real problem is not  
21 the veterans necessarily that you can have problems  
22 discussing things with. It is, however, an issue with the  
23 family members. And so in many places, we have to have lots  
24 of people that hopefully volunteer helping us out to be able  
25 to translate things. If you have got some severely wounded,

1 you know, disabled veteran and all of their parents or their  
2 spouse or whatever only speak another tongue, then you have  
3 got to find somebody to be able to communicate with them.  
4 And that is done in many of the urban areas, I know for  
5 sure. Certainly in New York City, we have a lot of  
6 volunteers come in with a myriad of languages that we see  
7 there.

8 Mr. Correa. I do hope to work with you on this issue,  
9 gentlemen. Yes, sir? Yes, go ahead, sir. Yes?

10 Mr. Kovach. Sorry. I could not see where you were  
11 looking. My concern about California veterans is not so  
12 much the language barriers but there were no long-term-care  
13 facilities built west of the Mississippi until just last  
14 year. PVA lobbied Congress for over 10 years to get that  
15 very first long-term-care facility for spinal cord-injured  
16 patients. It took us 10 to get it. We finally got it last  
17 year, and that 98-year-old veteran was the very first  
18 patient admitted to that unit. But that was only 12 beds.  
19 There is already a waiting list to get into that facility.  
20 We are woefully under--I am sorry, Dr. Roe. I know you do  
21 not like to have brick-and-mortar buildings for long-term  
22 care, but you are right, if we could have better services  
23 for our caregivers, we could keep the veterans at home. But  
24 in all reality, some of our veterans are so--their injuries  
25 are so complex that it is too much for the family, the

1 burden, so they have to put them in brick-and-mortar  
2 facilities. And we only have one in the State of  
3 California. We need many more.

4 Mr. Correa. Thank you, sir. I yield the rest of my  
5 time.

6 Chairman Roe. Thank you.

7 Mr. Rutherford, you are recognized.

8 Mr. Rutherford. Thank you, Mr. Chairman, and I want to  
9 thank all of the men and women here today for your sacrifice  
10 for this country. I was raised a Navy dependent, so I have  
11 a deep affinity for the military, and I can tell you, having  
12 served 41 years in law enforcement while you were protecting  
13 the homeland, I was protecting the home town. So I feel a  
14 kindred spirit with all of you.

15 Coming from northeast Florida, we have a very large  
16 veteran population in my district. In fact, we are also  
17 home to, I should mention, Wounded Warriors. And, General  
18 Linnington, good to see you.

19 You know, I was at the Committee hearing the other  
20 night with Secretary Shulkin, and I have to tell you, folks,  
21 I am tremendously encouraged. You know, there is an old  
22 saying that vision without action is just daydreaming, and  
23 action without vision is chaos. And I can tell you what I  
24 see in this Secretary is vision and action.

25 Ranking Member Walz mentioned earlier about the service

1 dog for those suffering PTSD and TBI. Good Lord, how did it  
2 take so long? It took him, what 30 days, 3 days? Something  
3 like that. You know, he has already made that decision.

4 He also mentioned, I should tell you, that mental  
5 health is his number one priority. And so I am very  
6 encouraged by that, particularly since we know that from  
7 2005 to 2015 the mental health encounters have gone up by 97  
8 percent. So that is all good information.

9 And let me say to Mr. Rowan, I thank you for mentioning  
10 the good work of VA as well, the tremendous sacrifice that a  
11 lot of those workers put in, and really doing their job and  
12 doing it incredibly well to serve our veterans. And that  
13 kind of highlights for me one issue that I think all of you  
14 can really help the VA with, and that is this: On the  
15 mental health front, particularly, getting veterans to come  
16 in--we can have the best service available, but if they do  
17 not come in to utilize it, that is why we have now--you  
18 know, I am hearing now it is 18 suicides a day. We have to  
19 change the culture out there. You have to help us get that  
20 message out to these men and women, particularly these young  
21 men and women who are coming back after multiple tours, who  
22 have this pride and this camaraderie and this idea that, you  
23 know, they can tough it up, and we have to--we need you to  
24 help reach out to those folks.

25 And so, Mr. Rowan, I appreciate you talking about the



1 good work of VA and what they are doing, and I salute all of  
2 you. Mr. Rowan?

3 Mr. Rowan. Thank you. I do want to highlight, for  
4 example, a program we have seen out on Long Island that has  
5 been studied that seems to be very interesting, and that is  
6 the collocation of mental health services for both the  
7 family members as well as the veteran, literally in the same  
8 building. So you go in one door. You go to one side, the  
9 veteran goes and gets taken care of by the VA; the family  
10 members, the spouse, whoever, goes on the other side and  
11 gets treated by a private sector health care program.  
12 However, they all agree and sign waivers, obviously, under  
13 today's rules so that they can communicate with each other,  
14 so that the VA staff can communicate with the North Wales  
15 staff in this case--it is a big health group out on Long  
16 Island--and vice versa.

17 Look, a lot of us Vietnam veterans particularly know  
18 darn well that you want to get the Vietnam vet to go in,  
19 talk to his wife. That will help a lot. And I am sure  
20 that--you know, of course, nowadays with all the women in  
21 the military, it has got to be spouse; the spouse can be  
22 female or male. But the bottom line is that ability, I  
23 think, is something--the RAND Corporation studied this now.  
24 I think that that is something that could be taken on the  
25 road. If we want to talk about, you know, bringing in the

1 private health sector into the VA system to some extent,  
2 that is a really, really good example that could be  
3 replicated all across the country.

4 Mr. Rutherford. Thank you, Mr. Rowan. I yield back,  
5 Mr. Chairman.

6 Chairman Roe. The time has expired.

7 Senator Blumenthal, you are recognized for 3 minutes.

8 Senator Blumenthal. Thanks, Mr. Chairman. Thank you  
9 all for being here today and spending so much time with us  
10 and providing such really helpful and enlightening  
11 testimony.

12 I want to begin by thanking any of the Connecticut  
13 folks who are here this morning. I do not know whether we  
14 have any. If you could please rise or raise your hand if  
15 you are from Connecticut? Thank you for being here today.

16 Mr. Rowan, in particular, thank you for your service  
17 and your raising so many key issues on behalf of the Vietnam  
18 Veterans of America. And I want to mention in particular  
19 the provision of health care and mental health services  
20 particularly to veterans who were discharged with less-than-  
21 honorable discharges. I began working on this cause when  
22 literally the Secretary of Defense was Leon Panetta, and he  
23 was sitting exactly where you are now in this very room, and  
24 I questioned him about what could be done to help veterans  
25 of the Vietnam era who were discharged often because of

1 post-traumatic stress with less-than-honorable discharges, a  
2 condition unknown at the time, undiagnosed, untreated. And  
3 they suffered not only the stigma but the brutal and cruel  
4 denial of health care benefits for so many years. In turn,  
5 as a result, they suffered joblessness, often drug  
6 addiction. Their lives were ruined. And I want to commend  
7 Secretary Shulkin, who just announced a few days ago that  
8 the VA will begin to provide mental health services to  
9 former servicemembers with less-than-honorable discharges  
10 who are in crisis. But still, those servicemembers deserve  
11 to have their discharges addressed and perhaps upgraded if  
12 the facts warrant. And I wonder if you would like to  
13 comment on this area, and I welcome others to comment as  
14 well.

15 Mr. Rowan. Thank you, Senator. Yes, we are very  
16 heartened by the actions of Secretary Shulkin to at least  
17 begin to get people treatment, which is one of the keys. My  
18 organization has submitted to, well, President Obama on his  
19 way out and President Trump on his way in asking them to,  
20 quite frankly, pardon everybody. Nader did a study in 1972  
21 that found there were half a million bad paper discharges  
22 issued during the Vietnam era, many of them non-judicial.  
23 In other words, they were administratively issued, which is  
24 really horrible, with no due process whatever. And I worked  
25 on that system back in the late 1970s. You know, it is the

1 old, "The more things change, the more they stay the same,"  
2 to sit here today and to listen to the new veterans coming  
3 back from this war period, and now we think there may be as  
4 many as 300,000 of them given less-than-honorable  
5 discharges. And when you listen to the horror stories about  
6 PTSD--you know, a veteran who tried to commit suicide,  
7 instead of giving him help, they threw him out. I mean,  
8 that is just disgraceful.

9       So I would hope that we could rectify that problem  
10 immediately, especially since, again, most of these people  
11 were given administrative discharges not as a result of a  
12 court-martial. I am not talking about somebody that robbed  
13 something or raped somebody or whatever. We are talking  
14 about somebody who probably had PTSD and, you know, screwed  
15 up or smoked pot in Germany when they came back from the war  
16 zone wounded. I mean, I am sorry. You throw people out for  
17 smoking pot today--I mean, that is just insane--and cut them  
18 off from all their benefits, and that needs to be rectified,  
19 and rectified quickly, because you are right, the Vietnam  
20 veterans who had a less-than-honorable discharge basically  
21 got a life sentence. You are almost better off being a  
22 felon than somebody with a less-than-honorable discharge,  
23 because anybody who sees that is going to look at you  
24 sideways because they think, "What did you do to get thrown  
25 out of the military?" And so I hope that we can get those

1 things done soon.

2 Senator Blumenthal. Thank you very, very much, and I  
3 look forward to continuing our work on this issue. Thank  
4 you all.

5 Thank you, Mr. Chairman.

6 Chairman Roe. Thank you, Senator Blumenthal.

7 Senator Boozman, you are recognized.

8 Senator Boozman. Thank you, Mr. Chairman, and thank  
9 all of you all for being here and for your service to your  
10 country and, then because you all are here, your service to  
11 your fellow vets. We are working hard trying to get things  
12 done, keep the promises that were made, but it simply does  
13 not work without the grass roots, so we do appreciate you  
14 very, very much.

15 You know, as you can see, this is not a Democrat or  
16 Republican situation. This is about us working together  
17 with you all to get things right.

18 I want to ask a question questions, and then if you  
19 would just jump in as you would like to and respond. But I  
20 would like to ask about TAP, the transition from the  
21 military back to the civilian side. Tell me your thoughts  
22 on that. Is it getting better? Is it working? We have got  
23 records; we have got all of these different things. And  
24 then along with that, think about--I would like to get are  
25 things getting better with VA health care. What are you

1 hearing out in the field real quick as to, you know, how  
2 things are going? You know, if you would comment on that,  
3 too. Yes, sir?

4 Master Chief Patton. Senator, good to see you again,  
5 sir.

6 Senator Boozman. Yes, sir.

7 Master Chief Patton. Regarding the Transition  
8 Assistance Program, I will say that it is getting much  
9 better. I think back to when I retired from the Coast Guard  
10 in 2002, I found myself the year before that retirement  
11 sitting in a TAP class, sitting next to somebody who was  
12 getting out with 3 years. Here I am with almost 30 years  
13 sitting next to somebody with 3 years of service. We have  
14 two different needs.

15 Today I see that has really gotten much better, and  
16 having been involved with working with the VA staff that is  
17 working on the Transition Assistance Program, that they have  
18 taken very good care of that. So I brought that up in my  
19 testimony because it is something we have to continue to  
20 stay abreast of. More importantly, the assurance that the  
21 people with the training and experience that they are  
22 getting out, that they get help along the way as well.

23 Senator Boozman. Anybody else, your feedback on health  
24 care? Yes, sir?

25 General Linnington. Senator, real quick on TAP, having

1 been in DOD for a while and looked at the great program that  
2 has been put in place, a lot of the challenges young  
3 veterans have in particular when they get home is things  
4 change. They go through a great program, and as part of  
5 their post, military, you know, transition, they have a good  
6 plan, but then things change when they get home. They  
7 either decide they do not want to go to school, take  
8 advantage of the GI bill, or they have a change in plan. It  
9 is really the ability to share information with local  
10 communities that want to help the veterans smoothly,  
11 seamlessly transition in the communities is where we would  
12 like to see some improvement. But the program is much  
13 better now certainly than it was 10 years ago, and we look  
14 for continued partnership in transition assistance between  
15 Government programs and with what the nonprofit sector  
16 provides.

17 Senator Boozman. Mr. Rowan, real quick, or he is going  
18 to--

19 Mr. Rowan. Yes, on health care, I think things are and  
20 have been improving. Under Secretary Shulkin, when he was  
21 the Under Secretary for Veterans Health, made a lot of  
22 changes, I think, that have come along.

23 It was mentioned earlier about the "Silver Tsunami."  
24 We are also faced, of course, with the tsunami of all the  
25 veterans who have come home from the recent war. One of the

1 young veterans listened to us old hands and did what we did  
2 not do, which they filed claims for everything. And the  
3 thing is, truthfully, these people have been hurt  
4 physically, not just being shot at or blown up, but damaged  
5 because of the work they do on a regular basis. They have  
6 bad knees, bad hips, bad eyes, bad this, bad whatever. We  
7 told them, "Go file all those claims," and they have. But  
8 it has created this bump in the process, and the bump in the  
9 health care system that has got to be dealt with through the  
10 VA, and it is not going to be done too easily.

11 And the other thing is, look, even the young people  
12 would rather go to Florida than stay in cold northern New  
13 York, I can tell you that. So, you know, Florida is in  
14 trouble. Phoenix is in trouble. It is not surprising that  
15 Phoenix became the problem child.

16 Senator Boozman. Thank you, Mr. Chair.

17 Chairman Roe. Thank you.

18 I just very quickly will tell you about the TAP program  
19 when I separated from the Army. They said, "Hey, listen,  
20 Christmas is coming up. You can get out a week early." I  
21 think it was within 72 hours when they told me that. The  
22 gate tapped me on the back on the way out. That was the  
23 only thing I got at all when I was there.

24 [Laughter.]

25 Chairman Roe. Ms. Kuster, you are recognized for 3



1 minutes.

2 Ms. Kuster. Thank you, Mr. Chairman, and thank you to  
3 all of our witnesses and to everyone for joining us here  
4 today. A shout-out to anyone from New Hampshire. Thank you  
5 for being with us.

6 I really appreciate the witnesses' focus on the mental  
7 health issues, PTSD, traumatic brain injury, the military  
8 sexual trauma that we have done a lot of work with on our  
9 Committee. Bipartisan. I have worked with Representative  
10 Jackie Walorski from Indiana. And I just want to make a  
11 comment and ask a question of any of you all. I am the  
12 founder and co-chair of the Bipartisan Task Force to Combat  
13 the Heroin Epidemic, and this has got 85 members now in the  
14 House, Republicans and Democrats working together. But  
15 coming across rural America, starting with high rates of  
16 opiate prescriptions and many coming out of the VA, you  
17 know, working toward--pain is the fifth vital sign and  
18 trying to work with patients. But recent research is  
19 showing the just dramatically overprescribing of opiate  
20 medication and more and more people getting hooked on  
21 opioids and then ending up switching over to heroin or, in  
22 our case in New Hampshire, a lethal combination of a  
23 synthetic called fentanyl where we have 500 deaths a year in  
24 a population of only 1.3 million people.

25 So I am working with the VA in White River Junction,

1 Vermont, on this issue, but I wanted to ask any of you all,  
2 and particularly the Wounded Warriors and people with more  
3 complex medical care, if you have any comment on the VA use  
4 of opiate medication or alternative pain management  
5 strategies that we could be encouraging.

6 General Linnington. Yes, ma'am. I will say I agree  
7 with you 100 percent, by the way. Many of our warriors that  
8 we serve note in their alumni surveys they do every year the  
9 comorbidity aspects of the pain that they have and obviously  
10 the post-traumatic stress and traumatic brain injury  
11 recovery is very difficult and sometimes complicated by the  
12 number of drugs they are on. That yields weight gain,  
13 isolation. Eighty-five percent of the 100,000 we serve, 85  
14 percent are either overweight or obese because of the  
15 effects of pain, injury, mental health issues. So we are  
16 concerned, as you are, about how we can reduce the number of  
17 medications young veterans are on and look for alternative  
18 methods of treating some of the pain and symptoms they seek.  
19 And that is one of the reasons--one of the things we do at  
20 Wounded Warrior Project is to provide some of those  
21 alternative therapies as a means of relieving some of their  
22 suffering.

23 Ms. Kuster. Great. Well, my time is up, but we will  
24 be reintroducing legislation. I would love to work with  
25 you, so thank you.

1 Chairman Roe. I thank the gentle lady for yielding.

2 Mr. Higgins, you are recognized for 3 minutes.

3 Mr. Higgins. Thank you, Mr. Chairman.

4 As a fellow veteran, I would like to thank you all for  
5 your continued service to your country and the millions of  
6 American veterans that you represent.

7 I am encouraged by the several meetings and gatherings  
8 that this Committee has had, and we have shared our thoughts  
9 and listened carefully to the men and women that have  
10 courageously served. I, too, was very encouraged by the  
11 words of our Secretary, and we touched upon providing care,  
12 health care, including mental health care, to veterans with  
13 other-than-honorable discharges, a measure I fully support.

14 We have also spent a great deal of time speaking  
15 veteran suicides. Through the years, I have buried several  
16 veteran friends that committed suicide. One young man was  
17 named Frank. He was a good friend. He was certainly a  
18 Patriot. He and I--an old Navy guy, he was a Navy fellow  
19 and I am an Army guy, and we solved many of the world's  
20 problems in evenings over cold beer. And Frank hung himself  
21 with his necktie from a stair bannister, and at his funeral,  
22 I had harsh words with the funeral director because he had  
23 no flag. I was advised his DD-214 showed a discharge other  
24 than honorable, so he was denied that flag. Yet he was a  
25 patriot, of that I witnessed, and I had no doubt. So thank

1 you all for your support of that measure.

2 My question, Mr. Rowan, is regarding family caregivers.  
3 Family caregivers provide an important service to our  
4 veterans, and severely wounded post-9/11 veterans benefit  
5 from that. What are your thoughts about expanding that  
6 program, sir, to include veterans of every era who have  
7 served their country?

8 Mr. Rowan. Yes, sir. That issue was supposed to be  
9 revisited and was supposed to be reviewed, and we really do  
10 hope that they do that very quickly, because, frankly, the  
11 previous veterans from previous wars, both Vietnam and  
12 Persian Gulf and other places around the world that people  
13 have been serving over the last 50 years, unfortunately  
14 people get harmed, and they get serious maladies and wounds,  
15 and they do need that care. And it is imperative that we  
16 take another look at that to go backwards.

17 And we know that there are costs involved, and we  
18 understand that. But it is not going to be forever, and let  
19 us face it, you know, the average Vietnam vet is like 70  
20 now, and so we are not going to be around forever, but you  
21 can take care of us in the years that we have got left, and  
22 it would be appreciated. So we are very much in support of  
23 that.

24 Mr. Higgins. Thank you, sir.

25 [Applause.]

1           Mr. Higgins. Thank you, sir, for your testimony. All  
2 of you, thank you for your service.

3           Mr. Chairman, I yield back.

4           Chairman Roe. I thank the gentleman for yielding.

5           Mr. Takano, you are recognized for 3 minutes.

6           Mr. Takano. Thank you, Mr. Chairman.

7           First of all, good to see you again, Mr. Rowan, and all  
8 of you, thank you for appearing before us.

9           I want to associate myself with the questioning or  
10 remarks related to my good friend Senator Blumenthal and the  
11 issue relating to the veterans that have bad paper. I am  
12 very thrilled that Secretary Shulkin is wanting to move  
13 forward on resolving that issue. I have been in personal  
14 touch with veterans who have had trouble with this  
15 particular issue.

16           But I want to turn to something else, another subject.  
17 Mr. Reeves, you spoke earlier about the need for expanding  
18 access to primary care in rural areas. My district,  
19 although it is not rural--it is an urbanized area--is in a  
20 part of the State of California that suffers from a health  
21 care workforce shortage. And I was proud to champion in the  
22 conference committee on the Choice Act legislation that was  
23 authored by my colleague Mr. O'Rourke and Ms. Titus and  
24 myself to increase the number of graduate medical school  
25 education slots. As you know, we got 1,500 slots into that

1 bill.

2 Do you or others on the panel have ideas for how we can  
3 improve the rollout of these residencies? I understand only  
4 300 of them have been used so far. Can we better partner  
5 with State directors such as you? I will stop and let you  
6 answer the question, and if anyone else wants to chime in,  
7 please do.

8 Mr. Reeves. My first comment is our State directors  
9 are willing and able to partner on anything that will expand  
10 access for our veterans.

11 Secondly, there needs to be a lot closer, I think,  
12 coordination and partnership between our medical schools in  
13 each of our States and the VA. The VA has really expanded  
14 that over a number of years, and that is one of the really  
15 big pluses for the VA. But we have to--and I do not have an  
16 exact way of doing that, sir, but somehow we have got to  
17 increase the number of the folks who are going into primary  
18 care to actually entice them to go and work in the VA. That  
19 goes to the point that has been made before of how do we  
20 both attract and retain the most quality individuals to  
21 serve our veterans in the VA. We talked about  
22 accountability before, but a piece of that is being able to  
23 both attract and retain quality folks. We need to  
24 incentivize primary care and actual specialties to go into  
25 the VA, and we need to find ways to do that. I do not have

1 exact ways to do it, but that is what we need to do.

2 Mr. Takano. I have spoken to Chairman Wenstrup of our  
3 Subcommittee on Health, and I am very interested also in how  
4 we look at geographic distribution, not just attracting them  
5 to VA but making sure we get them into areas that are  
6 proximate to VA centers, and we need to be very creative  
7 about how we do that so rural areas are also served and  
8 urbanizing areas like mine that have a shortage, both  
9 primary care and specialists.

10 Mr. Chairman, my time is up, and I yield back.

11 Chairman Roe. I thank the gentleman for yielding.

12 Dr. Wenstrup, you are recognized.

13 Dr. Wenstrup. Thank you, Mr. Chairman. Thank you all  
14 for being here today. We are very fortunate to live in a  
15 country where we have so many people that look after one  
16 another, and I appreciate what you do on behalf of veterans,  
17 but also Americans that are not veterans that take part in  
18 the process in their own communities of trying to help our  
19 veterans in so many ways.

20 It is really a pleasure--you know, it has been  
21 challenging, to say the least, and this situation, you know,  
22 we mentioned before the administrative complications versus  
23 efficiency within the VA that makes it so challenging. We  
24 have some wonderful caregivers across the country, but the  
25 process often limits them.

1           In our private practice, if we had one doctor that was  
2 able to see 50 patients in a day and another one that only  
3 saw 25, we would look into that. And maybe it was just a  
4 matter of adding another medical assistant so that we could  
5 be more efficient. And I think that that is something that  
6 has been missing within the VA system, is really looking at  
7 that, and that is what we need to do. And Phoenix, I think,  
8 opened our eyes to so much of this, fortunately.

9           Mr. Reeves, I agree with what you talked about before.  
10 Let us make sure that we have flexibility enough in every  
11 area of the country that we can do what is best when the  
12 doctor and the patient are making decisions together and how  
13 they extend that care to the best that we can, what is  
14 available, and not be trapped into a system that ultimately  
15 denies or delays care.

16           As a doctor and as a veteran and still serving in the  
17 Reserve, you know, I am honored to serve on this Committee.  
18 It means a lot to me. I think what Dr. Roe mentioned before  
19 about roundtables have been very productive with the VSOs.  
20 But, you know, my goal is to make sure that our troops are  
21 respected, that they are taken care of from the time of  
22 induction to their final days. And I think that needs to be  
23 our goal, and I think we can do it. It is going to take a  
24 lot of work. It is going to take a lot of cooperation. It  
25 is going to take some innovation in a lot of ways.



1           But I thank you very much for all of your input that  
2 you give to us, and I am grateful that we are a Nation that  
3 truly does care and we see that on so many fronts. And I  
4 can guarantee you, from everyone up here--because I know  
5 each of the people that serve on this Committee--they could  
6 be somewhere else, but they are here because they want to  
7 make a difference on behalf of those that have served us so  
8 well.

9           So thank you very much for being here today, and I look  
10 forward to working with you further. Thank you.

11           Chairman Roe. I thank the gentleman for yielding.

12           Mr. O'Rourke, you are recognized for 3 minutes.

13           Mr. O'Rourke. Thank you, Mr. Chairman. I also want to  
14 thank each of you for being here and all those who sit  
15 behind you and all those that you represent who are out  
16 veterans' best advocates. And I especially want to thank  
17 those from Texas, and I want to let you know that we have  
18 heard you about seeking greater representation for Texas on  
19 this Committee. And I want to announce that we have doubled  
20 the size of Texans serving on this Committee now with Mr.  
21 Arrington on the other side from Lubbock who chose to be on  
22 this Committee and already has hit the ground running and  
23 has become an excellent partner for us in the work that we  
24 are trying to do.

25           When I walked in, I hear Mr. Rowan talking about mental

1 health access for those veterans with other-than-honorable  
2 discharges. I want to say that that groundbreaking  
3 announcement from Secretary Shulkin earlier this week, his  
4 announcement that they were going to forgo building their  
5 own IT system and were going to purchase a commercial off-  
6 the-shelf system, those very positive changes would not have  
7 happened without the pressure and advocacy and the guidance  
8 and the direction that you have provided, so I want to thank  
9 you for that. It would not have happened through our work  
10 alone, certainly. It really originated and was made  
11 possible because of you.

12 Secretary McDonald had a 12-point program for VA  
13 turnaround. My suggestion to Secretary Shulkin is that we  
14 make it a 13-point program, and Point No. 1 is reducing  
15 veteran suicide. You spoke about the other-than-honorable  
16 discharge access to mental health care. I had a chance to  
17 visit one of our wonderful vet centers in Laredo, Texas,  
18 with Vietnam era veterans who said they preferred those vet  
19 centers and the group therapy and just discussions they were  
20 able to have there as being critical to their well-being.

21 Mr. Rowan, I want to ask you, because we know of the  
22 estimate, which has to be a conservative one, that 20  
23 veterans a day are taking their lives in this country. The  
24 single biggest cohort are Vietnam era veterans. Beyond the  
25 vet centers, beyond mental health care access, what are we

1 not doing that you want us to focus on?

2 Mr. Rowan. Well, I think that one of the things we  
3 need to be concerned about is outreach. When we talked  
4 about veteran suicide, it was always thought about as the  
5 younger veterans. They did not realize it was predominantly  
6 older veterans.

7 Mr. Chapman. Yeah, Vietnam veterans.

8 Mr. Rowan. Vietnam veterans who were still struggling  
9 after all these years, or as the workaholics retire, they  
10 have something to start thinking about that they had shoved  
11 in a closet 50 years earlier. So I think outreach could be  
12 useful, certainly.

13 I also think I would be curious to now and have some  
14 people start to take a look at this whole issue with pain  
15 management and opioid use. I mean, I can tell you that--I  
16 always tell people I knew more people who died after the war  
17 than in the war in the neighborhood I grew up in New York  
18 City, and a significant portion of them were heroin  
19 overdoses. And while, you know, they say, oh, they  
20 overdosed on heroin, my feeling is they did not just  
21 overdose on heroin. They killed themselves with heroin  
22 because it was easier than pulling a trigger on a gun, just  
23 shoot themselves with enough heroin to kill them.

24 So I think that is going on again today. We are seeing  
25 that again. So, you know, it is really easy to pop 40

1 oxycodones and just go out and, you know, forget it,  
2 especially when you are dealing with stuff that you had  
3 thought you had dealt with 50 years earlier and it has come  
4 back to haunt you.

5       So I think that there is some correlation there between  
6 this whole overuse of opioids, et cetera, and I still find  
7 it amazing how cheap heroin is today.

8       Mr. O'Rourke. Thank you for your work on this. I am  
9 going to yield back to the Chairman because I am out of  
10 time.

11       Chairman Roe. I thank the gentleman for yielding.

12       Mr. Arrington, you are recognized.

13       Mr. Arrington. Thank you, Mr. Chairman. I cannot  
14 think of a better group of people I would like to spend my  
15 45th birthday with than the American heroes out in this  
16 audience. So what a special day for me.

17       [Applause.]

18       Mr. Arrington. Maybe my wife and kids, but other than  
19 that, the warriors in the audience. And I am so grateful to  
20 serve on this Committee, have the opportunity. I did not  
21 serve in the military, but I get to serve those who did, and  
22 what a blessing. I thank God for that, and I thank Chairman  
23 Roe for that opportunity. And on top of that, Chairman Roe  
24 had the audacity to allow me to chair one of the  
25 Subcommittees on Economic Opportunity, and we had our first

1 hearing, and at our first hearing we looked at the issue of  
2 Veteran Affairs employees and the time they spend on union  
3 activities. And the law says that they can, in fact, spend  
4 time on union activities, but it must be reasonable,  
5 necessary, and in the best interest of the public when they  
6 spend that time. We have been asking the VA for years to  
7 track that time, and they still do not have the capability,  
8 the capacity, the systems to track that time.

9 By the way, that is consistent with a lot--in fact,  
10 every hearing that I have come to this dais and experienced,  
11 asking to fix the IT system, asking to fix this program or  
12 this process. And I know there are good people there, and I  
13 know they love their veterans, and I know they want to serve  
14 you. But I feel like the beast of the bureaucracy has  
15 failed to serve our veterans, and we have got to take bold  
16 action to fix it and create a culture of accountability.

17 And I applaud the Chairman for his recent legislation  
18 on reforming civil service rules and red tape that has gone  
19 way too far--way too far. I get to drop my first bill today  
20 on my birthday, and it is going to be to make sure you guys  
21 get better service. We found out that hundreds of VA  
22 employees are spending 100 percent of their time on union  
23 activity.

24 Now, I come from West Texas. Maybe it is different  
25 throughout the country, but my people do not believe that is

1 reasonable. They do not believe that that is in the best  
2 interest of the vets or the taxpayers. So we are going to  
3 limit that. I think it is reasonable to say that nobody  
4 that is paid by the taxpayers to serve you should be able to  
5 spend any more than 50 percent of their time on union  
6 activities.

7 [Applause.]

8 Mr. Arrington. I have just got a few seconds. I did  
9 not mean to give a speech, but would you please just comment  
10 on that? Is that reasonable to do to serve our vets?  
11 Please comment, anybody on the panel, and thank you for your  
12 service, and thank you for serving our vets, and thanks for  
13 this opportunity.

14 Chairman Roe. I thank the gentleman for yielding, and,  
15 John, you look great, and I am glad you are back. You are  
16 just as feisty as ever, so we are glad to have you. And  
17 take care of yourself, and a speedy recovery. Seriously,  
18 take care of yourself.

19 Mr. Rowan. Thank you.

20 Chairman Roe. I want to thank everyone once again for  
21 being here, and before I finish, I want to yield to Ranking  
22 Member Walz for any closing comments.

23 Mr. Walz. I just thank the Chairman once again. Thank  
24 you all for being here. It matters. And I think Mr.  
25 O'Rourke's point was well stated. Some of these things take

1 us awhile, but the persistence that you stay with them, we  
2 have seen changes. We know we have got good quality care.  
3 We know we have got great people. We know we have got areas  
4 we can still work on. But I, too, agree that this may be  
5 our time. That extraordinary hearing the other night feels  
6 to me like it broke a logjam that has been there for a long  
7 time.

8 So thank you all, and we are grateful, and we got our  
9 marching orders from you today. So thanks.

10 I yield back.

11 [Applause.]

12 Chairman Roe. I thank the gentleman for yielding.  
13 Thank you. And I want to thank our audience, all of you all  
14 who came long distances to be here, members coming from  
15 every corner of the country to be here with us.

16 I ask unanimous consent that all members have 5  
17 legislative days in which to revise and extend their remarks  
18 and add extraneous material. And hearing no objection, so  
19 ordered.

20 The hearing is adjourned.

21 [Whereupon, at 11:55 a.m., the Committees were  
22 adjourned.]