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THE LEGISLATIVE PRESENTATION OF
THE VETERANS OF FOREIGN WARS

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WEDNESDAY, MARCH 2, 2016

United States Senate,
Committee on Veterans Affairs,
Joint with the
House of Representatives,
Committee on Veterans Affairs,
Washington, D.C.

The committees met, pursuant to notice, at 10:02 a.m.,
in Room G50, Dirksen Senate Office Building, Hon. Johnny
Isakson, chairman of the Senate Committee on Veterans
Affairs, presiding.

Present: Senators Isakson, Heller, Cassidy, Rounds,
Tillis, Sullivan, Blumenthal, Murray, Brown, Tester, Hirono,
and Manchin. Representatives Miller, Coffman, Wenstrup,
Abraham, Zeldin, Costello, Radewagen, Brown, Takano,
Brownley, Titus, Ruiz, O'Rourke, and Walz.

OPENING STATEMENT OF CHAIRMAN ISAKSON

Chairman Isakson. I would like to call this joint
meeting of the House and Senate Veterans Affairs Committees
together and welcome everyone from the VFW, the Auxiliary,
the friends, the wives, and loved ones for coming to
Washington, D.C.

1 And, let me begin where we always end. Thank you for
2 your service to our country. We would not be here today
3 were it not for you, and we realize that every single day.
4 So, God bless all of you for being here and thank you for
5 your service.

6 I am Johnny Isakson, Chairman of the Senate Veterans
7 Affairs Committee, and I will make my opening remarks and
8 then turn it over to the Chairman of the House Committee,
9 and then the two Ranking Members.

10 We are taking on reforming the VA seriously as a
11 committee and we are doing it jointly, Republicans and
12 Democrats, because there are no Republicans and there are no
13 Democrats on the battlefield, only Americans. We want to
14 make sure we have a bipartisan approach to solve the
15 problems that the VA has and make it an even better
16 organization now, today, than it has been in the past, and
17 we are committed to doing exactly that.

18 We want to see to it that our growing number of women
19 veterans who come home have the services in the VA that they
20 need to meet the needs of our women veterans, and I know VFW
21 focuses an awful lot on that. We are working hard to see to
22 it that the VA is accountable for the actions they take in
23 terms of the quality and the amount of health care and the
24 availability of health care to our veterans. VA has no
25 higher calling than to be 100 percent accountable to the

1 veterans who have earned and deserve their services. We
2 want to see to it that the Veterans Administration is
3 responsive.

4 We want to see to it we break the 440,000 backlog of
5 appeals on determinations in the VA. That is an unexcusable
6 number that can be shortened, can be lessened, and we are
7 committed to trying to do it.

8 All in all, we are here to solve the problems of the
9 veterans of America who have made us free and a democratic
10 society that we are today. We are honored to work for you
11 and work on behalf of you and we are honored to have you
12 here today.

13 I will now introduce Chairman Miller from the House
14 Veterans Affairs Committee. Chairman Miller.

15 OPENING STATEMENT OF CHAIRMAN MILLER

16 Chairman Miller. Thank you very much, Mr. Chairman.
17 It is a pleasure to be here with you again today.

18 To Commander Biedrzycki and the VFW members that are
19 here today, thank you for making the journey to Washington,
20 D.C. It is always an honor to have an opportunity to sit on
21 this dais with Chairman Isakson and Ranking Members
22 Blumenthal and Brown in a bipartisan fashion to do what this
23 Congress is supposed to do, and that is provide oversight
24 and get some things done.

25 We thank you again for making the trip, and I will ask

1 first, but I promise you--watch this--when Ms. Brown comes
2 in, she will ask the same thing. All those that are here
3 from Florida, if you would, stand or raise your hand so we
4 can recognize you.

5 [Laughter.]

6 Chairman Miller. Thank you very much. Great to see
7 you.

8 [Applause.]

9 Chairman Miller. You know, your military service,
10 Commander, is unquestioned. I know that we are going to
11 have a great introduction from my former colleague and now
12 Senator Toomey today. You could not have a better person
13 coming to introduce you today, and I want to thank you again
14 for what you have done and for what you do.

15 I have had the opportunity to meet with some of you,
16 and I am going to be meeting tonight with a lot of you, and
17 I just want to say, before I ask that my entire statement be
18 entered into the record--

19 Chairman Isakson. Without objection.

20 Chairman Miller. --thank you for the honor, and I look
21 forward to seeing you tonight at your reception. Thank you
22 for your support of many of the legislative priorities that
23 the House and the Senate have put forth in trying to get the
24 VA to be held accountable and to be transparent in what they
25 do.

1 And with that, I yield back.

2 [The prepared statement of Chairman Miller follows:]

3 / COMMITTEE INSERT

1 Chairman Isakson. Thank you very much, Chairman
2 Miller.

3 Ranking Member Blumenthal from Connecticut.

4 OPENING STATEMENT OF SENATOR BLUMENTHAL

5 Senator Blumenthal. Thank you. I am Richard
6 Blumenthal from Connecticut. Everybody from Connecticut,
7 please raise your hand or stand. There you are. I do not
8 know whether Bob Bailey was able to make it, but thank you
9 for your leadership as Chief of the VFW in Connecticut, and
10 thank you all, Commander and your team, for being here
11 today.

12 The VFW is always welcome here, because you bring an
13 insight and a commitment that is unexcelled in America
14 today, a commitment and a dedication to our veterans and an
15 insight into what their issues and challenges are.

16 And, I want to thank you in your testimony, Commander,
17 in advance, for highlighting three issues that I think are
18 supremely important. The overhaul and sustainment of care
19 in the community--there are financial challenges, and
20 quality challenges that we have to overcome, expediting what
21 is undeniably unreasonable, unconscionable delay in
22 processing appeals. There are 440,000 now pending. The
23 burden on veterans, real life burdens, is undeniable. And,
24 finally, carrying out the cultural change in the Department
25 that is necessary to restore trust and credibility. Ron

1 Nabors referred to the corrosive culture at the VA that led
2 to personnel problems across the Department. That is a
3 fundamental issue that needs to be addressed.

4 And, in addition, I want to thank the VFW for focusing
5 on post-traumatic stress, one of the most pernicious and
6 insidious invisible wounds of war, still unaddressed widely
7 across the country.

8 And, of course, the plight of women veterans, whose
9 needs and challenges still are under-addressed in our VA
10 today, and I think that there needs to be greater emphasis
11 on that aspect of our service to our veterans.

12 So, thank you for being here today. You know, one of
13 the Supreme Court Justices once said that the best sunlight
14 is the best disinfectant. Sunlight shone on problems, that
15 is what we need to do, and that is what you do by being here
16 today. Thank you.

17 Chairman Isakson. Ranking Member Corrine Brown from
18 Florida.

19 OPENING STATEMENT OF REPRESENTATIVE BROWN

20 Ms. Brown. Good morning. Before I begin, and I know
21 Chairman Miller has already mentioned it, but the people
22 from Florida, would you please--

23 [Laughter.]

24 Ms. Brown. --let us give them a hand. Thank you for
25 being here.

1 [Applause.]

2 Ms. Brown. And, as I was thinking about this meeting
3 last night, I thought about another group, the Vietnam
4 veterans. You know, we did not adequately receive them when
5 they came home, and will those veterans either stand up or
6 wave. Let us give them a hand.

7 [Applause.]

8 Ms. Brown. Thank you. Let us do it again. The
9 Vietnam veterans. Stand up again.

10 [Applause.]

11 Ms. Brown. Thank you.

12 Commander, and I am going to be brief because I am
13 waiting for your remarks, but I want to thank you for being
14 our partner and for your service in and out of the military.

15 When I went about two or three weeks ago to the hearing
16 and the discussion was pertaining to suicides, and, you
17 know, 22 a day, it is totally unacceptable. But, the
18 problem is that only three of the 22 are part of the VA, and
19 many of them are from the Vietnam War era. We have got to
20 reach out and get them in the system, not just to register,
21 but get them as a part of the system. And, we all have got
22 to soldier up. We have got to reach out to those that are
23 not a part of the system. And, I am asking all of us to
24 reach out to our friends that we know that are not a part of
25 the VA. That is one area that I want you to address.

1 And another area, women. I had a good meeting
2 yesterday with the Commander from Florida. Fastest growing
3 group, making sure that we are addressing their needs, their
4 unique needs, as we prepare for this new generation of
5 women.

6 So, I want to thank you for being our partners. I am
7 committed that 20 years from now, when we look at VA, that
8 we will recognize the VA. I know we have partners, but it
9 is making sure that we are doing all we can do to keep the
10 commitments that we made to you when you joined.

11 I know most people do not know, but 86 percent increase
12 in discretionary funding for veterans from President Barack
13 Obama. You will never see it on Fox News, but I am giving
14 it to you today, because--but, we, as members of Congress,
15 have got to make sure that we spend it properly and we
16 address the needs of the veterans.

17 So, with that, I want to thank you for your service and
18 we all need to soldier up. Thank you.

19 [Applause.]

20 Chairman Isakson. Chairman Miller.

21 Chairman Miller. And, I want to thank the Ranking
22 Member, Ms. Brown, for bringing forward the increases in the
23 budget during the current administration, but I do want to
24 bring up the fact that under the Bush administration, we
25 increased the budget by 120 percent.

1 [Applause.]

2 Chairman Isakson. Well, I am going to add into this
3 for just a little bit. I am going to use the Chairman's
4 privilege from the Senate. You know, one thing that--I said
5 there are no Republicans and Democrats on the battlefield,
6 only Americans. If you look at the budgets of the last 16
7 years since I have been up here, VA has consistently been
8 funded at the level it needed to be, and when we got into a
9 shutdown issue a few years ago, we forward-funded VA for two
10 years to make sure there was never a break in veterans'
11 health care. We commit to you that there will never be a
12 break in veterans' health care and we will always meet the
13 needs of our veterans because you met the needs we had when
14 we called on you to fight for us. Thank you all.

15 [Applause.]

16 Chairman Isakson. I had the privilege before we called
17 this meeting together to meet with the leadership of the
18 Georgia VFW representatives. I would like for them to
19 stand, and all the other members who are here from the great
20 State of Georgia.

21 [Applause.]

22 Chairman Isakson. It is now my privilege to introduce
23 the VFW's Executive Director, Bob Wallace, for introductions
24 of the head table, with the exception of the Commander.
25 Bob.

1 Mr. Wallace. Thank you, Mr. Chairman.

2 Members of the Senate and House Veterans Affairs
3 Committees, I am honored to have the privilege of
4 introducing the National Officers of the VFW and our
5 Auxiliary. Mr. Chairman, please allow me to ask those to be
6 introduced to please remain standing, and I wish to request
7 the audience to hold its applause until all have been
8 introduced.

9 The National President of our Auxiliary, Francisca
10 Guilford from Alaska.

11 The National Auxiliary Secretary-Treasurer, Jan Owens
12 from South Carolina.

13 The Commander-in-Chief's wife, Bette Jean Biedrzycki
14 from Pennsylvania.

15 The Senior Vice Commander-in-Chief's wife, Jean Duffy,
16 from Kentucky.

17 The Junior Vice Commander-in-Chief's wife, Mary Lou
18 Harman from Ohio.

19 The National Officers of the Veterans of Foreign Wars.
20 Senior Vice Commander-in-Chief Brian Duffy from Kentucky.

21 Junior Vice Commander-in-Chief Keith Harman from Ohio.
22 Adjutant General John Hamilton from Florida.

23 Quartermaster General Lawrence Maher from Missouri.

24 Judge Advocate General Matthew Mihalik from Illinois.

25 Surgeon General Dr. Curtis O. Bohlman from Oklahoma.

1 National Chaplain Joseph Guest from California.

2 National Chief of Staff Allen Q. Jones from

3 Pennsylvania.

4 Assistant Quartermaster General Debra Anderson from

5 Missouri.

6 Inspector General William "Doc" Schmitz from New York.

7 Assistant Adjutant General Kevin Jones from Missouri.

8 Chairman of the National Legislative Committee Al

9 Bucchi from New Jersey.

10 Director of the VFW National Legislative Service

11 Raymond Kelly from Maryland.

12 Director of VFW National Veterans Service Gerald Manar

13 from Virginia.

14 And I would also like to recognize the presence of many

15 of our past Commanders-in-Chief.

16 Thank you, Mr. Chairman and members of the committee.

17 [Applause.]

18 Chairman Isakson. To introduce Commander Biedrzycki,

19 whom we are happy to have here today, the distinguished

20 Senator from the great State of Pennsylvania, Pat Toomey.

1 INTRODUCTION OF JOHN BIEDRZYCKI, COMMANDER-IN-
2 CHIEF, VETERANS OF FOREIGN WARS, BY HON. PAT
3 TOOMEY, A U.S. SENATOR FROM THE STATE OF
4 PENNSYLVANIA

5 Senator Toomey. Thank you very much, Chairman Isakson
6 and Chairman Miller, Ranking Members Blumenthal and Brown,
7 members of the committee. It is indeed an honor for me to
8 be able to introduce the Veterans of Foreign Wars Commander-
9 in-Chief John Biedrzycki.

10 Now, Commander Biedrzycki likes to be known around
11 Pennsylvania as "Big John," but I am going to call him
12 Commander Biedrzycki because it reflects the appreciation
13 and respect I have for his service to the country and his
14 service to the VFW.

15 Of course, he is a native of Pittsburgh, and I think it
16 is entirely fitting that the VFW Commander is a
17 Pennsylvanian once again. Pennsylvania played a critical
18 role in establishing the VFW. Post Number 1 started in
19 Philadelphia. The first official convention was in
20 Pittsburgh in 1914. The VFW held their 100th anniversary in
21 Pittsburgh in September of 2014. And Pennsylvania has one
22 of the largest VFW departments in the nation. The
23 Pennsylvania VFW has nearly 90,000 members, 400 local VFW
24 posts.

25 Commander Biedrzycki was elected Commander-in-Chief of

1 the VFW in July 22, 2015, after serving in the Army in 1967
2 to 1970 in Korea, winning multiple awards and recognitions,
3 including the National Defense Service Ribbon, the Good
4 Conduct Medal, the Armed Forces Expeditionary Medal, the
5 Korean Defense Medal. He has been a member of the VFW since
6 1969. He is a retired high school teacher and baseball
7 coach at Langley High School in Pittsburgh and a life member
8 of the Military Order of the Cootie.

9 Commander Biedrzycki is active in the community in many
10 other ways, on the Board of Directors of the Soldiers and
11 Sailors Memorial Hall Museum in Pittsburgh and an announcer
12 of the Pittsburgh Veterans Day Parade for over 30 years.

13 Over the years, I have had the pleasure of working with
14 VFW rank and file members and leadership closely on a number
15 of pieces of legislation that are very important to our
16 veterans. I have had the honor to work with this committee,
17 as well, on a number of important bipartisan bills,
18 including my legislation, the Dignified Internment of our
19 Veterans Act, which would ensure the unclaimed veterans'
20 remains are properly honored. Working with my colleagues,
21 including Senators Heller and Casey on the 21st Century
22 Veterans Benefits Delivery Act. And, of course, supporting
23 the VA Choice and Accountability Act, which has increased
24 veterans' choices for non-VA care.

25 So, Mr. Chairman, I look forward to continuing my work

1 with the VFW and with this committee. It is an honor, as I
2 say, to introduce a great American, the VFW Commander-in-
3 Chief, "Big John" Biedrzycki, to the joint Veterans Affairs
4 Committees today. He is a great Pennsylvanian, a great
5 American, and I thank you, Chairman Isakson and members of
6 the committee.

7 Chairman Isakson. Well, thank you, Senator Toomey.

8 [Applause.]

9 Chairman Isakson. Commander Biedrzycki, we will
10 introduce you for ten minutes, and by unanimous consent,
11 your entire statement will be entered in the record.
12 Welcome. We are glad to have you here.

1 STATEMENT OF JOHN BIEDRZYCKI, COMMANDER-IN-CHIEF,
2 VETERANS OF FOREIGN WARS; ACCOMPANIED BY AL
3 BUCCHI, NATIONAL LEGISLATIVE CHAIRMAN; RAY KELLEY,
4 DIRECTOR, NATIONAL LEGISLATIVE SERVICE; BOB
5 WALLACE, EXECUTIVE DIRECTOR; AND JERRY MANAR,
6 DIRECTOR, NATIONAL VETERANS SERVICE

7 Mr. Biedrzycki. Thank you very much, Mr. Chairman.

8 Before I begin, I would like to take the liberty to
9 announce to everyone that this evening, in this room, we
10 will have a reception, and the Veterans of Foreign Wars will
11 honor Chairman Miller with its National VFW Legislative
12 Award this year for his fine work in support of our
13 veterans. And, attendance will be taken--

14 [Laughter.]

15 Mr. Biedrzycki. --so you are all cordially invited to
16 be with us.

17 Chairmen Isakson and Miller, Ranking Members Blumenthal
18 and Brown, and members of the Senate, House Veterans Affairs
19 Committee, it is my honor to represent the 1.7 million
20 members of the Veterans of Foreign Wars of the United States
21 and our Auxiliaries.

22 During my time as Commander, I have traveled around the
23 United States and multiple countries around the world
24 talking with veterans and active duty military personnel. I
25 have seen firsthand the effects that medical appointment

1 wait times, delays in compensation and pension decisions,
2 and concerns for military transition by our troops,
3 veterans, and their families. The VFW is on Capitol Hill to
4 bring a unified voice for these men and women, America's
5 true heroes.

6 This experience, along with thousands of responses to
7 our survey and calls for assistance through our toll free
8 help hotline, gives me a clear understanding of what
9 veterans around the country are experiencing and what their
10 expectations for health care and benefits are. Because of
11 this feedback, we understand what is working from the users'
12 perspective and what needs to be improved.

13 Today, I bring the VFW's recommendations on how to
14 improve the delivery of health care and benefits to our
15 veterans.

16 We agree that Congress must take a comprehensive look
17 at VHA to fix what is broken, and we will work with you to
18 identify problems and make those needed changes. But let me
19 be clear. The VFW is absolutely opposed to the
20 privatization of the VA health care system.

21 [Applause.]

22 Mr. Biedrzycki. It cannot be replaced, and we will
23 fight any efforts to do so.

24 Moving forward, the VA needs a sufficient budget. The
25 administration's request nearly matches the Independent

1 Budget recommendations except for construction. Funding for
2 these accounts must be increased to finish current projects
3 and to begin work on those facilities that pose safety
4 threats to veterans, their families, and employees.

5 Our latest Choice survey indicates that nearly half of
6 the veterans who believe they are eligible for the Choice
7 program have been given the opportunity to participate, and
8 that is up 20 percent from the previous year. VA must
9 continue to improve the program to ensure all veterans who
10 are eligible for Choice are offered the opportunity to use
11 it.

12 The majority of Choice program complaints are
13 scheduling community care appointments and veterans being
14 improperly billed for care when the VA should pay the bill.
15 Both are due to delays in the transfer of medical
16 documentation and authorization for follow-up care.

17 VA is working on several IT projects to address this
18 concern, which the VFW supports. Congress must provide VA
19 the necessary resources that they have requested. Congress
20 must also act on VA's proposal to consolidate its community
21 care programs. This consolidation is critical to the
22 overall health care and delivery transformation.

23 The VFW supports Secretary McDonald's MyVA
24 transformation, which encompasses numerous programs geared
25 toward improving veteran and employee experiences--their

1 training, support services, performance, and strategic
2 partnerships. The VFW realizes this transformation will
3 take time to implement, so we urge Congress to work with the
4 VA on MyVA initiative to ensure these programs succeed.

5 Any plan to reform the culture of the VA must also take
6 into consideration the need to modernize its workforce. VA
7 must be able to recruit, train, retain, and properly pay
8 high-quality health care professionals for our veterans.

9 Changing the culture of the VA also means changing the
10 culture of accountability. VA must have the proper
11 authority to properly discipline employees whenever
12 appropriate.

13 Regarding health care, when and where veterans need to
14 be seen must be a clinical decision made between a veteran
15 and his or her doctor. This is why the VFW believes that VA
16 must integrate the capabilities and strengths of all
17 existing health care resources in local communities, to
18 include public and private community providers. The VFW
19 supports the VA's plan to develop a nationwide system to
20 deliver urgent care, but these options cannot increase the
21 cost of copayments or fees.

22 The last component in transforming VA health care
23 delivery and capital infrastructure, the VA must be given
24 the authority to enter into public-private partnerships and
25 broader sharing agreements.

1 In an ongoing effort to hear from our membership, the
2 VFW conducted a survey to gauge on how well the VA is
3 serving women veterans. The survey found Veterans
4 Administration had made progress in addressing the unique
5 needs of women veterans, but there is still room for
6 improvement. I specifically note areas of health care,
7 outreach, and homelessness. The most common suggestion we
8 received was to expand the access of women's health care.

9 Our survey also found that only 40 percent of women
10 veterans were given the opportunity to choose the gender of
11 their primary care provider. Women veterans overwhelmingly
12 prefer to receive their health care from female providers.
13 And those who receive care from a female provider have
14 higher satisfaction rates than those who do not. VA must
15 make every effort to hire more women health care
16 professionals and expand women-specific programs to ensure
17 all women veterans have access to women-specific primary
18 care.

19 Our survey also found that 45 percent of women veterans
20 reported using VA mental health care services and that they
21 are concerned that gender-specific mental health care
22 services are not always properly tailored to meet their
23 needs. This must change. That is why the VFW urges VA to
24 expand its designated women's health care program to include
25 mental health, so when women veterans seek care, their

1 providers understand their specific needs.

2 We were also told that VA employees continue to confuse
3 women veterans for spouses or caregivers, and sometimes they
4 even challenge their veteran status. VA must properly train
5 its workforce to treat women veterans with respect and the
6 dignity that everyone deserves.

7 [Applause.]

8 Mr. Biedrzycki. Furthermore, our survey found a much
9 lower utilization and awareness of benefits among older
10 women veterans compared to their younger counterparts. The
11 VFW recommends the VA conduct targeted outreach to older
12 women veterans to ensure that they are aware of the benefits
13 and services VA provides.

14 Far too many survey respondents reported being
15 homeless, a risk of becoming homeless, or living in another
16 person's home. The VFW recommends expanding the opportunity
17 to obtain assistance finding permanent housing. Thirty-
18 eight percent of those who reported being homeless or at
19 risk of being homeless also reported having children.
20 Homeless veterans with children experience unique challenges
21 when obtaining VA health care and other benefits and
22 services, to include job training opportunities that will
23 lift them from being homeless. We must find child care
24 options for these veterans now.

25 Each year, the VA provides a list of legislative

1 priorities in its annual budget proposal to provide new or
2 extended existing authorities. And most of these priorities
3 make sense. Others, the VFW adamantly opposes. Five of
4 these proposals would dramatically change the appeals
5 process and, at the same time, deny veterans their due
6 process rights. The VFW supports efforts to make the
7 appeals process more efficient and timely, but we will fight
8 any proposal that denies veterans their rights.

9 [Applause.]

10 Mr. Biedrzycki. VA is asking that the record be closed
11 after the initial decision is made and that all appellate
12 functions be moved to the Board of Veterans Appeals,
13 therefore removing every due process right that is currently
14 provided at the regional office. Further, VA proposes
15 eliminating the options for hearings at all levels. VA also
16 wishes to redefine the terms, reasons, and bases and
17 prevailing party, effectively stripping veterans of quality
18 decision letter and severely reducing their options for
19 legal representation at the Veterans Court.

20 The VFW supports the concept of a fully developed
21 appeal initiative and appreciates the committees' bipartisan
22 work on this issue. We remain concerned that decision
23 notification letters currently contain inadequate
24 information, preventing veterans from making educated
25 decisions on whether to appeal their decision or not. This

1 must be fixed.

2 Veterans deserve to know whether their health
3 conditions are associated to toxins and whether they were
4 exposed in their military service, and when there are, there
5 must be clinical understanding of these conditions so that
6 proper treatment and compensation can be provided.

7 That is why the VFW supports the inclusion of all Blue
8 Water Navy ships for the purpose of Agent Orange
9 presumption; researching all symptoms and conditions
10 associated with Gulf War illness; expanding eligibility for
11 Gulf War registry health exams to Afghanistan War veterans;
12 properly researching and evaluating the health effects of
13 burn pit exposure; passing the Fort McClellan Health
14 Registry Act; and ending the inequity in presumptive
15 conditions for Korean DMZ veterans. Ensure the list of
16 presumptive dates for Camp Lejeune, making sure that it is
17 comprehensive and complete. And to pass the Toxic Exposure
18 Research Act for the dependents of veterans who are exposed
19 by toxic materials.

20 [Applause.]

21 Mr. Biedrzycki. As the nation's oldest and largest
22 organization of war veterans, the Veterans of Foreign Wars
23 strongly supports the full expansion of caregiver benefits
24 to all generations of warfighters and all service members,
25 active, Guard, and Reserve, who serve in a combat zone and

1 should receive the Post-9/11 G.I. Bill at the 100 percent
2 rate.

3 In closing, I would be remiss if I did not mention the
4 sacred mission of recovering American POW/MIAs. This
5 mission is the highest priority for the VFW and we call upon
6 Congress to fully fund the Defense POW/MIA Accounting Agency
7 and its supporting organizations.

8 Thank you again for this opportunity to represent the
9 VFW today, and I look forward to any questions that you may
10 have of us.

11 Thank you, Mr. Chairman.

12 [Applause.]

13 [The prepared statement of Mr. Biedrzycki follows:]

1 Chairman Isakson. Commander Biedrzycki, thank you very
2 much for your comprehensive testimony, and I am going to
3 pull three parts of it if I can and address them forthright
4 and ask you to comment, if you would.

5 First of all, I heard loud and clear what you said on
6 the appeals process and veterans claims and their due
7 process. But somewhere between where we are now and where
8 we need to be, we are going to have to work together with
9 the VFW and these committees to find a solution to the
10 never-ending appeals process to get the workload down and
11 make sure the veteran is represented, but there is some
12 ability to eventually have closure.

13 We currently have appeals that are 25 years old. Those
14 appeals are taking away from veterans who have contemporary
15 appeals. We do not want to cut people off. I understand
16 the fear of fully developed claims cutting people off too
17 early, but open ad infinitum is also keeping things open too
18 late. So, we are going to look forward to the VFW helping
19 us to find the key to ensuring there is accountability in
20 terms of the process for the veteran, but also having some
21 degree of closure in the process. Will you help us with
22 that?

23 Mr. Biedrzycki. I understand that, and I am going to
24 ask Mr. Wallace to make a comment about that, because we
25 have spent a lot of time deeply considering those issues.

1 Mr. Wallace. Mr. Chairman, yes. We have told
2 Secretary McDonald and Deputy Secretary Gibson that we are
3 all in as a partnership to fix the appeals process. But VA
4 has to fix what they have screwed up themselves first. They
5 took all the staff--

6 [Applause.]

7 Mr. Wallace. They took all the staff from the regional
8 office and put them on reaching 125 days and their 98
9 percent or whatever their goal was for accuracy. No appeals
10 were worked during that time. The appeals are sitting in
11 the regional office. The numbers are 300,000 or more. If
12 they sent those to the board in a timely manner, the board
13 then--the veteran then gets his statement of the case, and
14 50 percent of the people historically do not even appeal
15 after that because they understand what the decision was.
16 That would cut the appeals down. If they had Decision
17 Review Officers in the regional offices, they would be able
18 to do what they should be doing in the regional office.
19 They have to be willing to change and go back to what they
20 should be doing as we work together to make the future
21 better.

22 Chairman Isakson. I appreciate your input, and we look
23 forward to working with you on improving that situation and
24 not allowing the VA to make one change over here while we
25 have a bigger response over here, which is exactly what

1 happened on the claims and the appeals.

2 Mr. Wallace. It was terrible management of their
3 workload.

4 Chairman Isakson. It was inappropriate manipulation,
5 at best.

6 I want to thank you, Commander, for your talk about
7 supporting us on accountability. I know the Chairman and
8 the Ranking Members and myself wake up every morning in fear
9 of the next news story that is going to be on Fox or CNN
10 about what happened at the VA. Most recently, we had a
11 nurse intoxicated in a VA for a medical procedure. We have
12 a lot of problems in the VA and we need to bring--we have
13 got a lot of great employees delivering a lot of great
14 services, but we have got a lot of problems.

15 And the Chairman in the House and myself and our
16 Ranking Members believe it is time to have a meaningful
17 accountability bill pass the Congress of the United States
18 and give Secretary McDonald and any future Secretary the
19 ability to run the Department in an accountable way to our
20 veterans. We hope you will support us in doing that,
21 because I intend in the Senate to see to it we bring that to
22 a conclusion before the year is over--before June is over
23 this year--to see to it we have better accountability within
24 the Veterans Administration. Your help will be appreciated.

25 Mr. Biedrzycki. Thank you, Mr. Chairman, and we

1 certainly would pursue that, because quality of care is very
2 important, and when there are mistakes made, they need to be
3 addressed and there has to be an accountability function and
4 the ability to correct those problems in a timely fashion
5 and reinstitute the proper care that is necessary. So, we
6 would support your initiative, sir.

7 Chairman Isakson. On every battlefield every veteran
8 ever fought on, there was no second chance to go back and do
9 something over again. You were called upon at once and you
10 had to execute. The VA needs to execute exactly the same
11 way in providing its services to the veterans of the United
12 States of America.

13 Mr. Biedrzycki. Thank you, Mr. Chairman.

14 [Applause.]

15 Chairman Isakson. And, lastly, I wanted to comment and
16 thank you for your recognition and the amount of time--you
17 dedicated about two-and-a-half minutes in your remarks to
18 women veterans. We now are moving towards 13 percent of the
19 veterans returning home will be women in the not too distant
20 future. The Veterans Administration health care is now up
21 to ten percent of those they take care of are now veterans.
22 It is past time that we have made sure the VA health
23 services delivered to women were appropriate and in keeping
24 both in the quality and availability, accessibility, and
25 type of care to that which males are doing, and I appreciate

1 your advocacy on behalf of women. Do you know what
2 percentage of the VFW membership is women, by the way?

3 Mr. Biedrzycki. It is actually more than the national
4 average. In the military now, it is 15 percent, and I think
5 it is close to 17 percent in the VFW. They are joining. We
6 have quadrupled our membership of women veterans in the last
7 four years.

8 Chairman Isakson. No wonder you dedicated two-and-a-
9 half minutes of your testimony.

10 [Laughter.]

11 Mr. Biedrzycki. I know where my bread is buttered, Mr.
12 Chairman.

13 Chairman Isakson. Yes, so do we. Thank you very much,
14 Commander.

15 Congressman Miller.

16 Chairman Miller. Thank you very much, Mr. Chairman.

17 I would like to touch on some of the comments that you
18 just made in regards to accountability as well as the
19 Commander and Mr. Wallace, as well. It is so critical that
20 we get this accountability piece right. The nurse that went
21 into the operating room inebriated has admitted to the fact
22 that they did. It is going to take 300 days to go through
23 the process to discipline this particular individual through
24 the VA. That just does not make sense.

25 The other thing that does not make sense, Sharon

1 Helman, who was at the epicenter of the Phoenix wait time
2 debacle, pled guilty yesterday to--not for the wait time
3 manipulation, but to accepting gifts while she was, in fact,
4 employed by the Department, illegally. She needs to be held
5 accountable, as well, but unfortunately, there is no
6 provision to go back in and claw back any bonus that she
7 received, nor is there any ability to go back in and affect
8 her pension, which very well could have been strengthened by
9 some of the things that she did.

10 And, so, we are working in a collaborative effort
11 across the aisle trying to find the sweet spot, if you will,
12 to begin this accountability process at the Department that
13 holds those that will not do what is right for the people
14 they are supposed to serving. Thousands of individuals go
15 to work every day at the VA for the right reason. But for
16 those that will not, they need to go out the door. They
17 need to be disciplined. And it needs to stick and not be
18 overturned by some unelected bureaucratic process. There
19 are some differences between us politically as we go through
20 this process, but we are working on it.

21 I also want to say, Mr. Wallace, you talk about the
22 backlog numbers that are out there. It is very interesting
23 that when the Department talks about the current backlog,
24 they will talk about specific numbers when they say the
25 backlog is down to 90,000 claims, or whatever the number is.

1 But when you talk about the appeals side of the equation,
2 they stop talking about the actual numbers and they talk
3 about a percentage, and they say the percentage has stayed
4 constant. They need to either talk about percentages on one
5 side as equal to the other side, but they are just not doing
6 that.

7 I want to talk a little bit about the Choice program,
8 Commander. We all want to see it be a success. But, if you
9 put all the money in the world behind it, if you hire all
10 the physicians in the world to do it, all of the schedulers,
11 if the people that are talking to the veteran do not
12 understand how the program is supposed to work, it is going
13 to fail. And, so, the question that I would have is how can
14 the Department best be held, again, accountable for making
15 sure that their employees know exactly how the Choice
16 program is supposed to function?

17 It is not the Department's responsibility to say, I am
18 providing you Choice. It is the veteran's responsibility
19 and decision as to whether or not they want to leave and go
20 outside of the system. So, could you help us understand a
21 little bit better what the Department can do to strengthen
22 the Choice program.

23 Mr. Biedrzycki. Well, I think any remedial action
24 requires training on their part and information. It seems
25 that when the program was rolled out, there was a lot of

1 confusion among those who had to provide the care and also
2 those who were put on the Choice program.

3 The biggest problem that has come is the records, is
4 the medical records going back and forth, and third-party
5 payment, where veterans are being billed for those services,
6 and that is happening in a number of instances as I have
7 traveled the country, veterans who complained vehemently
8 about collection agencies and being billed for services that
9 the VA should pay for them immediately.

10 In addition, Mr. Kelley, did you want to make a comment
11 about that?

12 Mr. Kelley. Yes, sir. Thank you, Commander. In the
13 end, we need an integrated system. Right now, there is a
14 barrier between VA and the non-VA care. That barrier needs
15 to come down. We need an integrated system. You do not
16 call an engine an engine if the parts are laying on the
17 ground and not together. You only call it an engine when it
18 is all put together.

19 So, we need to make sure that we take the best parts of
20 what VA is doing in each community and what resources the
21 community can bring to bear and find what the demand
22 capacity is in each one of those places and determine, what
23 do we need to supplement through VA, what can the community
24 provide, and have that integrated, so those records do not
25 get lost in the system but VA can continue to have oversight

1 of those veterans.

2 We do not want veterans to be told they are going to go
3 out in town, have a procedure done, and for three months
4 medical records are delayed coming back to VA and they
5 needed a follow-up appointment. We need to make sure that
6 it is integrated. VA stays the guarantor of that care.

7 Chairman Miller. Thank you very much.

8 Mr. Chairman, I yield back.

9 Chairman Isakson. Senator Blumenthal.

10 Senator Blumenthal. Thanks, Mr. Chairman.

11 Commander, I want to thank you for focusing on the
12 toxins and chemical contaminants that all too often cause
13 illnesses among our veterans. They are unseen and
14 unrecognized all too often. Thank you for focusing, in
15 particular, on Korean veterans who have illnesses linked to
16 Agent Orange.

17 Eugene Clarke of Connecticut, Reading, Connecticut, has
18 been instrumental in bringing a light to shine on these
19 problems, and I want to thank Carlos Fuentes of the VFW for
20 championing this cause.

21 I can pledge to you that we are going to fight as long
22 and hard as possible to make sure that Korean War veterans
23 are covered in compensation health care if they suffer from
24 Agent Orange-linked illnesses. We are going to make sure
25 that they are treated fairly.

1 I also want to thank you for your focus on the Toxic
2 Exposure Research Act of 2015. I have spearheaded this
3 measure, along with my colleague, Jerry Moran of Kansas.
4 There is a lack of realization in the public today about how
5 dangerous the modern battlefield is as a result of toxins,
6 poisonous chemicals, other contaminants, whether it is from
7 burn pits or continued presence of nerve gases or other
8 kinds of poisons, literally poisons on the battlefield that
9 may result from our own activities, the equivalent of
10 friendly fire.

11 And, this Research Act, I think, will be important--
12 hopefully it will pass--in making sure that we do the
13 research, but also provide the benefits and compensation
14 that our veterans need. So, thank you for highlighting it.

15 And, I also want to talk about another invisible wound,
16 post-traumatic stress. And here, I would like your
17 assessment of whether we are adequately addressing the
18 health needs, mental health needs of our veterans who suffer
19 from post-traumatic stress, including many of the veterans
20 of past wars, Vietnam and Korea, who were discharged less
21 than honorably, bad paper discharges.

22 Representative Coffman and I have focused on this issue
23 and I hope that together we can work on measures that will
24 provide some fairer treatment before the Discharge Review
25 Boards. They deserve fair treatment and perhaps reversal of

1 those less than honorable discharges. But right now, they
2 need and deserve, along with post-9/11 veterans, better
3 treatment for post-traumatic stress. So, your assessment on
4 how we are doing in that area, please.

5 Mr. Biedrzycki. Well, I think it is an ongoing
6 process, number one, and our--I cannot--you know, I have
7 always maintained that no member who has stepped on the
8 battlefield or in service leaves untouched, and those affect
9 very deeply not only their personal feelings, but families.
10 And the continued research is necessary and continued
11 treatment. We feel that every avenue of research and every
12 avenue of possible treatment must continue to be pursued to
13 see if we can bring some closure and some help to many of
14 them that are still suffering.

15 Mr. Wallace, do you have anything to add?

16 Mr. Wallace. There is a shortage of mental health
17 clinicians around the country. Our survey of women veterans
18 told us they do not have women clinicians that understand
19 their problems. So, there is a shortage there.

20 Veterans who got discharged because of something that
21 occurred to them while they were in service deserve to get
22 taken care of. The Veterans Court is a great way now to
23 keep them from going that way. But, those that have in the
24 past, we have got to look at those discharges, we have got
25 to see if that is what could have triggered their problems,

1 and we have got to address it and get them the care they
2 deserve, because they actually served very honorably and
3 what many of them occurred was they got PTSD or they had a
4 traumatic brain injury that nobody talked about years ago
5 and they came out to society and caused problems. We owe to
6 take care of them.

7 Senator Blumenthal. It was not only untreated, it was
8 undiagnosed.

9 Mr. Wallace. Right.

10 Senator Blumenthal. People called it shell shock or
11 battle fatigue, and they were, in effect, punished for
12 wounds that they suffered in combat, punished with a less
13 than honorable discharge and then again by the denial of
14 treatment through the VA that they needed for that wound.
15 So, thank you for these comments.

16 And, I want to thank you, Commander, in my closing
17 seconds, for highlighting the importance of family and
18 caregivers. The omnibus bill that I hope we will pass has a
19 provision led by Senator Murray that provides for better
20 care for our caregivers. I have joined in supporting and
21 advocating for it. But, they are often the unsung heroes of
22 our veterans community, the moms and dads, the spouses, and
23 sons and daughters who care for our veterans. They do not
24 get paid for it. And, they deserve better support than they
25 receive now. Thank you.

1 Mr. Biedrzycki. Thank you, sir.

2 [Applause.]

3 Chairman Isakson. Ranking Member Brown.

4 Ms. Brown. Thank you, Mr. Chairman.

5 I just want to say that the VA in 2014 saw 56 million
6 patients, an increase of two million, and that is 226,000
7 per day, and they do an excellent job. It is a very small
8 percentage of the people that are seen in VA that are having
9 problems with VA, and I want people to go back to know that
10 once they are in the system, VA does a good job, and I think
11 we need to let everybody know that and not think that there
12 is a major flaw with VA. It is not.

13 Let me say that Commander Putnam is there on your left.
14 She is from Florida, and we had a--why do you not stand.
15 They said that you had on off-white. It looks yellow to me,
16 but maybe I cannot see. But, she is from Florida, and we
17 had a very good meeting yesterday about women veterans.

18 Of course, I am very concerned about women veterans
19 that are homeless with families and I would like your
20 recommendations. I know that HUD is working with VA, but
21 the program they have--and I am happy that HUD has come
22 forward--it does not quite fit. So, what are you all's
23 recommendations about how we can work to address that
24 particular issue.

25 Mr. Biedrzycki. Well, that program clearly needs an

1 adjustment and an outreach. Veterans that find themselves
2 in that particular situation feel very helpless, and
3 especially when they have the burden of children and other
4 issues. We must be more aggressive in an outreach program
5 to assist them and help them find housing and employment and
6 to recover and become again productive members of society.

7 Mr. Wallace, do you want to add anything?

8 Mr. Wallace. I think child care is the biggest issue,
9 not only in housing them, but also in letting them go to
10 their medical appointments, and then how do you get somebody
11 out of homelessness? You have got to train them. If they
12 have children and there is no child care, they are just
13 spinning around. So, child care, I think, is one of the
14 most critical elements and pieces that is missing in
15 addressing not only women veterans with children, but male
16 veterans with children, single parents.

17 [Applause.]

18 Ms. Brown. On the area of suicide, what can we do
19 together to address this issue, making sure that those--and
20 a lot of people think it is the younger veterans, but the
21 major portion of those that are committing suicide are the
22 older veterans, the Vietnam veterans and older. How can we
23 get them involved in the system? As I said earlier, out of
24 the 22 per day, only three. That means 19 are not involved
25 in the VA system.

1 Mr. Biedrzycki. That is true. Getting them engaged,
2 and part of the system is certainly the biggest challenge,
3 and finding them. You know, they feel hopeless. They feel
4 they have no place to go. And, we really have to be more
5 aggressive in not only the training and the transition that
6 is given in the military, but also to our health care
7 providers to recognize those symbols.

8 Also, the fact that we did have 800 numbers that were
9 supposedly working and find out that they did not work at
10 all and they put them on hold, and that system now is, I
11 believe, being checked and adjudicated to get back to its
12 proper procedure. But, it is a large problem and we cannot
13 deny the losses that we are incurring every day.

14 Mr. Kelley, do you have anything you want to add to
15 that?

16 Mr. Kelley. Peer support is key. We are finding that
17 if veterans can talk with other veterans who have the shared
18 experience, that their recovery is much better. And if you
19 catch them early, suicide is the last result of a bunch of
20 symptoms that have happened along the way. And if we can
21 catch them early in symptomology, if it is depression or
22 using illicit drugs or alcohol to help self-medicate, if we
23 can reach them then, put them into peer support and put them
24 into any other type of support that they need, would be key.

25 And, as Mr. Wallace said earlier, hiring more mental

1 health care professionals, so that when they do come to VA,
2 that they do have access. One way we can do that is waiving
3 Medicare's GME requirement right now. There is a cap. If
4 we remove that cap for mental health care professionals, we
5 will be able to train more veterans--or more mental health
6 care professionals within VA.

7 Ms. Brown. All right. Well, thank you very much.

8 Thank you, and I yield back.

9 Chairman Isakson. Senator Rounds.

10 Senator Rounds. Thank you, Mr. Chairman.

11 Commander, I come from South Dakota. It is 200 miles
12 north and south, 400 miles east and west. I think we have
13 got a number of members of our delegation. Would the
14 members of the South Dakota delegation please stand and be
15 recognized. Yeah, way in the back. Thank you. Appreciate
16 it. Thank you.

17 [Applause.]

18 Senator Rounds. Commander, rural areas, we struggle
19 with getting health care professionals appropriately
20 distributed throughout the entire state. We have got
21 veterans in a lot of our rural areas, as well. A number of
22 our Native American reservations are very rural. So, simply
23 getting someplace where you can find appropriate health care
24 to begin with is a challenge to begin with.

25 I noticed in your opening statements you indicated that

1 you really were concerned that we not privatize the VA, and
2 yet I do not think by suggesting that we not privatize the
3 VA that you were indicating an unwillingness to have non-VA
4 services being provided, and I am going to give an example.

5 I have got a veteran who is 83 years old, lives in
6 Pierre, South Dakota, the capital. It is 170 miles to one
7 of the facilities that he would be going to. He wanted to
8 get a set of eyeglasses. He broke his glasses. He went to
9 his local optometrist in Pierre, got it done, got the
10 prescription, and turned it into the VA. All he wanted to
11 do was to get glasses. They indicated, sorry, the
12 optometrist is not a VA optometrist. He will have to come
13 170 miles out here, have the VA check his eyes out, and then
14 we can get him a set of glasses. I do not want an 83-year-
15 old veteran that broke his glasses on the road, quite
16 frankly.

17 [Laughter.]

18 Senator Rounds. And neither did he.

19 [Applause.]

20 Senator Rounds. But, it took us six months to get it
21 resolved.

22 [Groans from audience.]

23 Senator Rounds. And, what I am--in fact, my chief
24 actually offered to drive to Sturgis to pick up the glasses
25 and they did not want to do that, either.

1 What I am suggesting is, just to be very clear and so
2 that everybody understands, I do not think the VFW is
3 suggesting that using local facilities, and particularly in
4 rural areas, is the same as privatizing the VA. Could you
5 comment on that a little bit? I think our thought process
6 there is a lot closer than it might appear.

7 Mr. Biedrzycki. Well, staffing issue is our concern
8 and accessibility for care is a concern. And, we are
9 certainly not completely against that. In fact, Mr. Wallace
10 has just written a position paper about that. Mr. Wallace.

11 Mr. Wallace. Senator, there are a number of people who
12 say we should just privatize the VA and give vouchers out to
13 veterans and let them go where they want to go. That is not
14 quality care, because you have got to manage what the hell
15 is going on with somebody's life, especially if there are
16 specialties that the VA provides.

17 But, we have the--we realize that VA cannot provide
18 everything and they should give it to the veteran when the
19 doctor--the clinician and the veteran determine they need
20 the care and the closest available place to get the care.
21 We have no problem with that. The VA must be the guarantor
22 of that care, and the VA must get those documents back
23 because it could affect the veteran's service-connected
24 disability, or the veteran could be entitled to a
25 disability.

1 But, we are not saying that we should not use VA. We
2 should leverage what VA has and what the community has and
3 get the both of best worlds for the veteran so that they get
4 the health care they need in a timely manner.

5 Senator Rounds. What I heard is we ought to be
6 focusing on the veteran, and that is where it ought to go.

7 Mr. Wallace. And you have unique challenges in your
8 area--

9 Senator Rounds. Yes.

10 Mr. Wallace. --as you mentioned, with the mileage. I
11 mean, it makes no sense to send somebody 200 miles because
12 it says "VA" on a structure when you can send them down the
13 street and the VA has a contract with them and guarantees it
14 and they get quality care because the VA is the guarantor
15 and managing it.

16 Senator Rounds. Well, at the same time, allowing for
17 areas of excellence when it comes to those service-related
18 injuries that we really do need special expertise to be
19 provided specifically by the VA, by providers who understand
20 and see on a regular basis some of those challenging
21 service-related injuries and illnesses.

22 Let me just touch one item just in the minute I have
23 got left. In your testimony, Commander, you recommended
24 Congress support VA's budget request for \$421 million to
25 establish and implement various IT programs and initiatives

1 to improve veteran access and community care. While smart
2 phone, laptop, and Internet technology improvements all have
3 their purpose, time and time again, I hear from older
4 veterans who want to talk to a live person, a real person,
5 and want to know their appointments have been made or their
6 issue has been heard and fixed. What do you hear from your
7 older non-tech savvy generation of veterans regarding these
8 new proposals?

9 Mr. Biedrzycki. Well, scheduling for VA care is always
10 the issue, and certainly we want them to have timely and
11 adequate care. And, the ability to talk to someone for
12 older veterans is part and parcel to what the VA needs to
13 address. And, also the fact that they do follow-ups,
14 follow-ups for their appointments to check and see how well
15 they did, and scheduling those appointments and follow-ups
16 are very important to the coordination of case care.

17 Senator Rounds. Thank you, Commander.

18 Mr. Chairman, thank you.

19 Chairman Isakson. Thank you, Senator Rounds.

20 Congressman Brownley.

21 Ms. Brownley. Thank you, Mr. Chairman. I appreciate
22 it.

23 Commander, thank you for your testimony today and thank
24 you for your leadership, and I want to thank all of your
25 soldiers across the country who exhibit great, great

1 leadership on behalf of our men and women who have served in
2 uniform and making sure that they receive services that they
3 have earned and deserve. So, I really do thank you for
4 that.

5 I am from California and I wanted to recognize any
6 members here that are from California and to thank you, as
7 well. Any members from California? There must be.

8 [Laughter.]

9 Ms. Brownley. Thank you. There you go. There you go.
10 Thank you.

11 [Applause.]

12 Ms. Brownley. And, I hope my own VFW Post Commander
13 from Ventura County in California is here, Corey McKinney.
14 So, welcome Mr. McKinney. Very good. Very good.

15 So, I wanted to talk a little bit about--I agree with
16 Mr. Kelley's comments about the VA has to have an integrated
17 system, both with VA care and community partners integrated,
18 really integrated together. But, I am very, very concerned
19 about the Congressional Budget Office having changed its
20 policies for scoring bills to authorize new VA medical
21 facilities. And, this new policy, I think, is making it
22 very difficult for Congress to authorize high-priority
23 projects across the country in the timely manner that we
24 need.

25 And, I have a bill that is a very simple bill to

1 approve new leases via resolution instead of by legislation,
2 and this could really speed up the process. And, I was just
3 wondering if you agree with me on the issue and the barrier
4 that this exists and can you comment on the delay in
5 authorizing new construction leases is having on veterans
6 across our country.

7 Mr. Biedrzycki. Mr. Kelley.

8 Mr. Kelley. Yes. We completely agree. The leases
9 need to be signed. We spent two-and-a-half years trying to
10 authorize the build of 27--or authorize 27 leases. We are
11 in the process now--we have six or seven that need to be
12 authorized this year. But, there are still, like, 13 from
13 last year that have not been authorized.

14 I think your bill does some good things because it will
15 align the two together, the appropriations process--I still
16 have concerns, maybe, that the authorization process still
17 has to happen, and the accounting for all that money up
18 front is really what the hurdle is. And, we need to figure
19 out how we can circumvent CBO's desire for us--the money is
20 there, and it is money is there over a 20-year period. Why
21 they need to insist that all of that show in the first year,
22 we either need to write the contract differently so there is
23 an exit clause or make these service leases again.

24 Ms. Brownley. Well, let us figure it out together.

25 Mr. Kelley. Absolutely.

1 Ms. Brownley. All right. Very good.

2 And, Commander, too, I again thank you, as many of my
3 colleagues here have already said, for your leadership on so
4 many issues, but particularly for our women veterans. And,
5 as has been stated, it is the fastest growing group of
6 veterans. In reading your testimony, I was struck by a
7 notation that you made that, unlike women with employer-
8 based and private health insurance, women veterans are
9 charged copayments for their own preventive health. And,
10 have you heard from a lot of women veterans on this issue,
11 and if you could comment on the preventive health, I would
12 imagine birth control is one of those issues. If you could
13 comment on that, I would really appreciate it.

14 Mr. Biedrzycki. As a matter of fact, we have, and it
15 is a constant problem in certain facilities, yet in others
16 it is being addressed. Even our active duty military
17 females have had situational problems with their care. As
18 we traveled overseas, they expressed to me their individual
19 inabilities to get some of the things that they certainly
20 need for themselves. And, that needs to be taken--whether
21 it is the Department of Defense and the Veterans
22 Administration, while you are on active duty and after, it
23 needs to be looked at and it needs to be addressed and it
24 needs to be expanded. And, if it needs a little
25 codification through your graces, I think it should be done,

1 and the sooner the better.

2 Ms. Brownley. Well, I wholeheartedly agree. I think
3 if women--civilian women are receiving preventive care and
4 are not having to make copayments, then certainly our women
5 in the military and our veteran women should not be subject
6 to additional cost for their own preventive health care.

7 So, I agree.

8 My time is up. I yield back.

9 Chairman Miller. [Presiding.] Thank you very much.

10 Mr. Coffman, you are recognized.

11 Mr. Coffman. Thank you, Mr. Chairman.

12 As a 25-year life member of the VFW, it is an honor to
13 be with you today, and I want to--

14 [Applause.]

15 Mr. Coffman. Thank you. And I want to thank you. We
16 are going to be introducing the Fairness for Veterans Act
17 tomorrow and you are all supporting that and I think that
18 that is so important. And I think Senator Blumenthal is
19 addressing that on the Senate side. Congressman Walz wrote
20 the legislation with me on the House side, and Congressmen
21 Rice and Zeldin are also on the bill.

22 But, essentially, you know, my late father was a career
23 soldier and he was an extraordinary infantry soldier, and
24 one Silver Star, four Bronze Stars, all combat-related, and
25 then a Purple Heart for wounds in combat. He was not such a

1 good peacetime soldier, and I think it was because he had
2 such an extraordinary combat record that the Army looked the
3 other way.

4 But, what I find today is that we have young men and
5 women who do extraordinary jobs in a combat zone and then
6 come home, and I think that there is a connection with post-
7 traumatic stress, but they have--it is a challenge for them
8 to adapt to the kind of garrison peacetime military coming
9 out of a combat zone, and I get that. But, what the
10 military is doing today that is different than the past with
11 what I consider minor infractions that would have never
12 warranted a discharge in previous generations are just
13 handing out these other than honorable discharges with no
14 access to VA services when somebody gets a bad paper
15 discharge.

16 So, I want to thank you all for working with us in
17 terms of trying to reform this to where, when there is a
18 combat veteran who has in his--somewhere in his record book
19 can demonstrate post-traumatic stress, that that be a
20 presumption on the appeal review process whereby the burden
21 is shifted from the veteran to that Appeal Board, and I
22 think that is so critical that we have--that these Marines,
23 sailors, airmen, soldiers have the ability to upgrade their
24 discharges, these combat veterans, when there clearly is a
25 pattern of post-traumatic stress.

1 And, I want to thank you for your support in getting
2 that done. That is absolutely so critical. Thank you.

3 Mr. Biedrzycki. Thank you.

4 [Applause.]

5 Mr. Coffman. The second bill that I am going to be
6 introducing that has bipartisan support, as well, is that
7 for those military personnel that have come back home, have
8 post-traumatic stress, even if they do not get their
9 discharges upgraded, they ought to have access to mental
10 health services through the VA. I think it is incredible.

11 As a combat veteran, First Gulf War, Iraq War, I know
12 what that stress is like when you come back home and I think
13 it is extraordinary that, for whatever--irrespective of what
14 they have done--and, let me tell you, I have seen post--I
15 have reviewed particularly soldiers from Fort Carson,
16 Colorado, that have been discharged that would have
17 warranted an Article 15 when I was in the United States Army
18 that are being discharged today. Extraordinary. Right now,
19 they are receiving other than honorable discharges, again,
20 no access to mental health care. We need to open that up to
21 them to get them that kind of care.

22 So, I just want to thank you for all you do in support
23 of our veterans, and I am just so proud to be a member of
24 your organization. Thank you.

25 I yield back.

1 [Applause.]

2 Chairman Miller. The Senator from Hawaii, Ms. Hirono.

3 Senator Hirono. Thank you very much, Chairman Miller.

4 It is great to see all of you again. I did serve with
5 you and we had a wonderful relationship, right? Okay. So,
6 you know we are all working together.

7 I would like to acknowledge the presence of VFW members
8 from Hawaii who probably have traveled the farthest, so I
9 would like to acknowledge the presence of Randy Grant, who
10 is the VFW Department of Hawaii Commander, Viola Indie,
11 Joseph Bragg, Norbert Enos, Nick Young, and Lane Martin.
12 They are back there. Let us give them a hand.

13 [Applause.]

14 Senator Hirono. Commander, I would like to thank you
15 for the completeness of your testimony, and I particularly
16 appreciated your suggestion to all of us that we eliminate
17 sequestration altogether because that is a continuing cloud
18 on all of these programs, on all of them.

19 [Applause.]

20 Senator Hirono. And, of course, I also echo the
21 sentiments of the members who are here to thank you for your
22 focus on homelessness among the veterans' population, focus
23 on women's health and other issues.

24 I would also like to thank you for VFW passing a
25 resolution last year at your national convention in strong

1 support of awarding the Congressional Gold Medal to the
2 Filipino veterans of World War II. Thank you very much,
3 because, as you noted in your resolution, the Filipino
4 veterans of World War II were an integral part of the U.S.
5 Armed Services Far East, where over 300,000 Filipino
6 veterans of World War II fought. And, with just a few
7 thousand of these veterans across the country left, most of
8 whom are in their 90s, I would like to ask my colleagues
9 right now to cosponsor the Senate and the House resolutions
10 that would award the Congressional Gold Medal to them. Your
11 leadership and your support is very important.

12 I would also like to thank you. As we talk about
13 access to health care, I think it is really important that
14 we acknowledge our veterans who live in the rural areas
15 particularly have concerns and challenges in accessing
16 appropriate care providers. And, so, I know that the VFW
17 has also taken a position in support of the Veterans E-
18 Health and Telemedicine Support Act, the VETS Act, that I
19 cosponsored in the Senate with Senator Joni Ernst, and we
20 had a hearing on the Senate Veterans Committee on that.
21 This would enable veterans, particularly those who live in
22 rural areas, to access health care providers outside of
23 their state via telemedicine. Thank you for that.

24 I wanted to turn to claims processing. You know, the
25 VA is a vast system and anything that we can do to enable

1 those processes, whether it be claims processing or what
2 have you, to be shortened while at the same time meeting the
3 needs of the veterans, I think are things that we ought to
4 support.

5 So, I did introduce legislation that would provide the
6 VA with the authority to automate the claims process for a
7 number of survivors' benefits without a formal application
8 from the survivor, and as you all know, that takes a lot of
9 bringing together of lots of materials. And, if we can
10 enable the VA to award survivors' benefits without the
11 applicants going through that huge process, I think that
12 would be a good thing. Could you comment on how increasing
13 the automation in the claims process would improve VA's
14 ability to process claims in a more timely manner.

15 Mr. Biedrzycki. Mr. Manar.

16 Mr. Manar. Thank you. This is an important area for
17 all of us. Any way that VA can work more efficiently is
18 going to help all veterans and their survivors.

19 VA has proposed changing the process so that in the
20 case of a veteran who is 100 percent service-connected who
21 dies, that their surviving spouse would not have to file an
22 application. They would be automatically recognized. I am
23 not sure at what point in implementation this is, but they
24 are looking at several other things.

25 The burial claim reimbursement, they have looked at

1 that and they have proposed that they be allowed to simply
2 award the statutory maximum amount of money available for
3 non-service-connected deaths and for service-connected
4 deaths without having to require the receipt of receipts and
5 other things to verify that the money was already spent. We
6 know that funerals run--even the cheapest of funerals run
7 thousands and thousands of dollars and even the average is
8 probably \$8,000 or \$10,000 more. So, to require the
9 survivors of veterans to compile receipts and then file that
10 paperwork with the VA for a few hundred dollars or a couple
11 thousand dollars in a service-connected death is really a
12 waste of everybody's time and energy.

13 Senator Hirono. I certainly look to your organization
14 to identify other areas where we can really speed up the
15 process on behalf of veterans.

16 Thank you very much, Mr. Chairman.

17 [Applause.]

18 Chairman Miller. Dr. Wenstrup, you are recognized.

19 Dr. Wenstrup. Well, thank you, Mr. Chairman.

20 I want to thank you all for being here and I think that
21 you have addressed so many of the issues facing us today
22 very well.

23 I do want to mention that I am a lifetime member of the
24 VFW and I joined about one day after I returned from Iraq,
25 so--

1 [Applause.]

2 Dr. Wenstrup. I want to do a quick shout out to those
3 from Ohio that are here today. If you would stand and be
4 recognized, I appreciate it. Thank you very much.

5 [Applause.]

6 Dr. Wenstrup. I also want to take a moment to
7 recognize the Student Veterans of America that are here with
8 us today on the behest of the VFW so they can learn the
9 process and be part of the future generation of the VFW. If
10 you would stand and be recognized.

11 [Applause.]

12 Dr. Wenstrup. Thank you.

13 You know, so, as a doctor, I can tell you that most of
14 the doctors in the United States at some time train in a VA.
15 They spend some time in a VA, and that is just another
16 tribute to our veterans, who not only service in uniform and
17 on the battlefield, but then come home and they help train
18 the future doctors of America, and so for that, I thank each
19 and every one of you.

20 But, I want to talk a little bit about one of the
21 things that was mentioned, and speaking as a physician now,
22 I do think it is important, and you mentioned this, that we
23 have a relationship with a primary care doctor in the VA.
24 And, so, when we talk about that situation, I want the
25 primary care doctor to be the one to say, this is the doctor

1 you need to go see for something in specialty. And whether
2 that is within the walls of the VA or outside the walls of
3 the VA, that is a decision that should be made between the
4 doctor and the patient, and the doctor weighing in with the
5 patient on the best decision on behalf of the patient.

6 So, when we get to that, obviously, we are talking
7 about Choice here. And, I would contend that we not call
8 them non-VA doctors, but because I would contend that they
9 are VA doctors. They are just not within the walls of the
10 VA.

11 As a doctor in our group, I can tell you, I am not the
12 only veteran doctor in our group, and we actually have one
13 of our doctors, his son went to West Point and Operation
14 Enduring Freedom. So, we are very VA-centric and veteran-
15 centric and we would be proud to put the VA logo up on our
16 practice and say that we provide care to our veterans.

17 And, I think that is the way that we should approach
18 it, that we are within the VA system. We are just not
19 within those walls. And, I think that will make more sense.

20 You know, when we talk about cost of care, and it has
21 been in my crawl space since I got here that the VA cannot
22 tell us what they are spending per patient. Recently, an
23 independent study was done that we became aware of that when
24 you add in physical plant, administration, insurance costs,
25 the employees, the health care providers, that for a primary

1 care doctor, they are spending about \$400 per patient visit.
2 That is ridiculous. Medicare pays about \$85 for that and
3 that doctor pays all of their own expenses. We have got to
4 be able to look at those types of things to make sure that
5 we are being productive and that we are able to see more
6 patients, because that is a huge savings and you can
7 certainly help a lot more veterans if you look at that.

8 One of the big problems we know that our veterans are
9 facing--first of all, when you are sick, you have anxiety.
10 And when you start getting bills that say you are not paying
11 your bills when somebody else should be paying it, it does
12 not make it any easier to treat that patient, I can promise
13 you that. And, that is something that we need to address.

14 And, I hope that you would be supportive of where I am
15 coming from, that the VA does not have to be the claims
16 processors. The doctors out there that are doing this are
17 overburdened. They are overburdened because they have to
18 send the entire medical record to get payment and this and
19 that. That does not happen when you are filing a claim
20 anywhere else.

21 I agree that the system needs to be integrated and so
22 that that medical record is part of the VA medical record,
23 but when you are talking about a claim, all of that
24 information does not need to be there. And someone outside
25 the VA who is very good at processing claims could be doing

1 that for the VA and I think we would solve that problem.
2 And, I hope that I have your support on that and I would
3 love for you to weigh in on that, I think, in particular,
4 Mr. Kelley.

5 Mr. Kelley. I absolutely agree.

6 [Laughter.]

7 Mr. Kelley. What you just described is integration, is
8 what VFW envisions for integration. And today--a week ago,
9 VA records--as you said, every documentation, if you went to
10 physical therapy and four times a week you went to physical
11 therapy, that doctor had to submit every time you went to
12 physical therapy for a month to be able to get that payment,
13 that is a burden. But, we absolutely need to make sure that
14 at the end of that treatment, that that doctor says, you
15 know what? Ray Kelley's physical therapy went well and I am
16 going to release him from physical therapy, or send him back
17 saying, you know what? He needs another month of physical
18 therapy. There cannot be that blank space where VA does not
19 know that more services are provided. So, we wholeheartedly
20 agree and look forward to working with you on it.

21 Dr. Wenstrup. Thank you, and I yield back.

22 Chairman Isakson. [Presiding.] Mr. O'Rourke.

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

24 Commander, thank you for your service, for your
25 testimony today, your advocacy and all of your efforts that

1 have made me, for one, and I think my colleagues would
2 agree, much better Representatives and much better servants
3 to the veterans in our communities. And, in the little over
4 three years that I have been here, people like Mr. Kelley
5 and Mr. Wallace, who have testified before our committee,
6 the Commanders of the different posts in El Paso, the
7 members who live in the community that I represent, have
8 helped me so much to better understand how I can do a better
9 job here. So, I want to thank you and the organization for
10 your extraordinary efforts.

11 And, I want to thank all the fellow Texans in the room
12 for being here. If you would just rattle your spurs for me--
13 -

14 [Laughter.]

15 Mr. O'Rourke. --and failing that, if you would stand
16 up, any Texans in the room. Thank you for your service.
17 Thank you for being here.

18 [Applause.]

19 Mr. O'Rourke. I want to thank all of my colleagues,
20 and especially my Ranking Member, Ms. Brown, for calling
21 attention to issues surrounding access to mental health and
22 preventing veteran suicide. I was struck recently when the
23 Secretary presented his 12-point turnaround plan that
24 included reducing wait times for service-connected
25 disability claims and appeals, greater access to health care

1 in general, reducing veterans' homelessness. But, not one
2 of those 12 points was reducing veteran suicide. Now, I
3 know he wants to do that, and I know that he recently
4 convened a national conference to address the issue. But,
5 if this is truly a crisis and if we are going to meet it
6 with urgency, then I think we need to prioritize it
7 accordingly.

8 I want to thank Mr. Kelley again for his help in
9 addressing our issues in El Paso, where we have had some of
10 the, and at times the worst wait times to access mental
11 health care, and I absolutely know for certain that care
12 delayed becomes care denied and results in veteran suicides.
13 It is that easy a connection to make. And, conversely, if
14 we can improve access to mental health care, we can prevent
15 more veteran suicides.

16 The proposal that Mr. Kelley was helpful enough to
17 provide feedback on from the community of El Paso was to, in
18 fact, prioritize this as the most urgent issue that we face
19 in our community, and in doing so ensure that the VA has the
20 resources necessary to meet every single veteran's needs,
21 the demands in the veteran population to see a mental health
22 care provider when they need it, to ensure that the regimen
23 of care is followed, and to get better outcomes. That will
24 necessarily mean, in my thinking, that those issues that are
25 not uniquely connected to combat and service that can be

1 seen by civilian doctors should be seen by civilian doctors
2 so that we can develop excellence within the VA.

3 You mentioned the need to share patient medical
4 information effectively when working with community doctors.
5 I agree with you, and that is part of the El Paso plan.

6 I would like to hear from you, Commander, and Mr.
7 Kelley, if time permits, how we can do a better job of
8 increasing the urgency around preventing veteran suicide and
9 in actually having success, so that instead of consistently
10 talking about 22 a day, we are soon talking about a number
11 that is commensurate with the civilian population, and then
12 as low as we can possibly go, as close to zero as we can
13 get. And, so, with that, I would love to have your thoughts
14 on the issue.

15 Mr. Biedrzycki. Mr. Kelley.

16 Mr. Kelley. Thank you, and thank you for your work
17 that you have done in El Paso. What you described is what I
18 describe as demand capacity. You went and looked to see
19 what veterans were there, what their needs were, what VA
20 could provide today, what the community could provide today,
21 and found the gaps, and working to fill those gaps, and
22 those gaps are mental health care. So, thank you for your
23 work on that. We look forward to working with you in the
24 future on that.

25 [Applause.]

1 Mr. Kelley. On the mental health care, reducing
2 suicide, they are connected. They are together. It is
3 getting people involved. I need to ask other veterans, are
4 you okay today, right. We need to take it upon ourselves to
5 be involved in other people's lives. We need to get them
6 into peer support. We need to be a friend to them. We need
7 to make sure that if they need to get to VA, that we get
8 them to VA.

9 As I mentioned earlier, eliminating the cap of the
10 Graduate Medical Education, the GME, so we can train and
11 hire more mental health care providers within VA would help
12 reduce your shortage on mental health care providers in your
13 district.

14 Mr. O'Rourke. I appreciate that, and I think that is
15 the best long-term solution. I want to continue to work
16 with you, though, on the short- and medium term, because I
17 think this is a crisis that we can meet, but it is going to
18 take making it the priority to do so.

19 And, with that, I will yield back to the Chairman.
20 Thank you.

21 Chairman Isakson. Senator Tillis.

22 Senator Tillis. Thank you, Mr. Chair.

23 Thank you all for being here. You are a sight for sore
24 eyes. I would like to see if there is anybody from North
25 Carolina in the room. If there is, if you will please

1 stand.

2 [Applause.]

3 Senator Tillis. I am also kind of curious, of those of
4 you who are in the room, if any of you in your active duty
5 service, if you ever spent any time in North Carolina, just
6 raise your hand. There you go. That is what I am talking
7 about.

8 [Laughter.]

9 Senator Tillis. I want to thank you all for being
10 here. Commander, I want to thank you. And, Mr. Wallace, I
11 do not know that we could actually legitimately have a
12 quorum in a VA Committee meeting without you being there, so
13 thank you for your continued persistence.

14 [Laughter.]

15 Senator Tillis. Commander, I want to start with you.
16 I think you touched--one of the first things you touched on
17 in your opening comments were privatizing the VA, and that
18 is not appropriate. I completely agree. In fact, I think
19 anyone in Congress who thinks that that is a viable strategy
20 needs to spend more time in VA, in VA centers. Go to the
21 health care clinics. Go to the hospitals. See the
22 therapeutic nature of just veterans being surrounded by
23 veterans and being served. Half the people who are
24 providers in the VA clinics are themselves veterans.

25 So, I think that the discussion needs to be around more

1 what Senator Rounds talked about. How do we fill the gap
2 when we are in a jurisdiction where you are simply not going
3 to have a brick and mortar VA facility? How do you find
4 opportunities to bring veterans together and then build on
5 that through the non-VA care and the Choice care? I think
6 that that is the appropriate way to do it.

7 And, we have to recognize that that is going to differ
8 from State to State. In North Carolina, we have got about a
9 million veterans. We have got several urban centers that
10 provides us with kind of critical mass that we are not going
11 to find elsewhere. But, I do believe that I, for one, would
12 never support any notion that it would be privatized because
13 it simply does not make sense. It will not produce the
14 quality care that the veterans deserve.

15 [Applause.]

16 Senator Tillis. Now, I did--I will have to tell you,
17 we have got a lot of dysfunctions in the VA, and I share
18 this story because it really speaks to the dysfunction and
19 the sort of presumption on the part of some about whose
20 problem it is when the VA does not get something right.

21 I had this story, actually, we had to work on a
22 constituent request where the wife and the husband came back
23 from being away for a couple of days. The wife is checking
24 the mail. She opens up an envelope and she said to her
25 husband, "Honey, I did not know you were dead."

1 [Laughter.]

2 Senator Tillis. The VA had made a clerical error and
3 had flagged a record where this man was dead. Now, you
4 would think this should be pretty easy. You take your DD-
5 214s, you take a valid ID, you go down to a VA office, it is
6 all cleared up. No. They were handed a wad of paperwork
7 saying, you have got to complete all this paperwork to fix
8 our problem. Those are the sorts of things in terms of the
9 customer orientation that we need to work on.

10 Now, I will say that I think that Secretary McDonald is
11 the right guy for the job. I have worked with Senator
12 Tester in the Senate committee on his 12 breakthrough
13 priorities, and Congressman O'Rourke, it may not be as
14 explicitly stated as it should be, but I do believe suicide
15 prevention is one of the--it is embedded in some of the work
16 that we are trying to do with the 12 breakthrough
17 priorities.

18 But, one of the things that Secretary McDonald has
19 communicated are some of the legislative actions that we
20 will need to do to enable them to achieve those priorities.
21 You spoke on a couple of legislative positions. I want to
22 get to the appeals process if time allows. But, are you all
23 in sync with what the Department has requested--we will get
24 to the appeals question--in terms of legislative initiatives
25 that we need--it is our work we have got to do in order for

1 the VA to make progress?

2 Mr. Biedrzycki. Ray.

3 Mr. Kelley. Yes.

4 Senator Tillis. Good. Good.

5 [Laughter.]

6 Senator Tillis. So, those are ones that we should just
7 be expecting Congress to act on and move forward. They are
8 not particularly contentious?

9 Mr. Kelley. Absolutely.

10 Senator Tillis. Good. I think that is very important.
11 It is our job. I mean, we have got these 12 breakthrough
12 priorities. If we all believe they are a priority, then we
13 need to get the job done. There is legislative action that
14 we need to take. And, I am glad to hear that you all are
15 behind it.

16 In my remaining time, on the appeals process, this is
17 something that I would like to maybe have--I am going to
18 meet with the North Carolina delegation later today, but I
19 would really like to work on how do we solve the root cause
20 of the problem, because if it is true that two percent of
21 the veterans are responsible for 45 percent of the appeals,
22 then let us figure out why. That may not be a bad thing.
23 It may be perfectly legitimate. But, how do we get to a
24 point where we have a fully developed appeal but make sure
25 that we are not putting another veteran in a situation where

1 they are being unfairly treated? I think we want to make
2 sure that we make progress there.

3 I would appreciate, in my remaining time, any comments
4 you may have. But, we want to continue to work on this. I
5 think it is a very important thing in--a very important
6 factor in drawing down the backlog.

7 Mr. Biedrzycki. Bob, why do you not talk about that.

8 Mr. Wallace. We agree a hundred percent that we have
9 got to get it down. But, the only legislative proposal in
10 the 12 priorities from the Secretary that we do not agree
11 with is the appeals process.

12 Senator Tillis. That is why--

13 Mr. Wallace. That has to take time to work through so
14 that we all understand what is going on and how it affects
15 the rights of veterans.

16 Senator Tillis. I would like for us, if we may, just
17 to really get to a point where we can start talking about
18 how do we really--it is the problem. We may have a
19 difference of opinion right now amongst stakeholders in
20 terms of the approach, but drawing down that backlog is
21 critically important and figuring out how to do it but do it
22 in a fair way is something that I would love to work with
23 you all on. I appreciate your continued advocacy.

24 Thank you, Mr. Chair.

25 Chairman Miller. [Presiding.] Thank you very much.

1 Senator Cassidy, you are recognized.

2 Senator Cassidy. Thank you, gentlemen.

3 First, a shout out to the people from Louisiana. A
4 good Louisiana name, Snake Dugas--I do not know if Snake is
5 here.

6 [Laughter and applause.]

7 Senator Cassidy. And the other people from Louisiana,
8 Ray Cerelia [phonetic], Bryan, thank you all very much.

9 [Applause.]

10 Senator Cassidy. I am also a physician, and recently,
11 I went down to LSU Medical School. They are doing
12 incredible work on neurosciences and how we could
13 pharmacologically, not, like, make somebody feel better, but
14 actually reverse traumatic brain injury. Whoa. Would that
15 not be incredible? But, I do not know--and I am asking, I
16 do not know this, and if the answer is no, encourage--that
17 the future medical research is registries. I do not know if
18 you all have a registry in which somebody with TBI could put
19 himself or herself there so if there is a clinical trial
20 that arises, boom, you have enrolled. You have got folks,
21 you know, mix and match. You want people of a certain age,
22 you want people of a certain gender, a certain geographic
23 location. Do you all have such a registry, and if not,
24 would it be a challenge to put one together?

25 Mr. Wallace. Senator, we are in the process of working

1 with the former Vice Chief of the Army General Peter
2 Chiarelli who runs One Mind, and they have a website for
3 TBI, individuals who have TBI, also for caregivers that can
4 access that website and get best practices and talk about
5 the issues and say, is this right, is that right, do you
6 have the same symptoms. So, we are in the process of--the
7 early stages of working with them and tying into that
8 website that they have.

9 Senator Cassidy. Then, just to encourage, because that
10 sounds--I am guessing that is an informational website,
11 where you can download information, et cetera, but you could
12 get on anonymously. If there is a way to protect the
13 identity, which I am sure there--you would like to think
14 there is--

15 [Laughter.]

16 Senator Cassidy. --that someone--again, just create a
17 registry, because that is the future, and what you all are
18 is an incredible network. And, so, if somebody at LSU or
19 elsewhere wants to do such a study, again, you could
20 populate that study so quickly, but you could also inform
21 others going on what their experience was. It would be an
22 incredible tool. So, just to say that.

23 I also want to give a shout out to my folks from
24 Louisiana, but also elsewhere. You all are an incredible
25 resource. I was told that veterans' homelessness was under

1 control back home, and then I was informed, no, we meet
2 twice a year and give out coats and things for the weather
3 and there are a lot of folks. So, that said, I hear from
4 you and receive information that I do not necessarily
5 receive from VA administrators, as you might guess.

6 [Laughter.]

7 Senator Cassidy. And, that results from meeting with
8 you, that is number one, but do you have a formal process?
9 For example, I know that some VAs have a very good system
10 for mental health, that if somebody misses their
11 appointment, they actually have slots open later in the day
12 so that they can stay a little later and still be seen.
13 That is the best practices.

14 I also understand--because I am a physician, I speak to
15 my physician colleagues--that others have not instituted
16 such a system. If you miss your appointment, you are
17 scheduled two weeks later, and you miss that one, you are
18 scheduled two weeks later, and they call it a rain day, so I
19 am told, because no one shows up.

20 Do you all have a formal process of comparing
21 institutions to each other as to who has implemented best
22 practices and who has not? I say that if not to encourage,
23 because you are such a wealth of information, that would be
24 an incredible tool for us to be able to compare. Again, a
25 question and then a request kind of all embedded into one.

1 Mr. Biedrzycki. What do you think? You had a survey
2 that I have shared--

3 Mr. Kelley. So, each one of our departments has a
4 homeless chairman and we use them as a resource to make sure
5 that we know what is going on in the state. And, as a
6 matter of fact, through our survey, with the women's survey--
7 -I don't remember the number off the top of my head, but
8 there are women who were either homeless, sleeping on
9 somebody else's couch, or on the verge of homelessness, and
10 we were able to connect them. We are doing follow-up to
11 make sure that they are getting into some sort of permanent
12 housing today.

13 Senator Cassidy. Okay. Well, then, thank you all for
14 your service. Again, if I could just--if you all could come
15 up with a system that would help us by comparing best
16 practices between different hospitals and different regions,
17 that would be a way to just--we could tap in, holding the VA
18 accountable. They are good people, but, still, a little
19 accountability never hurts. Checking my daughter's credit
20 card bill once a month reveals surprises sometimes.

21 [Laughter.]

22 Senator Cassidy. That would be a way that you could
23 bring your assets even to greater force in order to help us
24 do things better. Thank you all very much.

25 Mr. Biedrzycki. Thank you.

1 [Applause.]

2 Chairman Miller. Senator Sullivan, you are recognized.

3 Senator Sullivan. Thank you, Mr. Chairman, and I just
4 want to thank everybody for being here.

5 You know, when I think about what the VFW does for this
6 country, it is really--it is double service, at least double
7 service. So, all of you have served our nation and then you
8 take the time to then do what you are doing now. You
9 advocate for our veterans. So, I cannot think of another
10 group that does that kind of double service, so I think all
11 of you just deserve a round of applause for what you do, so
12 I am going to start that right now.

13 [Applause.]

14 Senator Sullivan. I want to follow my friend, Senator
15 Tillis's lead, asking--we do not have as big a population as
16 North Carolina in Alaska, but I know there are probably some
17 Alaskan vets out there. Any Alaskan vets? Do you want to
18 stand up and be recognized? In the back there. All right.

19 [Applause.]

20 Senator Sullivan. And, then, how about anyone who has
21 actually served in Alaska, if you just want to raise your
22 hand. I know we have a lot of that. There we go. Thank
23 you.

24 [Applause.]

25 Senator Sullivan. So, I like to brag on this

1 committee, we have more vets per capita in Alaska than any
2 state in the country. We might not be as much population,
3 but we have sure got a lot of vets. So, I love being on
4 this committee.

5 The other thing that is great about this committee, as
6 you probably see, it is very bipartisan, and I think there
7 is no more important bipartisan work than to take care of
8 the people who have served our country so well over decades.

9 So, I wanted to just start by mentioning a trip. I had
10 asked Under Secretary Shulkin before he got confirmed, or
11 after his confirmation, to come on up to Alaska and hear
12 from our veterans. We held a number of town hall meetings
13 so he could just hear from us. One of the things that, I
14 think, shocked him, it shocked me, and we really need to
15 focus on, it might seem like a minuscule issue, but if any
16 of you are having a problem with it, I certainly want to
17 offer my office's help and the VA's help.

18 What we saw up there, which was remarkable, we heard a
19 number of stories where veterans had gone to the VA, got
20 permission from the VA to have some kind of medical
21 procedure or a surgery, then went to a provider to get that
22 procedure done, then there was no payment from the VA, and
23 guess who started getting bills and collection agencies
24 calling them. The veteran. It was unbelievable. So, I saw
25 this. The Under Secretary of the VA saw this in Alaska.

1 So, I just want to mention to all of you, if you have
2 seen this, there is a 1-800 number that the VA has, and I
3 can give it to you right now if you need it, or if you are
4 really having problems, even if you are not from Alaska, you
5 call my office, because we have been dogging the VA on this
6 issue. It is outrageous, if you are a veteran and you have
7 a collection agency calling you, which is very stressful,
8 because the VA is not paying the bills that it approved you
9 to have a medical procedure on.

10 So, my office's number in Anchorage, 907-271-5915. If
11 you are having a problem with that, call us. The 800 number
12 is 877-881-7618. And, believe me, I have seen so many
13 veterans in Alaska, just Alaska, that have this problem, and
14 it needs to stop, and the last hearing we had, the
15 Secretary--Under Secretary Shulkin said they were going to
16 put an end to it. So, hopefully, they put an end to it.

17 Let me ask another question, and this is just--I was
18 just home yesterday and met with a legislator, a state
19 legislator, a fellow Marine, friend of mine, who had put
20 forward a resolution in the Alaska state legislature to look
21 at trying to change the name of PTSD, post-traumatic stress
22 disorder, to post-traumatic stress injury. And, I am just
23 wondering if any of you heard an idea like this or if you
24 have any thoughts on it. This is something I told them I
25 would look at at the federal level. But, I certainly will

1 want your view. Obviously, "disorder" carries with it a
2 certain connotation versus an "injury," which is what this
3 really is, an injury that, you know, you served, you
4 obtained in that service to your nation.

5 [Applause.]

6 Senator Sullivan. Commander, any--

7 Mr. Biedrzycki. Mr. Manar.

8 Mr. Manar. Thank you. This idea comes up from time to
9 time. The name is actually established by the American
10 Psychiatric Association in its DSM IV or V, whatever the
11 current version is. It is--changing it in the VA rating
12 schedule, changing how it appears on, you know, the
13 diagnosis that doctors make, it does not change what it is.
14 It is--it was, back in the days of World War II and Korea
15 and even Vietnam, a poorly understood problem. It was not
16 until the late 1970s that the American Psychiatric
17 Association finally recognized it as a discrete problem, and
18 VA began at that point to acknowledge it and grant service
19 connection for it.

20 It is--changing the name of it is a band-aid. It does
21 not change what it is or how it should be treated or how
22 approached within the VA. So, we do not agree that the name
23 needs to be changed.

24 Senator Sullivan. Okay. Thank you.

25 Thank you, Mr. Chairman.

1 Chairman Miller. Thank you.

2 Ms. Murray.

3 Senator Murray. Mr. Chairman, thank you. Great to be
4 here. Thank you to all of you for being here.

5 Commander, let me start with you. When we send our men
6 and women in uniform to war, we commit to care for them when
7 they come home, and when they are wounded, we have an
8 obligation to provide the best care possible. For several
9 years now, we have been failing our wounded veterans.
10 Thousands of veterans have service-connected injuries that
11 directly prevent them from having children.

12 I have met a number of these couples. They are so
13 frustrated, and I am, too, that this ban remains in place
14 for no good reason. I have introduced a bill on IVF that
15 would correct this by removing the arbitrary ban on VA
16 providing the same modern medical care that any civilian can
17 get and that the DOD already offers.

18 So, I wanted to ask you, do you believe that it is time
19 for Congress to finally do the right thing and end the VA's
20 ban on IVF?

21 Mr. Biedrzycki. I agree with you wholeheartedly. As
22 you well know, this has been in the news lately. There was
23 a huge report about it. There are supposedly 1,500 young
24 men and women around the country who need that kind of
25 service, and they have been prevented because of the

1 regulation from receiving that same kind of care. We
2 wholeheartedly support making these young men and women
3 whole again when they come home, and if that means in vitro,
4 it should include that.

5 Senator Murray. Commander, thank you. They deserve to
6 have families after their service and I appreciate it.

7 Mr. Biedrzycki. Thank you.

8 [Applause.]

9 Senator Murray. Now, on another topic, I continue to
10 hear from veterans and caregivers in my home State of
11 Washington who believe they are being kicked out of the
12 caregivers program unfairly, and this is a complaint that I
13 take very seriously because I believe that our country has a
14 duty to care for veterans and their families who have
15 sacrificed so much on our behalf.

16 For example, one woman said her son's fiancée received
17 a stipend to care for him when they were in Missouri, but
18 when they moved to the Seattle area, they were cut off and
19 the explanation was, quote, "The decision is regional."

20 Well, we all hope that veterans will eventually
21 graduate off the caregiver program, of course, as their
22 conditions improve, but this graduation has to be a medical
23 decision and must include input from the veteran and the
24 caregiver, because at the end of the day, this country is
25 responsible for providing quality care and support for our

1 veterans, whether it is through a caregivers program or in a
2 traditional VA facility. Anything less is unacceptable.

3 So, my question is, have you heard any other similar
4 complaints from your members and what do you think is the
5 cause?

6 Mr. Biedrzycki. Jerry.

7 Mr. Manar. We have heard several of these stories, and
8 we have approached the VA on it, trying to get a better
9 explanation, and the explanation they provide us is not much
10 different than what has been provided to you. We think it
11 is--what VA needs is consistency around the country. If
12 they are eligible in Louisiana or Missouri or someplace else
13 and they move to Washington or Oregon or Vermont, they
14 should not be afraid of losing their caregiver status.

15 Senator Murray. Thank you. It does not matter where
16 you are. The standard should be the same and it should be a
17 medical decision, and I am going to continue to follow this
18 closely.

19 [Applause.]

20 Senator Murray. And, finally, I wanted to ask you,
21 yesterday, the Department of Education's Inspector General
22 released a report on the Department's review of student loan
23 service's failure to honor the protections of Service
24 Members Civil Relief Act. The IG actually found serious
25 flaws with the Department's review and called their

1 conclusions unsupported and inaccurate. I believe we need
2 to act to make sure our service members receive the
3 protections they have been promised.

4 Have you heard any concerns from your members about
5 their student loans, any of you?

6 Mr. Biedrzycki. Have you heard anything, Ray?

7 Mr. Kelley. We have not at this point. That is a
8 concern. That Act is something--we need to make sure that
9 we have teeth to it so when these violations do happen, that
10 VA can reach back out and take action against those
11 institutions.

12 Senator Murray. Thank you.

13 Mr. Chairman, I urge all of our committee members to
14 look at the IG report from the Department of Education that
15 showed very serious flaws with the Department of Education's
16 review of these student loan servicers and their failure to
17 protect our service members under the law.

18 Senator Blumenthal. Mr. Chairman, if I--I just want to
19 add to Senator Murray's point here. She and I and Senator
20 Warren requested the IG report and it is really required
21 reading for everybody in this room, because as much as we
22 talk about VA accountability, this is an example of our
23 needing to demand more of the VA when it affects our
24 veterans coming home and needing and deserving educational
25 benefits that they are denied as a result of these abuses.

1 Chairman Miller. Yes, sir.

2 Mr. Sullivan has requested one other question. Mr.
3 Sullivan.

4 Senator Sullivan. Commander, I just want to--I know
5 that it is in the testimony and it is a focus both regard to
6 the Choice Act and express appeals. Can you just give the
7 committee some additional thoughts on what the top
8 priorities, when you are looking at improving the Choice
9 Act, when you are looking at improving our appeals process--
10 and I have a bill that is the companion to H.R. 800, it is
11 S. 2473--but what are your top priorities that we should be
12 looking at when we are looking at trying to improve the
13 Choice Act and focusing on this big issue of appeals? As
14 you know, some of our veterans have had appeals out there
15 that are two, three, four, five, six, ten years old.

16 Mr. Biedrzycki. Well, timely fashion. You named it.
17 You hit the nail on the head. Certainly, the quality of
18 care and also the timeliness of the response and the
19 outreach to make sure that that care is up to standards and
20 that the bills are paid and the entire follow-up process is
21 followed.

22 In reference to the appeals process, Mr. Wallace is
23 going to comment on it. Jerry.

24 Mr. Manar. The problem with appeals, the debacle in
25 appeals, is of the VA's own making. They have ignored this

1 problem for the last six years. Prior to that, even when
2 they worked appeal cases, they consistently under-staffed
3 the appeals teams. There was an IG report of a year or so
4 ago that looked at several offices, and I believe it said
5 that although there were 19 percent of the claims activities
6 in that regional office were appeals, nine percent of the
7 resources were assigned to it. VA has mismanaged this and
8 has caused this tsunami of 440,000 appeals.

9 As we began addressing this issue, at least as far back
10 as 2012 when we addressed the House Government Oversight
11 Committee, we have talked about this in 2013 and 2015 in
12 testimony, we provided seven recommendations in January of
13 last year, some of which the VA could have implemented
14 immediately and made some progress here.

15 Just two weeks ago in a meeting with Deputy Secretary
16 Sloan Gibson, we made four recommendations, all within the
17 realm of VA to execute immediately and have an immediate
18 impact. All it took is the will. And, his response was,
19 without saying it in so many words, I do not care. We have
20 set a goal of accomplishing appeals in one year and we are
21 just going to march down that road rather than deal with the
22 current problem.

23 Marching down that road is a rush to deny. It is not
24 to grant benefits. It is not to serve veterans. And we
25 oppose these initiatives that the VA has proposed to

1 Congress.

2 Senator Sullivan. Have you made public those 12
3 recommendations or the four recommendations that you were
4 just talking about--

5 Mr. Biedrzycki. Certainly.

6 Senator Sullivan. --so we can see what those are?

7 Mr. Biedrzycki. Certainly.

8 Senator Sullivan. Well, it would be good to be able to
9 follow up and make sure we understand exactly what those
10 are.

11 Mr. Biedrzycki. Certainly.

12 Senator Sullivan. Okay. Thank you.

13 Thank you, Mr. Chairman.

14 Chairman Isakson. Thank you very much.

15 The Ranking Member, Ms. Brown.

16 Ms. Brown. I just have a quick question on that same
17 area, because the proposal that came to us that it was the
18 requirement that the people that work in that particular
19 area, they had mandatory overtime, and they were asking us
20 for additional staff positions so they could take care of
21 those mandatory overtimes and have additional people to work
22 to process those claims.

23 Mr. Manar. It is my understanding that just a few
24 weeks ago, the Acting Under Secretary for Veterans Benefits
25 reallocated \$10 million in overtime money to process

1 appeals. A, it is a drop in the bucket, and B, it does
2 nothing about the 40 hours a week that employees work
3 routinely other work. This is too little, too late, and
4 what they propose is incredibly harmful to veterans. As I
5 said, if implemented, it would be a rush to deny. We
6 estimate that BVA grants, which stand at 29 percent today,
7 would fall at least 25 percent if these proposals are
8 adopted.

9 Ms. Brown. Well, we would very much like for you to
10 share your recommendations with us.

11 In addition to that, I guess I am really concerned that
12 it needs to be--and the veterans need to be able to work
13 together to have a complete package when they come to VA so
14 we can process them quickly. Now, the problem is, we have
15 one person that, let us say, for 25 years has been denied,
16 denied, denied, and I am wondering, is, at some point, is
17 that deny a "no"? I know that no is never okay if the
18 person is from Florida--

19 [Laughter.]

20 Ms. Brown. --but it is okay if he is from some other
21 area. But, how can we work together to get some kind of
22 closure on some of these so that we could quickly process
23 them? Maybe some of them, you know, are more complicated,
24 but some of them, we can just process them.

25 Mr. Manar. First of all, we are not convinced that the

1 VA's assertion that two percent of the appeals that they are
2 processing require 40--take up 40 percent of their
3 resources. What you will find in some of those cases--all
4 of those cases--that go on for five or six or 25 years is
5 that the veteran has received many, many, many decisions,
6 all of which are no, and they have an opportunity through
7 submitting additional evidence and also through remands from
8 the court, from the board and so on, all of which eat up
9 time.

10 Now, the fact that it took 25 years, I would guarantee
11 you that there was probably no more than two or three
12 months' worth of effort on the part of VA to process that.
13 All the rest of that time, it was waiting, waiting for
14 somebody to get to it.

15 Ms. Brown. Well, I hope this is an area that we can
16 work together to try to get this resolved.

17 Mr. Manar. Certainly.

18 Ms. Brown. Quickly. Thank you.

19 Chairman Miller. Mr. Blumenthal, any other questions?

20 Senator Blumenthal. I just want to note for the record
21 that there was standing room only when we began this
22 hearing. There is standing room only now. I want to thank
23 all of you for being here today. Your presence sends a
24 powerful message, and I hope the nation and the Congress are
25 taking note. Thank you all.

1 Mr. Biedrzycki. Thank you, sir.

2 [Applause.]

3 Chairman Miller. Commander, thank you very much for
4 your testimony. Thank you to the staff that provides
5 outstanding information to our committee. We appreciate
6 their presence here on the Hill. We certainly appreciate
7 everybody being here today. I look forward to seeing you
8 this evening.

9 And, I would say that all members would have five
10 legislative days with which to revise and extend their
11 remarks or add any extraneous material. Without objection,
12 so ordered.

13 And with that, this hearing is adjourned.

14 [Applause.]

15 [Whereupon, at 11:57 a.m., the committees were
16 adjourned.]