

Colonel Matt Horn, Deputy Commander, U.S. Army Reserve, Commander, 9th Regional Support Command

U.S. Senate Veterans' Committee  
?The State of VA Care in Hawaii?  
Hilo, Hawaii

Testimony for  
COL Matt Horn, Deputy Commander,  
9th Regional Readiness Command

Good morning. I appreciate being given the opportunity to speak before the Senate Committee on Veterans' Affairs. I am COL Matt Horn and I am the Deputy Commander with the 9th Regional Readiness Command. As you are probably aware, the 9th RRC is responsible for Army Reserve units in American Samoa, Guam, Saipan, Alaska and Hawaii. Additionally, many of our members live and work in Japan, Korea and other Pacific Rim countries. We are responsible for 3400 soldiers serving proudly in the Pacific and other parts of the world.

This morning I will limit my comments to the issue of returning Army Reserve service members and the collaboration between the Department of Defense and the Veterans Health Administration.

The Army Reserve is still early in the redeployment cycle. The 793rd Engineer Detachment just returned. The 411th Engineer Battalion returned in Summer, 2005. The 100th Infantry Battalion is expected back in early 2006 and the 322nd Civil Affairs Brigade is expected back in Summer, 2006. The 1101st Garrison Support Unit is expected to continue on Active Duty at Schofield Barracks until early 2006. In addition to these larger units, smaller units or portions of units and individuals have been deployed. Additional units of the Army Reserve are expected to be deployed sometime next year. There have been approximately 1030 individuals returned from active duty to date and there are approximately 1180 personnel still mobilized.

Other than routine dental care, there has been no significant need for Army Reserve personnel to utilize Veterans Health Administration services yet. There are approximately 26 Army Reserve personnel in the Medical Retention Processing Unit and being continued on Active Duty for evaluation and or treatment. The average ?days left? in MRPU status is 130 days. Since assignment to the MRPU is for 179 days with a possibility of extensions, it may be a while before these soldiers will need to access Veterans Health Administration services. These 26 individuals represent the most severe conditions which have present impact on their performance of duty. Many service members may have conditions that have not yet manifested itself and may not do so for months or years. While it would be difficult to predict numbers at this point, we can anticipate seeing certain types of problems such as back and leg injuries and post traumatic stress disorders. The first group returning, the 100th Infantry Battalion, has been in the thick of things, so we can anticipate more problems with this group.

The bottom line is that it is too early, at this point in the redeployment cycle, to know what the

Army Reserve utilization of VHA services will be. However, we should anticipate that the number of soldiers needing those services will very likely be greater than in previous years.

Anticipating a greater need for VHA services, we need to focus on availability and accessibility of services. VHA services are very limited on Hawaiian Islands other than Oahu and on Guam. We also know that VHA services are non-existent on American Samoa and Saipan. It is estimated that 46% of presently deployed personnel are from locations other than Oahu. Of the 26 personnel in the MRP, 12 are from American Samoa. Of the returning soldiers from the 100th Infantry Battalion, 300 are from American Samoa. There has been some discussion about establishing a VHA clinic in American Samoa. This idea is worthy of consideration. However, it should be noted that this is only a partial solution to the problem of access of medical care on American Samoa. For example, if the VHA clinic does not have a specific service that a soldier needs and there is no TRICARE network (as is the case in American Samoa), the soldier will still not have access to services and may need to come to Oahu for follow-up care.

While it may not be possible to predict the specific number of Army Reserve personnel who will need to access VHA services in the future, we can predict that there will be shortfalls in places such as American Samoa. It is critical to plan for, develop and establish VHA services in areas other than Oahu.

Thank you. I would be pleased to answer any questions you may have.