

STATEMENT OF
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BEFORE THE
SENATE COMMITTEE ON

THE STATE OF VETERANS HEALTH CARE IN NORTH DAKOTA
and
VIEWS OF VA FUNDING LEVELS

BISMARCK, NORTH DAKOTA

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Senator Conrad and Members of the Committee

Thank you for this opportunity to provide a view on Veterans Health Care and the Funding Levels of Health Care in North Dakota. I know that all of the Veterans and the Veterans organizations are very interested in what and how they will be affected with health care and the health care of our returning military.

I had the opportunity to visit with some soldiers at Walter Reed Army Hospital, on 29 February, 2008, while I was in Washington DC. While visiting the troops I saw brave, heroic and all volunteer soldiers that have given of themselves and of their families rallying beside them until they recover and are finally able to return to their homes. But they have a long way to go until they are able to be trained to meet their needs, as a person with a disability, you could say a "new normal" in their lives. The VA needs to start stepping up to the plate and start requesting funding for the troops who lost a limb, or sometimes, two or more. They will need to recover, learn how to adapt, and some will have to have homes adapted to them. With \$555 million going into Medical/Prosthetic Research, we have done enough, and now need to attend to the military and provide them with equipment that has already been tested, so they can learn how to adapt to the new arm(s) or leg(s), and for the families to be able to assist in all they can do to bring them home. What we need is funding now, not next year or the year after, we need to get them "whole" today to carry on the new life that they have. I know that this will cost thousands upon thousands of dollars, but we have to remember that the military of today is an all volunteer military, and we need to support them now. They all gave some, and some gave all. We need to have a message sent to the President that the Veterans will not take a NO for an answer when it comes to funding, of our military and take care of them, so that they know that they stood for us, now is the time we stand for them.

I know that the VA in Fargo is one of the top Veterans Hospital and the VA Compensation/ Claims area process the patients and the Compensation exams quickly, but that does not do any good if mistakes are made in rating the request. There simply are too many requests for compensation each and every day, which makes it seem like the job is getting done, but unfortunately it is not. It is not always the fault of the person who reads the claim, it is the, old antiquated system that they use to score the disability. This system needs to be changed now, and correctly. The system has been around since 1925, with the last revision was completed in 1945. This system may be older than the fathers or mothers of the troops that are being rated at this very moment. There are over 2.3 million veterans and auxiliaries members in the Veterans of Foreign Wars who want to see action taken, now not in a few years, and with all the Committees that have to be formed and then reformed with recommendations to be looked at, then back to the committee, then back to start this process over again. Some of the Veterans that are filing claims today will die of old age before they receive what they earned, by wearing the military uniform.

The VFW and two other veterans groups in January voiced support for an overhaul of the disability rankings. Representatives from the VFW, the American Legion, and the Iraq and Afghanistan Veterans of America generally supported recommendations made by the Veterans Disability Commission. As some of you know Congress created a commission in 2004. The commission published a 562 page report in October 2007 that included 113 recommendations. Some 35 % of disability ratings have not been updated as I stated before since 1945, but I want you to keep in mind how far back this was looked at. At the hearing a statement was made that "It is the failure of a highest magnitude if we don't provide these heroes who have sacrificed so much for their country with the benefits and services they need and deserve." Now is the time to insure that all of the ratings are taken a close look at, as we now have wounds and injuries that in other wars, this person would not have made it off the battle field, but now with modern technology they are coming home alive, but missing legs, arms, sometimes both, and they will live with what they accomplished before they gave of themselves, now action is needed to give it our all for them and the families, that are struggling physically and mentally. We cannot let them down like we let them down in the past.

I do want to thank Senator's Conrad, Senator Dorgan and Congressman Pomeroy for obtaining funding for the Clinics that are being set up in North Dakota which will make it easier for the Veterans to receive the care they need. I spoke with some people on what they thought of the VA Health Care System and the subject always comes up as to why a person who lives in the north west corner of North Dakota has to travel to Fargo to receive, for example cancer treatment or other care that can be taken care of in the "Home Town" of our veteran. Some travel for a day then stay over night, at a hotel, then the next day they receive treatment, then to the hotel if they can make it, if they are not to sick from the treatment to a hotel room to wait until the next day to take a van ride home again.

We need to have funding so that the veteran can receive treatment as a out patient if they are over 200 miles from Fargo, in the town or the closet large town who has the treatment faculties to take care of the need, so that they can return home the same day for the family to help them, when needed. Not three days away and do the same thing over each week or when the treatment is needed. We also need to think about the weather we have in North Dakota, and with the ever changing weather in the winter time, this may mean a life or death situation, depending on what the treatment is for, and if they miss this one, this could be the one that makes a difference, if we will be Honoring a Fallen Comrade by a Honor Guard and hearing TAP's or they will see the rising sun the next day and being with family.

I now want to address a disability that I call the 'Silent Injury' that you do not see physically, there are no scars, no missing limbs, or cane, crutches, or a wheelchair. This the disability called Post Combat Stress, Post Traumatic Stress (PTS) then onto Post Traumatic Stress Disorder (PTSD) if not treated correctly or in a timely matter.

These are the silent wounds that combat veterans carry with them sometimes for 30-40 years or longer and do not want to talk about. They keep this with them, that some time it causes pent up anger, frustrations, the inability to work or hold down a job, they turn to substance abuse, many start to self medicate themselves with alcohol, or worse yet, street drugs. This is a silent killer that we need to act on right now!! Not tomorrow, next week, next month who knows when this will be taken care of. How can we live with ourselves when a veteran commits suicide, or like in an article that I read in the Air Force Times that a airman came home with PTSD, used a taser gun on his wife, shot his children numerous times, then shot himself once. The results two children dead, a father dead and a mother with emotional scares the rest of her life. This person suffered from PTSD, after returning from Iraq. The family was on the verge of a divorce where they could not reach a agreement on custody of the children. Who was at fault, the mother, the father, certainly not the children. It is the system that is at fault for not having enough people for the returning military to work with them when they return. Not 30-40 years like many Vietnam Veterans or worse yet the ones form WWII and Korea that have not received any help.

VA research data released in February, 2008 showed that National Guard and Reserve troops who have served in Iraq and Afghanistan accounted for more the half of the suicides committed by Veterans after returning home. Between the start of the Afghanistan War in 2001 through 2005, veterans of the Guard and Reserve committed 53% of the suicides. The research , conducted by the VA revealed that 144 veterans committed suicide during the studied time frame. Of those, 35 or 24 %, served in the Reserves, 41, or 29%, had served in the Guard and 68, or 47%, had been in the regular active duty military.

Other findings so that more than half of the veterans who committed suicide were between the age of 20-29 years old, nearly 75% used a firearm to take their lives, about 20 % were seen at least once at a VA facility.

What is wrong with this. Sure the VA has a "VA's toll free suicide hotline at 1-800-273-8255. A phone call will not help, only counselors that are properly trained in PTSD, in person can only help, who wants to talk to a machine ,Press one if you are a Veteran, press two if... They need to be in the clinics, Veterans Centers and in the Guard Centers when the military return for the Weekend Drill and Summer Camp.

At this time we have Social Workers in Bismarck and Minot full time, Grafton ND has a Social Worker on Mondays and Tuesday, Fergus Falls Thursdays, and Jamestown has a Social Worker on Mondays and Fridays. They all deal with PTSD. Is this enough to help out all the returning National Guard, who are still on active duty. The answer is no. We need to have funding for at least one Social Worker or Counselor in each and every large city that has a Guard unit in the city or close by. A person or persons will be needed in Minot, Devils Lake, Grand Forks(they can go the Airman and Family Readiness Center at Grand Forks AFB) with at least two full time at the VA in Fargo, Fergus Falls, Jamestown, Dickinson, and in the out lying areas who could meet at the home or a designated location where a outreach person could start to work with the people who suffer form PTSD and the families of the silent wounded. I do not know where the funding will come from, but this needs to happen and happen soon, before we loose a veteran due to suicide or a family is gone.

We also need to look at the long term care of the silent wounded where funding will have to be obtained for Mental Health Workers, in the Clinic or a Hospital setting, not only in North Dakota but around the United States. Again, where is the funding coming from? They should be allowed to use the Mental Health Professional people in there home town area and not have to travel long distance for the help in the VA in Fargo. This may trigger old fears from battle or just plain frustration on having to travel which leads to the Silent Wounded not receiving any care.

This a little know fact or not known at all but I want to share with you, that two Staff Members from the Airman and Family Readiness Center, at the Grand Forks AFB, volunteered to start a Combat Stress group in Grand Forks with the assistance of two psychologist, and the Grand Forks County VSO, who volunteered time into starting this group. The group is open to all military, veterans, parent's of a military member, and spouses, who want to find out more about Post Combat Stress, PTS, and PTSD. This is free, at no cost, do not care what the rank is and all you need to do is share experiences with each other, at the meetings and into the breakdown groups. This is being done with no funding, only a place to meet that is in the Veterans Memorial Club Room in the County Office Building. If you get five volunteers to put this together in a couple of months, what is taking the Federal Government so long to take care of the Silent Victims?

We also need to get the Priority 7&8 group's back into the VA Health system, who now are falling through the cracks of Health Care. They wore the uniform just like the Combat Veterans and are Veterans as well. They were promised when they put on the uniform of our country that they will be taken care of when needed, and now they are not. I know that as one person stated "this will take a ton of money" to get them into the system and taken care of, but they honored and served their commitment, now is the time that they receive the care that they were promised. The VFW opposes the annual enrolment fee that ranges from \$250-275-for non-serviced connected disabled veterans in Categories 7&8 and now want to raise the pharmacy co-payment with a ludicrous increase at \$7.00 per 30 day supply to \$15.00 per 30 day supply. Remember they put on the uniform just like the other military did, and need to be taken care of just the same way.

I know that I have taken up to much time as it is but I wanted to pass on some information from the people on the street and others who care about our veterans and military. This process will not be taken care of over night or maybe not for a month, or a year, but we need this acted on as soon as possible.

I do know that the VA Medical and VA Claims area are doing the best that they can with what they have for our veterans. It is just to much with so little to work with, and such a old system it is hard to accomplish what is needed to be done to help out military and the veterans. If it was not for you we would not be where we are today, making advances in the Health Care and the Claims area. You are making this happen, by listening to the people that your represent, the people from North Dakota.

Senator Conrad, I want to personally thank you for the invitation to this hearing and allowing me to present some information to you that I hope will help out on what others are saying about the "State of Health Care" for our Veterans.

Thank you again for what you do for the State and for the people who have so proudly served in military for the protection of our country.

Respectfully submitted

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