

**Testimony of
The Honorable Lois Capps
Committee on Veterans' Affairs
Subcommittee on Health
September 6, 2001**

I am grateful to Chairman Moran, Ranking Member Filner, and the Subcommittee for the opportunity to comment on two very important bills before you today: The Veterans Emergency Telephone Act and The Disabled Veterans Service Dog and Health Care Improvement Act. As the author of the first bill and an original co-sponsor in the last Congress for a key provision in the second bill, I am pleased the Subcommittee is considering these important pro-vet measures.

H.R. 1435, The Veterans Emergency Telephone Service Act, sets up a toll free national veterans' hotline service that can be accessed 24-hours, 7 days a week. This combination "911-411" number for veterans would provide a one-stop, toll free number that veterans can call at any time of day or night for assistance. The bill is based on a similar, very successful program that is operated on a smaller scale by the National Veterans Foundation in Los Angeles. My bill currently has 71 cosponsors.

In the past, toll free information lines for vets have typically dumped them into a frustrating automated system of repeated transfers and long waiting periods. Despite the wide array of services offered by the Department of Veterans Affairs, many veterans assistance programs are unknown to the constituency they intend to support.

I would like to commend the full Committee and the Subcommittee on Benefits, for their leadership in the recent establishment of a pilot program to expand access to the Department of Veterans Affairs' benefits counselors. As part of H.R. 2540, the VA will operate its information lines no less than 12 hours a day, Monday through Friday and no less than six hours on Saturday. This expansion of access will be an important step forward in the effort to provide the quality and breadth of service that we owe to our veterans. However, I submit that we can and should go farther.

Lately, I have heard that the VA has made improvements in the operation of their information lines. If that is the case, and I hope it is, I commend the VA for their progress. However, recently one of my staff called the information line operated by the VA and was forced to wait on hold for 31 minutes.

Even if the information lines have improved, their availability and scope continues to be limited by design. And crisis intervention is not a service that is currently provided to veterans over the information line.

Sadly, there is a critical need for veterans and their loved ones to have 24-hour/ 7 day a week access to information and crisis intervention services. Should this bill become law, veterans in need of assistance would be able to call from anywhere in the

country, free of charge, to receive immediate help or referral to services close to their homes.

This service would provide immediate and constant access to counseling and crisis intervention services, including suicide prevention, substance abuse rehabilitation programs, and mental health services. It would provide vital information to destitute veterans in need of emergency food and shelter services. Some calls may be so desperate, immediate crisis intervention is essential to save a life.

This hotline would also provide information on medical treatment, employment training and opportunities, and small business assistance programs.

For routine inquiries that are normally and capably handled by existing toll-free numbers at the VA, the "911-411" operators may simply give general guidance and refer the caller to the appropriate VA resource.

The "911-411" hotline has a bargain basement cost when compared to its far-reaching and much-needed benefits. I have seen a business plan that shows costs of only \$2 million per year for a hotline that would be available to veterans at any time of the day or night in all 50 states. This is a small price to pay for the critical, urgent assistance that it provides for our veterans.

By virtue of their service and sacrifice on behalf of this nation, our veterans deserve the very best support services we can provide them, especially in their moments of greatest need. Sadly, such moments don't always occur during business hours, six days a week.

Another important bill before you today is H.R. 2792, the Disabled Veterans Service Dog and Health Care Improvement Act of 2001. As you know, language very similar to Section 5 of this bill was passed by this Committee and the House last year as part of H.R. 5109, Department of Veterans Affairs Health Care Personnel Act of 2000. I would like to commend the Subcommittee for its bipartisan support of this important legislation last year. I would also like to thank Dr. Weldon for his outstanding ongoing leadership on this issue. It was gratifying to see the House pass this bill unanimously although I was disappointed that it was not successful in the Senate.

The need for this provision is as great today as it was last year. Section 5 would create a pilot program in not more than four remote geographic areas to allow veterans to receive inpatient care at local hospitals. It would allow the Veterans Administration to contract with local non-VA medical facilities to care for veterans who live a significant distance from a VA hospital.

Today, the veterans in my district on the central coast of California must drive to Los Angeles or to Fresno for hospital care under the VA. That means a trip of 2 ½ to 5 hours to check into a hospital. This puts an unnecessary burden on people who served this nation so bravely. If a veteran is so sick that he or she needs inpatient hospital care,

they should not be forced to drive hundreds of miles for treatment. This is very inconvenient, and it means that veterans are often in hospitals far away from family and friends. For many, the hardship is enough to make the hospitals inaccessible for all practical purposes.

This provision gives veterans more health care choices and provides more viable options for their care. This is a pilot project, the results of which should be carefully studied. It is not intended to undermine the Veterans' Administration specialized hospital care in any way. Rather, it would augment it. I sincerely hope the Subcommittee will approve this measure as expeditiously as possible.

Again, I thank the Subcommittee for this opportunity to testify on these two important issues.