THE STATE OF THE U.S. DEPARTMENT OF VETERANS AFFAIRS

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BEFORE THE

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THE STATE OF THE U.S. DEPARTMENT OF VETERANS AFFAIRS

WEDNESDAY, FEBRUARY 4, 2009

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 10:05 a.m., in Room 334, Cannon House Office Building, Hon. Bob Filner [Chairman of the Committee] presiding.

Present: Representatives Filner, Brown of Florida, Snyder, Michaud, Herseth Sandlin, Mitchell, Hall, Halvorson, Perriello, Teague, Rodriguez, Donnelly, Walz, Adler, Nye, Buyer, Stearns, Brown of South Carolina, Miller, Bilbray, Lamborn, Bilirakis, Buchanan, and Roe.

OPENING STATEMENT OF CHAIRMAN FILNER

The CHAIRMAN. We are pleased to open up our hearing to hear from our new Secretary, General Shinseki.

Mr. Secretary, I think you're one of the first cabinet members on the Hill and we feel honored that you are here. Your reputation precedes you. We know you are a man of courage and intellectual honesty. You have been called a "soldier's soldier," which is one of the highest accolades I think your troops can give to you, and we look to you to care for the veterans now under your command. We have seen some of your previous testimony and your confirmation hearing. We have had some conversations with you, and we are glad that you are here today.

We have a great job to do, an important job, not only with our young men and women coming back from Iraq and Afghanistan, but we cannot forget the older veterans who made this country what it is today. And you have a big job before you. We intend to support you in that. We intend to make sure you have the resources to carry out your job and give you the backing that you need.

I think you are familiar with many of the issues already, and you talked in your confirmation hearing about a transformation into a 21st century U.S. Department of Veterans Affairs (VA). We look forward to making sure that occurs and that every one of our brave young men and women and brave older men and women get all the care, attention, love, dignity, and honor that this Nation can give, and I know that you will lead us to do that.

Mr. Buyer, I will yield to you for a few minutes and then we will hear from the Secretary.

[The prepared statement of Chairman Filner appears on p. 32.]

OPENING STATEMENT OF HON. STEVE BUYER

Mr. BUYER. Thank you.

Thank you, Mr. Secretary, for being here. We look forward to hearing from you as you present your Department's budget. I know from my tenure on the Armed Services Committee that you are a man of principle and you are a man that reflects the Army's values, and I think that is extremely important. I also want to compliment you on the selection of your predecessor years ago to lead the Health Affairs Department within the Army. And now you replace him as Secretary, and I only regret that we didn't have more time to have worked with him. He was a man of great experience. He brought a lot of talents and made a real difference in a short period of time, and I am quite certain he will be a valuable counsel to you. Don't hesitate to lean on him as you have done throughout the years.

Even in the short time that I turned to him, when there were challenges and I think even some of the veterans service organizations (VSOs) would compliment his leadership. There is no moss on that man's stone. He is always moving.

I was pleased to see the performance goals that you outlined. I think that is extremely important whenever you take over a great challenge. So those are enduring themes that I believe will be essential for you as you navigate at one of the most critical moments in the Department's history.

I just want to touch on a few things. There are some obviously in front of us. One is the disability claims backlog. Congress asked for a disability commission. These are individuals that put their eyes on this with a lot of effort and it seems to be collecting dust, and it is very bothersome to me. We have the Dole-Shalala Commission presidential task force, and so there are a lot of people that have placed their eyes on these challenges; yet what we have is an absence of leadership.

Richard Burr and I, we stepped forward and we introduced a bill. It is interesting in this town, anytime there is any form of leadership, the critic who lurks in the shadows is always very quick to attack. But this is one that requires an enjoined solution, whether from you, whether it is from us, whether it is with the VSOs. But at some point, it is one that requires real leadership, so I submit that to you.

The other is building on the synergies of excellence between U.S. Department of Defense (DoD) and the VA. This is one that requires constant maintenance and also is an issue that will take up much of your time, whether it is the VA/DoD sharing of facilities, electronic medical records, or the benefits delivery at discharge.

The other is the issue on collaboration with regard to how we construct VA facilities; Denver, Las Vegas, Charleston, Orlando, New Orleans, there are opportunities here and we need to break into a new paradigm on how we deliver our health services.

The other is information technology (IT) consolidation. I am quite certain that the gargoyles that defend bureaucracies and the old way of doing business will be very eager to take advantage of your new leadership to try to convince you as to why we should return to the days of old in a de-centralized model on IT. I would ask of you to keep your eyes wide open as you step into this new position

and seek the best of counsel here as to why this Committee on a unanimous basis has endorsed the centralized IT, and I just ask of you to keep your eyes on that.

We also recognize that when we created legislation, we probably came in a little too strong with regard to our identifying of—we really wanted to know what you were spending at the VA on the IT budget, and I think we probably came in, Mr. Chairman, with a little too much specificity.

And we will be more than willing to work with you how to build that transparency in a manner where your down-line leaders are able to do their jobs. So the Chairman and I, and the Committee, will work with you to do that. We just recognize that there are some failed major IT projects out there.

On the third-party collections, you will be accepting leadership exerted by your predecessor in the build-out of the Consolidated Patient Accounting Centers (CPACs) on revenue cycle management. This is extremely important. The Chairman and I, and others of the Committee, have placed our eyes on this over the last 7 years, and it is the very best way that we can continue to increase our revenues. So please, it is within your discretion right now with regard to priority on how you want to do the CPAC. I know that the last conversation I had with your predecessor they had the West going last. You might want to relook at that, because that would probably be the greatest amount of revenue; so you might want to look at redoing the order with regard to that build-out.

The other is please—off the heels and on your toes with regard to the energy initiatives. I was really pleased that he stepped forward and committed about $49 million on the 16 solar projects, and I am really anxious to see the order in which you are proceeding not only on solar, wind, and alternative fuel, but also with the construction of these mega solar super nova systems with regard to the heating of water and how that can be utilized at the health systems.

The implementation of the GI Bill procurement reform.

The last I want to touch on is the dental issue. And I want to thank the Chairman. He has been very helpful along with Chairman Ike Skelton to give me great latitude to jump really on the Army Dental Corps. It was when the commander of the Army Dental Corps told me that it was not their mission to take care of the National Guard as they returned from theater. What was happening was the Army was just turning them over to the VA, and that was wrong. To me, Army green is Army green, and if we are going to build a model that takes care of our equipment and we don't take care of our people, that was wrong. And that General really should be fortunate that I wasn't Chief of Staff of the Army because I would have sent him to pasture.

Fortunately, what has happened I would like for you to know that the Army is leaning forward, the brigades that have been returning from October 1 on, now are taking care of those class 3s, and about 90 percent of those are coming back in.

So finally they have gotten the message. But the Army has used the VA as a bill payer. So I want to let you know about these kinds of things. They are leaning too much our way, and that is really

sort of a budget issue and a leadership issue. But I look forward to working with specificity on a lot of these projects.

With that I yield back.

[The prepared statement of Congressman Buyer appears on p. 32.]

The CHAIRMAN. Thank you, Mr. Buyer.

Mr. Secretary, I don't have to tell you that the whole Nation is looking with a lot of hope to the Obama Administration, and certainly our 25 million veterans and their families are looking to you with that hope. We are confident—I know the President is confident, but we are also confident that you are going to fulfill those hopes. We look forward to hearing from you today. Your written statement will be made a part of the record, and you have the floor.

STATEMENT OF HON. ERIC K. SHINSEKI, SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS

Secretary SHINSEKI. Mr. Chairman, Ranking Member Buyer, distinguished Members of this Veterans' Affairs Committee, I am very honored to be with you here today. Thank you for this opportunity to appear before you this morning and so early in the cycle.

I am also most honored to be entrusted by President Obama with the responsibility of leading great professionals at the Department of Veterans Affairs and serving the men and women whom we and, in fact, all of us in this country owe so much. Generations of Americans who have done their duty, some of whom have seen this country through some of its darkest hours. And so to those veterans both there on the dais and those sitting back here in the audience and even some who may be watching these proceedings from remote locations in this country, thank you for your service. Thank you for your sacrifice.

I am honored to be serving as your Secretary. And for me the privilege of leading the Department of Veterans Affairs is a noble calling. I willingly took this assignment. I see it as one that offers an opportunity for me to give back to those who have served in uniform, those who served with and for me, and those on whose shoulders all of us stood as we were growing up in the profession of arms.

I would like to acknowledge the presence of some of our key veterans service organizations this morning. They are here representing many other veterans organizations who could not be here. Together, we share the mission of fulfilling Lincoln's charge of caring for him who shall have borne the battle and for his widow and his orphan. Their advice and support on how to do this better will always be advice that is welcome.

I am committed to fulfilling President Obama's vision for transforming the Department of Veterans Affairs into a 21st Century organization worthy of those who, by their service and sacrifice, have kept this Nation free. This is a time of great change, even greater challenge. But it is also a time of opportunity. At least I see it that way. A time to reset the VA's vectors for the 21st century. And those vectors will be based on three fundamental principles to begin with, as far as I am concerned:

We will be veterans centric. We will be results driven, and we will be forward looking. Our operating standards must embrace

these fundamentals as the Department delivers on its obligation, obligation to provide veterans the highest quality care and services in a timely, consistent, and fair manner.

First, veterans are the focus of all of our efforts. As our clients, they are the sole reason for our existence and our number one priority bar none. At the end of the day, the only true gauge of our success is the excellence of our programs and the timeliness of the services and benefits we provide. We will be measured by our accomplishments, not by our promises.

Second, VA must be results oriented. We must put veterans first by first putting in place the management tools we need to achieve positive, well thought through initiatives and outcomes. I am convinced that if we are to achieve our goals, we must set clear objectives, create even clearer metrics and then follow up relentlessly. Success in this broad but foundational area is and will be a function of leadership, and it begins with me.

Third, we must be forward looking. We must continually seek to challenge ourselves to accomplish our mission more effectively, more efficiently, more innovatively. Always rigorously mindful of husbanding our resources and using taxpayer dollars responsibly. VA will put a premium on working smart, leveraging best practices, cutting-edge technologies, and strong and determined leadership to better serve our veterans.

To the Members of this Committee, the Department of Veterans Affairs has an opportunity to renew and strengthen the longstanding covenant between America and her veterans. We have a committed workforce whose professionals can and will undertake the kind of change that will restore this Department to preeminence in government. With their support and assistance, I am privileged to undertake this mission. And with your support, I am confident we will succeed.

Thank you, Mr. Chairman. I look forward to your questions.

[The prepared statement of Secretary Shinseki appears on p. 38.]

The CHAIRMAN. Thank you, Mr. Secretary, and we appreciate the time to deal with some of our Members' concerns.

We will start with Ms. Brown from Florida.

OPENING STATEMENT OF HON. CORRINE BROWN

Ms. BROWN OF FLORIDA. Thank you. Thank you, Mr. Chairman, for holding this hearing today. And I want to welcome the Secretary.

Mr. Secretary, thank you for coming here today. And I am pleased with your testimony where you said you have much yet to learn about veterans' affairs. I am pleased that you admit that you do not have all of the answers.

And let me just tell you, the Members of this Committee do not have all of the answers either, but we are willing to work together to make things better.

And I always like to quote the first President of the United States, George Washington, the willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the veterans of earlier wars were treated and appreciated by their country.

I am looking forward to working with my colleagues on this Committee, which I am very proud of. It has always been bipartisan. When a person goes to war to served the country, it does not matter whether they are Democrat or Republican, they are serving our country and we as Members of the Veterans' Affairs Committee, and I have been on this Committee for 17 years, have always worked to that end. And I am looking forward to working with you.

And I personally want to extend an invitation to you to come to Florida. You have not been to Florida since basic training and we know how many years ago that was. So things have changed in Florida and we are looking forward to you coming and meeting with our veterans. I am glad to get you the first invitation before anyone else. Thank you.

I yield back the balance of my time.

[The prepared statement of Congresswoman Brown appears on p. 33.]

The CHAIRMAN. I hope you brought your travel consultant with you, Mr. Secretary. I think you will be receiving many invitations.

Mr. Stearns.

Mr. STEARNS. Thank you, Mr. Chairman. At this point then, we can ask questions?

General, thank you very much for serving. We are honored to have your leadership and your background in this position. And there have been great leaders before you, but I know you will be serving in a high capacity and we look forward to it.

The Ranking Member, Mr. Buyer, talked a little bit about IT and I just want to follow a little bit along this line.

The goals of VA FLITE are to implement a One-VA information technology framework that enables the consolidation of IT solutions and the creation of cross-cutting common services to support the integration of information across business lines and provide secure, consistent, reliable, and accurate information to all interested parties, improve the overall governance and performance of VA by applying sound business principles, ensuring accountability, employing resources effectively through enhanced capital asset management, acquisition practices, and strategy sources, and linking strategy planning to budgeting and performance.

My question is, given the new Administration's focus on IT, President Obama has talked about using IT across the lines in health care to create a more efficient government, how will the VA leverage IT to modernize and drive more standardization which increase productivity and efficiency? For example, how will you use IT to have better access to data, to make quicker, more informed decisions, and do you see IT as being critical to improving the mission of the VA to provide better health care and benefits to our veterans?

Secretary SHINSEKI. Thank you, Congressman.

In answering your question, I will try to touch on what the Ranking Member also raised.

Let me just give you a picture of what the disability claims process looks like. If you were to walk into one of our rooms where adjudication or decisions are being made about disability for veterans, you would see individuals sitting at a desk with stacks of paper

that go up halfway to the ceiling. And as they finish one pile, another pile comes in.

There are 11,100 people doing this today for the Veterans Affairs Department, good people. It is hard to do this rather challenging job in which they are trying to apply judgment to situations that occurred years ago and, in some cases, situations that they do not have a full appreciation for the context of, combat.

Eleven thousand one hundred people equates to the 82nd Airborne Division. That is sort of my reference point here. If we do not take this and create a paperless process, I will report a year from now that we hired more people to do this. In the last 2 years, we have hired 4,000 additional adjudicators. This year, we are hiring another 1,100 to address the backlog problem.

In my opinion, this is a brute-force solution and we need to very quickly take this into an IT format that allows us to do timely, accurate, consistent decisionmaking on behalf of our veterans. And this is part of what the backlog is about.

And I will also tell you in the other part of the Department of Veterans Affairs, we have an electronic medical record that is probably well-respected and complimented by others in the medical profession. And so some place between these two applications of information technology we have got to bring goodness to what we live with day to day in the VA.

Mr. STEARNS. General, let me just follow-up. You mentioned the idea of a paperless electronic system certainly with the benefits claim system. Part of your whole answer obviously includes training.

And I know it is too early, but do you have any idea? Are you going to try and put a benchmark in place when we are going to have a paperless electronic benefits claim system?

Secretary SHINSEKI. I will share with you the benchmark that has been shared with me in the first 2 weeks of my arrival. That is 2012.

Mr. STEARNS. Okay.

Secretary SHINSEKI. I do not know whether that is a——

Mr. STEARNS. Realistic?

Secretary SHINSEKI [continuing]. Good date or not. I have not gotten into what it will take us to get there. But my intent is to get to a paperless solution here as soon as possible.

Mr. STEARNS. Thank you, Mr. Chairman.

Secretary SHINSEKI. And that will take investment, of course, in information technology, significant. I have also drafted, and it is in final staffing, a policy letter to the Department that says I support and will continue the centralization of IT within the Department. So that should be signed and out of here in about a week.

The CHAIRMAN. Thank you, Mr. Stearns.

Mr. Snyder.

OPENING STATEMENT OF HON. VIC SNYDER

Mr. SNYDER. Thank you, Mr. Secretary. I appreciate you being here. And I am going to be very brief and let somebody else ask questions also.

But following up on this conversation of IT, you referred to the stack of files sitting on the desk, so obviously you have done some

tours already and visited some facilities. But have you had occasion to go into the file room?

I would encourage you on your next visit to an area or any time you go to visit to have them take you into the file room. It is almost dangerous as some of these file rooms are overwhelmed by individual files that will literally be three and four and five volumes.

And I am told that a lot of it is that there will be something on the Internet that will be applicable to a specific illness or injury. It will get printed out. The veteran will request it be added to the file and the files just keep growing and growing and growing.

But it is ironic, I think, that information technology has in some ways contributed to the thickness of the files because there is so much information out there. But we have got to get a handle on that whole thing of how you store this stuff and what you are going to do with it. But I would encourage you to visit the file rooms also.

I just want to make three quick points that I think that our Chairman and Ranking Member had mentioned them.

The GI Bill is so important to every American, but certainly every Member of this Committee. And I think once again the GI Bill has the potential of transforming America at this very important time. And you are going to be the key person seeing that that happens. And I know this Committee is interested in working along with you.

Medical research, as you know from your past experience, there is not many good things about wars, but one of them is that we learn about things medically and there are opportunities now if we apply money appropriately and in adequate amounts to really do some good for a lot of people and families in terms of finding new ways of dealing with things like post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI), but other things also. And I hope that you will be an advocate for medical research within the VA system.

And, finally, you have inherited America's problems. We want you to provide perfect health care in all areas, whether it is for PTSD or amputees or whatever it is, when we, in fact, as a country have not solved that problem. And I think you should feel free to lay it back on the Congress, which is, you know, it would be easier for us if we actually had a network of mental health services throughout America, including rural America, including underserved areas, and let us know when our American health care system is part of a problem that you have inherited.

And I think it is going to be hard for you to have the level of care you want for every veteran until we as a country come to terms with what I think President Obama wants to do and address the health care issues that we have.

But thank you for your service once again. We certainly look forward to working with you.

The CHAIRMAN. Mr. Miller?

Mr. MILLER. Thank you, Mr. Chairman.

Mr. Secretary, it was a pleasure visiting with you. And we do look forward to hosting you in Florida when you have the opportunity to come down.

Following on to Dr. Snyder's comments in regards to medical research, there are even some exciting things going on down in the

panhandle right now with hyperbaric oxygen therapy for TBI folks. And we are real excited there with some of the cutting-edge stuff going on down there with some of things that were talked about in October in the Consensus Conference up here in Washington.

Mr. Stearns was talking about IT and the issues of medical records. And I think we all agree that that is an extremely important thing and certainly should lend a great chance of solving some of the backlog, too, but we know that it is not going to be implemented quickly. But we do know that it is very important. I think we all are committed to helping you meet that goal if not by the date, prior to.

But one of the other areas that you may see or even pick one stumbling block that is out there for the transition for military personnel from DoD to VA, what would you see as one or a couple?

Secretary SHINSEKI. Well, I would say that I will begin with leadership. If this is going to happen faster and at higher quality than is happening now, and by the way, we have made tremendous progress in the last year to 18 months thanks to the leadership of Secretary Peake and others, but this is not a technical issue in my opinion, and so if it is going to be solved any faster, it is going to take leadership.

Last Friday, I requested and had a personal meeting with the Secretary of Defense and we both agreed that in this interim when he and I are both sort of without deputies, and the two deputies chair the Senior Oversight Committee that is looking specifically at how to transition active-duty personnel into the ranks of the VA, he and I agreed that we would chair the next meeting which will occur sometimes this month and maybe the next two meetings personally to provide the leadership, establish the priorities, and keep the momentum on finding solutions for what seems difficult right now.

A single electronic medical record is something I would be interested in working on with him. An individual enters the ranks as a youngster and stays for several years or stays for 20 and comes to us as a veteran. Those records ought to be transferrable and ought to be accurate and complete and not just medical records but personnel records as well because the personnel records are also part of the disability adjudication process.

If we can get to this agreement on what an electronic medical record looks like, we will solve the challenges we are wrestling with today where we have two different records.

And I would add that I have asked about the relative qualities of both and I am told that the medical record that is used in the Department of Veterans Affairs is very highly regarded both in Veterans Affairs but also in the military departments.

And so I went and sat with a couple of doctors here locally, the military doctors at Walter Reed, a small sample of three. Everyone said VistA is the way to go. VistA happens to be the VA's version.

And so, I think if you put the issue before medical professionals, they can come to an agreement what a requirement for a medical record is. Once we get that, we can put then the smart people with the technical skills to be able to deliver what we think works. When we do that, we will be able to make this seamless transfer of information.

But to get to that point of having the single electronic medical record, single personnel record, is going to take leadership. And I think that is where Secretary Gates and I can do a lot to leverage better and faster outcomes than we are currently facing.

Mr. MILLER. Thank you, Mr. Secretary.

Also, I would like to ask unanimous consent to enter my statement into the record as well.

The CHAIRMAN. Without objection, all Members' statements will be entered into the record.

[The prepared statement of Congressman Miller appears on p. 35.]

The CHAIRMAN. Mr. Michaud Chairs our Health Subcommittee. Mr. Michaud?

Mr. MICHAUD. Thank you very much, Mr. Chairman, Mr. Ranking Member, for having this hearing.

I want to thank you as well, Mr. Secretary, for coming here and congratulations. I look forward to working with you over the next couple of years.

I have a couple of questions. There has been a lot of time about the stimulus package and the economy.

My first question deals with Priority 8 veterans. If you look at what is happening out in the real world, if you have a factory that shuts down, you have a lot of workers who are veterans who do not utilize the VA system. They do not need to because they have good health care at the place where they work.

My question is, once they get laid off and need health care, they go to the VA system. When they look at the application, what they have made during the previous years' wages, they get denied. Then they appeal it. Then they get accepted.

My question is, is there a way they can get accepted the first time around because their economic status has changed? That is my first question.

My second question is, we have done a lot over the years with rural health care issues and access to health care. One of the biggest complaints we hear is veterans' in rural areas being able to get access to health care when they need it.

Under the 2004 Capital Asset Realignment for Enhanced Services (CARES) process, they have brought forward, access points and new hospital facilities.

My second question is, do you think we ought to revisit the CARES process to make sure that it is still valid. If so, is there a way that we can speed up that process, i.e., if there is an access point in a rural area and you have a rural hospital or a federally qualified health care clinic in that rural area, would it not make more sense to work collaboratively with them to get access in that particular rural area?

And my last and final question. Now that the campaign is over, you heard the Chairman talk about hope and everyone is really optimistic with the new Administration moving forward. A lot of campaign promises were made during the election cycle. One of the issues that I heard the President talk about is taking care of our veterans' the funding issues.

Funding is only one component of it. The second component of funding is to make sure funding is on time, whether it is some type

of mandatory funding, advance budgeting, or some type of assured funding, whatever you want to call it.

What is your feeling on an advance budget for the VA system and how quickly can we get that moving? Those are the three questions.

Secretary SHINSEKI. Congressman, just very quickly on the Priority 8s, I am still sizing the population here. Today at least, I do not have a good feel for what it is, but we are going to begin including Priority 8s based on the funding and support Congress provided last year. And that will begin sometime this summer. We anticipate about 266,000 Priority 8 veterans being picked up as a result of this.

As we look at the Priority 8 population, the economic downturn you described is going to affect folks in the upper seven priority levels as well. And there are veterans in those categories who are not using our services today who may or may not be enrolled.

My guess is we are going to see some movement in some of those categories as well. And so even as we think about the impact to Priority 8s, there is a broader range of higher priorities that we have to be sensitive to. And I have got to try to get a handle on that as we go forward.

But Priority 8s will begin this year, based on the funding we are provided. And probably the July timeframe you will see that.

Rural health, just a tough issue. And I know there are many locations here that go from rural to very highly rural. And as I said earlier, I am trying to ensure that sitting in Washington and not trying to fine tune things out there with thousand mile screwdriver. I will have to go out and listen and find out.

But I think both rural health and our concerns about not understanding our mental health challenges as well has caused the VA to put a lot of energy into coming up with what I think are fairly creative solutions and not just hospitals, but health centers and outpatient clinics and Vet Centers and mobile vans, 50 of them, that provide both primary care in a limited way but also health care.

And these opportunities allow us to address some of the rural challenges. Contracting is an opportunity as well with local primary care providers. My only concern here would be that we maintain the standards that a veteran would find in any VA facility. And if we can do that, we will try to address those concerns as well.

I forgot the third issue.

Mr. MICHAUD. Advance funding.

Secretary SHINSEKI. I would say just up front my preference would be for a timely budget. And I will assure you I will do my part to get a mature request from the VA into the President in time. And I have been assured that he will support funding for VA medical.

And in a prior life, I lived with continuing resolutions and I know full well the impact that they bring. And so timely budgets would be my preference. If that is not possible, I am sure there will be discussion about other options.

The CHAIRMAN. Thank you, Mr. Michaud.

We welcome Mr. Roe to our Committee, and you have the floor for any comments you would like to make.

OPENING STATEMENT OF HON. DAVID P. ROE

Mr. ROE. General, congratulations.

I remember when I was in the service, I served as a medical officer in the 2nd Infantry Division and this piece of paper was your medical record. You carried it around. And we have some experience locally, you are correct, that the VA medical records system is a terrific system, and look forward to working with you.

I have had the privilege, of the pain, I should say, of going through and converting our office to an electronic medical record, but it is an advantage and you can handle data much better.

In my previous life, I was the Mayor of our city and we converted all of our police to electronic, so there is no paper at all. It has been a tremendous success.

I really look forward to working with you. We have a huge VA campus in my district and I am going to make the third invitation here to invite you to Tennessee to visit.

There is no higher calling in my mind than to take care of our veterans who protect our Nation. And it is a privilege to be on this Committee and to work with a person of your caliber. And I look forward to doing that.

I also will point out that already in our local VA, it is completely heated and cooled by renewable energy. We use a landfill and treat the methane and the entire campus is heated and cooled by renewables.

So this is something I would like to implement in other VA facilities, and look forward to working with you.

I think we have something to offer as far as my background as a physician to work with some of these issues. And there are a lot of issues out there. There is no question about it.

One in particular, there are people who do not meet the income threshold in our area, who make a little bit too much money, but do not work in a job that has health insurance. And I really believe we need to help those veterans. It is a tremendous problem and may be more a national problem as pointed out also.

But we have a sheriff in a local county that I represent who the county does not provide health insurance and he cannot get in the VA. He is an honorably discharged veteran, 4 years in the military, in the Army, and cannot get in. That is wrong. And I would like to see that corrected.

So these are just a few comments for your consideration. Thank you very much. I think we certainly have a great Secretary to work with.

The CHAIRMAN. Thank you, Mr. Roe.

The Chair of our Economic Opportunity Subcommittee, Ms. Herseth Sandlin.

OPENING STATEMENT OF HON. STEPHANIE HERSETH SANDLIN

Ms. HERSETH SANDLIN. Thank you, Mr. Chairman.

Thank you, Mr. Secretary, for your testimony today. Congratulations again on your recent appointment. And thank you for your many years of military service.

It was a pleasure to meet with you last week. And as others have done, I extend the invitation to you once again as I did last week to South Dakota understanding that the summer months would be preferable than the dead of winter in South Dakota.

But I want to reiterate just a couple of items that we discussed and bring two others to your attention.

We did talk about the post GI Bill, Post-9/11 GI Bill and the August 2009 deadline. And as we work to achieve that goal, as you know, the week of February 26th, the Economic Opportunity Subcommittee will be having a hearing to evaluate both the short-term and long-term goals and where those time tables are and the strategies for implementing the new veterans' education benefits.

And we also discussed the VA facility leasing initiative, community-based outreach clinics (CBOCs), as you know, and Mr. Michaud pointed out, are so important to highly rural areas, advance funding, as well as "The Women Veterans Health Care Improvement Act."

And I appreciated your comments and thoughts on a variety of issues, including the PTSD conversation that we had last week as well.

Two other issues that I wanted to bring to your attention are long-term care and the polytrauma rehabilitation centers within the VA health system.

The number of veterans 85 or older is projected to increased 110 percent between 2000 and 2020. Estimates indicate that this number will peak in 2012. And I believe meeting the long-term health care needs of our Nation's veterans is one of the most important and difficult challenges facing the VA today. And I hope that you and your staff will work with this Committee as we develop a comprehensive, strategic plan for long-term care.

The other issue, as you know, with the polytrauma rehabilitation centers and the important work that they have been doing, particularly in working with our wounded warriors from the wars in Iraq and Afghanistan that have produced thousands of severely wounded active-duty servicemembers and veterans, many of the veterans receive treatment at one of these four centers. And for the most part, these centers are providing extraordinary care.

The VA, however, I think, needs to develop guidelines that ensure that the polytrauma centers are not prematurely moving patients out of the centers and into long-term care before they reach optimal function given that individual's potential through rehabilitation.

And my opinion stems from an experience that one of my constituents had. He received a traumatic brain injury from an improvised explosive device (IED) in December of 2005 in Iraq. And he was informed that he would be transferred out of the Minneapolis Polytrauma Center and into a long-term care facility before his family believed he had received the level of rehabilitative care that he deserved. And I agreed with them.

And at the time, based on my conversations with the family, their terrible experience with the caseworker that was assigned to

them at the time, and my concerns that this was another perhaps budget issue because the Department of Defense was not paying because he was still active duty, and the polytrauma center basically said if he has not achieved a certain level after 90 days, we are moving him.

And we were able to intervene with the Army and worked with the VA as well and got him into a private rehabilitation center. And this constituent made dramatic improvement in a matter of weeks that he had not been making in the Polytrauma Center in Minneapolis. And he has now been able to return home and improves his functioning every week and every month.

And so I just wanted to bring this issue to your attention in terms of the importance of those guidelines, that we are not giving up on many of these vulnerable young men and women and prematurely moving them into long-term care based on some fairly arbitrary standards that I think this particular family that I represent was dealing with at the time.

Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Madam Chair.

Mr. Bilbray.

OPENING STATEMENT OF HON. BRIAN P. BILBRAY

Mr. BILBRAY. Thank you, Mr. Chairman.

Mr. Secretary, I appreciate the time we were able to spend together.

I think, Mr. Chairman, I have had the pleasure of having a very frank and open discussion with the Secretary. And I have to say that I know a lot of Members are very concerned about rural services, whatever, and I would just like to assure the rest of the Committee that anybody who has grown up in one of the out islands in Hawaii knows the challenges of being provided all the essential services and the logistical challenges there.

And I think the Secretary brings a personal experience with the challenges as growing up in one of the out islands that I think all of you will appreciate if a major concern is rural services.

So, Mr. Chairman, I yield back.

The CHAIRMAN. Thank you, Mr. Bilbray.

And the Chair of our Oversight Subcommittee, Mr. Mitchell.

OPENING STATEMENT OF HON. HARRY E. MITCHELL

Mr. MITCHELL. Thank you, Mr. Chairman.

And I want to welcome Secretary Shinseki and thank him for appearing before our Committee.

Mr. Secretary, given your long and dedicated service to the U.S. Army, I know that veterans will be well served by your leadership.

The Subcommittee on Oversight and Investigations, which I am honored to chair, has focused on a number of issues, including VA outreach, record sharing with the Department of Defense, and implementation of effective information technology.

At a time when less than 8 million of our Nation's 25 million veterans are enrolled in the VA, we have pressed the VA to do outreach to the remaining 17 million. We asked the VA to find ways to bring the VA to these veterans. And the VA has since begun

using modern media tools to do so and I believe this was a great step in the right direction.

And turning to the records sharing, the VA and the Department of Defense have been working on shared electronic medical records for the last 20 years and much progress has been made in the last 2. A commitment from both departments will be required to finish this job.

And finally let me say that I believe when the VA and its dedicated workforce of public servants are doing their best, they can provide excellent health care and timely benefits. However, the VA needs strong leadership to solve significant management problems.

The Department's financial inventory management systems are completely inadequate and its outside auditor has found material control weaknesses for 3 years in a row. With enhanced information technology systems, the VA's management will need to implement a high standard of achievement and help employees to reach it.

And beyond these three issues, there are many challenges which face us, including the implementation, as has been mentioned before, of the GI Bill, sorting through miles of disability claims. And we all have our work cut out for us.

But, Mr. Chairman, with your leadership and with the leadership of Secretary Shinseki and the VA, I believe that we can make great progress. And I yield back.

[The prepared statement of Congressman Mitchell appears on p. 33.]

The CHAIRMAN. Thank you, Mr. Chairman.

Mr. Brown.

OPENING STATEMENT OF HON. HENRY E. BROWN, JR.

Mr. BROWN OF SOUTH CAROLINA. Thank you, Mr. Chair.

And thank you, Mr. Secretary, for being here today.

This is my 9th year on the Veterans' Committee and I serve now as the Ranking Member on the Health Subcommittee. And so health care for our veterans is pretty important for Charleston, South Carolina, and my district down along the coast.

And I guess as far as the whole Nation as a whole, we certainly want to keep in mind those veterans that have paid the price for our freedom. And we certainly want to be there for them when their needs are there.

And one of the things that we are working with down in Charleston and which we hope would be a model for the country is to try to collaborate as much health care delivery as possible. We recognize that sophistication now of the health care delivery for those veterans is coming back under much more extreme conditions than they were in previous conflicts. And so we want to be as flexible and as creative as possible.

And so one of the projects that we have been working on is to try to bring more collaboration between the VA community and the other health care deliveries around the country.

And more specific, we have been working with the Medical University of South Carolina to try to draw the strength from both of those health care delivery systems to better benefit the health care delivery of our veterans.

And so we have gone through the process of establishing some of the reasons that we can combine, you know, some of the resources. And we, even as we speak, the Medical University is in the process of actually replacing all of their current campus.

And what we were hoping to do is include the VA hospital into that development plan. In fact, we were able to get $36.8 million in the reauthorization bill. And so that we hope that somehow that we can continue to move that forward because of the timeliness of the development of the Medical University.

So we hope that you would be supportive of that effort and any information we might be able to bring you up to date on, we would be happy to do so.

Thank you for your service.

The CHAIRMAN. Thank you, Mr. Brown.

Secretary SHINSEKI. Mr. Chairman——

The CHAIRMAN. Please.

Secretary SHINSEKI [continuing]. May I make a comment?

The CHAIRMAN. Yes, of course.

Secretary SHINSEKI. I think most Members know we have 153 VA hospitals across the country and well in excess of 100 of them are affiliated with medical schools. And I am told that 50 percent of the physicians in this country have come through a VA experience.

I think it is important. I mentioned providing leadership in the area of regaining our position as well-respected in this country and the health care business. I think that affiliation is an important part of it and we will continue to do that.

And to Mr. Buyer's comment, we ought to also look for where it makes sense to have an affiliation with DoD activities and see if we cannot harness talent, creativity, and perhaps save on funding for some of these initiatives.

And I know there is legislation that sort of dictates how we might be able to do this, but I think willing minds would be able to help us get more energy out of this.

I know when I came through the VA as a youngster out in Hawaii and dealing with an issue, as an amputee dealing with a surgical procedure, I must tell you, and this was in a military medical center, I must tell you that I have watched what the VA has done in terms of research and creative solutions.

The Seattle Foot that allows amputees to run was designed, I am told, in the VA. And I think if we can continue to have these kinds of successes, it will benefit the Nation at large and certainly benefit the military where we see a lot of youngsters now being able to stay in the military because they choose to and because they have been given functionality back, not just form, but functionality.

Mr. BROWN OF SOUTH CAROLINA. Thank you very much for that support. And we look forward to working with you.

I know we also have a DoD/VA joint outpatient clinic in Charleston, South Carolina, and so we are looking forward to seeing how that is going to actually operate too. So thank you very much.

The CHAIRMAN. Thank you, Mr. Brown.

The Chairman of our Disability Assistance and Memorial Affairs Subcommittee, Mr. Hall.

OPENING STATEMENT OF HON. JOHN J. HALL

Mr. HALL. Thank you, Mr. Chairman.

And thank you, Mr. Secretary, for your service and now for your willingness to serve again in this most important time.

We had the opportunity to speak before and I had the opportunity and will again extend the congratulations of the West Point community. And they and the 70,000 or so veterans of the 19th District in New York and all the vets of New York State, I think, are looking forward to your taking on the challenges that you have described and you have heard us talking about.

There are a couple of things I wanted to mention, in particular one that just came from a conversation I had this morning at the Military Association of New York breakfast with some Guard officers who are working on 30-day, 60-day, 90-day interviews with returning National Guard troops and their families who were coming back from Iraq and Afghanistan and having counselors interview the families separately in one room and the soldiers in another to try to assess the problems of readjustment, in particular PTSD. One of the priorities that I hope we will succeed in the Subcommittee's work this term in addressing is to provide the presumptive service connection for PTSD, for those who have the diagnosis by the doctor or psychiatrist, diagnoses a veteran as suffering from PTSD and they served in a war zone as defined by the Secretary or in an area of hostilities, that they do not have to jump through any hurdles or, you know, through hoops to prove that that was the cause.

And I would look forward and I do look forward to working with you on fine tuning, and with Members of the Committee and the Subcommittee on fine tuning that legislation.

But they are finding, as I was told this morning, that the Guardsmen that they are working with are reluctant to talk to the brass. They are reluctant to talk to officers. They will talk to other soldiers. They will talk to counselors. You know, the families will first open up to a counselor. But once they do open up, I would like it to be, if the diagnosis is there, the treatment should be automatic and as quick as possible.

The second thing that was mentioned by a couple people, I think, was the CARES process and whether there is any adjustment that needs to be made there.

And particularly in my district, we have Castle Point and Montrose VA hospitals, a CBOC in Middletown, New York, in Orange County.

But Montrose is a big and beautiful site on the east bank of the Hudson River which is being looked at right now for highest and best use conversion which I think should mean highest and best use for veterans.

And what I am concerned about is that in the name of a short-term revenue hit that some of this or some or all of the site may be converted to condos, marinas, retail space for profit and for private developers.

And we have severe need for transitional housing for homeless veterans, for independent living, assisted living, and nursing care for our more elderly veterans and for rehabilitation housing where vets can live with their families while they are being rehabilitated

from injuries as they are in Silver Spring at the Homefront Village that some of us visited last year.

So with all those things, with all those needs and the veterans returning from Iraq and Afghanistan, I think it might be premature to close or knock down empty buildings at the Montrose facility.

And in the course of inviting you to the Hudson Valley and to West Point again, your alma mater, I would ask you to visit Montrose with me and have a look at that.

And I look forward to working with you very much. Thank you.

The CHAIRMAN. Mr. Walz?

Mr. WALZ. Thank you, Mr. Chairman and Ranking Member.

And thank you, Mr. Secretary. It is a real honor to be here with you. And, of course, having served at a time when you were serving, also to serve under you was a great honor.

And I would like to especially thank your wife who—as you all know, no warrior deploys alone or takes a mission alone—so your wife is giving up those well-deserved retirement years that you worked so hard for in this Nation. So to step back, thank her for all of us. It is a just service to the Nation again.

It is a great scene that I have here in seeing you. Sitting behind you are the men and women who literally represent millions of our veterans. They are the voice for those veterans. And I know you already know many of them on a first name basis. They are here every day. They are speaking and they have been doing it for decades. And they are your strongest supporters sitting behind you. They are the strongest supporters of the VA.

And because of that, they will also be your toughest critics. They are there to make sure that that organization succeeds. They are there to make sure that you have the tools to make it succeed for veterans and they will point out shortcomings. And I think it is a very healthy dynamic. I see them as what makes the VA work and they are the people who can help you greatly.

A couple things you said, General, make——

Secretary SHINSEKI. Sort of——

Mr. WALZ. Please, go ahead.

Secretary SHINSEKI. Sort of like leading soldiers, same dynamic.

Mr. WALZ. Absolutely. Well, to see you leading from the front is a real pleasure. And later on when I invite you to Minnesota, being the Sergeant Major and inviting a General, you must come in the winter coming from Hawaii. Ms. Herseth Sandlin is much kinder than I am.

I heard some great things here my colleagues are hitting on. So I am very proud of this. I think one of the greatest honors of my life is to serve on this Committee and know the work that we are doing.

And this is a Committee that at times we may differ on the means. We never differ on the end of care for our veterans. And it is a very, again, healthy dynamic. These are great leaders up here and I am proud to be here and proud that you are going to lead the organization.

A couple things you said that I think are getting exactly at the heart of what we can do as systemic things that we can fix, wheth-

er it is claims backlogs or how our veterans are cared for, are cultural.

And I think you have already started to hit on that and it is the issue of seamless transition. Everyone here and everyone out there is so sick of hearing about this for decades, but the reason they keep bringing it up is that group out there understands this is the key.

And I applaud Ranking Member Buyer. His work on the dental issue is exactly right. In the long run, not only will we care for our veterans better, we will save money in my belief as the way that the Ranking Member is talking about it and our readiness will be increased.

I know that my biggest fear every time we went to a mobilization station was I lost my soldiers on dental issues. And we need to have that readiness up, plus the care they get. So I think that is a huge issue you are getting in on the seamless transition.

And talking about the single medical record, and we heard Dr. Roe talked about it, I represent the city of Rochester and the Mayo Clinic. And they, too, will echo your assessment that VistA is one of the best things out there.

We know there are differences in the needs of some of these records and being down range. And some of my colleagues when we went to Afghanistan and Iraq with the specific purpose of watching how this worked, we have got a system now that makes a physician down range have three computers and seven databases open to assess things for a soldier that is wounded.

We can do better than that and we can centralize that and get it moving through, but what it does in my opinion—the DoD does a very good job of what they are tasked for and their job is to fight wars and protect this Nation. And the VA does a very good job of what they do, which is to care for our veterans. The problem lies in when we have that handoff, that transition.

So I think the goal—and you meeting with Secretary Gates, who is a great advocate of this and a great leader and we're very proud to have him there—is to try and make sure, because I think the systemic problem with the claims backlog is not getting these people in, is not getting them transferred over, and then we see, as I said, the DoD hands off most of these veterans at a point where things like diabetes have not shown up yet and some of these problems.

If we can get them early, if we can treat them, we are going to do what is right by the veteran, save money, and, as one of my colleagues said, keep faith with the next generation.

So I would like to hear just your feelings, and I have heard you say it, I heard you say it in your confirmation, this idea of seamless transition, and how do we finally crack that, those silos that are set up between DoD and VA.

Secretary SHINSEKI. Just very quickly, one of the other things that I broached with Secretary Gates besides our agreeing to chair the process to keep the initiatives going, a single medical electronic record, but also mandatory enrollment in the VA, not left to outprocessing whims, mandatory enrollment in the VA and have that as a requirement.

That alone will force the two institutions to begin to move together on what records need to be handed off at that point. And there is no excuse for not having that handoff, but it will force us to do other things to achieve mandatory enrollment in VA.

Even for those who may not have a disability claim at that point, 10 years down the road, who knows? Twenty years down the road, we do not want to be doing what we are doing now which is chasing details and records that are, you know, hidden away some place. We will have that handoff. It will be controlled and there will be an opportunity even years later to make adjudications based on complete records.

Mr. WALZ. Well, I cannot say enough how much that pleases me and I think there are probably a lot in the back of the room that are nodding also, that this is one that we have been trying to get at.

And, again, congratulations to you and to our veterans. To have your leadership there is very comforting.

I yield back.

The CHAIRMAN. Thank you.

Mr. Rodriguez.

Mr. RODRIGUEZ. Mr. Secretary, welcome and good seeing you once again.

I sat on the Armed Services Committee for a while. I have been in this Committee now, for about 11 years. And one of our frustrations has been trying to create that seamless transition. I think Secretary Peake was a tremendous Secretary also, though he did not participate long enough there to make a difference.

But we really need to see and I would ask you to come forth and let us know if there are areas that we need to work in terms of additional legislation that allows you the flexibility to do those things that need to occur and/or where there are resources that are needed.

I know one of the areas was in terms of the new technology and some of us felt frustrated when we compromise all those names of those veterans with that information, and their identity could be stolen, where we really needed maybe an external task force.

I would hope that you are open to those ideas and see what you can make happen from a bureaucracy that has a lot of good people working in it, but it also has some driftwood that should not be there and they need to open up to some of that.

I also just want to follow-up on the veterans organizations. I would hope that you really look at how we can utilize them.

You just mentioned a beautiful comment about making it mandatory for everybody to be part of the VA. The beauty of it is to go back to those Vietnam veterans and all the others, and the veterans organizations are the ideal ones that can help with that outreach.

I am a social worker by profession. I had served in the Texas House and other political subdivisions. And when I came up here I was astonished on the amount of casework that we do for the VA. And if I talk to any of these Members of Congress, a great load of their casework as Members of Congress is veterans.

So we are doing a lot of the casework that the VA ought to be doing. There is a real need to look at a case management system

that allows an opportunity to help those veterans fill out those forms that we have to do because it is so burdensome and so bureaucratic.

I was listening to your comments on the backlog. I am pleased on that.

I also want to stress rural America. I represent San Antonio to El Paso, 650 miles, 700 miles to the border. And I also want to welcome you to come over. We have some beautiful facilities out there and beautiful services, but we have some huge gaps.

In El Paso, we have an opportunity to work with the Department of Defense there, a facility, as well as the VA. And we have some real problems that need to be worked out. We have facilities that need a great deal of construction work to bring them up to par. And so we are looking forward to working with you in dealing with these issues.

I wanted to stress and see what you might be able to do with those veterans from the previous eras, not only the veterans that are coming back home now, with reference to suicide rates. The high suicide rates are not acceptable. We need to see what we can do in that area and the area of mental health. And our veterans organizations can also play a role there.

I know that there are other programs in terms of job training for our veterans and other things that could be important that we could also be playing a role in. So as we move forward, I look forward to working with you on these issues.

I have been in this Committee 11 years and it has been frustrating, but I feel really optimistic in the last few years with the resources that we have put there. I know that it is going to be tough getting the bureaucracy to move, but I think the majority of us on both sides are willing to see what we can do.

I am referring to previous secretaries, Democrats and Republicans, that we have had difficulty with because in 11 years, I have served also under other Democrats. And the key is we are all in this together and one of our responsibilities is to make sure we service our veterans and do whatever we can do to make that happen.

So I wanted to personally thank you. And if you can just make any comments as it deals with the rural services. I know we did some legislation for some pilot programs in that area for other facilities because in spite of the fact that I represent those areas, I have no facilities in my area. The VA facility is in somebody else's district, both in El Paso and in San Antonio, though they service my area, and I have 700 miles with not a single clinic or anything.

And so I wanted to get your feedback on what might be some of the plans.

Secretary SHINSEKI. Well, sir, having driven I–20 several times from Dallas to El Paso, I know the terrain you describe.

I will tell you that I grew up in Vietnam and in many ways, I am now watching all of our efforts to understand PTSD, TBI, substance abuse amongst veterans. And I have a better appreciation for what we put my comrades through when we came back and none of these programs were available. In fact, these were not terms that were in vogue then. And we still do not understand enough in this area. We are still learning.

One of the things we have started doing at VA is we screen all Iraq and Afghanistan veterans who register with us and we have been doing this since April of 2007. And just through a four-question screen that asks them if they were ever associated with an event like an IED event or similar, we have screened about 235,000 veterans. Forty-three thousand of them who are being tracked as potential TBI cases met our requirements, hit our radar screen for follow-up.

And out of those numbers, about 12,500 have been confirmed as mild TBI. We have been able to rule out 10,000 of those veterans with about another 5,000 still left to be evaluated. So we are learning here and making this effort to screen as many Iraq and Afghanistan veterans as we can.

We are doing similar things with PTSD and I would say that the numbers I am given, that in 1999, we were providing disability payments to about 120,000 veterans in the category of PTSD. Today, as of September, this past September, that number of veterans is up to 340,000. So we are making the effort here to identify PTSD patients as well.

We know if we identify it, we have a good chance of treating it and precluding some downstream problems for these veterans.

Regarding suicide, we are part of a national hotline since July of 2007 which we are collaborating with the U.S. Department of Health and Human Services (HHS) on. We got 67,000 calls in 2008 and already this year, this fiscal year, we are up to about 25,000 suicide calls on this hotline. Some of them involving active-duty personnel as well, not just veterans.

I think the key factor here is, I am told, that in over 1,700 cases, we intervened and prevented an act of suicide in 2008. Already this year, over 700 interventions where we have been able to marshal forces with local authorities, find the individual who has called in, and intervene.

So we are doing more, not enough. We are learning as we go. I assure you that my recollection of what my friends went through as a result of Vietnam, I will keep.

Mr. RODRIGUEZ. Mr. Secretary, thank you very much. And I know we have high expectations for you short of walking on water. We are going to be there with you also because your success is our veterans' success also. So we will be there right with you.

Thank you.

The CHAIRMAN. Thank you, Mr. Rodriguez.

Mr. Secretary, if I could just follow-up on your previous statement on the examinations or the assessments. I think when you meet with Secretary Gates you might mention this—there has to be a mandatory evaluation for both TBI and PTSD.

Right now, it may be a self-reported questionnaire, as you referred to. Everybody knows if they want to go home, they do not answer certain questions positively. There is a whole dynamic, you know, against both—there is a dynamic of denial, both self-denial and in the military. And I do not mean just by a clerk coming in with a questionnaire. I mean, medical personnel giving an evaluation before they leave the service. As you know, you can order that to happen and right now it is not happening. You pointed to the statistics, and I think the statistics are even higher. A lot of the

screening when these young men and women come into the VA is done by self-reported questionnaires. We have to move away from that. The numbers are too high. The denial is too great and the problems are overwhelming us in the civilian world.

The statistics of your comrades from Vietnam show that more veterans have died from suicide than in the original war. That was over 58,000. That means we have not done this right. You point to some things that are moving in the right direction, but I think we have a long way to go.

The statistics just boggle your mind because these are our children and we cannot let it happen. And we are looking to you to move that in the right direction.

Secretary SHINSEKI. Mr. Chairman, the numbers I gave you was just to demonstrate that we have not missed the importance of this area. We do not have the solutions. We are learning as we go.

One of the things we have done at the VA is we have taken mental health from being in a separate part of the complex and moved it into the primary care area to reduce the stigma of someone having to go to that part of the hospital. So we have integrated mental health with primary care. We have also trained primary care medical personnel on what to look for. And it is through this process that we are beginning to get some response. It is not enough. More to be done.

The CHAIRMAN. When you start traveling around the Nation as I have done as Chairman of this Committee, in every community of this Nation, people want to help. They want to help the young men and women, the older veterans.

Too often, the Department of Veterans Affairs appears as a bureaucracy that says, "no, we do not need your help." The resources are in our Nation and we have to tap them in a new way and reach out.

Everybody wants to help. In a democracy in a war, people understand that it is part of everybody's struggle, not just the few who volunteer. We need to tap into those resources. And I look forward to working with you to make sure that occurs.

Mrs. Halvorson, we look forward to your participation on our Committee and you have the floor.

Mrs. HALVORSON. Thank you, Mr. Chairman.

And thank you so much, Mr. Secretary, for being here.

Before I get into the question I have, I want to follow-up with what the Chairman has just said. Unfortunately, last August, my husband and I spent a lot of time at Walter Reed last year because our son was injured in Afghanistan. He is a Special Forces Captain. And I can attest to exactly that.

People came in every day asking him questions. And the first few days, I do not think he was capable of answering any of these questions, on top of the fact that these are strong, tough guys who do not want to admit that there is anything wrong with them, and especially with him. He is a Captain, Green Beret, Special Forces, working very hard.

And they came in every day, got great help. However, every time they came in to ask him if he knew what he was saying, he was fine and he did not have any problems. And I think maybe we need to follow-up and do something with that.

However, one of my major concerns and having spent so much time last August at Walter Reed myself, not only in my district but at Walter Reed, the concern was a lot about the women coming home. And I am sure you are aware that women coming home, veterans will double, more than double in the next 5 years. And I think that culturally as well as historically will present problems for the VA or not necessarily problems, but challenges.

And do you think that maybe you could help us identify or what challenges do you see going forward with whether it is health related, cultural related, how we are going to be dealing with the women veterans that will be entering our system?

Secretary SHINSEKI. Thanks for the service of your son.

Mrs. HALVORSON. Thank you.

Secretary SHINSEKI. Just on this issue of women veterans, we anticipate that by 2020, 15 percent of our veterans will be women. And having come through the experience of women joining the ranks of the Army in large numbers very quickly, we played catch-up there and we are probably in the VA also playing a little catch-up here from what was primarily a male population.

But the timing is right for us to put in place the kinds of things that will anticipate a 15 percent population. At every one of our 153 hospitals, there is a women's program coordinator. There is a women's advisory group that works with me on being able to anticipate what other initiatives we should be pursuing and now is a good time to take this on.

So I look forward to doing that. As I say, we are aware of this change in trends. We are playing catch-up, but we will——

Mrs. HALVORSON. Great. I look forward to working with you on that and anything else I can help with. And as everybody else, I look forward to you coming to Illinois to be with us.

Secretary SHINSEKI. Okay. Thank you.

The CHAIRMAN. Mr. Secretary, I want to give you the benefit of some experience here with the information you sometimes get. You have talked about being out in the frontlines and let me just give you an example of what I mean.

You mentioned there is a coordinator for women's health. There is also a suicide coordinator and there are some other coordinators. You ought to find out when you get to a hospital who that is and what are they doing. That is, it may be somebody who is doing it as only a small percentage of their job.

I do not have to tell you that with a big bureaucracy you have to be careful. I have seen these statistics over time. Everybody has a coordinator but when you go into the hospital, there is a clerk who is collecting statistics. That is their coordination. They are not acting as health coordinators, or bringing all the resources together to make sure they are tapping all their resources.

I am sure the same thing is true in women's health. We get this kind of information a lot and when you go back to see what it means, it is not as good as it sounds.

Just a fair warning as you try to develop this information.

Secretary SHINSEKI. I have not been on the terrain yet, but I will be.

The CHAIRMAN. I am sure you had information that there are 153 coordinators. Well, I just bet that is not the reality.

Mr. Perriello, thank you for serving on our Committee and we look forward to your participation.

Mr. PERRIELLO. Thank you, Mr. Chairman, and thank you, Ranking Member, for allowing me to be part of this Committee.

And thank you to you, Mr. Secretary, for your service to this country in the past and in the present. This is a tremendous moment for us as a country. It is a gut check moment not only on the battlefield but on the economic frontlines back home.

I want to just ask you about a couple of quick things related to my district and I think more broadly in the country.

I represent an area, central and southern Virginia, one where I think you spent a little bit of time. And I would love for you to come back. I am closer than a lot of these other districts, just a few hours away. So I hope you will be able to join us.

When the Commonwealth of Virginia did a report on access to veterans' facilities, southern Virginia was the furthest behind in terms of access. And I think that is true in a lot of our rural communities. So I want to make sure that as we think about access for our veterans that our rural areas are not left out.

Second, I think it continues to be a great blight on this Nation that 25 percent of those who are homeless in this country are veterans, and what strategies you think we need to be employing to address that issue.

And then, finally, is, of course, the issue of the economy. We are losing 16,500 jobs every day in this country. Several of the towns in my district have now topped 15 percent unemployment. This is something that reaches well beyond the issues of veterans in general, but obviously economic opportunities and finding economic opportunities for our veterans that is so crucial becomes all the more difficult in a job environment where we are doing everything we can just to cling to the jobs that we have.

Among the veterans that I meet with often in my new district, the two things that come up most often are access to health and access to jobs.

What are strategies that we can pursue in these very difficult economic times to make sure veterans are coming back, and I do see a dangerous trend given the uptick in PTSD, particularly from those returning from Iraq and Afghanistan, that some employers who in the past have taken great pride in trying to hire veterans, I sense a skepticism there, and what can we do to make sure that we are addressing economic opportunities for our returning men and women in uniform?

Secretary SHINSEKI. Well, Congressman, I do not have good answers for you today, but I would tell you that these are areas that I intend to spend time in.

Besides visiting Secretary of Defense Gates, I intend to go and pay my calls at the U.S. Departments of Labor, Education, Housing and Urban Development, and the Small Business Administration because I think in many ways, our veteran population is a microcosm of what is going on in the country. And if we can harness their talent and their capabilities and partner with them, we may come up with solutions that may be models for others.

But I do intend to pursue these areas, jobs, HHS, both linking our primary care, health care initiatives, but also in things of men-

tal health, substance abuse amongst veterans, and then education for those who wish to pursue education, and then small business opportunities

So there is going to be a series of meetings here and I hope to be educated in that and hope to be able to work with my counterparts in addressing some of these issues.

Mr. PERRIELLO. Thank you. We have a lot of confidence and look forward to working together to tackle those problems.

The CHAIRMAN. Thank you.

Mr. Buyer.

Mr. BUYER. Thank you very much.

General, I am hopeful that the two of us can meet next week, and go into some greater issues with greater details.

Let me just touch on several issues that have been brought up here by other Members and try to fill in some blanks.

As you make your tour of other departments, I invite you to also place on your list the Department of the Interior. Now, the reason I ask you to do this is that we have the National Shrine Program with regard to the VA. So this is one of these moments where we can take a step back and say—you can tell a lot about an individual or a country by whom is honored and whom they associate with.

And most of the discussion today has really covered on the health care aspects and disability and other things, but there are two areas that have not been discussed. One deals with our cemeteries and our cemeteries' administration. And, unfortunately, we kind of have three standards with regard to our National cemeteries.

We have that of the Battle Monuments Commission and you have toured these facilities, I am quite certain, as you go abroad. And so you can see the standard with which the Battle Monuments Commission take care for our fallen heroes. Then we have the VA national cemeteries and the National Shrine Program and the work, the good work that is done, but we want to increase that quality.

And then you can go to the Department of the Interior to our National cemeteries. So of the 14 national cemeteries within the Department of the Interior, 12 of them are closed. Two of them are still operational. And when you go visit them, so go to Andersonville in Georgia, and you will walk around and it is quick to see that there are three different standards.

I invite you to put your eyes on this one, and I will work with you and your new Under Secretary for Cemeteries on what we can do to bring the Department of the Interior and their standards up. To be very bold, they need to be brought up. And so I would invite you to have that conversation and that charge to your counterpart.

The other comment would be in your opening statement, you recited the words that are on the front of the building which you occupy of Lincoln's second inaugural address, and that is referring to the widow. And I think it is time for us to modernize the Dependency and Indemnity Compensation (DIC).

Now, when you look at the other systems that we have on how we care for someone that has been hurt in the line of work as a Federal civilian employee, they get treated better than the military

widow. I think that is wrong. I believe that is wrong. And this is one where I want to engage with you.

I do not know, because we have not had this personal sit-down, what your desire is and what type of imprint you seek to make on our country and taking care of our veterans. But if you want to move boldly and you want to make that big imprint and to make a difference, you can do so by increasing the quality and standards.

So not only with regard to our national Shrine Program and making sure that these other national cemeteries are brought up, we can make sure that our widows, in fact, are taken care of and increase their DIC baseline to reflect how other widows within other Federal systems are done. I think that is a very important thing. So it is about quality and it is about how we take care of people.

The other point I want to make with regard to clarification, so I can be very specific, when the Sergeant Major brought up the comments with regard to dental and the National Guard issue, it is sensitive to a few of us, sensitive because it took 3 years to get this to happen within the Army and it should not have taken that long. You know what it is like to move systems. It should not take long, but it does. And we tried to get his brigade taken care of and some funny business took place with regard to how that study was conducted.

But I do want to extend some compliments. I want to extend some compliments to the former Vice of the Army, General Cody. You know him well. He is a no-nonsense person and that is who really put his eyes on it and began to move it forward.

There is another lady by the name of Brigadier General Rhonda Cornam who is very, very sharp and also a no-nonsense doctor. And there is another gentleman, Colonel Steven Eikenburg, Six Sigma kind of guy within the Dental Corps, very, very sharp. And the other is the DENCOM Commander, Ted Wong. So they actually made all this happen.

The other point I would like to make with regard to the—if I may, Mr. Chairman.

The CHAIRMAN. Please.

Mr. BUYER. With regard to the stimulus package itself, now, what specific veteran provisions and associated funding levels does the Administration support within the stimulus package that is going through Congress.

So here we gave you a number. We have no idea what you intend to do with that number and whether you anticipate in this negotiation whether that will change, increase, decrease. I will leave that open to you.

Secretary SHINSEKI. I am not sure that I have a number here. I just know that if we are going to maintain the momentum that the Congress provided to the VA in the last couple of years that the higher of the two marks obviously would be of interest. But I understand that there is a process here and I will await the outcomes of that process.

Mr. BUYER. The last point I would like to make, and maybe you could do this when we get together, you could provide me updates. The Chairman and I have worked hand in hand to increase the revenue enhancement process. And this whole concern with regard

to the 8s, the Category 8s has been, has the system been prepared to receive.

It is a capacity issue and that is what you are going to find when you get into this. And I was pleased that the Disabled American Veterans and Veterans of Foreign Wars have also now publicly raised capacity issues because they are absolutely right.

And one of the pieces of this is revenue cycle management and that is the CPAC and the build-out of these CPACs to make this happen.

Have you received your brief with regard to the CPAC and the build-out yet?

Secretary SHINSEKI. Probably not to the quality of the detail you are referring to, but I do know that we have a third-party collections process and we are doing better at it.

Mr. BUYER. If you could have somebody give you a brief before we get a chance to meet next week, that would be really very productive.

With that, I yield back. Thank you.

Secretary SHINSEKI. I will do that.

The CHAIRMAN. Thank you, Mr. Buyer.

Thank you, Mr. Secretary, for joining with us today.

I just cannot avoid following up on your last comment about third-party collections. I hope you will work with us because many of us have years and years and years of experience here. We do not have a real third-party process that meets its potential. They say they do, but every year they claim we have not collected a billion or two that they should have.

In fact, and both Mr. Buyer and I have been acquainted with this, there are systems that are available to you at the VA that do not cost you anything and will double or triple or quadruple your third-party collections because they tell you exactly what kind of coverage a person coming into your care will have. I hope I have summarized that correctly.

So, the information is that you have a system but it is not anywhere near meeting the potential that it could.

Mr. BUYER. Will the gentleman yield?

Your comments to us was in your opening statement you wanted to leverage best practices. That is what this CPAC build-out is doing with Stockamp. And there are some other systems to be able to do that as you build out that envelope and that is what the Chairman is referring to.

The CHAIRMAN. Let me just say a couple comments in conclusion and give you a chance for any last statement you might want to make, Mr. Secretary.

You are the Secretary of the Department of Veterans Affairs and we have thrown at you a lot of information. You can focus on that until the end of your term and not make it perfect.

But even with all that your job involves, you are going to be sitting in cabinet meetings, and there will be other issues that come up. We have a chance, I think, as a VA system to contribute to other areas that are coming up and you cannot get pigeonholed.

I will just give you a couple of examples that came up today. I think Mr. Michaud mentioned if somebody becomes unemployed and they lose their health coverage and they are a veteran and

their eligibility is based on a previous year's income, we could help there, right? If someone becomes unemployed, I think you should offer this information to the President and find a solution cover them.

In addition, although it did not get the same publicity, we did a GI Bill for the 21st Century and the educational benefits are incredible. I know you are focused on making sure these benefits will be available on August 1st.

We have a piece of the GI Bill that did not get the same attention, but has great relevance for today. We have to publicize it more. A big part of the first GI Bill 1944 was the Housing Loan Program. I know many of us are here because of that.

When my dad came back from World War II he was able, with very little money, to buy us a house for the first time in our family's history. We became part of the middle class as did eight million other veterans' families.

We changed that program very fundamentally because it was not relevant to the existing markets. We raised the level of the loan for the purchase of a house. More importantly, we got rid of the limits on refinancing and lowered those fees.

We made the VA relevant to this crisis and a lot of people do not know about it. I think you and the President ought to publicize that a bit more because with all the subprime mortgages, the VA became irrelevant to veterans. Now, it is relevant again and we have to show that. You have a perfect opportunity to show that your Department can aid people who are in trouble. I think they just do not know it.

In addition, when the Secretary of Labor designee, Ms. Solis, joins the cabinet, the first thing she said to me when I congratulated her on her nomination was we have to do something with veterans and their jobs. She understands that we have been working together for a decade on it.

I hope you will make sure that Ms. Solis or I hope Secretary Solis and you will work on our ability to open up jobs for veterans.

I want to make one more comment, but I think Mr. Buyer had something. Oh, I am sorry, did you just come back?

Mr. BUCHANAN. Yes.

The CHAIRMAN. Mr. Buchanan, you may take a few minutes if you would like. No? Okay. Thank you, sir.

Mr. Secretary, you have a great opportunity here and I know you are up to the task. We have, as you know, more than a quarter million people working in the VA. Most of them are dedicated and they went to work for the VA because they wanted to help veterans.

But as you know, in a big bureaucracy, sometimes your bureaucratic dynamic takes over and people forget their mission or, as in the case of the VA, we gave them less and less over a period of time and asked them to do more and more and morale suffers. The bureaucratic dynamic takes over. Someone is going to get promoted because they saved money.

Then they are reluctant to recommend, for example, that the fee basis, that is to get care in one's own community, is denied because it is the bureaucratic dynamic, not the welfare of the veteran that is paramount.

You have heard the horror stories that occur, whether in the claims process that may take years and years and years or the kid that shows up at a hospital and says I am thinking of killing myself and some intake person says come back in 5 weeks when we have time for you. And they go home and kill themselves.

We have heard about the shredding of documents, because there was a quota imposed and they felt they had to meet it, so they short-circuit the whole system. The statistics on suicide were not met in a very open way. As I said earlier, community participation is closed out.

This is what, I think, is a paramount job. You can hire the people to manage most of it, but the morale of the 280,000 or so of your employees, and the morale of veterans, many who think VA means "veterans' adversary" rather than "veterans' advocate," and have had too many problems with the bureaucracy, is essential.

The visible presence that you have talked about in every arena, which I have seen you in is absolutely necessary at this time. They need to see you. They need to see your passion. They need to see you are "hands on" because a lot of confidence has been lost and I think we have to rebuild that.

You have a reputation of doing that. You have a reputation of honesty and integrity and talking truth to power. You have a reputation, as I said earlier, of being the soldier's soldier. So now you are the veteran's veteran. We have absolute confidence that you are going to be able to do this. But it is a culture that has to be changed and I think you have recognized it already with your statement.

Everybody here is looking forward to working with you. It is absolutely true on both sides of the aisle. Whatever term people are in, it is true. We are excited that you are there. We are excited that we are going to look to a transformation and we will be there. We need you to be honest with us.

Nobody ever asks us for resources sitting in that chair because you have to go by the President's budget. But we need to know what is going on so we can help you—that is what we want to do. We have an oversight function which we will exercise, but we have a supportive function to make sure that you have the resources.

Thank you for spending the morning with us. You get the last word for as detailed or as general as you want to be. Again, thank you so much for being here.

Secretary SHINSEKI. Just very quickly, thank you again, Mr. Chairman, Ranking Member, and the other Members of the Committee. I appreciate this opportunity.

And I do not think you will ever hear anyone sitting here saying he enjoyed it, but I enjoyed being here this morning, getting to hear your issues and understanding a little bit more than the orientation briefs I have taken, what are the requirements that I have and what I need to do to begin to turn things in the direction that all of us would be positive about.

I will make you two promises. I will be a forceful advocate for veterans. That is why I decided to accept this position. And I will be forthright and direct with you on what it takes to keep them at the focal point of our activities. And putting veterans first is, as I

indicated in my opening statement, what we are all about. And I will give you those two assurances.

And with that, Mr. Chairman, Ranking Member, and others, it has been an honor to be here. Thank you.

The CHAIRMAN. Thank you. And that is all we need to hear. Thank you so much, sir.

This hearing is adjourned.

[Whereupon, at 11:51 a.m., the Committee was adjourned.]

A P P E N D I X

Prepared Statement of Hon. Bob Filner, Chairman, Full Committee on Veterans' Affairs

I would like to thank everyone for being here this morning. Today we will hear from the new Secretary of the Department of Veterans Affairs, General Eric K. Shinseki. Secretary Shinseki has an outstanding record of service and personal sacrifice to our Nation.

He faithfully served with honor and dignity for 38 years in the United States Army in places like Vietnam, Bosnia, Afghanistan and Iraq, before retiring as the 34th Chief of Staff of the Army.

He is a man of impeccable reputation who is often called a "soldier's soldier." Yet, he is also a man of great vision who is credited with conceiving today's Army long-term strategic plan and transforming the Army into a strategically deployable force.

It is with all these credentials, that great reputation; and that forward looking vision, that I formally welcome the Secretary to the Department of Veterans Affairs.

The VA, much like the Army, will require your visionary expertise as we navigate the issues that currently plague our entitlement programs and health care system.

The Secretary and I recently met and had a lengthy conversation about the hard work and dedication that is necessary to keep the promises that have been made to all of our Nation's veterans.

Although the 110th Congress focused on the issues affecting returning service-members, we must also live up to the promise to honor the service and sacrifice of our veterans from previous conflicts. We will keep our promise to our Nation's heroes of the past, present and future.

We must remain committed to creating a 21st Century Department of Veterans Affairs that provides the care and benefits our Nation's veterans deserve, improves the quality of health care for veterans, rebuilds the VA's broken benefits system, and combats homelessness among veterans.

Mr. Secretary, I am certain that I speak for all of the Members of this Committee that we look forward to working with you on the serious matters that confront our Nation's veterans.

The role of this Committee is to conduct oversight of the VA to be sure that the best interest of our Nation's veterans is the number one priority. Caring for our veterans should not be a partisan issue—we must all work together to ensure the resources are available for the VA to carry out its mission.

Mr. Secretary, so many veterans view the VA as ″Veteran's Adversary.″ It is my hope that you will help create a Department of transparency and trust that will make all veterans view the VA as a ″Veteran's Advocate.″

Prepared Statement of Hon. Steve Buyer, Ranking Republican Member, Full Committee on Veterans' Affairs

Thank you Mr. Chairman,

Good morning. I'd like to welcome everyone to our first hearing of the 111th Congress.

It is my pleasure to welcome the Honorable Eric K. Shinseki, Secretary of the Department of Veterans Affairs. Secretary Shinseki is a retired General in the United States Army, a twice-wounded combat veteran of Vietnam, and former Chief of Staff of the Army. I know from my tenure on the Armed Services Committee that Secretary Shinseki is a man of principle who adheres to Army Values, and I am encouraged that our perspectives are similarly aligned with regard to serving America's veterans.

Mr. Secretary, when I read your written statement, I was pleased that the performance-goals you outlined resemble the enduring themes which I believe are es-

sential as we navigate one of the most critical moments in the history of the Department. As you are aware, VA faces a number of critical challenges, many of which have confronted the Department for the past several years.

Existing challenges, such as the disability claims backlog, will become even more imposing as thousands of combat veterans return from Iraq and Afghanistan, and further challenges will arise with the implementation of the new GI Bill. Clearly, significant difficulties lie ahead, but at the same time, meaningful steps have been taken over the past decade to help improve the timeliness and quality of care and services for our veterans.

It will take time for these measures to take affect; for instance, the two thousand additional employees that VA hired in 2008 will require a considerable amount of training before they can make a positive impact on the claims backlog. Training for complex adjudication takes time.

But the increased workforce along with technological improvements and other changes will hopefully begin turning the tide on the claims backlog. I want to emphasize my interest in seeing VA make better use of information technology to help eliminate the backlog problem.

We must also make sure that servicemembers who leave the military are quickly and effectively provided with benefits and services to ensure that they experience a seamless transition to civilian life. This will require fundamental changes in the way VA and DoD compensate and assist veterans, and their survivors, for disabilities and deaths attributable to military service.

It is urgent that Congress, the VA, and DoD work together in a decisive manner to implement such reform while the will to do so exists, otherwise we will merely be passing the targeted problems off to future generations. Successful reform would make great strides toward our mutually held goal of ensuring that veterans returning from military service are able to make a smooth and easy transition back to civilian life.

Mr. Secretary, as you can see, you take office at a daunting time, and I again commend you for accepting this challenge, and I thank you for appearing here today.

I look forward to your testimony.

Thank you Mr. Chairman, I yield back.

Prepared Statement of Hon. Corrine Brown

Thank you for calling this hearing today, Mr. Chairman. I appreciate you inviting the new Secretary of the Department of Veterans Affairs to this Committee.

Mr. Secretary, thank you for coming here today. I was pleased with your testimony where you said that you "have much yet to learn about Veterans Affairs." I am pleased you admit that you do not have all the answers and are willing too learn. This Committee does not have all the answers.

You quoted President Lincoln in your testimony. I believe the words of the first President of the United States, George Washington, are also worth repeating at this time:

"The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the veterans of earlier wars were treated and appreciated by their country."

I would like to be the first one to invite you to Florida. I was dismayed to learn that you have not been to Florida since basic training. I assure you that if you did not have a positive experience during basic training, Florida has gotten much better since the mid-60's.

Thank you for your decades of service defending the freedom of this Nation. Thank you for your commitment to the veterans who also served this Nation.

I look forward to working with you. I know I speak for the Committee when I say that we want to be partners with you to help the veterans of this country.

Prepared Statement of Hon. Harry E. Mitchell

Thank you Mr. Chairman. I want to welcome Secretary Shinseki, and thank him for appearing before our Committee today. Mr. Secretary, given your long and dedicated service in the U.S. Army, I know that veterans will be well served by your leadership at the Department of Veterans Affairs.

The Subcommittee on Oversight and Investigations, which I am honored to chair, has focused on a number of issues, including VA outreach, record-sharing with the Department of Defense, and implementation of effective information technology.

At a time when less than 8 million of our Nation's 25 million veterans are enrolled at the VA, we have pressed the VA to do more to reach the remaining 17 million veterans. We asked the VA find ways to bring the VA to these veterans. The VA has since begun using modern media tools to do so, and I believe this was a great step in the right direction

Turning to record sharing, the VA and the Department of Defense have been working on shared electronic medical record systems for at least 20 years, and much progress has been made in the last 2 years. A commitment from both Departments will be required to finish the job.

Secretary Shinseki, I am pleased by your desire to create a 21st century VA, and I trust that your long military experience and exemplary record will enable you to join with Secretary Gates to make sure that both Departments know their bosses are watching and will accept nothing less than success.

Finally, let me say that I believe when the VA and its dedicated workforce of public servants are doing their best, they can provide excellent health care and timely benefits for our Nation's veterans. However, VA needs strong leadership to solve significant management problems.

The Department's financial and inventory management systems are completely inadequate and its outside auditor has found material control weaknesses for 3 years in a row. With enhanced information technology systems, VA's management will need to implement a high standard of achievement and help employees to reach it.

Beyond these three issues, there are many challenges that face us, including implementing a new GI Bill and sorting through a mile of disability claims. We all have our work cut out for us. But, Mr. Chairman, with your leadership, and with the leadership of Secretary Shinseki at the VA, I believe we can make great progress.

I yield back.

Prepared Statement of Hon. Cliff Stearns

Thank you, Mr. Chairman.

It is a pleasure to be here today as we gather together to hear from our new Secretary of the VA, General Shinseki, about his vision for transforming the VA into a 21st Century organization. I look forward to hearing his testimony this morning and to supporting him in his capacity as VA Secretary. It is a difficult job, but the General is certainly well qualified, and I know our Nation's veterans are looking forward to seeing some key changes and improvements to the VA system that they so heavily rely on.

This morning I would like to briefly touch on a few issues which stand out to me as priorities—these are obstacles the VA *must* overcome in the next few years. First, the VA must deliver timely health care benefits to our veterans. We are facing some serious management challenges at the VA, particularly with health care delivery, benefits processing, and financial management, and new leadership is needed in these key areas.

On that note, the VA does provide health care for over 5 million of our Nation's veterans and operates a network of 153 medical centers—this is tremendous. And overall, the Veterans Health Administration (VHA) gets universally high marks for the quality of medical care it provides to our veterans. In fact, the VHA holds down costs-per-patient while providing quality care better than any other comparable public or private sector system and the VA deserves to be commended for this. However, the VHA is facing major financial challenges which are being compounded as thousands of new wounded warriors return from Iraq and Afghanistan, so I would certainly welcome the Secretary's comments on this matter.

Additionally, I think we need to pay particular attention to the increasing number of our veterans returning from Iraq and Afghanistan who suffer from TBI and PTSD, and it is essential that we take all necessary steps to remove the stigma associated with these mental health issues so that our Nation's servicemen and women will feel comfortable reporting any behavioral or health issues they are experiencing. Our men and women need to know the VA is here for them and can provide timely, comprehensive help in a confidential manner.

Furthermore, we must take great care to reintegrate our members of the National Guard and Reserves, who are returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) missions, back into civilian life and to monitor any injuries they may have incurred in combat. It is particularly difficult for members of the Guard and Reserves to adjust back into the civilian life they were accustomed to prior to deployment, especially when they are coming back after being de-

ployed three and four times. Unfortunately, we typically don't begin to see behavioral or health related issues surface until months after these soldiers are demobilized, so this is an issue that is deserving of our full attention.

I would also like to speak briefly about the need for VA infrastructure modernization. The average age of a VA hospital is over 55-years-old compared to 20-years-old in the private sector. I worked for years to get funding for new construction projects in my district which were desperately needed. During the summer of 2008 I was proud to take part in two groundbreaking ceremonies in my district—one for a new VA Bed Tower at the Malcom Randall VA hospital in Gainesville, FL, and one for a state-of-the-art Outpatient Clinic in the Villages, FL. But, truth be told, more hospitals and trauma research centers are needed in my home State of Florida which is home to Nation's second largest veteran population, and I know this need exists in other parts of the country, as well.

Finally, as Deputy Ranking Member of this Committee, I am glad to lend my support to Ranking Member Buyer's "Noble Warriors Initiative." I think it's important that this Committee have a focused legislative agenda, and one that addresses the needs of today's veterans. I know myself and my colleagues on this Committee also intend to introduce important, forward-thinking legislation for our veterans as well, but I think it's important that we craft legislation that is workable and fully respects the use of taxpayer dollars.

Thus, Mr. Chairman, I look forward to a productive 2 years, to working in a bipartisan manner with my colleagues on this Committee, and to working with our new Secretary of the VA, General Shinseki, whose extensive list of accolades speaks to his high potential to transform the VA into a high functioning and extremely efficient organization that our veterans can trust and rely on every step of the way.

Prepared Statement of Hon. Ciro D. Rodriguez

Thank you for speaking to us today, Secretary. I particularly appreciate your view of veterans as clients and not just customers. Businesses tend to invest more in their relationships with clients than they do with customers. This is exactly what we need—a personal relationship between the VA and its clients—our veterans.

I also appreciate your focus on people, results, and forward thinking, as well as measuring success by timeliness, quality, and consistency. It's good to note that quantity is nowhere in that measure. Though it is certainly important to decrease our backlog of claims—which is definitely something that needs to be addressed quickly and decisively—the number of claims processed is not an appropriate measure of success. The number of claims *correctly* and *accurately* processed is. We all know you're a man of action, so we look forward to your progress.

That being said, I have three topics I'd like to hear your initial thoughts on:

1. What is your sense of the current benefits backlog?
2. What are your initial thoughts on addressing rural veterans' access to care and the status of implementing the pilot program passed by Congress late last year intended to allow highly rural vets to receive care outside a VA facility?
3. The VA Clinic at Fort Bliss' Beaumont medical Center is a great prototype for combined VA / Military medical program. With Fort Bliss building a new medical center, is the VA in any talks with DoD about taking over the current Beaumont Medical Center facility and expand VA's services in that area? Obviously this would be a great help to those veterans in the West Texas and Southern New Mexico area.

Thank you. I look forward to a visit from you to Audie Murphy in San Antonio and the VA Clinic at the Beaumont Medical Center at Fort Bliss. I hope you will be able to visit very soon.

Prepared Statement of Hon. Jeff Miller

Thank you, Mr. Chairman.

Secretary Shinseki, I first want to congratulate you on your confirmation. As you and I have discussed, your reputation as a capable and effective leader has preceded you.

You have taken on one of the biggest responsibilities in our Nation. With veterans from several generations under your care, you have not only the challenge of ensuring the delivery of the proper health care in the right locations, but also the chal-

lenge of ensuring the proper delivery of other benefits for veterans and their survivors. The VA is saddled with a longstanding reputation of a claims backlog that does not seem to greatly improve. While I do not think there is one single answer to address this issue, I hope that you will tackle this head-on, employing all the tools at your disposal.

It is furthermore imperative that your department work with us here on Capitol Hill to address any and all issues as preemptively as possible, including proposals for addressing the claims backlog. We stand ready to help you with budgetary authorization, but the more forthcoming VA is about current and potential difficulties, the better we are able to do that.

Equally important to benefits delivery is health care delivery. For one, I hope that VA takes further steps to recruit and retain health care professionals. Doctors, nurses, and therapists, just to name a few, are the backbone of this delivery. Our medical education system produces some of the best medical professionals in the world, and I would like to see more of them consider the VA as a fulfilling place to work, not only for their own experience but also for the experience of helping those who have preserved our Nation's freedom. The other side of health care delivery for VA is where the medical facilities are located. While a full-service VA Medical Center might not be practical in every town, I firmly believe there are still tremendous opportunities to bring a wide array of health care services to those that need it the most. I have recently seen the opening of two VA clinics in my district, both co-located with Department of Defense facilities. I still think there is room for even further improvement with a relatively small amount of construction that would provide full medical care not only for VA patients but also active duty servicemen and women. With over 105,000 veterans in my district alone, plus the active duty population, there is a pressing need for this expanded care, and I look forward to working with you on meeting this need.

As I return to sit on the Subcommittee on Disability Assistance and Memorial Affairs for the 111th Congress, I also look forward to working with you on ensuring VA fulfills its obligations to veterans and their survivors throughout all of their lives, and their final resting place is incredibly important. Your oversight of our National cemeteries makes this a reality. I have been very pleased with the National Cemetery Administration's work with Barrancas National Cemetery in my district in the past, and know you will continue your efforts to keep it and all our National cemeteries a dignified final resting place.

Mr. Secretary, I wish you the best as you take on the endeavor of directing the Department of Veterans Affairs. It is no small task, but this Committee stands ready to work with you. I look forward to your testimony today and seeing your progress in the future.

I yield back.

Prepared Statement of Hon. Joe Donnelly

Mr. Chairman and fellow Members of the House Veterans' Affairs Committee:

I am pleased and honored to have met the new Secretary of Veterans Affairs, General Eric Shinseki, and I believe President Obama has made an excellent decision with his selection of the general. Secretary Shinseki's record of service to this Nation is one of steadfast dedication and solid judgment, and I am confident he will bring his work ethic to the VA to ensure that our country's veterans are honorably and rightfully taken care of.

Mr. Secretary, thank you for being here today and for taking time this morning to meet with me and my colleagues on the House Veterans' Affairs Committee. As you are aware, Mr. Secretary, VA care and services have improved over the past years but we all know much work remains to give our veterans the care they and the American people expect and deserve.

There are several issues which must be considered top priorities; for example, reducing the backlog of hundreds of thousands of veterans who have been waiting months for their disability benefits and continuing to improve the diagnosis, treatment, and understanding of post-traumatic stress disorder and traumatic brain injuries.

Mr. Secretary, another issue affecting my district and many others is access to specialty care. We need to assist those veterans who must spend hours driving to the nearest VA facility to receive specialty care because their local facilities are not equipped to help them. For example, St. Joseph County in my district has a population of more than a quarter million people, yet area veterans must too often drive more than 2 hours each way to get to the nearest VA hospital for specialty care,

tests, or other care. While there is an excellent outpatient clinic in South Bend, it is unable to provide many needed services. I would encourage the VA to look at ways to help veterans in those communities who lack a nearby VA hospital and for whom a clinic isn't enough.

Thank you for being here today, and I look forward to working with you in the future.

Prepared Statement of Hon. Timothy J. Walz

Thank you, Chairman Filner, Ranking Member Buyer, and Members of the Committee. I am very pleased to be here, and to be back on the House Veterans' Affairs Committee. We accomplished a great deal last Congress, thanks in no small part to the leadership of our Chairman, and there is much work that remains to be done. I am very pleased to be here with the new Secretary of the VA today, and I am honored, because he is a genuine American hero.

We owe those who have served our country honorably in our military a profound debt, and that is what we are here for. I am confident that with a new Administration that has made its commitment to veterans clear not just in the campaign but with the outstanding nomination of not just a genuine American hero but also a proven leader in General Shinseki to be the head of the Department of Veterans Affairs, that we will make real progress on a number of fronts.

I am also confident that we will continue to work in a spirit of bipartisan cooperation in this Committee which has been really impressive and gratifying and which ultimately is what our veterans deserve from us.

I intend to be particularly focused this Congress on ensuring that our returning servicemen and women are guaranteed a seamless transition as they reintegrate back into civilian life. Such a seamless transition requires unprecedented cooperation between two huge organizations, the Department of Defense and the Department of Veterans Affairs, so it is a difficult challenge. We in Congress have a significant role to play, both in providing the executive branch with the tools it needs to make that seamless transition possible, and in providing oversight in order to guarantee that those tools are being used as effectively and as efficiently as possible. I was very pleased to see that General Shinseki, in his confirmation hearings, fully recognized the importance of seamless transition for our newest veterans, and I look forward to working with the new Administration on it.

And I look forward to working with all of you.

With that, I yield back.

Prepared Statement of Hon. Glenn C. Nye

I want to take this opportunity first to thank you for meeting with me yesterday. With more than 105,000 veterans and the most military bases in any congressional district; I am duly committed to ensuring we care for our heroic service men and women during and after their service. I am confident that you will bring an energy to this position that has been lacking in the past.

I have always been a strong supporter of the GI Bill, and am excited to be a part of implementing the new Post-9/11 GI Bill. Many of our veterans are unaware of the tremendous education benefits available to them under the new bill, and it would be a tragedy if they were not informed of them. Mr. Secretary, how will the VA ensure that all aspects of the new Post-9/11 GI Bill are not only implemented on time, but that the program's details are made available to all veterans?

I lived in Iraq for most of 2007, and I recently returned from a bipartisan CODEL to Baghdad. While the violence in Iraq has subsided, the number of veterans will continue to climb. When active duty soldiers are discharged, the transition from a DoD based system to a VA based system can take months, and in some cases, years. Section 1618 of the FY 2008 National Defense Authorization Act required "planning for the seamless transition of [members of the Armed Forces] from care through the Department of Defense to care through the Department of Veterans Affairs." In light of recent reports of increased suicide by members of the Armed Forces and the pervasive issue of traumatic brain injury, what steps are you taking to ensure a more seamless transition for our heroic men and women?

As you know, more veterans who fought in Vietnam have committed suicide than were killed in action. This is an absolute tragedy. Recently, suicide rates among newly returned veterans from the wars in Iraq and Afghanistan have been the high-

est in recorded history. How can we better address mental health issues, and make certain our service men and women are receiving the care they deserve?

In addition, I would like to invite you down to the Hampton Roads region of Virginia so you may witness firsthand how we are working together to better serve our veteran community. One example is Vets House, a nonprofit organization that provides housing, food, clothing and counseling services to homeless veterans. Vets House is an exciting project that has done great things for our local veterans and has helped facilitate their return to gainful and productive lives.

Again, Mr. Secretary, I want to thank you for taking the time to speak before our Committee today. One of my main goals in Congress is to continually fight for the rights and benefits of the brave men and women who have served in our Armed Forces. The contributions they make to our lives cannot be overstated. I look forward to working with you to accomplish this shared goal. Thank you.

Prepared Statement of Hon. Eric K. Shinseki, Secretary, U.S. Department of Veterans Affairs

Mr. Chairman and Distinguished Members of the Committee:

Thank you for this invitation to discuss the state of the Department of Veterans Affairs. I am deeply honored that President Obama has entrusted me with this opportunity to serve our Veterans, and I look forward to working with you to ensure that they receive timely access to the highest quality of benefits and services which we can provide and which they earned through their sacrifice and service to our Nation.

I would like to acknowledge the presence this morning of representatives from a number of our Veterans' Service Organizations. They are essential partners in assuring that we have all met our obligation to the men and women who have safeguarded our way of life. In doing so, the VSOs score our performance and theirs, as well, in how we meet our promises to care, in President Lincoln's words, for "him who shall have borne the battle and for his widow, and his orphan . . ." Their advice on how we might do things better will always be welcomed.

I am fully committed to fulfilling President Obama's vision for transforming the Department of Veterans Affairs into a 21st Century organization. It is a mission that will require a comprehensive review of the fundamentals in every line of operation that we perform. It is a mission I look forward to undertaking. In the few days since my confirmation on January 20th, I've had the opportunity to meet with and speak to many of you individually. I appreciated hearing your concerns, gaining your insights and advice. What resounded in those discussions was your unwavering support of all our Veterans—and for the good people who come to work everyday in the Department of Veterans Affairs.

We have over 280,000 employees working at 153 medical centers, 755 outpatient clinics, 230 Vet Centers, 57 Regional Offices (ROs), in our 128 National Cemeteries, and here at the Department's headquarters in Washington, D.C. They are an immediate and constant source of pride as they demonstrate their dedication to our mission, their devotion to our clients, and their willingness to continue to serve something larger than self. I intend to encourage teamwork, reward initiative, seek innovation, demand the highest levels of integrity, transparency, and performance in leading the Department through the fundamental and comprehensive change it must quickly undergo, if it is to be transformational. People induce change, not technology or processes, so transformation is ultimately a leadership issue. We have a capable and dedicated workforce, and I am prepared to help lead the Department through this.

Leadership, innovation, and initiative—those qualities are important if we are going to change the culture of the Department. We do many things well now, but there are also other things we can and must do better. I have much yet to learn about Veterans Affairs, and there are good people helping me to quickly settle in. I do have some experience in leading large, proud, complex, and high-performing organizations through change. Not all experiences permit translation from one organization to another, but select principles often adapt meaningfully. Change is the most difficult task most organizations undertake, and yet change is imperative for all good organizations—if they are to remain relevant and responsive to those whom they serve. Our Veterans deserve and demand a Department of Veterans Affairs that remains relevant over time, that is responsive to their individual and changing needs, and that cares enough about them to undertake this challenging transformation. We care.

We faced similar challenges about 10 years ago, as we began the transformation of the United States Army, a process that continues today. We found we could reframe the challenges we faced then into opportunities—opportunities for innovation and increased productivity. It is leadership's responsibility to define opportunity and quantify risk. Strong, positive leadership, dedication, and teamwork on the part of each key leader in the organization creates these opportunities—but it starts with me.

Transforming the VA into a 21st Century organization requires three fundamental principles. We must be people-centric; we will be results-driven; and, by necessity, we will be forward looking.

Veterans are the centerpiece of our organization and of everything we do as we design, implement, and sustain programs that serve them. Through service in uniform, they have invested of themselves in the security, the safety and the well-being of our Nation. They are clients—not merely customers—whom we willingly serve in meeting obligations earned through their service and sacrifice. It is our mission to address their changing needs over time and across the full range of support that our government has committed to providing them. This, we will accomplish.

Equally essential are the people who are the VA—our professional and talented workforce. There's a long tradition of VA providing leadership in medicine, of setting standards in many fields. Where we lead, we must continue. Where we do not, we must regain that leadership. From delivering cutting-edge medical care to answering the more basic benefits inquiries, we will grow and retain a skilled, motivated, and client-oriented workforce. Training and continuous learning, communications and team-building, will be components of that culture.

Second, results. At the end of each day our true measure of success is the timeliness, the quality, and the consistency of services and support we provide. You expect that, and I certainly expect it. We will set and meet objectives in each of those performance areas—timeliness, quality, consistency. We will all know the standards, perform to them or exceed them. Our processes will remain accessible, responsive, and transparent to ensure we address the needs of a diverse Veteran population dispersed geographically across our country. Success also includes cost-effectiveness. We are stewards of taxpayer dollars, and we will include appropriate metrics to assure quality in our care and management processes.

Finally, forward-looking. We must seek out opportunities for delivering best services with available resources; we must continually challenge ourselves to look for ways to do things smarter and more effectively. We will aggressively leverage the world's best practices, our knowledge base, and our emerging technologies to increase our capabilities in areas such as health care, information management, and service delivery.

In the near-term, I am focusing my energy on the development of a credible and adequate 2010 budget request as a priority, but the long-term priority will always be to make the Department of Veterans Affairs a 21st century organization, singularly focused on the Nation's Veterans as its clients.

This Committee is noted for its unwavering commitment to those Veterans. I will listen carefully to your concerns and your advice, and I will benefit from your counsel. I look forward to working with you to fulfill our covenant with the Nation's Veterans.

Statement of Hon. Ann Kirkpatrick

Good morning, Mr. Chairman. It is an honor to serve with you and the other distinguished Members of the House Committee on Veterans' Affairs. As a new Member of the Committee, I look forward to working with and learning from my colleagues on both sides of the aisle to help improve the care and service our veterans deserve.

Welcome also to Secretary Shinseki. Through a lifetime of service, you have proven to be a man that has always put country before politics and you are held in high regard by your fellow veterans. You have seen the military from many sides—first as a young officer, wounded in combat in Vietnam, and later, while leading the Army at the onset of the current conflicts in Iraq and Afghanistan. As a result, you have the unique opportunity to serve as a voice for veterans of all generations.

This Committee, working aggressively in the 110th session of congress, saw the passage of unprecedented legislation. From an overhauled GI Bill that renews America's commitment to its combat veterans to passing only the third fully funded budget in the last 20 years, this Committee has put you and the VA in a better position to care for all of our veterans. However, there is still much more to do.

You've said frequently that it is leadership that finds opportunity, assesses risk, and then makes the difficult changes imperative to maintaining good organizations. Such leadership will be needed at every level of the VA, and I have faith that it will start with you.

I look forward to working closely with you to ensure that every veteran gets the care and support that they have earned. Thank you again for all you have done.

MATERIAL SUBMITTED FOR THE RECORD

Committee on Veterans' Affairs
Washington, DC.
February 13, 2009

Honorable Eric K. Shinseki
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Mr. Secretary:

In reference to our Full Committee hearing entitled "The State of the U.S. Department of Veterans Affairs" on February 4, 2009, I would appreciate it if you could answer the enclosed hearing questions by the close of business on March 24, 2009.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for materials for all Full Committee and Subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively and single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your response to Debbie Smith by fax at 202–225–2034. If you have any questions, please call 202–225–9756.

Sincerely,

BOB FILNER
Chairman

Questions for the Record
The Honorable Bob Filner, Chairman
House Committee on Veterans' Affairs
February 4, 2009
The State of the U.S. Department of Veterans Affairs

The Honorable Harry E. Mitchell

Question: Reaching the millions of veterans who are not enrolled with the VA has been a top priority of mine. How do you envision the VA reaching out to veterans and their families? What methods of outreach do you intend to utilize?

Response: Outreach to Veterans to inform them about the benefits and services they have earned through their service and sacrifice is a top priority for the Department of Veterans Affairs (VA). In recognition of this important objective and to improve our ongoing initiatives as part of a consistent framework, VA recently established a Strategic Communications Team to ensure that VA speaks with one voice on matters of importance to Veterans. Reaching out to Veterans not yet enrolled with VA is a goal of this effort. The following are descriptions of outreach methods the VA will pursue.

The Veterans Health Administration's (VHA) outreach programs, especially for newly returning Veterans, are continuing, but are changing for the 21st Century VA. I am continuing to send letters to all separating OEF/OIF Veterans, thanking them for their service and inviting them to learn more about their benefits. VA continues to provide summaries of benefits to all separating servicemembers and copies of the special publication, *A Summary of VA Benefits for National Guard and Reservists*, to separating members of the National Guard and Reserves. VA is providing *Iraqi Freedom Benefits Brochure,* which summarizes basic health issues for Veterans deployed to Iraq, and our VA *Health Care and Benefits Information for Veterans* wallet card, which provides important contact information to separating members of the National Guard and Reserves.

We are also continuing "Welcome Home" events for new Veterans and active duty servicemembers, offering health screenings, readjustment counseling, and information about employment, education, home loans, life insurance, transition and health care. VA facilities must conduct one such event each year, and many do more. VA also uses Post-Deployment Health reassessment events, conducted by Department of Defense (DoD), to reach out to members of the National Guard and Reserves; participates in military conferences, Family Day events, Unit Reunions, Stand-downs and other local programs; and has created a Web site to provide information about VA to OEF/OIF Veterans and their families.

In 2009, VHA intends to continue our program to publicize our Suicide Prevention hotline number by expanding our mass transit advertising to seven new cities and placing ads on 20,000 buses in mass transit systems throughout the Nation, as our two Public Service Announcements continue to air nationwide. We are developing plans to advise Veterans and their families of the 10-percent increase in income levels for eligibility of Priority 8 Veterans (these plans will include paid and unpaid advertising). We are creating a Public Service Announcement featuring Richard Petty to remind Veterans to drive safely, and every VHA facility is required to conduct a Safe Driving rally during the year. Finally, we will continue our efforts to reduce obesity and diabetes levels among enrolled and non-enrolled Veterans, and will work on de-stigmatizing mental illness among the Veteran population and throughout the Nation.

The Honorable Ciro D. Rodriguez

Question: The Army is currently planning to build a completely new medical facility at Fort Bliss in El Paso, TX. Has the VA considered using the current Beaumont Medical Center facility when the Army relocates operations, and if so, has the VA been in discussion with DoD about the use of the facility? I see a great possibility for expansion of services to veterans there, particularly given the highly rural nature of the veterans between El Paso and San Antonio. Currently, services not able to be met at the El Paso VA must be met in Albuquerque, and services not able to be met in the Big Springs VA must be met in Amarillo. Both locations are more than 550 miles, one way, from some of our more highly rural veterans. An expansion in El Paso, along with the pilot program for highly rural veterans, would greatly enhance access to care.

Response: VA and DoD leadership are working together on a local and national level to plan the appropriate strategy for VA in anticipation of the move of the William Beaumont Army Medical Center (WBAMC). Many options are under consideration. Due to the age of the current WBAMC building and VA's low inpatient workload demand, it is not cost-effective or feasible for VA to assume control of the WBAMC building once it is vacated by the Army. However, the parties are giving serious consideration to shared inpatient and outpatient services at the new location. This arrangement will enable VA and DoD to sustain their active Joint Venture, which is beneficial to both entities and has the potential to increase the range of health care services provided in the El Paso community for Veterans and servicemembers.

Section 403 of Public Law 110–387 directed the Secretary of VA to conduct a pilot program to provide covered health services to eligible Veterans through qualified non-VA health care providers. According to the statute, the pilot program must be conducted in at least five veterans integrated service networks (VISN). Based on the criteria in the statute, VISN 18 is one of the eligible locations for this pilot and includes part of Texas 23rd District.

Our first and foremost priority is to ensure that our Veterans receive quality care through coordination between VA and non-VA providers. We have established a workgroup of representatives from wide-ranging functional areas to develop an implementation plan for this pilot program.

There are two major issues that impact timely implementation of this pilot program. The first issue concerns the development of regulations to define the hardship provision in section 403(b)(2)(B). The second issue is that the definition of highly rural in the statute is different from VA's definition.

The Honorable Joe Donnelly

Question 1: Mr. Secretary, accessibility to specialty care is an issue of particular concern to my district and too many districts nationwide. For example, St. Joseph County in my district has a population of more than a quarter million people, yet area veterans must too often drive more than 2 hours each way to get to the nearest VA hospital for specialty care. While there is an excellent outpatient clinic in South Bend, it is unable to provide many needed services. I would like to know what actions you envision taking during your tenure as VA Secretary in terms of the accessibility of specialty care to help reduce the often long drive times veterans nationwide are dealing with each day.

Response: VA Northern Indiana Health Care System has medical centers located in Fort Wayne and Marion, Indiana, as well as community based outpatient clinics (CBOC) in South Bend, Goshen, and Muncie. When the current contract for the South Bend CBOC, located in St. Joseph County, Indiana, expires in August of this year, the new arrangement will expand capacity and add services. Additions will be

cardiology, podiatry, wellness programs, ultrasound exams, and services for newly returning combat OEF/OIF Veterans. Special services such as Agent Orange, Persian Gulf, and compensation and pension evaluations may also be added. A new hub for home-based services (home visits) is being developed, allowing a significant increase in the coverage area for that service. Additional space will also be provided at or near the clinic to allow for the growth of mental health programs.

This is in addition to ongoing improvement of access to services in other locations. In October 2008, VA Northern Indiana Health Care System opened a new CBOC in Goshen, Indiana. Another new clinic is being planned for Peru, Indiana (estimated to open in the fall of 2009). Since October 2007, the volume of urology and physical therapy services purchased locally in South Bend has greatly increased. Telemedicine is being used at the South Bend CBOC for remote eye examinations and is being introduced for tele-mental health care. Increased nursing and telehealth services for house-bound veterans are being provided to help them avoid difficult travel.

Question 2: Last Congress, Mr. Filner, Mr. Hall, myself, and many others on this Committee all worked on reforming the disability claims process, and this will continue to be a top priority during the 111th Congress. I would like to know what your plans are to reduce the disability claims backlog, wait times, and bureaucratic barriers faced by hundreds of thousands of veterans applying for disability claims.

Response: It is critical that we reduce the claims backlog as quickly as possible. We must simultaneously ensure that efforts to make the adjudication process paperless are successful and timely. The Veterans Benefit Administration (VBA) must move to an integrated, all electronic claims processing system. While I appreciate that this will not be easy, I also understand that it is essential if we are to modernize and streamline the benefit application, eligibility determination, and benefit administration processes; reduce wait times and backlogs; and deliver the benefits that our Veterans have earned. A plan must be developed with reasonably aggressive timelines to validate the current benefits administration business processes with an eye to the role of rules engines. Once the plan is adopted, I intend to move expeditiously to acquire the technology and systems to support the delivery of benefits to Veterans.

The Honorable Timothy J. Walz

Questions 1: In your short tenure, you have already made clear your commitment to addressing the seamless transition of our returning service men and women through cooperation between the Department of Veterans Affairs (VA) and the Department of Defense (DoD). In this connection, you stated at the hearing that the Secretaries of each Department themselves would be chairing the next meeting of the Senior Oversight Committee (SOC). Is that a format for the SOC you would like to make permanent? Do you have other recommendations for how the SOC might be structured to maximize seamless cooperation between DoD and VA?

Response: The Secretaries of Defense and Veterans Affairs did, in fact, cochair the SOC meeting of 24 Feb. The Secretaries of Defense and Veterans Affairs have the discretion to use the collaborative resources of the SOC to develop rapid response to joint issues. General leadership of the SOC still falls to the Deputy Secretary of Defense and Deputy Secretary of VA per the SOC charter, but for pressing issues, the Secretary VA and Secretary of Defense could cochair the SOC.

Work for the SOC currently begins with the Wounded, Ill and Injured Overarching Integrated Product Team (WII–OIPT), who determine if a task force recommendation or legal mandate fits within the scope of the SOC. The SOC assigns the recommendation or mandate to one of eight jointly staffed lines of action. The OIPT meets weekly to assess progress of the lines of action and to resolve challenges to progress. When resolution requires a decision by the Departments, the OIPT places the decision on the SOC agenda and schedules a SOC meeting. SOC Co-Chairs can also request a briefing on a joint issue or a progress report on OIPT work. VA would like to preserve the architecture of the OIPT lines of action meeting weekly, forming decision requests to the SOC co-chaired by the Deputy Secretaries, who meet as needed but at a minimum of once a month to preserve momentum.

Regarding the National Defense Authorization Act (NDAA) 2009 §726 mandate to submit by August 31 a joint report to Congress on the advisability of continuing the SOC after 2009, VA and DoD are currently in discussions on this topic.

Question 2: You stated at the hearing that you have broached with Secretary Gates the idea of mandatory enrollment in the VA for our servicemembers. Can you please elaborate on how that process might work?

Uniform Registration

Response: VA and DoD need to collaborate to make relevant information universally and uniformly available for all persons who enter service whether active duty or mobilized Guard or Reservists and those transitioning to Veteran status.

VA proposes to systematically register DoD servicemembers within VA at the point of accession. VA will extend current VA and DoD information sharing to seamlessly make military service and related information available to VA.

Uniform registration would function using the following basic principles:

1. At the point of accession (entry into uniformed service) DoD would register a servicemember in the appropriate DoD system.
2. When DoD registers (gains, enlists, re-enlists) a servicemember VA will receive simultaneous notification from DoD of servicemember registration.
3. VA will then register the servicemember into the VA enterprise registration system. This will assign a unique universal VA identifier to each servicemember, which will enable VA to perform systematic outreach, automate eligibility determination, and improve the efficiency and validity of the delivery of VA benefits.
4. VA proposes to enhance its health and benefits systems to receive automatic updates based on key life events of servicemembers. VA's systems will use comprehensive servicemember information to determine entitlement and eligibility for benefits.

The Honorable Glenn C. Nye

Question 1: Many of our veterans are unaware of the tremendous education benefits available to them under the new GI Bill. How will the VA ensure that all aspects of the new Post-9/11 GI Bill are not only implemented on time, but that the program's details are made available to all veterans?

Response: To ensure that all veterans are aware of the program's details, VA is currently in the process of mailing a Post-9/11 GI Bill informational outreach letter to all Veterans with 30 days of service after September 10, 2001. In addition to this effort, the GI Bill Web site has been updated to include information pertaining to the new program. The Web site also allows individuals to sign up to receive notifications when any new or updated information is posted.

VA is pursuing two parallel strategies for implementation of the Post-9/11 GI Bill. Our interim strategy involves employing manual processing procedures and modifying existing claims processing and payment systems to accommodate the new benefit program. This will be the strategy VA uses to pay benefits beginning August 1, 2009. The interim strategy will be deployed in phases based on the functionality necessary at different times in the claims adjudication process. This will allow developers to focus on the highest priority functionality necessary to meet the August 1, 2009, deadline, and deploy expanded functionality once VA has begun to administer the Post-9/11 GI Bill.

The long-term strategy involves working with the Navy's Space and Warfare Command to develop an automated claims processing solution that will ultimately become the primary system for processing and paying Post-9/11 GI Bill claims.

VA is working diligently at all levels within the organization to ensure the coordination of resources to meet this aggressive deadline. VA is also cooperating fully with all Congressionally mandated oversight requirements for the implementation of chapter 33.

Question 2: When active duty soldiers are discharged, the transition from a DoDbased system to a VA-based system can take months, and in some cases, years. section 1618 of the FY 2008 National Defense Authorization Act required "planning for the seamless transition of [members of the Armed Forces] from care through the Department of Defense to care through the Department of Veterans Affairs." In light of recent reports of increased suicide by members of the Armed Forces and the pervasive issue of traumatic brain injury, what steps are you taking to ensure a more seamless transition for our heroic men and women?

Response: You raise several issues of significant importance to VA: traumatic brain injury, suicide and mental health, and seamless transition. These are complex and distinct, but also overlap at times. VA recognizes the transition from military to civilian life is a stressful and busy time for Veterans and their families, and we are working every day to ease that shift as much as possible. VA is reaching out to Veterans before, during, and after separation to establish a continuum of care. We must note that transition is not always one-way. Members of the Reserves and the National Guard who have already attained Veteran status can again become

servicemembers, depending upon whether they have been activated. In this specific population, it is essential that the Departments work together.

Seamless Transition

Seriously Ill VA currently maintains a variety of programs to respond to the specific needs of separating OEF/OIF servicemembers to assist them in transitioning from military service to Veteran status. For severely injured Veterans and servicemembers, VA has placed 27 social work or nurse case manager liaisons at 13 military treatment facilities (MTF) across the country to identify and address patients' clinical needs as they transfer from DoD facilities to VA care. Similarly, VA works with approximately 90 military liaisons located in VHA facilities to provide on-site, non-clinical support for Veterans or servicemembers at VA's polytrauma facilities and other locations.

Federal Recovery Coordination Program In October 2007, VA partnered with DoD to establish the joint VA/DoD Federal Recovery Coordination Program (FRCP). A Federal recovery coordinator (FRC) identifies and integrates clinical and non-clinical care and services for the seriously wounded, ill, and injured servicemember, Veteran and families through recovery, rehabilitation, and community reintegration throughout an entire lifetime continuum of care. The FRCP is intended to serve all seriously injured servicemembers and Veterans, regardless of where they receive their care.

Family Support for Severely Injured Fisher Houses provide an important complement of services for families of severely injured servicemembers and Veterans and has helped 345 OEF/OIF families. Fisher Houses are designed to be "homes away from home" providing a comfortable environment where families can come together to provide support to one another. There are currently 31 Fisher Houses operating or in development.

OEF/OIF Program Managers/OEF/OIF Case Managers Every VA medical center has established an OEF/OIF program manager. This individual, usually a social worker or nurse, manages programs for OEF/OIF Veterans, coordinates the efforts of clinical case managers and transition patient advocates, links with MTFs to ease patient transfers, and works with the Veterans Benefits Administration (VBA) to track claims. Each VISN has also identified an OEF/OIF program manager to coordinate inter-facility issues and practices.

OEF/OIF case managers initiate contact with patients and families before they transfer from a military treatment facility (if they have received care there, otherwise, they work with patients as they present for care) and participate in an interdisciplinary team assigned to treat the Veteran's medical needs. The OEF/OIF case manager is responsible for planning and coordinating all of the patient's health care needs.

Transition of Ill and Injured servicemembers and Veterans, Operationally The key to transitioning these injured and ill servicemembers and Veterans are the VA liaisons for health care strategically placed in MTFs with concentrations of recovering servicemembers returning from Afghanistan and Iraq. VA has stationed 27 VA social workers and nurses as VA liaisons for health care at 13 MTFs to transition ill and injured servicemembers from DoD to the VA system of care. The VA liaisons facilitate the transfer of servicemembers and Veterans from the MTF to VA polytrauma rehabilitation centers or medical centers closest to their homes for the most appropriate specialized services their medical condition require.

In addition, each VA medical center has an OEF/OIF care management team in place to coordinate patient care activities and ensure that servicemembers and Veterans are receiving patient-centered, integrated care and benefits. All OEF/OIF Veterans are assessed to determine if the Veteran and family would benefit from care management services. If so, a nurse or social worker care manager is assigned as the single point of contact to assist in coordinating their complex health care and psychosocial needs. Members of the OEF/OIF care management team include: a program manager, clinical care managers, a veterans service representative, and a transition patient advocate. The program manager, who is either a nurse or social worker, has overall administrative and clinical responsibility for the team and ensures that all OEF/OIF Veterans are screened for care management. Severely injured OEF/OIF Veterans are provided with a care manager, and any other OEF/OIF Veteran screened may be assigned a care manager upon request. Clinical care managers, who are either nurses or social workers, coordinate patient care activities and ensure that all clinicians providing care to the patient are doing so in a cohesive and integrated manner. VBA team members assist Veterans by educating them about VA benefits and assisting with the benefit application process. The transition patient advocate (TPA) facilitates activities between the VA medical center, VBA

and the patient/family. As the advocate, the TPA acts as a communicator, facilitator and problem solver.

Traumatic Brain Injury Traumatic brain injury (TBI) is a serious medical condition, and VA and DoD are individually and collaboratively identifying and treating this condition in returning Veterans and servicemembers. Those with moderate to severe TBI are readily identifiable and receive treatment in DoD's system, VA's polytrauma system of care, or both. VA implemented comprehensive TBI screening in April 2007 for Veterans returning from OEF/OIF to provide a systematic approach to identify and treat Veterans who may have experienced a brain injury. VA instituted this measure to assist Veterans and servicemembers with mild TBI. All OEF/OIF Veterans receiving medical care within VA who screen positive for possible TBI are provided a referral for follow-up by a TBI specialty team.

Additionally, VA has executed a number of initiatives to ensure that Veterans and servicemembers with TBI receive follow up care for their medical and rehabilitation needs. These initiatives include: continued development in our networks of the polytrauma/TBI system of care and enhancement of clinical expertise in the area of TBI care; continued enhancement of the TBI screening and evaluation program; implementation of a care management model that emphasizes care coordination and long-term follow-up; deployment of standardized national templates to document results of the TBI evaluation and the rehabilitation plan of care; and development of a proposal to revise the International Classification of Diseases 9th Revision (ICD–9) codes to improve the identification and classification of TBI.

Demobilization Transition for Non-hospitalized Veterans VA and DoD have established a comprehensive, standardized enrollment process at 61 demobilization sites (15 Army, 4 Navy, 3 Marine Corps, 3 Coast Guard, and 36 Air Force). At demobilization events, VA has contacted more than 31,000 members of the Reserve Component and enrolled more than 29,000 of them for VA health care. DoD provides VA with dates, numbers of servicemembers demobilizing and locations for Reserve Component units where demobilization events occur. At these events, VA representatives from the local medical center, benefits specialists and vet center counselors present for approximately 45 minutes during mandatory demobilization briefings. During this time, Veterans receive current information about enrollment and eligibility, including the extended period in which those who served in combat may enroll for VA health care following their separation from active duty. They are also educated about the period of eligibility for dental benefits, which was extended from 90 days to 180 days following separations from service by NDAA for Fiscal Year 2008.

The enrollment process has been streamlined, and Veterans are shown how to complete the *Application for Medical Benefits* (the 1010EZ), which begins the enrollment process for VA health care. VA staff members also discuss how to make an appointment for an initial examination for service-related conditions and answer questions about the process. These completed forms are collected at the end of each session. Staff at the supporting facility match the 1010EZ with a copy of the Veteran's DD214, discharge papers and separation documents, scan them, and email or mail them to the VA medical center where the Veteran chooses to receive care. The receiving facility staff enters this information into VA's electronic registration system; VA's Health Eligibility Center staff will then complete the enrollment process and send a letter to the Veteran verifying enrollment.

In response to the growing numbers of Veterans returning from combat in OEF/OIF, the vet centers initiated an aggressive outreach campaign to welcome home and educate returning servicemembers at military demobilization and National Guard and Reserve sites. Through its community outreach and brokering efforts, the Vet Center program also provides many Veterans the means of access to other VA programs. To augment this effort, the Vet Center program recruited and hired 100 OEF/OIF Veterans to provide the bulk of this outreach to their fellow Veterans. To improve the quality of its outreach services, in June 2005, the vet centers began documenting every OEF/OIF Veteran provided with outreach services. The program's focus on aggressive outreach activities has resulted in the provision of timely vet center services to 346,796 OEF/OIF Veterans cumulative through December 31, 2008. Of the total, 260,885 are documented outreach contacts primarily at military demobilization, National Guard and Reserve component sites. The remaining 85,911 Veterans were provided with readjustment counseling services in the vet centers.

Post-Deployment Health Reassessment (PDHRA) Following demobilization, DoD regularly holds post-deployment health reassessments (PDHRA) for returning combat Guard and Reservists between 3 and 6 months after separation from active duty. The PDHRA is a DoD health protection program designed to enhance the deployment-related continuum of care. PDHRA's provide education, screening, and a global health assessment to help facilitate care for deployment-related physical and

mental health concerns. Completion of the PDHRA is mandatory for all members of the National Guard or Reserve who complete the post-deployment health assessment at the demobilization sites.

DoD provides VA a list of locations and times where these events will take place—often at the Guard or Reserve unit. VA outreach staff from local medical centers and vet centers participates at these events. DoD staff conduct screening exams for Veterans, and VA staff are available to coordinate referrals for any Veteran interested in seeking care from a VA facility. Vet center staff members are also present to assist Veterans with enrollment in VA for health care or counseling at a local vet center.

VA's PDHRA mission is threefold: enroll eligible Reserve Component servicemembers into VA health care; provide information on VA benefits and services; and provide assistance in scheduling follow-up appointments. VA medical center and vet center representatives provide post-event support for all onsite and call center PDHRA events.

Between FY 2006 and January 31, 2009, VA has supported DoD in completing more than 250,000 PDHRA screens resulting in 96,638 total referrals, of which 52,780 were for VA medical centers and 22,801 were for vet centers.

Veteran Call Center Initiative VA began a Veteran call center initiative in May 2008 to reach out to OEF/OIF Veterans who separated between fiscal year (FY) 2002 and July 2008. The call center representatives inform Veterans of their benefits, including enhanced health care enrollment opportunities, and to see if VA can assist in any way. This effort initially focused on approximately 15,500 Veterans VA believed had injuries or illnesses that might need care management. The call center also contacted any combat Veteran who had never used a VA medical facility before. Almost 38 percent of those we spoke with requested information or assistance as a result of the outreach. The call center initiative continues today, focusing on those Veterans who have separated since. As of March 4, 2009, VA has called 632,010 Veterans and spoken with 151,451 of them. We have sent almost 34,000 information packages to Veterans at their request.

Yellow Ribbon Reintegration Program VA is also supporting OEF/OIF transition through the Yellow Ribbon Reintegration program. VA supported 130 Reserve and Guard Yellow Ribbon events in FY 2008 through the middle of February 2009. A total 19,768 servicemembers attended these events, and 14,934 family members did, too. VA provides information, assistance, and referrals to servicemembers and helps them enroll in VA care. VA has assigned a full-time liaison with the Yellow Ribbon reintegration office in DoD to support the development and implementation of additional programs and outreach. The Yellow Ribbon reintegration program is currently active in 54 States and territories, and engages servicemembers and their families before, during, and after deployment, including 30, 60, and 90 days after deployment.

Question 3: As you know, more veterans who fought in Vietnam have committed suicide than were killed in action. This is an absolute tragedy. Recently, suicide rates among newly returned veterans from the wars in Iraq and Afghanistan have been the highest in recorded history. How can we better address mental health issues and make certain our service men and women are receiving the care they deserve?

Suicide

Response: Our ongoing efforts to reduce Veteran suicide provide opportunities for Veterans, servicemembers, or their friends and family to speak with a trained counselor and receive assistance. In July 2007, VA launched a Veteran's suicide prevention hotline as a collaborative effort with the Department of Health and Human Services Substance Abuse and Mental Health Services Administration and its lifeline program. Through this partnership, VA's program benefits from several years of publicity for the lifeline program. In turn, through the partnership, VA has been able to support awareness of the program for all Americans, as well as for Veterans. When someone calls the national hotline number, 1–800–273–TALK, they receive a message saying that if they are a U.S. military Veteran, or if they are calling about a Veteran, they should press "1." When they do so, they are connected quickly to the VA hotline call center in Canandaigua, NY.

For a substantial number of Veterans, the hotline has directly facilitated mental health care; for others it has provided information and support that may facilitate care less directly; and for still others, it has provided problem-solving about perceived problems with ongoing care. Since the hotline was activated, VA has received more than 110,000 calls, over 50,000 were from self-identified Veterans, 6,800 were from Veteran's families and friends, and 1,200 were active duty, resulting in over

10,000 referrals to a VA suicide prevention coordinator and almost 3,000 rescues where a life was probably saved.

The Risk of Suicide among Vietnam Veterans It has been widely reported in the media that Vietnam Veterans are at increased risk of suicide and that the number of suicides among Vietnam Veterans exceeds the number killed in action in Vietnam. However, the findings of published mortality studies of Vietnam Veterans indicate that Vietnam Veterans are not, in fact, at increased risk for suicide, whether compared to the U.S. population or to non-Vietnam Veterans. Seven Vietnam Veteran studies conducted by the VA's Environmental Epidemiology Service assessed cause-specific mortality risks of various cohorts of Vietnam Veterans, including Army, Marine, Army Chemical Corps Veterans, and female Vietnam Veterans.[1–7] None of these studies of in-theater Vietnam Veterans reported a statistically significant increased risk of suicide among Vietnam Veterans when their mortality was compared to that of non-Vietnam Veterans or the U.S. general population. Studies conducted by the Centers for Disease Control and Prevention (CDC) and the U.S. Air Force also did not find any increased risk of suicide among Vietnam Veterans when their mortality was compared to that of either the U.S. general population or non-Vietnam Veterans.[8–10]

While Vietnam Veterans in general did not have an increased risk of suicide, two studies found that specific groups of Vietnam Veterans were at increased risk of suicide. In one study, Vietnam Veterans with a diagnosis of post-traumatic stress disorder (PTSD) had an almost sevenfold statistically significant increased risk of suicide compared to the U.S. general population (SMR, 6.74, 95 percent C.I., 4.40–9.87).[11] Another specific group of Vietnam Veterans with a statistically significant increased risk of suicide were those who were wounded in Vietnam.[12] Compared to the U.S. general population, Vietnam Veterans who were hospitalized because of a combat wound or wounded more than once had statistically significant increased risks of suicide, SMR, 1.22 (95 percent, C.I., 1.00–1.46), and SMR, 1.58 (95 percent, C.I., 1.06–2.26), respectively. Based on the aforementioned studies it seems that while specific groups of Vietnam Veterans are at increased risk for suicide, when examined collectively not all Vietnam Veterans are at increased risk for suicide.

Because the universe of all Vietnam Veterans is unknown, no study has determined the total number of suicides among all Vietnam Veterans. Using two Vietnam Veteran cohorts examined in other studies, a 1990 study estimated that there were 9,000 suicides among all Vietnam Veterans through 1984.[13] As the Vietnam Veteran cohort ages, its overall mortality rate will increase; contributing to this increase will be deaths due to diseases and traumatic deaths, including suicides. According to DoD, there were 40,934 U.S. military personnel killed in action (KIA) in Vietnam. At some point in time it is possible the number of suicides among Vietnam Veterans could exceed the number KIA, however as the previously cited studies have indi-

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[1] Breslin P, Kang HK, Lee Y, Burt V, Shepard BM. Proportionate Mortality Study of Army and Marine Corps Veterans of the Vietnam War. Journal of Occupational Medicine 1988; 30:412–419.

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[8] Michalek JE, Ketchum NS, Akhtar F. Postservice mortality of U.S. Air Force Veterans occupationally exposed to herbicides in Vietnam: 15–Year Follow-up. American Journal of Epidemiology 1998; 148: 786–792.

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[11] Bullman TA, Kang HK. Posttraumatic stress disorder and the risk of traumatic deaths among Vietnam Veterans. Journal of Nervous and Mental Disease 1994; 182:604–610.

[12] Bullman TA, Kang HK. Risk of suicide among wounded Vietnam Veterans. American Journal of Public Health 1996;86:662–667.

[13] Pollock DA, Rhodes P, Boyle CA, et al. Estimating the number of suicides among Vietnam Veterans. American Journal of Psychiatry 1990; 146: 772–776.

cated, this number and resultant rate would not be expected to exceed that observed among the U.S. population.

Committee on Veterans' Affairs
Washington, DC.
February 9, 2009

Hon. Eric K. Shinseki
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Shinseki,

In reference to our Committee hearing of February 4, 2009, I would appreciate your response to the enclosed additional questions for the record by close of business Wednesday, March 4, 2009.

It would be appreciated if you could provide your answers consecutively on letter size paper, single spaced. Please restate the question in its entirety before providing the answer.

Thank you for your cooperation in this matter.

Sincerely,

Steve Buyer
Ranking Republican Member

SB:dwc
Enclosure

Questions for the Record
The Honorable Steve Buyer, Ranking Republican Member
House Committee on Veterans' Affairs
February 4, 2009
The State of the U.S. Department of Veterans Affairs

Question 1: The President pledged to sign an executive order to rescind VA's 2003 decision to suspend enrollment of Priority group 8 veterans those veterans without service connected conditions and higher incomes. What are the Department's plans to lift the suspension? How will the Department address the additional demand which could severely strain VA's current capacity to provide timely, quality care for all enrolled veterans—particularly the highest priority veterans returning OIF/OEF veterans, veterans with service-connected disabilities, special needs and indigent veterans? Please estimate of the cost of opening up enrollment to all priority group 8 veterans?

Response: The Department of Veterans Affairs (VA) is currently planning to reopen enrollment to a segment of Priority Group 8 Veterans whose income exceeds the current VA national means test and geographic means test income thresholds by 10 percent or less. This scenario is projected to increase enrollment by approximately 260,000 Veterans in fiscal year (FY) 2009. Public Law 110–329 provided $543 million in additional funding to support expanded enrollment: $375 million for medical services, $100 million for medical support and compliance, and $68 million for medical facilities.

It is important to note that Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans represent a small but important component of VA's enrollee and user population. Veterans with service in Afghanistan and Iraq continue to account for a rising proportion of our total Veteran patient population. In 2008, they comprised approximately 5 percent of all Veterans receiving VA health care compared to 3.1 percent in 2006. Since the onset of combat operations in Afghanistan and Iraq, VA has provided new services and adjusted its resource allocations to address the unique medical needs of returning Veterans. When OEF/OIF Veterans seek care from VA they are generally placed in Priority Group 6 and make no copayments for conditions potentially related to their military service. As planned, there will be no additional stressors on our veterans, irrespective of their priority.

Subsequent expansions of enrollment opportunities to additional Priority Group 8 Veterans would require similar investments and would need to be phased in gradually to avoid declines in quality or timeliness. Pursuant to 38 CFR 17.49, VA re-

sources are focused on its highest priority medical care mission—(a) Veterans with service-connected disabilities rated 50 percent or greater based on one or more disabilities or unemployability; and (b) Veterans needing care for a service-connected disability.

According to the report (*Analysis of the Requirements to Reopen Enrollment of Priority 8 Veterans*) submitted in early 2008 to the House and Senate Veterans' Affairs Committees, VA determined that the first year cost of full, immediate re-opening of enrollment would cost $3.1 billion, escalating to 5 and 10 year costs of $16.9 billion and $39 billion, respectively. These estimates do not include capital costs.

Question 2: What impact would lifting the suspension of Priority 8 enrollments have on facility operations and waiting times for medical appointments?

Response: With our current plan there will be no major impact. However, a new policy that would require a full and instantaneous repeal of the suspension of enrolling Priority 8 Veterans would have had a significantly different outcome than a policy that calls for a gradual change in the income threshold to allow additional Veterans to enroll in VA's health care system. VA, like the civilian sector, faces challenges in terms of human and capital resources, particularly in rural and highly rural areas. VA is carefully evaluating its infrastructure and resources in determining how to best increase enrollment of Priority 8 Veterans while maintaining a high standard of quality care and timely access to care. VA is projecting that it can reasonably re-open enrollment to Priority 8 Veterans whose income exceeds the current VA national means test and geographic means test income thresholds by 10 percent or less by July without adversely impacting the delivery of high quality health care to the Veterans we serve.

Question 3: Can VA currently meet the demand for dental services for recently separated OIF/OEF servicemembers and all veterans with service-connected dental conditions? If not, what are your plans for increasing VA's capacity to provide dental care? What is your timeline for taking action?

Response: VA is able to meet the demand for dental services from both current and newly enrolled Veterans, including recently separated OEF/OIF Veterans, whether they have service-connected dental conditions or not. Over the last 2–1/2 years, VA has made considerable progress in reducing the dental wait list from more than 14,000 in October 2006 to approximately 1,000 today. If future indications suggest a need to adjust resources, VA will do so.

Recently discharged Veterans qualify for Class II dental benefits if they have completed a period of active military service of at least 90 days and the military service does not certify that the individual received a dental examination or treatment within a period of 90 days prior to discharge. This one-time dental benefit consists of one episode of dental care for treatment reasonably necessary to correct dental conditions present at the time of discharge. Recently discharged Veterans generally have 180 days after their discharge to apply for these dental benefits.

Question 4: What are the Department's top priorities that will be addressed in the budget for FY 2010?

Response: There are several Presidential initiatives that will be highlighted in the budget, all of which are critical to transforming VA into a 21st Century organization. These are:

- Fully fund health care to meet the needs of America's Veterans.
- Gradually expand health care eligibility for some Priority 8 Veterans.
- Enhance outreach and services related to mental health care and cognitive injuries with a focus on access for Veterans in rural areas.
- Invest in better technology to deliver services and benefits to Veterans with the timeliness, quality, and efficiency they deserve.
- Provide greater benefits for Veterans who are medically retired from active duty.
- Combat homelessness by safeguarding vulnerable Veterans.
- Ensure timely implementation of the comprehensive education benefits Veterans earn through their dedicated service.

Question 5: Does the Department expect to have any carryover funds from FY 2009? If so, how much will be carried over and from which accounts?

Response: VA is currently evaluating its estimate of potential carryover funds. This information will be included in VA's Congressional justifications that will be presented to Congress in mid to late April.

Question 6: Please provide your views on whether the Department should implement a disability claims system which would operate like the IRS where VA would grant every Veteran's claim without adjudication and only audit some number of these claims?

Response: VA recognizes that time is of the essence in substantiating claims, that is why VA and the Department of Defense (DoD) have developed a disability evaluation system pilot program, which enables wounded servicemembers leaving the military to access their Veterans benefits through a streamlined disability evaluation program. The VA benefit-determination process is accelerated by requiring a single disability examination and a single disability rating for use by both DoD and VA. This pilot program has been underway since November 2007 in the National Capitol Region, and it is being expanded to 19 additional military facilities around the country. In the pilot, servicemembers file claims immediately after DoD determines that the member is unfit for further military duty and receives a medical evaluation. VA then prepares a rating for all conditions claimed by the servicemember. DoD uses the VA rating for purposes of determining whether the member is entitled to severance pay or retired pay, and VA awards disability compensation to the member based on the rating immediately after the time of discharge.

Also, VA has operated the benefits delivery at discharge (BDD) program for servicemembers for the past few years to expedite receipt of VA disability compensation. Under this program, servicemembers may apply for VA disability compensation if they are between 60 and 180 days from separation from service. VA conducts the required physical examinations, reviews service medical records, and prepares a preliminary rating decision prior to or shortly after discharge so that benefits can be awarded shortly after discharge. The goal of the program is to provide disability compensation to Veterans within 60 days after discharge from service.

VA is committed to working with Congress to improve service delivery to America's disabled Veterans through process simplification, workforce restructuring, the application of technology, joint efforts and strengthened data exchange with the military services, maintaining adequate resources, and other efforts. By committing to a solution, we are ensuring that we are providing timely benefits in a respectable fashion.

Question 7: Public Law 110–389 contains provisions that formalized VA's authority to form a partnership with U.S. Paralympics to increase disabled veteran participation in sports from the grass roots through elite competition. That partnership includes an authorization of $10 million to be funneled through U.S. Paralympics to local disabled sports organizations and for a per diem payment to disabled veteran athletes under certain circumstances.

Public Law 110–389 also requires VA to establish the "OFFICE OF NATIONAL VETERANS SPORTS PROGRAMS AND SPECIAL EVENTS" to manage the program. Please provide the Committee with an update on progress toward establishing the office and designating the Director of the office as well as the expanded MOU with U.S. Paralympics required by the law?

Response: VA has taken action to implement the provisions of Public Law 110–389 to form a partnership with the U.S. Paralympics and establish an Office of National Veterans Sports Programs and Special Events. The new office will be placed within the Office of the Secretary.

Question 8: Please specify any improvements you believe are needed within VA's mental health care programs.

Response: Over the past 4–1/2 years, VA has been enhancing its processes according to the principles outlined in VA's mental health strategic plan, developed in 2004. These enhancements have improved the capacity of mental health services and supported the delivery of evidence-based practices and treatments for Veterans. VA's treatment approaches are as well-grounded in research as are treatments for most other common medical conditions. VA is currently implementing across its system evidence-based treatments ranging from exposure-based psychotherapies for posttraumatic stress disorder in returning Veterans to skills training for those with serious mental illness and persistent symptoms. Nevertheless, we recognize more needs to be completed to further support quality care. This includes additional research. VA also has additional work to do translating research findings into advances in practice and policy.

We also recognize more work must be done to overcome the stigma of seeking mental health care. To this end, VA supports public information campaigns and provides mental health care and readjustment counseling in several different environments. These include VA Medical Centers and clinics as well as Vet Centers; there are strong, mutual interactions between these two environments of care. Another key element has been VA's expansion of mental health services through its integration into primary care settings. Research demonstrates that consumers prefer integrated care and are much more likely to engage in mental health services when they are delivered in a primary care setting. VA believes Veterans receive better health care when their mental and physical needs are addressed in a coordinated and holistic manner.

Demonstrating the Department's commitment to prioritizing mental health care, VA has hired more than 4,000 mental health professionals and support staff since 2004 for a total of 18,000 staff and increased its mental health budget to almost $4 billion. We have expanded hours of operation and established standards of providing initial evaluations of all patients with mental health issues within 24 hours, providing urgent care immediately. We are close to meeting our new standard of care: to see all new patients seeking a mental health care appointment within 14 days of their requested date 95 percent of the time.

To consolidate and extend these advances in mental health services, VA recently adopted a Handbook on "Uniform Mental Health Services" in VA Medical Centers and Clinics that includes requirements that mental health services must be available for all enrolled Veterans who need them. This is an ambitious and unprecedented document that clearly defines VA's commitment to sustained, high quality mental health care. As VA moves toward implementation of the Handbook, it is undertaking a continuous review of trends in patient demand, system resources and clinical outcomes. If these measures suggest additional resources or modification in treatment approaches are warranted, VA will respond as needed.

Question 9: What do you see as the significant unmet needs of veterans with TBI and what new plans does the VA have for improving care for TBI?

Response: Veterans with traumatic brain injury (TBI) may have complex needs, depending upon the severity of their injuries. The most significant unmet need of Veterans with TBI is identifying those with chronic symptoms secondary to mild TBI. VA implemented comprehensive TBI screening in April 2007 for Veterans returning from OEF/OIF to provide a systematic approach to identify and treat Veterans who may have experienced a brain injury. All OEF/OIF Veterans receiving medical care within VA who screen positive for possible TBI are provided a referral for follow-up by a TBI specialty team. Additionally, VA has executed a number of initiatives to ensure that Veterans and servicemembers with TBI receive follow up care for their medical and rehabilitation needs. These initiatives include: continued development in VA health facilities of the Polytrauma/TBI system of care and enhancement of clinical expertise in the area of TBI care; continued execution and enhancement of the TBI screening and evaluation program; implementation of a care management model that emphasizes care coordination and long-term follow-up; deployment of standardized national templates to document results of the TBI evaluation and the rehabilitation plan of care; and development of a proposal to revise the International Classification of Diseases 9th Revision (ICD–9) codes to improve the identification and classification of TBI.

All OEF/OIF Veterans, including those with TBI, are also assessed to determine if the Veteran and family would benefit from care management services. If such needs are identified, a nurse or social worker care manager is assigned as the single point of contact to assist in coordinating care for the Veteran's complex health and psychosocial needs. VA is currently care managing 449 Veterans with TBI. VA recently initiated a5year pilot program to provide assisted living services for Veterans with severe TBI and is assessing the potential benefits of this program. VA is also establishing the care giver support program, to evaluate what support services or programs are needed to assist family members of Veterans needing long-term care. VA lacks statutory authority to provide care to family members of Veterans, and is working to identify whether additional legislative authorities are needed. We look forward to continuing to work with Congress to provide the most effective TBI care for Veterans.

Question 10: VA has a fourth mission to serve as backup to the Department of Defense health care system in times of war or other emergencies, and in support of communities during and following incidents of terrorism and natural disasters. How do you see VA fulfilling its fourth mission?

Response: Public Law 97–174 authorizes VA to provide hospital, nursing home, and outpatient care to active duty members of the armed forces during and immediately following involvement in armed conflicts during wartime and/or national emergencies. In addition, VA provides emergency support to the National Response Framework at the local, State and Federal level and the VA/DoD contingency hospital system. The primary focus of VA's 4th mission is continuity, more explicitly, the ability to perform the primary mission essential function (PMEF); providing health care to the Nation's Veterans and all mission essential functions (MEF); and those support services necessary to ensure VA maintains the ability to perform the PMEF regardless of the emergency or threat. VA accomplishes the 4th mission through a Comprehensive Emergency Management Program with attention to preparedness, response, recovery and mitigation. The Program has 4 major components which evolve as do the emerging threats of the 21st century: (1) ensures the safety of Veterans, employees, volunteers and visitors during times of disasters, crisis and

emergencies; (2) ensures continuity of operations/continuity of government (COOP/COG) for the whole Federal Government; (3) respond to an activation of the National Response Framework as a Federal partner; and (4) provides support to ensure VA can/will perform the PMEF/MEFs in each of the local areas where VA is an integral part of the health care and response community.

VA, since the terrorist attacks of September 11, 2001, and more recently the unprecedented 2005 hurricane season, continues to refine efforts to plan for, respond to, recover from and where possible mitigate emergencies whether they be natural or man-made.

Currently there are two entities within VA responsible for the emergency preparedness efforts: the Office of Operations, Security and Preparedness (OSP), established on April 4, 2006, under the authority of the VA Emergency Preparedness Act of 2002, Public Law 107–287; and the Emergency Management Strategic Healthcare Group (EMSHG) under VA's Veterans Health Administration (VHA).

OSP ensures VA is aligned with all other Federal departments and adheres to Executive Order 12656, *Assignment of Emergency Management Responsibilities*. OSP ensures VA is in compliance with Homeland Security Presidential Directive (HSPD) 8, *National Preparedness*; and HSPD–5, *Management of Domestic Incident*, and that VA implements the national incident management system (NIMS). OSP coordinates VA's emergency management, preparedness, security and law enforcement activities to ensure VA can continue to perform its primary mission essential functions under a wide spectrum of threats.

EMSHG is responsible for providing guidance and support to all VA medical facilities for emergency preparedness activities including the coordination with local and State entities. EMSHG ensures VHA continuity in providing health care to the Nation's Veterans regardless of the threat or emergency situation.

In January 2008 the National Response Framework (NRF) replaced the National Response Plan. The NRF is a guide that details how the Nation conducts all-hazards response from the smallest incident to a large scale catastrophe. The NRF establishes a comprehensive, national approach to domestic incident response. The NRF describes how Federal, State and local government, and private and non-governmental partners apply incident management principles to ensure a coordinated, effective national response. The NRF divides overall response and recovery responsibilities into emergency support functions (ESF), VA has a supporting role in 7 of the 15 ESFs:

ESF# 3–Public Works & Engineering
ESF# 5–Emergency Management
ESF# 6–Mass Care
ESF# 7–Resource Support
ESF# 8–Public Health & Medical
ESF#13–Public Safety & Security
ESF#15–Emergency Public Information & External Communications

The NRF defines a catastrophic incident as any natural or man-made incident that results in large numbers of casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions. A catastrophic incident could result in impacts which exceed resources normally available to State, tribal, local, and private-sector authorities in the impacted area; and significantly interrupts governmental operations and emergency services to such an extent that national security could be threatened. VA plays a major role in the catastrophic incident supplement of the NRF. VA is intimately involved in the 15 national planning scenarios which are designed to prepare VA and the Nation for hurricanes, earthquakes, pandemic flu, smallpox, improvised nuclear devices, terrorist use of explosives, and terrorist attacks involving chemical and biological weapons. Subject matter experts in all VA's emergency support functions and the overall VA's Comprehensive Emergency Management Program provides national planners with guidance on public health, medical consequences of exposure to chemical, biological and radiological toxins, incident management and consequence management. The National Disaster Medical System (NDMS) was established in 1984 by agreement between DoD, Department of Health and Human Services (HHS), VA, and Federal Emergency Management Agency (FEMA), to provide the capability to treat large numbers of patients who are injured in a major peacetime disaster within the continental United States, or to treat casualties resulting from a conventional military conflict overseas.

Forty-seven VA Medical Centers are designated as NDMS Federal Coordinating Centers (FCC) and these medical centers have the responsibility for the development, implementation, maintenance and evaluation of the local NDMS program. The director of the VA Medical Center serves as the FCC director.

Hurricane Katrina saw the first-ever activation of the evacuation and definitive care components of NDMS. VA operated 17 of the18 FCC's activated and moved over 2,800 patients to 9 VA FCCs and 2 DoD FCCs. Most recently the NDMS was activated in response to Hurricane Ike and 7 VA FCCs were ready to receive evacuees. In the 8 years since the 9/11 attacks VA consistently continues to improve, update and provide innovative leadership in accomplishing the Department's 4th mission and ensuring a strong, state-of-the-art Comprehensive Emergency Management Program.

To ensure VA continuity OSP develops and maintains the Department level continuity of operations plan (COOP). The COOP has been recently transformed to reflect an "all hazards" approach to continuity and adheres to the integrated planning system (IPS). The IPS allows for plan refinement and proper execution to reflect developments in risks, capabilities, policies and the incorporation of lessons learned from exercises and specific events. The outcomes are an enhanced, efficient and effective combination of policies, standard operating procedures, supported by the latest technology that provides a capability to plan and conduct integrated joint VA level incident management. VA programs in place to ensure VA exceeds all federally mandated preparedness directives, executive orders, and national standards are as follows:

- Crisis Response Team (CRT). The CRT is VA's coordinating entity during emergencies and disaster response and recovery efforts. The CRT's primary function is to support Department-level operations during an emergency and serves as the focal point for operational coordination of an incident. The CRT meets weekly to discuss and provide Department-level situational awareness on all possible threats and/or developing events that may impact the Department's continuity capabilities.
- VA Central Office Operations Center (VAOC). The VAOC serves as the central coordination point for the Department's common operating picture (COP) providing situational awareness and real time information on all natural and manmade threats to VA's continuity. The VAOC is a 24/7; national incident management system operation with full-time watch officers trained in state-of-the-art communications equipment, geographic information systems (GIS), alert systems and data storage systems. In addition, the VAOC maintains daily contact with VA liaison officers (LNOs) stationed at Health and Human Services, security operations center (SOC), the national operations center (NOC), the Federal Emergency Management Administration's national response coordination center (NRCC) and the Department of Homeland Security's incident management planning team (IMPT).
- VA Joint Operations Center (VA JOC). The VA JOC is the Departmental strategic, tactical, and integrated operations center responsible for coordination of VA resources in an inter/intra-agency, multi-event environment. The VA JOC is activated in preparation for a specific event (hurricane landfall, national special security event, mass gatherings, exercises, training, etc.) and in emergent situations where there is a need to ensure Department continuity in performing the primary mission essential function and mission essential functions. The primary focus of the VA JOC is incident management through centralized communication synchronization, coordination and information management.
- National Security Presidential Directive 51/Homeland Security Presidential Directive 20 (NSPD–51/HSPD–20). National continuity policy focuses on the continuity of Federal Government establishing the "national essential functions." The policy prescribes continuity requirements for all executive departments/agencies, and provides guidance for State, local, territorial, tribal governments and private sector organizations, enabling a more rapid and effective response to and recovery from a national emergency. VA maintains continuity of operations sites fully capable of ensuring VA can function and maintain operations in its primary mission essential function and mission essential functions. The primary continuity sites are:

Site A—VAOC—focused on helping Veterans, visitors and employees prepare before an event strikes.

- 24/7 operations center/crisis response team
- Homeland security liaison desk—NOC

Site B—Primary COOP Site—In the event of an evacuation of Washington DC, Martinsburg VA Medical Center (VAMC) takes on additional responsibilities to support the VA primary COOP site.

- VHA, Veterans Benefit Administration (VBA), National Cemetery Administration (NCA), and key staff offices
- 24/7 on call staffing

Site C—Secondary COOP Site

- Primary VA central office reconstitution site
- Backup to site B

Site D—Classified Site

- 24/7 activity
- VA presence

Site E—VA Devolution Site

- Senior regional officials (out of sector)

- Capital Region Readiness Center (CRRC) The CRRC is a congressionally appropriated $35 million project to co-locate mission critical Office of Information and Technology infrastructure and VA continuity of operations/continuity of government (COOP/COG) functions on the Martinsburg, WV, VAMC campus. A 66,000 square foot data and COOP/COG center, to be completed by June, 2010. The state-of-the-art data center is one of four in the Nation, and will provide redundant ultra high speed fiber optics data capability, significant server numbers, and enhanced secure communications.
- Sensitive Compartmented Information Facility (SCIF). VA opened its first SCIF designed to ensure VA maintains the ability to communicate with all government entities when classified and/or sensitive information is shared that may impact the Nation, the Department and the overall ability of VA to meet its 4th mission requirements.
- Pharmaceutical Cache Reserves. VA maintains 143 pharmaceutical cache reserves of different sizes designed to ensure VA personnel/families, Veterans, volunteers and family members receive the proper treatment in the event of a national, State or local event that compromises the health care delivery infrastructure. The cache reserves are capable of treating 1,000 or 2,000 patients for at least 48 hours. The entire program is managed through a centralized database to guarantee a rapid, coordinated response.
- VA Medical Center Decontamination Program. VA maintains a hospital decontamination program that provides yearly training, equipment and response capabilities designed to protect the VA health care infrastructure, VA employees, Veterans, visitors from any threat to the safe and healthy environment of a VA medical center. Decontamination capabilities are available at 134 VA medical centers.
- Emergency Radiological Response Team (MERRT). Presidential Executive Order 12657 (1988) requires both VA and DoD to use their medical resources to respond to nuclear power plant accidents. As a result, VA created the MERRT. The MERRT is a highly trained team of 23 individuals made up of nuclear medicine physicians and health physicists strategically located throughout the Continental United States and Puerto Rico. The team is equipped with the latest state-of-the-art detection equipment, decontamination equipment and receives yearly training on the treatment of radiation exposure and contamination. In the event of an accidental or deliberate release of radiation into the environment and at the request of FEMA, the team can deploy within 6 hours and be self-contained for the first 72 hours of the deployment. The team will assist with the diagnosis, detection and treatment of radiation injuries and illnesses.
- Disaster Emergency Medical Personnel System (DEMPS). DEMPS is a database which contains specific information on VA medical personnel and those with special skills who have volunteered and been approved by VA leadership to be deployed in the event of a disaster. In response to a Federal request for assistance the DEMPS database provides a coordinated and efficient way of identifying the appropriate personnel necessary to meet mission requirements. DEMPS currently boasts 5,000 volunteers across the VA infrastructure. DEMPS has been used extensively during federally declared disasters where VA has been required to provide Federal assistance to FEMA and HHS.
- Very Small Aperture Terminal (VSAT). The VSAT is a mobile satellite communications system that has been developed in response to communications difficulties encountered when communication infrastructure was destroyed due to Hurricane Katrina landfall. VA currently has 40 active VSATs; 34 case based (portable) and 6 vehicle mounted, and an additional 62 VSATs will be on board during 2009, 10 case based, 2 vehicle mounted and 50 to support veterans service centers. VSATs provide an infrastructure platform to support voice, video and data services, more specifically:
    1. Voice
    2. Video conferencing
    3. Telemedicine

4. Printing
5. Internet access
6. Veterans integrated service technical architecture (VistA) access
7. E-mail access
8. Computerized patient record system (CPRS)

- Deployable Disaster Response Units. VA has deployable disaster response units to ensure continuity in the field and provide an operating base for any VA personnel responding to and recovering from a catastrophic disaster.

1. Deployable Medical Unit (DMU)—VA has two 45-foot DMUs designed as fully self-contained medical units capable of serving as a walk-in community based clinics.
2. Mobile Pharmacy Unit (MPU)—The MPU is a 45-foot fully self-contained pharmacy unit that can be deployed to the field to support a DMU or augment a VA medical center's capabilities during a disaster or emergency.
3. Response Support Unit (RSU)—VA has four 45-foot RSUs designed as fully self-contained command units capable of being deployed to support field operations or augment a VA medical center's response and recovery efforts.
4. 6–Man Barracks Unit—VA maintains a fully self-contained barracks unit that can be deployed to support any field operations and provide living quarters for field teams.
5. Mobile Housing Units—VA has 18 mobile housing units in its deployable inventory, these units are fully self-contained and capable of sleeping 10 individuals.
6. Hygiene Units—VA maintains 2 fully self-contained hygiene units which offer shower and commode capabilities to support any field operation.

- Blanket Purchase Agreements (BPA). VA encountered problems throughout the recovery efforts during the 2005 hurricane season in securing fuel (gas/diesel), building supplies, office supplies, home goods and variety of basic items required to ensure the health and safety of Veterans, VA employees, family members, volunteers and others depending on VA. Therefore, VA developed BPAs with major suppliers to ensure priority deliveries for VA's in need. The BPAs cover the following areas:

1. Airlift evacuation (patients/staff/families)
2. Defense energy support center (fuel oil, diesel and unleaded gas)
3. Ground transportation (moving large numbers of people and/or deployed personnel)
4. Lodging (ensures VA employees have housing in the event of a deployment or housing has been destroyed)
5. Industrial supplies
6. Hardware/home goods supplies
7. Office supplies

- Exercise, Training and Evaluation. VA conducts yearly training exercises that concentrate on COOP/COG and the ability to perform VA's primary mission essential function, mission essential functions and all areas necessary to ensure the safety of all VA employees, Veterans, family members, volunteers and visitors.

In summary, VA remains prepared and ready to respond to the Nation during or immediately after a disaster or catastrophic emergency. OSP oversees the daily operations and planning for the Department's comprehensive emergency management program (CEMP). OSP through the CEMP ensures all areas of VA continue to improve, expand and adhere to a heightened state of readiness all focusing on providing leadership, support and expertise in accomplishing the 4th mission of VA.

Congress of the United States
House of Representatives
Washington, DC.
March 31st, 2009

Honorable Eric K. Shinseki
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue
Washington, D.C. 20420

Dear Secretary Shinseki:

Thank you again for your appearance before the House Veterans' Affairs Committee on February 4th, 2009, to discuss the "State of the VA." I personally believe that you are the right man for the job and have the right vision for the future of the VA. I look forward to developing a fruitful relationship with you over the course of the 111th Congress.

I appreciate your responses to my follow-up questions based on that hearing. However, there were a few points made that begged further questions to which I feel I need some more details, specifically in reference to the Public Law 110–387, section 403 Pilot Program to provide covered health services to eligible veterans through qualified non-VA health care providers in select Veteran Integrated Service Networks (VISNs).

The first question is a simple clarification. The response stated that VISN 18 is "one of the eligible locations for this pilot." It was made clear to me that VISN 18 was indeed one of the VISNs selected for the pilot program, whereas this response seems to indicate that it may not actually be one of the selected VISNs, only an eligible one. Please clarify if VISN 18 has been selected or if the selection process is still to be finalized.

The second and third questions refers to the following statement in the VA response: "There are two major issues that impact timely implementation of this pilot program. The first issue concerns the development of regulations to define the hardship provision in section 403(b)(2)(B). The second issue is that the definition of highly rural in the statute is different from VA's definition."

I understand the first issue may prove cumbersome, but I am interested to know what obstacles you see in the development of regulations to define the hardship listed in the provision. It seems at first glance that it would be a case-by-case determination with delegated authority to some level to make the decision if a particular veteran meets such a hardship. But again, since it was listed generically in the response, I am interested to know what the difficulties are in the definition.

With reference to the second issue, I am also interested to hear the VA's definition of highly rural and how it differs from the statute definition, and of course, why that is a problem given the definition is made clear in the statute for the purposes of that specific provision. Your thoughts and the issues referenced would be helpful to me.

As the public law states, the pilot program was to commence 120 days after the date of the enactment of the public law (October 10th, 2008). My constituents are growing anxious, as are all rural vets, to find out details of this program and see its implementation. It is particularly important to my district as we have no VA facilities at all in the 23rd District of Texas between San Antonio and El Paso. I know you are well aware of this and are working as hard as possible to get this program up and running.

I thank you for your time and appreciate your efforts in providing clarification to the issues raised in your response. Thank you for your attention to this matter.

Sincerely,

Ciro D. Rodriguez
Member of Congress

Cc: Chairman Filner
Ranking Member Buyer

The Secretary of Veterans Affairs
Washington, DC.
May 28, 2009

Hon. Ciro D. Rodriguez
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Rodriguez:

Thank you for your letter requesting additional information regarding Public Law 110–387, section 403, pilot program to provide covered health services to eligible Veterans through qualified non-Department of Veterans Affairs (VA) health care providers. I apologize for the delayed response.

Veterans Integrated Service Network (VISN) 18 is one of the locations where a pilot program will be conducted. However, the site for the pilot program within the VISN has yet to be determined. Pilot sites will be selected based on a number of factors, including the potential number of Veterans who are eligible to participate in the pilot program and the presence of non-VA providers willing and able to participate.

One of the issues impacting timely implementation is the hardship provision found in (b)(2)(B). The challenge is not related to defining the hardship provision but rather the requirement to go through the Federal regulations process. This process involves coordinating with and receiving approval from the Office of Management and Budget, and publishing the proposed hardship definition in the *Federal Register* along with a comment period. From past experience with the regulations process, we anticipate this process can take from 20–24 months.

Another issue that will have an effect on the timely implementation of the pilot program involves how the term highly rural Veteran is defined. The statute definition of highly rural is different than the VA definition. Based on the statute, Veterans are identified as highly rural if they live more than 60 miles from a VA facility for primary care, more than 120 miles from a VA facility for acute care, or more than 240 miles from a VA facility for tertiary care. VA, however, defines a highly rural Veteran as those who reside in counties with less than 7 residents per square mile.

Because the statute uses a different definition of highly rural than VA, VA will need to re-configure data systems and analyses to identify travel distances for each enrollee for multiple VA facilities, conduct analyses to identify eligibility according to the section 403 definition, and develop enrollment and utilization projections for the pilot using the new eligibility definition.

VA continues to work diligently on this pilot program and looks forward to keeping you apprised on the status of these efforts. I appreciate your continuing support of our mission.

Sincerely,

Eric K. Shinseki

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