

**BUILDING THE CRITICAL HEALTH
INFRASTRUCTURE FOR
VETERANS IN JACKSONVILLE, FLORIDA**

FIELD HEARING
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
ONE HUNDRED ELEVENTH CONGRESS

FIRST SESSION

APRIL 20, 2009
FIELD HEARING HELD IN JACKSONVILLE, FL

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MONDAY, APRIL 20, 2009

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

The Committee met, pursuant to notice, at 12:25 p.m., at the Donald T. Martin Center for College Services, 501 W. State Street, Jacksonville, Florida, Hon. Bob Filner [Chairman of the Committee] presiding.

Present: Representatives Filner, Brown of Florida, and Buyer.
Also Present: Representative Crenshaw.

OPENING STATEMENT OF CHAIRMAN FILNER

The CHAIRMAN. Good morning everybody.

My name is Bob Filner. I am Chairman of the House Veterans' Affairs Committee, and we are so excited to be here in Jacksonville for the hearing to address the critical health infrastructure of the Department of Veterans Affairs.

We have two housekeeping items to attend to before we get started. I need to ask unanimous consent that our colleague, Mr. Crenshaw, be invited to sit with the full Committee today.

Ms. BROWN OF FLORIDA. Without objection.

The CHAIRMAN. Hearing no objection, so ordered.

Thank you for being here. I know you have a district surrounding us, and I thank you so much for being here today. I also ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

Hearing no objection, so ordered.

Of course, we thank the Florida College for their hospitality in hosting the event. We have been invited to hold this hearing by Congresswoman Brown. She is, of course, on the Committee and she is the second person in line of seniority. We came to the House together in 1992, but when I say Ms. Brown, invited us, I mean, that an invitation implies a choice. When Ms. Brown invites you, you don't have a choice.

You have a real tenacious Congresswoman in the Congress. I think you know that. She doesn't take "no" for an answer.

Generally, the Ranking Member and I go different places, but we are all here together because of Ms. Brown.

Thank you, Mr. Buyer, for being here. It is not always the case that both parties send people to a field hearing, and we are so glad that Mr. Crenshaw and Mr. Buyer are here along with Ms. Brown.

As part of our job, we have oversight of the U.S. Department of Veterans Affairs (VA) and we want to make sure that the resources are in place to meet the needs of our veterans—no matter where they are located. We are doing a lot of oversight with the new veterans from Iraq and Afghanistan, and we expect an influx of hundreds of thousands of veterans as that war is drawn down this year.

But we have veterans from World War II, Korea, Vietnam, and the first Persian Gulf War. We cannot forget about them. We owe every one of our veterans the highest quality treatment and the best access to care.

I see there are two men over here who are wearing hats, representing the Filipino World War II veterans. I happen to know them from other cities where they have lived. I want to acknowledge that the Filipinos were drafted into World War II and helped us win the war in the Pacific. We would not have won it so quickly without them.

After they got their independence in 1946, the Congress at the time said, all the benefits we promised you, that is the responsibility of the new Philippine government. For 62 years, they have been trying to get the benefits that have been denied, and a few weeks ago, Congress passed a law which gives them pension and health care benefits as a way to say thank you, even though it is 6 decades later. Thank you and we are glad we were able to finally give you the justice that you deserve and fought so hard for.

We do know that the VA has made some progress locally on the health infrastructure with the new Gainesville Tower Project. We would not have had that without the effort of Ms. Brown. The new bed tower will correct deficiencies in patient privacy. There are over 245,000 square feet with four floors that will house 226 single-bed patient rooms with private baths and a ground floor to house supportive services.

We have a lot of challenges in Jacksonville. The veterans here have been waiting for more than a decade for a replacement outpatient clinic in this city. This is not acceptable to Ms. Brown. It is not acceptable to me and certainly not acceptable to this Committee. We authorized the new facility almost 10 years ago, and I think our veterans deserve better than that.

Under the leadership of Ms. Brown, there was a meeting this morning of all the stakeholders to try to work out the location, price, and the memorandum of understandings that are necessary. I met with the group from Shands and the VA to try to further that process along. Ms. Brown and I will be talking to the new Secretary of the Department of Veterans Affairs to try to further move the process.

We have this hearing at a time of enormous optimism and promise for new direction. We do have a new Administration and a new Secretary of VA. While serving in Vietnam and as Army Chief of Staff, Secretary Shinseki was always known as a “soldier’s soldier”—always caring for his people. I am now calling him a “veteran’s veteran” because he understands what is going on and I be-

lieve that by working with this Committee, we will make further strides in the quality of care for all of our veterans.

We are looking forward to hearing from all of the witnesses today. We also will have an open session to hear about some general issues that any of you would like to bring to our attention. We will go by our normal procedure, which is to recognize our Ranking Member, Mr. Buyer, and then we will hear from both Ms. Brown and Mr. Crenshaw.

Mr. Buyer.

[The prepared statement of Chairman Filner appears on p. 44.]

OPENING STATEMENT OF HON. STEVE BUYER

Mr. BUYER. By way of a parliamentary inquiry, this is a formal Congressional hearing, even though we are in Jacksonville, is that not correct?

The CHAIRMAN. Yes, sir.

Mr. BUYER. So witnesses, there has been an exchange of witness lists, and witnesses have been vetted, as I understand, by both staffs; is that not correct, Mr. Chairman?

The CHAIRMAN. Yes, sir.

Mr. BUYER. I am not aware of procedures within the protocols of Congress for there to be an open microphone other than individuals of whom are named witnesses. Are you aware of such procedures?

The CHAIRMAN. We felt that given the fact that this is a public hearing, the veterans who are interested in what is going on, would have a chance after the formal hearing is over to express their opinions. We can adjourn the formal hearing before we begin the open forum, but we want to hear from the public. We will have the hearing, and then we will conclude it and have the open microphone session.

Mr. BUYER. Okay. Thank you very much. Appreciate your answers to the inquiry. Thank you.

Mr. Chairman, it is a pleasure to be here.

And ladies and gentlemen, Jacksonville, my association with the south and the southeast is, my family is from Charleston, South Carolina. Even though my father was from Indiana, he went to The Citadel. My brother went to The Citadel. I didn't have a choice in life. I am a graduate of The Citadel, and so I have a lot of friends and a lot of relatives in this part of the country. And when the three of us, Corinne and the Chairman and I, came to Congress together, we also were joined by Tilly Fowler. And you know it was pretty easy to take Tilly Fowler. She is an extraordinary lady with a lot of great attributes, and so it is a pleasure for me to be here in Jacksonville, not only the hometown of Corinne Brown and Ander Crenshaw, but also of Tilly, and it is a pleasure to serve with both of these Representatives from your hometown.

Corinne is an interesting personality. She is very pugnacious. So when she gets hold of an issue, she just doesn't let go, and right or wrong, she is not going to let go. And I give her much credit in our efforts 3 years ago relative to the Orlando Hospital, along with John Mica and Ander and others, but at the final meetings, Corinne was there in the room, and her voice was heard.

I also want to extend my pleasure for the leadership of Ander Crenshaw. The synergies that you have here, that you get to take

advantage of is, you have, in Florida, you must have five or six Members on the authorizing Committee of VA. And then Ander Crenshaw and Bill Young, and you have some others here on the Appropriations Committee. And so it is really—I just want to take a moment to thank Ander for what he does for you. It is one thing to get it authorized, and then you have to get it funded.

So when you think about the new, Jacksonville National Cemetery, Ander Crenshaw was there to be able to deliver the \$29 million to make this a reality, and now you have this 525-acre cemetery which has now been opened for burial, and so I want to thank Ander for his efforts.

I also want to thank him for—I wish all Members of Congress would do this, your annual Veterans Recognition Ceremony, and you had over 2,000 veterans go through that. So I want to thank you for that.

I also want to extend a warm welcome to everyone here in attendance. Our Deputy Ranking Member, Cliff Stearns, he could not be here with us today but wanted to thank the staff and others who are here. He was not able to participate. Cliff is a long-standing leader on the Committee, and he is a steadfast advocate for veterans. He has also actively called for a new Regional health care Center in Marion County and expansion of the VA hospital in Gainesville. For years he has been working on these projects, and we have now broken ground, and I know he looks forward to seeing both these projects come to fruition.

I also appreciate we are having this hearing to discuss how the VA is moving forward to expand services and meet the needs of veterans who live here in the Jacksonville area. New technologies make it possible to provide more diagnostic, specialty, and surgery services in an outpatient setting rather than a hospital. To maximize the use of these advances and bring a broad array of specialized services closer to where veterans live, the VA is moving from the clinics to the new Ambulatory Care Centers.

And so I want to reference we have a joint ambulatory care; it is not necessarily called the center, but it is kind of a model that we are now moving off of in Pensacola, and I want to credit Mr. Jeff Miller for his leadership in assisting the VA to do this. And then the Chairman went down to, they call it deep Texas, down at Harlingen, and I also went to deep Texas. So the two of us went at two different times, and we were able to then come together and work with the VA in the introduction of these Ambulatory Care Centers, and so we are trying to create these synergies of excellence.

And as you all know, the current Jacksonville, VA, clinic is located next to the University of Florida Health Science Center at Shands Hospital. The North Florida VA health care Center has a strong and meaningful affiliation with the University of Florida. And the VA expansion of the current site with the collaborative partnership could yield substantial benefits for veterans.

I understand there is progress finally being made, and hopefully there is a way forward to build on these synergies that I was referring to that exist between the VA and a university.

Sharing is not a new concept. VA has been sharing human capital for years and its affiliation among our Nation's teaching uni-

versities. In Charleston, South Carolina, there is a tremendous opportunity for the VA to replace its aging hospital with a mutually beneficial agreement to share facilities and integrate the delivery of veterans health care with the new Medical University South Carolina Hospital. This approach to shared facilities, which I take great pride in developing, is now being referred to as the Charleston model within the VA.

This is a model that can be replicated and changed, depending upon the availability of services in a particular environment. So I want to thank the Chairman in his efforts, as we look at different communities, how do we build up these synergies without being multiplicitious or duplicative.

Because I truly believe that collaboration, whether it is between the VA, the U.S. Department of Defense, medical affiliates, State partnerships, or other private sector entities, it is a powerful, powerful tool for the VA to leverage to ensure that our veterans have the greatest access to the most advanced medicine and medical technology.

As we look at the future development to VA, it is also vital that the VA establish strategic and long-term plans for energy sustainability, especially here in the Sunshine State. The VA must consider the use of a solar energy to power the VA health care facilities. I am very pleased with the new Secretary. The VA is planning to fund at least four feasibility studies for solar voltaic in its medical facilities, including four sites near the State of Florida. It will include Orlando, Bay Pines, Tampa, and Miami.

In closing, I would like to thank all of our witnesses for appearing before our Committee today. Again, on behalf of Cliff Stearns, I want to recognize Stan Jordan, retired Army colonel and member of the Duval County School Board. Also, Colonel Jordan was a former member of the Florida House of Representatives and Chairman of the Florida's House Committee on Military and Veterans' Affairs.

I would also like to thank Dan Hughes, Chairman of the Jacksonville National Cemetery Advisory Committee, for being with us here today and for his volunteer service on our colleague John Mica's Veterans Advisory Committee. It is important we listen to all these views, and I thank the Chairman for his time.

[The prepared statement of Congressman Buyer appears on p. 44.]

The CHAIRMAN. Thank you, Mr. Buyer.

As I said, we are here at the invitation or insistence of Ms. Brown.

Ms. Brown, please proceed—let us know what is on your mind.

Ms. BROWN OF FLORIDA. Thank you, Mr. Chairman, and before I begin, I would like to yield 1 minute, without objection, to Dr. Wallace, who is President of Florida's Community College but soon to be the Florida State College of Jacksonville to give greetings to the Committee and the audience, the VA.

The CHAIRMAN. Please.

**STATEMENT OF STEVEN WALLACE, PRESIDENT, FLORIDA
COMMUNITY COLLEGE AT JACKSONVILLE, FLORIDA**

Mr. WALLACE. Thank you, Congresswoman. On behalf of Florida Community College, soon to be Florida State College, it is our honor to welcome you here today.

Chairman Filner, Congressman Buyer, our two famous favorite Members of Congress, Congresswoman Brown and Congressman Crenshaw, it is always a pleasure to have you in our facilities.

I want to make just a note because many people don't know this and it is a point of great pride, but this is a perfect venue for your hearing today. Of the 1,600 community colleges in America, Florida Community College is proud to have the largest veterans program in the country, and we will continue to support our active-duty military and veterans in wondrous new ways.

We recently hired retired Rear Admiral Jim Stevenson to lead our Military Education Institute, and we are expanding our services for servicemembers and veterans every day.

And so we welcome you here, and we certainly appreciate your service to our veterans.

The CHAIRMAN. I just want to thank you again for having the hearing here today. I would like you to comment, if you will, on the new GI Bill for the 21st century. You all know how important the GI Bill was after World War II. I am a beneficiary of it. My Dad came back from World War II and was able to get some education and buy a house for the first time in our family's history.

Unfortunately, those benefits have declined in value over the years.

What we wanted to do for the new veterans is to try to pay for the full cost of college, plus a stipend. We also changed the housing loan program so that it is more up-to-date and accessible.

I would like to know if you are going to be able to handle the increased number of veterans, and if you are satisfied with the formulas? Are you aware of the formulas that we will pay the tuition, and how is that going to work out for the college?

Mr. WALLACE. Thank you for that question, Mr. Chairman.

The CHAIRMAN. I didn't mean to surprise you, but I think it is important for your institution to be aware and prepared for the veterans coming home. The servicemembers coming back can assign their benefits in the future to their spouse or their children.

Mr. WALLACE. Right. Thank you, Mr. Chairman.

We are paying a tremendous amount of attention to this. We see it as a phenomenal opportunity to elevate our assistance to veterans; in some cases, active-duty military, spouses, family members. We have a task force that is going through a massive redesign of our already very, very substantial and significant service. We are expecting to be inundated with veterans taking advantage of the new benefits, spouses, family members, and we will be fully in position to receive them in August when we expect that flow to begin, but we could not possibly be taking this opportunity and this responsibility more seriously.

The CHAIRMAN. Is the tuition reimbursement going to meet your actual expenses?

Mr. WALLACE. Yes, Mr. Chairman, that won't be a problem. In Florida public education, we have among the lowest tuition rates in America. So it is well covered.

The CHAIRMAN. What you take pride in, and I want to say this to Mr. Crenshaw and also to Ms. Brown, may cause a problem in that the formula that was passed. The tuition grant will be based on the highest, public university in the State. This will mean that if somebody wants to go to a higher tuition school that because your tuition at State schools is subsidized, we may not meet the real expenses of lower tuition States. In California, Florida, or other States where there is a tradition of real support for public colleges, that support is going to work against the stipend. We are not going to try and change it for this year because we want to get it started, but please keep us informed. You said you had other programs and I suspect they cost more than the tuition is actually going to cover.

Mr. WALLACE. Yes, sir.

The CHAIRMAN. We need to know how the new GI Bill affects all of the States because we may want to make some changes next year. Keep in touch with us please.

Mr. WALLACE. We will do so.

The CHAIRMAN. It is going to be an exciting time.

Ms. Brown, I am sorry to interrupt you.

OPENING STATEMENT OF HON. CORRINE BROWN

Ms. BROWN OF FLORIDA. No, no, that is a very good question, and I want to also give greetings to Sandra, who has worked on veterans issues and is a member of the school board and a State legislator and for a long time worked very closely on getting the cemetery and other issues here in Jacksonville.

And also with us today is Art Graham who is on the City Council, and I spoke to him last night about the VA hearing, and he is here today.

So, thank you, Mr. Graham.

First of all, let me thank the Chairman for holding this hearing. I know it is a tremendous sacrifice for people to take time from your district during this work period and to come here, and you know, you can extend the invitation, but there has to be a follow-up, and I want to thank him and Mr. Buyer and Mr. Crenshaw for coming here to this hearing today.

And one of the things I like about being on the VA Committee, and I have been on there for 16 years, I really do believe it is one team, one fight, and we are here for veterans, and we work together, and it is not any of this Democratic or Republican thing. It is just all for the veterans on this particular Committee. And I want to thank the Chairman for the largest increase in the health care budget in the history of the Department of Veterans Affairs, and I am just really pleased that you are here and when we leave Jacksonville; we are going to go down to Orlando and take a look at the issues down there also.

I am pleased that all of the witnesses are here to discuss the infrastructure of the veterans in Jacksonville.

One of the things that, you know, we have more and more veterans moving to Jacksonville because of our beautiful climate and

the cost of living, and that kind of works against us in the sense that we are growing, so we need to make sure that the VA keeps up with the growth of our veterans.

Many times veterans come to me, and they are concerned about how long they have to wait and the kinds of services they are getting, and basically, the services are good, but with the growth, we have to make sure that we put the infrastructure in place to take care of those needs. And I think we have a good team here with the VA and the regional people in VA, and they are going to work with us to make sure that it happens.

I want to mention something about that cemetery because I worked on the Committee to get it authorized, and you have to get it authorized before you get it funded. And one of the things that was really interesting is that it is a form, and so we had to make sure that we got the people in the Miami area taking care because they had over a million veterans in that area. We had to get the expansion of the existing facilities in Bushnell, and then Jacksonville was in line, and so we had to do all those things before we were eligible to have a cemetery in this area, so I was very happy to do that.

I want to close with a statement of 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 are treated and appreciated by their country."

The people here in Florida are the best people, and I am pleased to have this hearing with my constituents and the VA to hear their views and to listen to how we can work together to improve the services for the veterans here in the area and, of course, in the State of Florida and really in the country. So "one team, one fight" really does exemplify the Committee.

The CHAIRMAN. Thank you, Ms. Brown.

We stopped at a nearby clinic on the way over here, and the director said there is a waiting list of 400 veterans. We have a lot of work to do.

Mr. Crenshaw, thank you for joining us today.

OPENING STATEMENT OF HON. ANDER CRENSHAW

Mr. CRENSHAW. Thank you, Mr. Chairman.

Before I say anything, I want to—I listened to Ranking Member Buyer mention Tilly Fowler. I just want to make people aware of the fact that tonight, at 7:00 p.m., there is going to be a dedication of a memorial to former Representative Tilly Fowler, and I am sure that if you don't know about it, they would love to have you be there. They have a memorial that has been in the newspaper, and I think it is down on the river right by the YMCA. And any of the Members here or certainly anybody in the audience, Tilly was a great lady, as the Ranking Member pointed out, and they have all served together. So it is fitting tonight that this memorial is going to be dedicated. I just want to make everyone aware of that.

Mr. BUYER. I hate to interrupt, but all of us know, that worked with Tilly, and I want the community to know you know her and you have your own perceptions of her. With regard to helping our country, her leadership was extraordinary. The Navy, in order to

have a two-port blue-water Navy, she was such an extraordinary advocate that, when the JFK is replaced, and now they are trying to find a home port for the Herbert Walker Bush nuclear carrier. These facilities have to be prepared to receive a new carrier, and there is so much work in infrastructure investment that must be done in order for that to happen. Tilly Fowler started working on this issue in the mid-nineties. So long before; it is a 15-year, 20-year tale to prepare for something like this, and so now when you have the Secretary of Defense make this recent announcement that to bring a nuclear class carrier here to Mayport, I would like the community to know this is a big deal. And it now rests upon the shoulders of Ander Crenshaw, and so it is going to take a \$100 million at the first baseline. It could be a lot more before we are done to prepare for that because we have to have a backup maintenance facility be able to handle something like this.

But I just want you to know, I give a lot of credit to you and Ander, but Tilly laid a real base and foundation there for the community, and I know a lot of people have made a tremendous amount of effort. I yield back.

Mr. CRENSHAW. Thank you very much, but I just simply want to add my words of welcome to the Chairman, the Ranking Member for being here today. As some of you all understand, it is a pretty big deal to have those folks travel to come to a field hearing like this.

I certainly want to add my words of welcome. I want to thank my colleague, Congresswoman Brown, for proposing to have this and encouraging the Chairman and the Ranking Member to show up and be here.

As she said, you know, when it comes to issues about veterans, it is "one team, one fight," and I think particularly with Corinne and I, when it affects northeast Florida in particular, affects veterans, it is "one team, one fight," and I am proud to work with her to do the things we have been able to do.

I certainly want to thank the distinguished panel that is going to be here to testify. We appreciate you taking the time. As the Chairman mentioned, I am not a Member of the Veterans' Affairs Committee, but I am a Member of the Appropriations Committee. And the main work that I do is on the Subcommittee called Military Construction and Veterans Affairs. And as Ranking Member Buyer mentioned, the \$500 million that is going to be needed to upgrade Mayport to make it capable of home porting a nuclear carrier will go through my Subcommittee. And I am going to work as hard as I can. This year will be a \$100 million to begin the dredging and begin some of the work upgrades, but I will continue to work on that.

But in particular as it relates to veterans, all the funding that has been mentioned comes through our Subcommittee, and I was proud last year to be a cosponsor of that legislation that led to the largest increase in veterans funding in the history of our country.

And so I will continue to work with my colleague, Corinne Brown, certainly with the Chairman and the Ranking Member on the authorizing side. We have a unique opportunity here in Jacksonville because we have Cliff Stearns and Congresswoman Brown that sit on the authorizing Committee, and then I sit on the Appro-

priations Committee. So we can work together, which I think is a great advantage for our northeast Florida community, and so we will continue to work together.

And finally, just let me say, being in the presence of all you veterans because I do so much of the work in Washington related to the military, related to veterans, and so when I travel, whether I am in Jacksonville or traveling to some far-off part of the world to oversee our military bases, some 40,000 square miles, worth about half a trillion dollars, or meet with veterans groups around, I am always reminded, I don't think I need to remind you all, that the greatness of America really has been drawn from the blood and the sacrifice of the people who have gone before us as well as the people that defend us today.

So I thank you all for being here.

Thank you, Mr. Chairman for allowing me to be part of this. I look forward to hearing from you all, so that when we go back to Washington and begin to write the budget for the VA, Veterans Affairs, for 2010, I will have some firsthand knowledge.

Maybe just in parting, just let me say, I may have to leave a little early today. I have my BlackBerry, and any minute now, I am going to become a grandfather for the second time. My daughter is in the hospital now, and if I slip out a little bit early, that is to welcome my newest granddaughter into the world today.

But Mr. Chairman, thank you for inviting me to be here today.

The CHAIRMAN. Thank you.

Give me a note to that effect.

Our first witness will be Herschel Allen, who is the Duval County Veteran Service Officer, Veteran Service Officer Supervisor for the City of Jacksonville.

Thank you for being here today, and we are looking forward to your testimony. Your written statement will be made a part of the record.

You are recognized. Thank you for being here.

**STATEMENT OF GUNNERY SERGEANT HERSCHEL ALLEN,
USMC (RET.), DUVAL COUNTY VETERAN SERVICE OFFICER/
VETERAN SERVICE OFFICER SUPERVISOR, CITY OF JACK-
SONVILLE, FL, MILITARY AFFAIRS, VETERANS AND DIS-
ABLED SERVICES DIVISION**

Sergeant ALLEN. Thank you, Mr. Chairman, and Congressmen.

I have had about 3 days to prepare for this since I was told I was to testify, but that is okay. I enjoy talking about it and letting my peace be known.

I was born and raised here in Jacksonville, graduated in 1960, enrolled in the Marine Corps, was stationed all over the world; of course, the tour in Vietnam where I was awarded the combat action ribbon, among other awards. So I am well aware of the current crisis for veterans and what they went through, are going through, and will go through in the future, especially the many problems that change people.

My present duty, I have been the supervisor of the Duval County, City of Jacksonville, Veteran Services Division for 15 years.

I guess the Committee is probably well aware of it, maybe the members of the audience are not, but the clinic here in Jackson-

ville, the caseload, just the first quarter of this year, 15,423 leads. The pharmacy has seen over 25,000. The teams have gone from two teams to now they are looking for a fourth team. Each doctor has over 4,400 patients, but the cost per patient remains low as compared to the private sector, and the confidence and the ability of people who visit it is very high. Through the years, they have done a superb job with the resources they have.

Myself, 15 years ago, I would not go to the VA. Now that is my choice. It is better actually. I can track here or with Aetna. I prefer the VA. They are very good, especially on preventive maintenance and the medicine. They want to check you out and find out what is wrong with you before it happens.

The location, however, is not good at all, not acceptable. That area is very congested with the Shands facility all around it. The parking is ridiculous. They do try to have a little cart thing back and forth. Some people, especially the disabled, are not going to be able to climb into those little golf carts.

It is a high-crime area. I pulled up, on the City of Jacksonville Web site, in the last 6 months in that area there have been 15 assault and batteries; 22 burglaries; 7 robberies; 46 thefts; 10 vehicle thefts; 7 vandalisms. The people who work there don't like being there either.

There is no central location for that clinic. The main clinic is there. The eye clinic is over in the twin towers. The Surgi-Center is way off of JTB. The VA is now looking for some more leased land to put another team. Of course, those folks would have to go back to the main clinic if they had to have any prescriptions filled.

Distance, 45 minutes was VA's standard. They want all veterans to be within 45 minutes of an inpatient facility. If you live right here right now, to go to a VA facility in either Gainesville, unless you break the speed limit, you are not going to make it any less than 1 hour, 15 minutes/20 minutes. It is impossible. So we don't fall within that standard. Of course, Orlando has got the other hospital. Figure that out.

Transportation to the medical centers, the Disabled American Veterans (DAV) does run vans. However, the disabled have a very hard time.

The size of the proposed clinic they have now, even if it was built today, would be inadequate. We are receiving veterans in this county. About 210 DD-214s per month come into my office, which means those are folks the VA doesn't know about. The VA only counts members or those that they are giving benefits to, like 95,000. There are over 177,000 here and going up. The clinic that they have proposed now is not going to be adequate.

The concerns I hear from some of the veterans that I see on a daily basis are: The clinic is too spread out. There is no hospital close by. It is difficult to get to the hospital. There is a long wait time here at the clinic. I have served more than 10 years since it was proposed, and what is going to happen this summer when category 8s are allowed into the medical system.

The veterans' interests are not being met. The largest city in the United States. We have land available around this county to put a larger facility, rather than smack dab downtown where it should not be.

Too much rhetoric, not enough action. You people have the authority and the power to make it right and change it, and we would hope and pray that you guys do the right thing.

Thank you very much.

[The prepared statement of Gunnery Sergeant Allen appears on p. 45.]

The CHAIRMAN. Sergeant Allen, just a chance to ask some questions, if you don't mind.

Sergeant ALLEN. I don't mind at all.

The CHAIRMAN. Don't turn your back on this Committee.

Ms. BROWN.

Ms. BROWN OF FLORIDA. I have a question. Because, obviously, you work for the City of Jacksonville, you know that the city has been working with Shands and Gainesville to come up with the location for this clinic, and you mentioned that there was a hospital in Gainesville—I mean, in Orlando. We have been working on that for 25 years, and it is not in the ground yet. So it takes forever for the VA to come up with a project and go through all of the procedures.

Now this project that we have is almost ready to go, and the City of Jacksonville helped with developing the land. It was a partnership between Shands, Gainesville, University of Florida, and the VA. So I don't understand, and there is a need for these veterans that live in this community right here and now. So I don't understand what we are talking about. A different location, then you are talking about another 20 years. It takes the VA forever to build a facility.

Sergeant ALLEN. About 4 years ago, I had the people from the clinic, from Gainesville, and Central Office in Washington, down at a 13-acre site on the west side, beautiful wooded location, was perfect, transportation, sewer, electric, everything together. Central Office, Washington, says great. Two weeks later, a phone call says, we can't do it. It needs to be kept downtown.

Ms. BROWN OF FLORIDA. Yes, I know, I want it downtown because that is where a lot of veterans live. I don't know anything about the facility on the Westside. I didn't make the decision on the location. The VA made the decision on the location, and it is supposed to have been a partnership. I want to hear your comments, but the City of Jacksonville, the City of Jacksonville was involved in this negotiation.

Sergeant ALLEN. I am not speaking for the City of Jacksonville. I am speaking for veterans.

Ms. BROWN OF FLORIDA. I hear what you are saying. Do you know how long it takes for a project to be completed? The project in Orlando, the hospital, is a 25-year project. I have been in Congress for 17 years, and it still does not exist, and it will be another 3 to 5 years for that hospital.

Sergeant ALLEN. Whose fault is that?

Ms. BROWN OF FLORIDA. You tell me.

Sergeant ALLEN. We can't make laws, pass legislation and create our own appropriations. That is you guys, not us. You wanted our input, and that is what it is.

Ms. BROWN OF FLORIDA. Let's be clear, the authorization is done. The appropriation is done. Maybe we can find out from the VA why it takes them so long. The money is there.

Sergeant ALLEN. I don't know. I really don't. You wanted to know the concerns. I see veterans every day and on the weekends and evenings. I am letting you know what I have seen and what their concerns are. That is what you wanted, isn't that correct?

Ms. BROWN OF FLORIDA. That is still what I want, sir, but what I am saying is, as far as the facility is concerned, I had nothing to do with the decision—

Sergeant ALLEN. I didn't say you did.

Ms. BROWN OF FLORIDA. I did not, but you said you showed them a facility on the Westside that was—

Sergeant ALLEN. Property, not a facility.

Ms. BROWN OF FLORIDA. Well, it was the same thing as the cemetery. People wanted it in a different place, and the VA made the decision based on whatever criteria they make off the needs and how many veterans are in the area. And the transportation and all of those factors are considered.

Sergeant ALLEN. Ten years from now, it needs to expand the facility downtown.

Ms. BROWN OF FLORIDA. Ten years from now, we can go with a plan B, but it will be 10 years before we get anything up. That is the problem. We need design build. We need to expedite projects.

The CHAIRMAN. Okay.

Thank you, Ms. Brown.

Mr. Crenshaw, any questions?

Mr. Buyer.

Mr. BUYER. Gunny.

Sergeant ALLEN. Sir, can I go back now? Are you going to ask some questions?

Mr. BUYER. I have never seen a gunny turn his back on anything. So you didn't do that. What you did is spoke like a gunny. You stood up, you had what you had to say, and by God, that is what it is. We are going to move on.

I don't know what it is about the Marine Corps. They get you guys, and you all come out the same. There is something about a gunny sergeant, all the ranks in the military, and I am a Colonel, but there is something about—when I am around a gunny, they just make me nervous.

I think it goes all the way back, I was 17-years-old, at Parris Island, and the gunny sergeant made me pull fire watch. And I didn't understand why I had to do fire watch, you know, from 2:00 a.m. to 4:00 a.m., and it was my turn. I didn't understand, and in the morning, before we went to formation, I went over, and I waited for the gunny to come out of his room. And I saw the gunny, and said, gunny, this thing about fire watch, I have an idea about how we can improve that system.

Sergeant ALLEN. Is this a true story?

Mr. BUYER. This is a true story. I am an ideas guy, always have been, but I want you to know what the gunny did. I pulled fire watch for 2 weeks, every night, and I learned what fire watch was about. It wasn't about watching for fire, you know, but I tell you what, I just love gunnies so I love your testimony, and I love your

candor. And that is what we love about gunny sergeants; it is your candor.

We have on the Committee with us a master sergeant, United States Marine Corps, veteran of Iraq, who lost the lower part of his leg. He remains on active duty. He lost that lower part of his leg and then went back into Iraq looking for the son of a bitch.

Sergeant ALLEN. That is right.

Mr. BUYER. Let me ask, what I love about your job is that you work with veterans every day, and you don't have an 8-to-5 job because it is wherever they see you. You can be on the street, you can be in the store, it can be coming out of church, and they are going to grab you, because everybody knows you. You are their advocate.

So with regard to, because you touch them every day, what are your recommendations to us with regard to how we get—how are we doing on getting information out there with regard to benefits, and tell me a little bit about your IT systems, on how well you are being financed with the updated equipment.

Sergeant ALLEN. Well, I will answer the second one first. When I got into this job in 1994, all the claims, everything, was done by hand. A lot of the benefits had a lot of mistakes. I got with an IT person, and we developed a system. It is all done electronically, and people come down to our office, sit down, they don't fill out any forms. We do it on a computer, and we are the only office in the world that files electronically. They sign a signature pad, and boom, it is there. But that was all funded through the city, just the city, period.

Mr. BUYER. So when you do that electronic format, are you able to send that directly to the VA?

Sergeant ALLEN. Yes, sir. If it is lost in the building, we go back to the date of claim, of when they got it, it is fantastic. We have been doing that for about 10 years now. Since they moved the pensions to our Pension Management Center in Philadelphia, I am trying to get with those folks so we can file pensions the same way. But it is all funded by the City of Jacksonville. Of course, most other counties in Florida and some other States found out about it and copied that and were able to use it.

As far as getting the word out, I don't think the VA does a very good job. The way the bill before Congress right now, I think it is called Veterans Outreach of 2007 or something, where they would really help fund the idea already, assisted living facilities, veterans service organizations, different groups and communities, to let people know what is available.

Matter of fact, this morning, a Korean and Vietnam Wars veteran who worked for the city for 30 years. I see him in the morning when I get in between 5:30, quarter of 6:00. By about 6:00, I step out and buy a cup of coffee. He walks by. His name is Jerry. By the summer, he starts growing his white beard, and by December, he looks just like Santa Claus. I said, Jerry, weren't you in the military? He said, yeah. I said, did you retire? He said, I guess so, they gave me some papers, told me don't come back. I said, yeah, you are retired. I said you get anything from VA? No. I said, what kind of disabilities do you have? He named off just about every presumptive disability that Agent Orange has. I said, why don't you

file a claim with the VA? I didn't know I could. He worked for the city for 30 years. Our office is downstairs. I go out just, people like that——

Mr. BUYER. What more can we do with regard to getting information out on the availability of benefits.

Sergeant ALLEN. I would like to see each major city that has a newspaper at least once a week, out on Sundays, has some kind of veterans issue. For a while, I was going on channel 2——

Mr. BUYER. A service announcement?

Sergeant ALLEN. I don't even watch that myself, but those kind of things, anything they can do.

Congressman Crenshaw, I know I have seen some of the things he has put out periodically, tries to know about some of these issues, not just Federal, but also State and local benefits out there for veterans.

But I don't know. I don't know the answer. I keep trying. Every time I see somebody, are you a veteran, you look like a veteran; I tell everybody that works for me, church groups, organization, whatever you belong to, try to get the word out.

Mr. BUYER. Gunny, I want to thank you for your leadership. Please extend my appreciation to the City of Jacksonville and the Unigov to finance that, because what you are doing here is not happening and it is not replicated by the country. This electronic format is extremely helpful to the VA. So thank you for your leadership. I yield back.

The CHAIRMAN. Thank you. We thank you for your testimony. More importantly, we thank you for your work every day with veterans, and we will try to give you some more help in that outreach. We appreciate your testimony.

Sergeant ALLEN. Thank you. We appreciate what you have done. We just, please, do more if you can, please.

The CHAIRMAN. Okay, thank you. This concludes the first panel. The next panel is comprised of three people. If you will all come forward for panel two.

Hallie Williams-Bey is the Chairman of the Northeast Florida Veterans Council. Guy Diffenbaugh is the commander of the Jacksonville Chapter 1 Disabled American Veterans. Sergeant Tippins is the president of Chapter 29 of the Montford Point Marine Association.

Ms. BROWN OF FLORIDA. Mr. Chairman, I just want to announce that Ms. Griffiths, ADR Griffiths, is here from Senator Martinez's office.

The CHAIRMAN. Thank you for being here. We thank the Senator for his interest.

Well, we will recognize each of you for 5 minutes, and then we will open it up for questions.

STATEMENTS OF HALLIE WILLIAMS-BEY, CHAIRMAN, NORTH-EAST FLORIDA VETERANS COUNCIL, JACKSONVILLE, FL; GUY DIFFENBAUGH, COMMANDER, JACKSONVILLE, FL, CHAPTER 1, DISABLED AMERICAN VETERANS; AND MASTER SERGEANT JAMES H. TIPPINS, USMC (RET.), PRESIDENT, CHAPTER 29, JACKSONVILLE, FL, MONTFORD POINT MARINE ASSOCIATION

STATEMENT OF HALLIE WILLIAMS-BEY

Mr. WILLIAMS-BEY. My name is Hallie Williams-Bey. I am a Marine Corps Vietnam veteran staff sergeant.

Ms. BROWN OF FLORIDA. Can you pull that microphone closer to you, please?

Mr. WILLIAMS-BEY. My name is Hallie Williams-Bey. I am former staff sergeant, who served in Vietnam from 1968–69 in the Marine Corps. I have been involved in many local veterans service organizations for about 27 years.

As a military veteran, I have been going back and forth to my private physician for many years. In 2000, I found I had prostate cancer. I went to the local VA clinic, and was told it would take me 2 years to even see a doctor in the Lake City VA Clinic.

During this time, I went to my private physician, and started the healing process with hormone treatments, seed implants and radiation treatments. By the time I went to my scheduled appointment at the VA in Lake City, they told me, there was no sign of cancer, and my disability went from 100 percent to 10 percent.

Since that I time, I have been very active helping other veterans and organizations. I am proud that we will have a VA clinic, as Congresswoman Brown stated, and can build in the current location now because we don't have a clinic at this time. The current VA clinic is overcrowded; there are many hours for waiting and if you miss an appointment, you might have to wait another 2 years to see a doctor.

Jacksonville is a big place and there are a lot of places to build a new clinic, but we need to start somewhere. We can start with Shands/UNF and build on the current location and use their facility until we out-grow that space. We do not need to put off again, we need a clinic now. The veterans have experience in the "hurry up and wait procedure" while nothing ever happens.

Like Congressman Buyer said, we know about "fire watch" and we are still doing fire watch right now. A lot of us are back in America from combat, but we are still missing from American decisions. We are missing from Washington, DC, agendas and nothing is happening to improve our service.

We have too many civilians working for different programs every day, and they don't represent the veterans. We have more people in the VA clinic who are not veterans, and they have no sympathy for our veterans.

Mr. Herschel Allen has helped many veterans with our benefits. He works for the City of Jacksonville, but he does more outside the City of Jacksonville for veterans. Once again, politics plays a way everything is done.

My main concern here today is to represent different organizations to encourage the Committee to build a clinic now at its cur-

rent location. We don't have time to wait 10, 15 to 20 years. A lot of us won't be alive.

Congresswoman Brown, I met her before when she was a State Representative, and I have known her for many years. She has encouraged me to participate with many veterans organizations and in my current position now as Chairman of the Northeast Florida Veterans Council.

We both care about veterans issues and concerns, and if we don't represent them, who is going to represent them?

Thank you.

[The prepared statement of Mr. Williams-Bey appears on p. 46.]

The CHAIRMAN. Thank you, sir.

Mr. Diffenbaugh.

STATEMENT OF GUY DIFFENBAUGH

Mr. DIFFENBAUGH. Yes, sir.

Mr. Chairman, Congresswoman Brown, Congressmen Crenshaw and Buyer.

I am pleased to be here and honored to be here today speaking to you. I want to thank you, first of all, for the support on behalf of all our veterans and support for funding our programs.

The DAV and other veterans service organizations previously have made you guys aware of the issues concerning veterans' appropriations, so I will not reiterate those issues and only go to the issues pertaining to the health care infrastructure here in Jacksonville, Florida.

In preparing to come speak with you, I went to the VA and asked for data where I could present a good factual case to you. I was told I was not privy to that, and that it would be handled by the Veterans Integrated Service Network (VISN). So my data comes from my personal experience with my organization and other veterans organizations and from a little bit of research I did on my PC.

I am in the VA health care system. I receive excellent care. I can't complain about that. I can tell you, though, that we are crowded here in Jacksonville, Florida, at our outpatient clinic. Excuse me, I have to kind of go by my statement because of the nature of my disability.

We were supposed to have a new clinic operational by the fall of 2005. Increased size and some services currently only at the VA medical centers in Jacksonville and Lake City are supposed to be incorporated in the clinic, and I guess, according to that new model that y'all were speaking of, but our present clinic is not large enough to adequately support the veterans using it. Our parking situation extends for city blocks to include a dirt lot. I spoke yesterday with a veteran that had fallen because of a pothole in the parking lot. So it is really inadequate.

An additional factor of concern is, and our organization has expressed this concern, allowing category 8 veterans into the health care system that it is not designed to handle. With the VA estimate of 1,300 veterans in the North Florida/South Georgia VA health care system alone, though 100,000 have signed up and are on the waiting list, we would have an unacceptable degradation of delivery of health care in Jacksonville, Florida.

According to the Department of Veterans Affairs' annual report, dated 31 December 2008, Duval County has the fifth largest veteran population in the State and is the only county of significant veteran population density without a VA medical center in close proximity. We must travel one-plus hours to reach Lake City, one and a half hours to reach Gainesville. The DAV provides 15 passenger vans to transport to hospitals around the county. My chapter has purchased two of them, one for transport to Gainesville, one for transport to Lake City. Those vans are full 5 days a week, and there is a waiting list.

Although Jacksonville may have the fifth largest concentration of veterans in Florida, I think it stands to reason that with the massive rate of deaths of World War II vets that have retired in South Florida and the fact that our area has the largest military presence, that this population will grow and we are the only significant population of veterans in the State that doesn't have a medical center.

We need a full service medical center in our area. It is time to take action. We are already 4 years behind the announced opening date. As Congresswoman Brown said, in the summer of 2006, referring to the impasse, "we need to work out the issues so this doesn't go on for years" and "another impasse over another VA project in the Orlando area delayed it for 25 years."

The Committee is well aware of the DAV's position on veterans' entitlements. On 24 February 2009, our National Commander addressed a Joint Congressional Hearing, at which I was present, and made you aware of these things, and the Committee was in agreement on the issues from advanced appropriation and entitlements. Since there is agreement, the only missing component is action. So on behalf of all veterans, I ask you to make a decision this year and put action behind it.

[The prepared statement of Mr. Diffenbaugh appears on p. 46.]

The CHAIRMAN. Thank you, sir.

Sergeant Tippins.

**STATEMENT OF MASTER SERGEANT JAMES H. TIPPINS, USMC
(RET.)**

Sergeant TIPPINS. Yes, Chairman, Chairman Filner and Representatives Brown, Buyer, and Crenshaw.

Welcome to Jacksonville. I am a patient at the Jacksonville facility. And you know, in my opinion, the staff do a good job based on the facilities and the amount of patients that they are dealing with. And you have to understand that the conditions are not conducive to the amount of patients because of lack of facilities, and we are in dire need of facilities, and I think everybody is aware of that.

The problems that I personally encountered at the facility at the VA here in Jacksonville, I located from California back to Jacksonville, and it was obvious in the beginning that there is no real continuity in facilities from State to State. They change, and I guess that has a lot to do with area, location, and so forth. There is no continuity in the VA services.

Here it is very difficult to get specialty care. I was, I am a prostate cancer survivor. I came here. There is no urologist on staff at the Gainesville hospital, so my PSA level went up to 29. So I am

very thankful to be sitting here today because I had TRICARE for life and was able to go to Shands facility and get the treatment.

And I talked to a lot of veterans that have this problem of getting into specialty clinics, and by the location of the hospital being an hour and a half, 2 hours away, transportation is difficult. And it is something that really there is a dire need to get a hospital in this location. And I am sure that you will work, are working hard to meet that challenge.

I visited the Veterans of Foreign Wars 4761, American Legion Post 197, Montford Point Marines Chapter 29, to get the input from veterans at these organizations because of all of the problems. In summary, there is a lot of frustration for getting into the VA system because a lot of the clerks are insensitive to the needs of veterans, and the reason for their insensitivity, I am not sure, but they could be trained to be sensitive to the needs.

I—that was the major problem. With any problem, there should be some type of solution, and I think, if the VA would work with the services during the transition period and make aware to the vets, to future vets, that these facilities are available, and their records are transferred, because getting the records is a big major problem. The records get lost. You have various claims. You can't prove them because there are no medical records. These things could be resolved in this time of technology if they would ensure doing your project during the transition period, that these records are available for the patient to be transferred to the VA facilities in the location.

The emergency care necessary is almost nil in this area. There is no emergency facility. You have to go to Gainesville, and that is a problem.

In closing, I would like to, from President Geeter, the Montford Point Marine Association, who met with Congresswoman Brown in Washington, and he would like for me to pass on his greetings. Thank you very much.

[The prepared statement of Mr. Tippins appears on p. 47.]

The CHAIRMAN. Thank you, sir.

Thank you to all of you.

Ms. Brown.

Ms. BROWN OF FLORIDA. Yes, sir.

I first want to thank all three of you for your service and coming to make your testimony today.

We have been working on the Committee to get a seamless transition between the military and the VA. Like you said, the records are there. They are available, and there is no reason why there should be a delay. I mean, it should be automatic; as soon as you leave the military, part of your transfer papers should be your VA papers. And so the Committee is working on that, and I want you to know that. We are also working to make sure that we move forward. We know that we are a very large area. There is a large military presence growing. We need a hospital, but we need a clinic right now, here and now, and not 5 years or 10 years from now. So we will resolve this issue quickly.

Mr. Chairman, thank you.

The CHAIRMAN. Thank you.

Mr. Crenshaw, do you have any questions?

Mr. Buyer.

Mr. BUYER. I want to thank you for your testimony.

One of the questions I had is about public transportation. Can you tell me about the availability of public transportation in being able to get back and forth to the clinics and hospitals?

Mr. DIFFENBAUGH. To where?

Mr. BUYER. You tell me. You have your clinics, and you have your hospitals.

Mr. WILLIAMS-BEY. The current place where the clinic is right now has many problems such as limited public transportation, limited parking for disabled veterans. The new clinic should be expanded to address these issues. The current off-site facility, such as the Salisbury Road clinic, has limited parking and no public transportation. On Valley Road, there is nothing out there. The eye doctor is in a building with Shands physicians, where there is limited parking and public transportation.

So the public transportation is the main issue of getting the veterans to the clinic. If somehow the clinic stays where it is at now, public transportation is going to be our main issue.

The current Shands employees are going to need training in understanding veterans issues and sensitivity to doctors, nurses and new surroundings.

Sergeant TIPPINS. I think transportation to Gainesville and Lake City is the major issue. It is an hour and a half drive to those facilities.

Ms. BROWN OF FLORIDA. One hour and 15 minutes.

Sergeant TIPPINS. Okay.

Ms. BROWN OF FLORIDA. But you are right. So the major transportation problem is that there is no hospital in this area, and so they have to go to Gainesville, or they have to go to Lake City. That is the major problem, and then the other one is, you mentioned there is no emergency care for the veterans in this area. I mean, we are one of the fifth busiest areas in the country, so this is something that we need to have the VA—they are going to testify later and give us an update on what we are doing to solve some of these problems, but transportation, we have a very good bus system, even though we are one of the largest cities in the United States, but that transportation won't take you to Gainesville or Lake City.

Mr. BUYER. All right. Thank you.

Mr. DIFFENBAUGH. We are allowed to go to any hospital in the area and then the VA makes a decision as to whether you stay there or whether you go to Gainesville. So that is available. Personally, if I can do it, I will go to Gainesville because I can get to Gainesville and be seen before I am seen in an emergency room here in Jacksonville, Florida.

Mr. BUYER. Two other issues I just want to touch on. One is you know back in 2003 when the Capital Asset Realignment for Enhanced Services (CARES) report came out and one of the recommendations was the reduction or downsizing at Lake City, Ander Crenshaw here took a real leadership role in working with the Secretary so that none of that downsizing had occurred. So I want you to know and remember that.

The other point I would like to make is in your testimony, Mr. Diffenbaugh, you made reference to a concern that you have with regard to opening up the health system to all category 8s.

Mr. DIFFENBAUGH. Yes.

Mr. BUYER. I want to assure you that I am in total agreement that we cannot have any—you use the word degradation. I am in total agreement. We have to be able to—the system has to be able to receive, and we are having some struggles, and that is why there is this incremental opening of the category 8s, and I have been one of the chief opponents—or actually advocates of the VA taking care of the core constituency, and I guess it is our military values. We place our disabled ahead of the line and we have a system of priorities within the VA, yet some want to advocate that, well, everybody should be treated the same. Well, then that is counter to our values and others that don't understand our military values can't figure out why we act like this, right? And so I just want to say to you, sir, let me thank you for that. That is a bold statement for you to say. It is bold because when you make a statement like this, people will attack you for it, and the people who will attack you for it don't understand the value system that we in the military share. It is our bond, it is our common bond.

Mr. DIFFENBAUGH. Well, thank you.

Ms. BROWN OF FLORIDA. Mr. Buyer, would you yield for—

Mr. BUYER. Yes, ma'am.

Ms. BROWN OF FLORIDA. I want to clarify something. The key to Lake City, is that it is a regional hospital, and it was ludicrous to close it because they served veterans from Georgia and Alabama, and that was one of the reasons. It just didn't serve—if you go into that VA hospital there you will find more people there from Georgia and other places.

Mr. BUYER. I don't recall it as a closing. There was a reduction. They were going to be removing some important components of the hospital, and Ander was pretty persistent. I yield back.

Ms. BROWN OF FLORIDA. There was a team effort.

Mr. BUYER. Yes, ma'am. I don't care who—I don't remember you coming to me. I do remember Ander coming to me.

Mr. DIFFENBAUGH. Lake City also takes a lot of care of long-term patients that it will break your heart to see.

Ms. BROWN OF FLORIDA. I didn't talk to you. We worked together on it. I just want you to know that, and I want to point out it was a regional hospital. It didn't just serve Jacksonville because most of the patients here go to Gainesville to a large extent. They don't go to Lake City. They go to Gainesville.

Mr. DIFFENBAUGH. The vans to Lake City are full though every day.

The CHAIRMAN. Let me thank you for your testimony, and the DAV of course does an incredible job around the Nation with its transportation help. We thank the DAV for that, and we thank you and appreciate the personal stories that you have shared.

I assume, Mr. Williams, you are a veteran of Vietnam?

Mr. WILLIAMS-BEY. Yes, I am.

The CHAIRMAN. You probably assume your cancer comes from exposure to Agent Orange.

Mr. WILLIAMS-BEY. That is what I was told, yes.

The CHAIRMAN. How many veterans in the audience served in Vietnam? I want to thank you all for your service and we apologize for the way we, as a society, treated you all when you came home. People who were opposed to that war, including myself, did not distinguish between the war and the warrior. We did not welcome you home, we did not give you the treatment that you deserved, or the care. With Agent Orange, especially the government denied and denied and denied that there was anything wrong. Then set up this whole system that states you have to have your boots on the ground at a certain place and prove that Agent Orange was sprayed. We have introduced legislation, which you may be aware of, that will cover all who were exposed to Agent Orange. I think the Vietnam veterans have fought the Agent Orange issue long enough.

My motto has been if you were there, we should care. I have legislation that says we must honor all Agent Orange claims. You have been fighting this for decades and I think you suffered more from the fight against the bureaucracy than you did in your original combat. We need to end that fight for you all and grant those claims. We need to waive the requirement that your boots had to be on the ground to be compensated for exposure to Agent Orange. I don't care if you were in the blue waters off the coast, in the blue skies up above, Thailand, Laos, Cambodia, or Guam. You know where the trans-shipment places were in the States where the Agent Orange was shipped and, therefore, you had possible exposure. Why should you have to go through so much bureaucracy proving you were exposed? We know of enough anecdotal evidence. Our goal is to try to streamline the process.

We have a backlog of over 800,000 disability claims in the system. I suspect a quarter of those or more are the Vietnam claims. That would get those claims off the books. We are working so you don't have that frustration that I heard in your voice. I have heard that frustration all around the country.

Mr. WILLIAMS-BEY. I just want to add something. There is not a year that goes by, or a day that I am not proud to be a Vietnam veteran. All of us have some kind of problem or medical issues such as cancer, prostate, diabetes, loss of limbs, legs or other injuries. Sometimes we don't receive one cent from the VA, but we trust our private physicians.

The CHAIRMAN. I understand your disability was reduced, which is criminal. We are going to try to honor you with what the Nation should have done.

Mr. WILLIAMS-BEY. Thank you.

The CHAIRMAN. Please let us know, and Corinne will keep in touch because we will need your support sometime on that, too.

As I travel around the country, I am even more honored to be the Chairman of this Committee. It gives me a chance to meet people all over the Nation and hear their stories and it helps us understand our debt to you all. When I look at the placement of facilities, which is an issue almost everywhere, I have found that the system is not perfect. A guiding principle that I have sought, and it is not always apparent to those who use the facilities every day, is that when you have the synergy or the mutual help of a lot of different institutions, it helps for the care of the veteran.

I was over at Shands today and at the clinic and I saw students from the university. When you have the university, the private hospital, and the VA hospital in one central location, plus public transportation, these things together allow for better care for the veteran. All of the institutions reinforce each other.

I think this is a key element for quality health care delivery. If you put a facility where there are no other institutions around, you don't get that personal day-to-day kind of movement that I see in place all over the country. It really helps the veteran.

I think that is a criterion that we ought to be looking at very closely. It sounded like you all agreed with that and just like Mr. Buyer referenced that public transportation is a key element here. You have to keep that in mind.

Just in closing to this panel, I heard a lot of frustration in your voices as you tried to help us understand what you are experiencing. I hear that all over the Nation. Many people think that VA means "veterans adversary." It should mean "veterans advocate." We are trying, with these hearings, to make that transformation. I think the new Secretary talks about a transformation of the VA, and this is one of the things he is talking about.

The people who work for the VA, 99 percent of them, are there for a good reason. They are working hard every day. They don't always have the resources that they need, so they get frustrated. Some of the Agent Orange issues they hear every day. Instead of being empathetic they get hostile and tell you they don't want to deal with you. We need to reinvigorate the workforce, raise their morale, let them know their resources are going to be there so they can do their job, and have the confidence of the veteran of a system that is really responsive. Your testimony will help us. You are involved in organizations for the benefit of veterans and we thank you. We will try to respond to what you have said today.

Thank you so much.

Ms. BROWN OF FLORIDA. Mr. Chairman, as the next panel comes up, Secretary Brown's motto used to be putting veterans first, and I think we need to continue to implement that.

The CHAIRMAN. Thank you all. We will now have the third panel join us. We have Daniel Hughes, who is the Chairman of the Jacksonville National Cemetery Advisory Committee, and Stan Jordan is Duval County School Board member for the First District.

We welcome you. I see your ranks are in front of you, Corporal Hughes and Colonel Jordan. I thought you were the Colonel.

Corporal Hughes, please proceed.

STATEMENTS OF CORPORAL DANIEL V. HUGHES, SR., USMC (RET.), CHAIRMAN, JACKSONVILLE, FL, NATIONAL CEMETERY ADVISORY COMMITTEE; AND COLONEL STAN JORDAN, USA (RET.), DUVAL COUNTY SCHOOL BOARD MEMBER, DISTRICT 1, JACKSONVILLE, FL

STATEMENT OF CORPORAL DANIEL V. HUGHES, SR., USMC (RET.)

Corporal HUGHES. Thank you. My name is Daniel V. Hughes, USMC (Ret.), 1 Wildwood Place, Palm Coast, Florida.

I served on Congressman John Mica's Committee on Veterans' Affairs as a volunteer. I have been helping veterans for 38 years. The issue of health care and facility management is of great importance and concern to our veterans and families.

The Marine Corps has given me respect, honesty, integrity. This is the Code that I run my life by. Our servicemen and -women and their families deserve the best we can give them for their sacrifices.

For the record, I address health issues of great importance to our veterans and their families in my report.

I want to thank the Committee and welcome you all to sunny Florida, but it is cloudy today. Please accept my thanks for allowing me to speak before you today.

One of the biggest problems we are having at all our VA facilities is acquiring better doctors, staff to meet the demand. At this time, the system is struggling to care for our veterans. Our clinics and our hospitals do the best that they can with the budget they have to work with. That is not enough. Our veterans deserve better.

Due to budget shortages, we leave ourselves open for mistakes which then result in lawsuits. To eliminate the above we must acquire the best of doctors, pay them well so that they will stay and give our veterans the service they deserve. We must also purchase the best medical equipment that is out in the market.

Our terminally ill veterans must travel a long distance for care at our hospitals and clinics. A lot of these veterans depend on Disabled American Veterans, DAV, van or friends to transport them the distance to receive their care.

We veterans that live in the northeast section of Florida must either travel to Gainesville, Orlando or Lake City for hospital care. If you are terminally ill, it makes for a very rough day. A new hospital located in the Jacksonville area is badly needed.

I now want to talk about a very serious illness, a dreadful disease to our older veterans, and this is Alzheimer's. All of our nursing homes should have in its facility an Alzheimer's unit. It should be a lock-down unit along with specially trained volunteers and nurses. A lack of this service in our VA system has forced a lot of our veterans into private nursing homes. We are blessed at this time to have received a new nursing home at Gulfport Village with an Alzheimer's unit in it. We as veterans would like to thank you for this blessing. Those nursing homes without an Alzheimer's unit must be reassessed so as to incorporate such a unit to better serve our veterans with this terrible disease.

At this present time, Tampa has a hundred on the waiting list to get into its Alzheimer's unit. That is awesome. I had to travel to Bay Pines with a veteran that had no one. Emory Bennett, who has no lock-down unit, could not accept him.

My wife and I traveled 350 miles twice a month to visit that veteran. He served with Patton, World War II, an honored veteran. He passed away in Bay Pines.

In summary, those of us that have served our country, past, present, ask our representatives serving on the prestigious Veterans' Affairs Committee to please continue to work in improving our health care needs. The system is good but it has some cracks in it.

As veterans we continue to put our lives on the line for a just cause that is dear to our hearts, and that is freedom, the freedoms that have made this country great now and in the future.

Many years ago a promise was made to our veterans. That promise must be kept. To this day, many veterans and their families have given the supreme sacrifice and received permanent traumatic injuries that last a lifetime.

God bless our veterans and God bless our country.

I want to add that most of our injuries coming in from Iraq, Afghanistan are very, very serious. Our clinic in Daytona Beach, where I am a disabled vet at, imagine, 800 a day walking through the door. No room to expand, no psychologist, no room for someone to come in with problems to sit down and get care. This must be addressed.

I want to leave you with those thoughts. I want to thank you for your prestigious service, and I know that in serving—my brother served 20 years in Congress and we are very close. I served as a volunteer for 20 years, and I want to say that the job you do is well appreciated out here but we have to continue to do more to take care of our veterans.

Thank you.

[The prepared statement of Corporal Hughes appears on p. 48.]
The CHAIRMAN. Thank you. Colonel Jordan.

STATEMENT OF COLONEL STAN JORDAN, USA (RET.)

Colonel JORDAN. Thank you, Mr. Chairman and Members of the Committee. Welcome to the sunny State of Florida except for today.

Congresswoman Brown opened up this session with a quote from George Washington, and, Mr. Chairman, you even alluded to a respect level for the military back during the Vietnam era. I bring you good news. I want to share with you some things that we can do that don't cost money because I am going to share with you some things that we can do—we talk about infrastructure, and we talk about veterans service. One of the greatest areas of need in my opinion is that we respect, honor, dignity and recognition of courage to our veterans.

I want to share with you a few things. I am a retired military person. I had the honor of being, as the Chairman and Congressman Buyer stated, Chairman of the Military Affairs for 6 years in the Florida House of Representatives and of course like you, you are trying to put 10 pounds in a 2-pound sack and the needs are so great and the resources are few. And we do have a lot but one of the greatest things that we can do for our veterans is elevate the level of recognition and respect, and let me share with you a couple of things that you can do.

I had the honor of passing a piece of legislation for veterans—and I had the honor of designing them, the military license plates for the State of Florida and the military. I even brought this. Mr. Chairman, I even brought this so you guys could see how good these look. I wanted to show you some of the license plates that we have designed. This is voluntary, doesn't cost the taxpayers \$1. We get \$25 extra for these license plates and I will show them to everyone—if any veterans out there haven't bought one, I want you to get one. You pay in addition to your license plate, you pay this

extra money and it goes to the nursing homes in the State of Florida for veterans. We have raised millions of dollars at no cost to the taxpayer, and it is another way of expressing pride in the military. You don't have to be in the military to have one of these. You could have a son or daughter or uncle or granddaddy, and these are some of the things that we can do.

I made part of my testimony, my last newsletter as a member of the House of Representatives, and on the back I show you these license plates and I show you how much money we have raised by branch of service. And the Army is number one. I just want to make sure I get that in the record. I am about as unbiased as anybody can be when it comes to the military.

We have, Mr. Chairman, also one of the things that, and Members of the Committee, and I hope that you will take your leadership and share some of these as you go around the country because there are things that we can do for the mental health infrastructure and the appreciation infrastructure of the military that aren't being done.

In the Florida House of Representatives we set up what we call Military Appreciation Day, where we took about an hour and a half in the chamber and saluted the military, all branches, all members who have served, all people who had a relative that served, and we tape these programs and we put them, we have a Web site called Floridasalutes.com and on Veterans Day and on the 4th of July, with no cost to the taxpayer, these appreciation salutes are shown on Florida channel all over the State of Florida where millions of people have had the opportunity to see this and they have responded very positively with it.

Now, let me tell you, I have brought back from the House of Representatives, where as Chairman of the Military Affairs, in this Committee, during my tour here, I wrote 5,000 letters to every deceased veterans family in this area. Every day we would go through obituaries and if they served at any time in any branch we would write a letter letting them know that their loved one's service has not gone unnoticed. The response we get back from families during that critical moment of having to provide the last service to a military person is unbelievable, and it didn't cost anything but a postage stamp.

Today as a school board member—we have term limits. I finished my 8 years in the Florida House of Representatives. As a school board member—I am the military liaison person for the school board—I have written already over 350 letters to people in this community on behalf of our 125,000 children in this district saying thank you for your loved one's service.

These are things that money can't buy. It is showing that outreach and respect and dignity, and while I said in my statement to you, and I provided you with a copy of this newsletter, I hope that you will be able to watch some of the things we have done in Floridasalutes.com but let me end with kind of a contradictory statement. I said I wasn't going to ask you for anything. I just want you to provide leadership around the country and share these ideas that I have shared with you that we are doing.

I do want to ask you for something. We have a wonderful cemetery, military cemetery, in northeast Florida and as a school board

member, as a former House member in the State and a veteran, I would like to ask you, would you to consider somehow that in our veterans cemetery that we could have an auditorium so that children on field trips could come to that cemetery, not where the deceased are, but where the living republic is founded, and maybe see a panorama presentation of the military and its sacrifice and its courage and the selfless service it has rendered to this country.

Because Mr. Chairman, Members of the Committee, the bending of a twig starts young. You don't shape a 16-year-old tree. You have to shape it when it is a twig and if we are going to pass on the rich heritage of this country that has been preserved by the establishment of a strong military to keep us free, as Congresswoman Brown alluded to in George Washington's statement, we have to transfer this compassion and this appreciation to our young people, and I can see right now young people going to a field trip at the National Cemetery and sitting down in an auditorium and seeing a panorama presentation of what this military means to America.

And, Mr. Chairman, the last thing I did, 3 weeks ago, I passed an agenda item on the school board, and this one has gotten unbelievable community response, where the World War II veterans and the Korean conflict veterans, if they did not get a chance to finish high school, that we reward them a high school diploma at the place of their choosing, at the high school that they would have graduated from should they want to do or at the school board meeting, live in color, or we will go to the nursing home or wherever they want it to be and we will give them that high school diploma and if you could just use a little bit of psychopictography and put together the picture of a high school graduation and then here comes granddaddy across the stage to get his diploma, that he gave up his future, he gave all of his tomorrows so that we might have today. I think that is the kind of dignity that I would like to see put into the protocol of military.

Mr. Chairman, I hope I haven't taken too long. I overshot the runway on my time. I got barbed wire fence in my landing gear, but I thank you for your opportunity to appear before you. I am honored. I have had a lot of honors in my life, and this will be cherished as one of the highest. Thank you, sir.

[The prepared statement of Colonel Jordan appears on p. 50. The newsletter is being retained in the Committee files.]

The CHAIRMAN. We thank you both for your eloquent testimonies and very good suggestions. Thank you. Ms. Brown. Mr. Crenshaw.

Mr. CRENSHAW. Maybe just one question, and again thank you all, as well as all the witnesses, for your testimony. I know both of you gentlemen were involved in the National Cemetery, and one of the issues we are still dealing with is the kind of transportation aspect, because we are hoping someday to have an interchange on Interstate 95 which will make it a whole lot more accessible. But I would love to hear your comments on that aspect as well as any early thoughts you have because the way the construction is working, it has been fast tracked. They have taken 10 acres and are actually having ceremonies now. The total buildout will be sometime in the coming and I think it is appropriate, Mr. Jordan, as you mentioned, maybe there is a way with some private funds to actually bring about awareness in terms of just education and aware-

ness that we might have additional memorials that will be above and beyond what the National Cemetery will have. But could you comment on that? We have Congresswoman Brown, who is also on the Transportation Committee so maybe an opportunity, your thoughts on the transportation aspect as well as what your sense is as you talk to people early on about the National Cemetery and how that is working out.

Corporal HUGHES. The National Cemetery is becoming very busy. It is absolutely beautiful given the first phase, which is a temporary phase. The road to the cemetery is awesome, and long. It is 22 miles from I95. A new proposed road located on Pecan Drive, which is the next exit north of the airport road. The distance to the National Cemetery would be 6 miles versus 20 miles. But the biggest aspect of that is, and this is with all of our National cemeteries when we locate national cemeteries, we seem to have the tendency to putting cemeteries out in the middle of these large fields with nothing around them. The new road proposal would give our National Cemetery in Jacksonville and our veterans, the service that the families are looking for and need in that hour of need, which is very sorrowful, and that is transportation by air, motels, restaurants, and a beautiful way into the National Cemetery.

I want to say that the traffic on Lannie Road, where nine funerals a day, nine hearses running down Lannie Road, which is a residential road, very small, and past the prison, past the prison farm and then a detention, a youth center, before you get to the National Cemetery, not a very good sight. The new road will open up not only for the City of Jacksonville the beauty, but to a service to our veterans.

I want to touch on base just not the new road which I have given proposals to our Congressman, Congressman Crenshaw, and the balance of our Congressmen in the area, the second proposal is the construction at our Jacksonville National Cemetery.

We are stymied at this time to do nothing at that National Cemetery because of the safety aspect of the Lannie Road, the safety aspect is bad. We are limited at this time on any ceremonies at the National Cemetery.

One funeral just fills the parking out on to the road, and it creates a safety hazard.

I want to touch base on another, which is the school children. My dream at the National Cemetery is our children today aren't educated in reference to where their freedom comes from, and I want to say to you as prestigious Members of our Veterans' Affairs Committee our children need to be educated. They need to know where their freedom comes from, and education on, a half day's trip to the National Cemetery for our children would be so great. A museum possibly and a structure at our National Cemetery to educate them.

That is my other dream, along with other dreams for veterans. I work constantly, day in and day out, on veterans issues, with my own Congressman John Mica. I am constantly in touch with John about veterans.

Thank you so much. Thank you for the question, Congressman Crenshaw.

Colonel JORDAN. Mr. Chairman, may I? On the road issue we are missing one of the greatest opportunities to share what a great job

the Congress and the President and the people have done for northeast Florida and southeast Georgia by not being on I-95. You know, Arlington Cemetery it says Arlington Cemetery. We are missing that. If you want to see how big Duval County is, try to get to the cemetery. It is unbelievable. You think you are driving to El Paso. It is a long way.

And if we are missing—one of the reasons that we wanted this site so greatly is so that we could capitalize and use the synergism of the airport with its rental cars and its air hub and its transportation and its hotels and restaurants. The way it is worked now you have to go around forever to get there and it would be a tremendous opportunity for us if we could have I-95 signs at Jacksonville National Cemetery.

I can't state strongly enough my compassion, feelings about having this auditorium. Please, please, if you will, consider that as an option because our young people are our future, and, Mr. Chairman, if I may, I would like to end with this one comment. This is will complete my comments to you unless you have questions. William Jennings Bryan, the great orator, said you may never know to whom you are speaking when you speak to a child. I share the need to know what the great military and the preservation of this free republic is all about.

Thank you.

The CHAIRMAN. Thank you. Mr. Buyer.

Mr. BUYER. Thank you. It is refreshing to hear you talk about initiatives that can be done at the local level, which honor and support our veterans, and that is what you have done. I want to thank you.

I am going to give you my business card. So when this panel is excused, Colonel, if you can come up and grab this. I would like for you to send me the legislation that was used here in the State of Florida with regard to the license plates, and I will take your initiative and we are going to do it in Indiana. Okay.

Colonel JORDAN. Would you also give the World War II and the Korean veterans a high school diploma?

Mr. BUYER. Whatever you want to give me, you send me. Would you please do that?

The other thing I am going to ask is the Committee, the Chairman is taking the Committee on to Orlando. I am going to stay here in town and John Ander Crenshaw is honoring Tillie Fowler tonight and I just checked with my schedule and I have time if, Ander, if you permit me, with permission—I am not asking you to join me but I would like to go out and see the National Cemetery. Is that okay?

Mr. CRENSHAW. It would be great.

Mr. BUYER. Are you free in the morning?

Corporal HUGHES. Yes, sir.

Mr. BUYER. All right. I am going to give you my phone number. And I would like for you to be—let's stay in touch. I am staying at the Hyatt Regency. What time do you get up in the morning?

Corporal HUGHES. Five o'clock.

Mr. BUYER. I am not sure I even move at five o'clock in the morning.

Corporal HUGHES. And that is 7 days a week.

Mr. BUYER. Corporal, you are showing off. Well, let's contact—we will contact and work out a time. I am going to go out and see the cemetery, and perhaps we can understand Ander's challenges.

Corporal HUGHES. I am delivering a check today which I received this week in Tallahassee. I do want to say that one of our organizations donated \$100,000 to the Veterans Affairs for the State of Florida. They were amazed at that check. They said, my God, we could do so much for this with the Veterans Affairs, and they turned around and gave me a check for \$3,000 for the National Cemetery for a project, and thank you. Thank you.

Mr. BUYER. Thank you very much. I yield back.

The CHAIRMAN. We thank you both so much, and we will be in touch with both of you.

The last panel for today is the Department of Veterans Affairs. We have Robert Neary, Jr., who is the Director of the Service Delivery Office, Office of Construction and Facilities Management for the U.S. Department of Veterans Affairs, accompanied by Tom Cappello, Director of the North Florida/South Georgia Veterans Health System, and Reginald M. Lawrence, SRCT, CPP, Team Leader of the Jacksonville Vet Center, Readjustment Counseling Service, Veterans Health Administration, of the U.S. Department of Veterans Affairs.

I hope you gentlemen will take advantage of having heard some of the earlier testimony and instead of just reading your prepared testimony, I hope you will deal with some of the issues that have come up also.

Mr. Neary, thank you for being here today.

STATEMENT OF ROBERT L. NEARY, JR., DIRECTOR, SERVICE DELIVERY OFFICE, OFFICE OF CONSTRUCTION AND FACILITIES MANAGEMENT, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY THOMAS A. CAPPELLO, MPH, FACHE, DIRECTOR, NORTH FLORIDA/SOUTH GEORGIA VETERANS HEALTH SYSTEM, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; AND REGINALD M. LAWRENCE, SRCT, CPP, TEAM LEADER, JACKSONVILLE, VET CENTER, READJUSTMENT COUNSELING SERVICE, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

STATEMENT OF ROBERT L. NEARY, JR.

Mr. NEARY. Mr. Chairman, thank you and Ranking Member Buyer, Ms. Brown. I am pleased to be here today along with my colleagues to appear before the Committee to discuss the progress that is being made to improve—

Ms. BROWN OF FLORIDA. I am sorry, but could you put the microphone a little closer to you.

Mr. NEARY. To provide an update to the Committee and to the veterans community on the status of major construction projects currently under construction in Gainesville and here in Jacksonville at the cemetery and to touch on some of the other issues that the other witnesses have raised and the Committee have raised, and as you mentioned, I am joined by Reginald Lawrence, the

Team Leader at the Vet Center here, and Tom Cappello, the Director of the North Florida/South Georgia Health System.

In August of 2008, VA began construction of a new patient bed tower at the North Florida/South Georgia facility in Gainesville. This new five-story tower will provide for private patient rooms for 226 veterans, with private toilet and bathing facilities. The patient bedrooms will occupy four floors, with supporting services in this 245,000-square foot building on the ground floor.

The facility will provide state-of-the-art patient bedrooms. Currently most of the bedrooms at the Gainesville VA include two or more patients. The new rooms will enable greater patient privacy, better opportunity for patients to interact with their families and caregivers, and better prevent infections.

Funding in the amount of \$136.7 million was appropriated by the Congress for this facility, which is, as I say, under construction and approximately 15 percent complete. We expect completion in April of 2011. We have a couple of boards up over here on the Committee's right. I would encourage the Committee Members and staff and members of the audience to get a closer look at the end of the hearing if they would like.

It was also mentioned by Mr. Crenshaw, the VA recently opened a new National Cemetery in Jacksonville for burials. This was accomplished through the development of a small portion of the property. The design of the larger first phase of buildout for the new cemetery was recently completed and is undergoing its final design review right now. We anticipate awarding a construction contract in August of this year, to be completed in the summer of 2011. Approximately 50 acres will be developed to accommodate burials for 10 years. This will include approximately 7,500 grave sites for casket internments, a 4,500 niche columbarium, 500 in-ground sites for cremated remains, along with an administration public information center, to include an electronic grave site locator, a memorial walkway, and necessary maintenance facilities.

This project totaled \$22.4 million, which has been appropriated and is ready to be obligated, as I say, this summer.

Ms. Brown and the Chairman and Members, a number of witnesses have referenced plans to establish a new clinic here in Jacksonville. We appreciate Ms. Brown's facilitating a discussion earlier this morning with representatives from Shands and the city, and the Chairman joined us for a while toward the end. We have encountered serious challenges as we move forward on this project, but we believe we made some progress this morning. We look forward to pressing on and hopefully bring those issues to conclusion quickly and get moving with what I think everybody recognizes is a very needed project.

These projects demonstrate the Nation's commitment to care for our veteran heroes, not only in Gainesville and Jacksonville but across the country. New and improved facilities for veterans are in design or construction. Since 2004, \$5.6 billion have been appropriated by the Congress for the Department's major construction program, with over 50 major projects having received funding to provide new facilities and improve or expand existing ones.

We look forward to completing the projects here and in Gainesville as well as around the country, and we would be pleased to an-

swer questions that the Committee may have, and I believe my colleague from the Vet Center has a statement as well.

[The prepared statement of Mr. Neary appears on p. 50.]

STATEMENT OF REGINALD M. LAWRENCE, SRCT, CPP

Mr. LAWRENCE. Good afternoon, Congressman Filner, Ranking Member Buyer, Congresswoman Brown, other Members of the Committee who are not present.

I appreciate the opportunity to appear before you today to discuss the role of the Jacksonville Vet Center in building the critical health infrastructure for veterans in Jacksonville and North Florida, South Georgia.

I also extend to you a warm greeting from Dr. Alphonso R. Batres, Chief Officer of Readjustment and Counseling Service in Washington, DC.

And also, again, as Mr. Neary said, accompanied by Mr. Thomas Cappello, Director of the Gainesville VA Medical Center.

I have tailored my remarks to include not only Jacksonville but North Florida and South Georgia as well, since our care for veterans and their families extend to multiple counties in both States. Prior to the opening of the Gainesville Center in 2007, the Jacksonville Vet Center served 14 counties in North Florida, two counties in South Georgia. We currently serve 11 counties in North Florida, including Duval, Bradford, Baker, Clay, Columbia, Flagler, Nassau, Putnam, St. Johns, Volusia, and Union Counties, and two in South Georgia, Camden and Charlton Counties. We estimate the total veteran population in the area at just over 250,000. In Duval County alone we estimate the veteran population at approximately 150,000, if not higher. In fiscal year 2008, we recorded 4,726 visits for direct service, totaling 3,063 hours of client contact, 7,764 hours of core staff employment, meaning those are the hours that are actually worked by the members of the Jacksonville Vet Center team. We also provided counseling services to 493 veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in fiscal year 2008.

Since Vet Centers were enacted by law in 1979, the Jacksonville Vet Center has provided readjustment counseling to over 35,800 veterans. We have documented an average of 400 visits per year since our initial opening in March 1980. The core mission of Vet Centers is to provide readjustment counseling and outreach services to veterans exposed to war trauma in armed combat theaters of operations. Our Vet Center provides a wide range of services with a holistic approach to aid the returning and post-deployed combat veteran with the ability to transcend the emotional and psychological traumas of war and to reintegrate themselves into their communities successfully.

Our focus on successfully enabling this transition entails a full examination of their post military, economic, social, and family needs. Our role is central to meeting the ongoing health care needs of post-deployed veterans in conjunction with the VA North Florida/South Georgia Veterans Health System. The Jacksonville Vet Center provides professional services for post-traumatic stress disorder (PTSD) and other war-related issues through individual, group, marital, and family counseling, along with substance abuse,

military sexual trauma, and bereavement counseling. In addition, we provide counseling to homeless veterans, veterans seeking employment, and veterans with crisis intervention needs. We have a direct referral system for VA benefits information and assistance to other agencies in the community.

A special feature of our services to veterans is our Fee Contracts Program, which is designed to provide counseling services to veterans with PTSD in rural areas and to those veterans who are either having financial difficulties or transportation problems in accessing VA services. The program allows direct counseling and treatment by private professionals who contract with the Vet Center for these services. This program is operational in St. Augustine and Daytona Beach, Florida.

We have collaborated very effectively with existing VA programs and other community-based programs by establishing memoranda of understanding upon referrals to our Vet Center to address specific needs of veterans. For example, we have a program for veterans referred to us by the Northeast Florida Safety Council for Veterans cited for DUI. This arrangement allows us to assess these veterans who may not otherwise be seeking services from a Vet Center or a VA facility for PTSD or other conditions. We have seen recent studies that have found a disproportionate rate of returning veterans who have been cited for DUI.

Another core mission of the Jacksonville Vet Center is to provide outreach services to veterans and community-based organizations to inform them of Vet Center and VA services. In 2005, the Jacksonville Vet Center hired an OEF/OIF Outreach Specialist. The position is for an Operation Enduring Freedom or Operation Iraqi Freedom veteran who will conduct outreach to active duty, National Guard and Reserve units to inform them and their families of available VA services. Since 2003, we have served over 2,200 OEF/OIF veterans and their families at the Jacksonville Vet Center.

We also provide bereavement counseling to family members of military personnel who lost their lives while on active duty. Thus far, we have provided bereavement counseling services to 15 families of OEF/OIF veterans in our area.

Historically, the Vet Center provides veterans a point of contact to access the VA health care system and benefits program. We welcome the opportunity to be part of building the critical health care infrastructure for veterans in Jacksonville. We remain committed to keeping the promise of providing the highest quality care to veterans and their families at the Jacksonville Vet Center.

Thank you, Mr. Chairman and Members of the Committee, for allowing me to appear today. I will be happy to answer any questions that you may have at this time.

[The prepared statement of Mr. Lawrence appears on p. 51.]

The CHAIRMAN. Thank you. Ms. Brown.

Ms. BROWN OF FLORIDA. First of all, thank you, Mr. Lawrence, and the other members for your service and your commitments, and I have a few questions.

We heard a lot today but we haven't had any real discussion about the problems we have providing mental health services to the veterans, those services related to drugs or alcohol, and it is

a problem, and the homeless vets, all of it goes together. One-third of the people on the streets who are homeless are veterans, and so to me that means the system is not working. And so the question is how do we work, do we work with other organizations or how do we provide the mental health services in the area?

Mr. CAPPELLO. Well, a couple things, I would like to respond. One of the things is when I arrived in Gainesville 2 years ago, one of the things I identified quickly is that we were underserving the population up here in Jacksonville, and to that end, with the monies that have been provided to enhance mental health services, we are attempting to develop basically a mental health clinic up here in Gainesville—in Jacksonville. In fact, we are looking for square footage now which, to site that unit, would also be collocated with a group from psychiatry that would be developing a program for OEF/OIF vets up here in Jacksonville.

So I do recognize what you are saying about the amount of services we need up here. We are working to get those, and with regard to the homeless services, we do partner with community agencies to provide housing for homeless veterans, and that is also—we have some of those contracts up here in Jacksonville and we are looking to expand them and to expand our homeless services in this area.

Ms. BROWN OF FLORIDA. But you know providing services for the homeless is not just providing a place. They need counseling, they need—you know, it is a whole list of stuff that they need.

Mr. CAPPELLO. Right. The Homeless Services Program is directed to do that, and we are trying to expand that up here.

Ms. BROWN OF FLORIDA. There has been some discussion, a lot of discussion. It seems as if there is a need for a hospital in this area, a hospital, not a clinic. We need a clinic right now. I mean the CARES Commission said we needed it 10 years ago and it is not going to take us another 15 years to do it. But there is a lot of discussion as to that we need a hospital in this area. What are some of the factors that go into determining why an area should have a hospital? I mean, because we are much larger than some of the areas as far as the number of retirees in our area and we have three major military facilities right here. So what are some of the factors, and while you are doing that I mean there was some discussion about the cemetery that I am happy that we have and then there some discussion about the road. You have to get the cemetery before you get the road and you work on the road and the other things that go with it. Now we have the cemetery and I think it is crucial. I mean to push for the cemetery, but if we need a road then you know you all should come and request it.

Mr. NEARY. Let me begin a response and maybe Tom would like to join in. The VA, as you know, has conducted a series of studies that for the most part were completed in 2004, a Capital Assessment Realignment for Enhanced Services Study. That laid out a roadmap for facility improvements and expansions that we have been following. Those studies did not identify Jacksonville as the site of a future VA medical center, VA hospital. Obviously as we have heard here today, things change, increasing numbers of veterans coming to the VA and the VA needs over time to be attuned to that, not rely on studies from the past but to maintain contem-

porary understanding and knowledge of what the requirements are and address the future through those analyses.

Ms. BROWN OF FLORIDA. You know there was some discussion about the location of the cemetery. I mean the factors go in to you all deciding where to put a cemetery or facility? What are some of those factors?

Mr. NEARY. I can't necessarily speak with too much authority, but I believe the National Cemetery Administration currently has a policy that their objective is to have any national cemetery within 75 miles of all veterans.

Ms. BROWN OF FLORIDA. Absolutely, and the problem was initially Miami. They had to go to Bushnell and we had to expand Bushnell before we could even get a cemetery in the Jacksonville area because you had to go according to the population, and there were a million veterans in the Miami area that were not able to get to any cemetery.

Mr. NEARY. Correct.

Ms. BROWN OF FLORIDA. I understand that part of it, but the question was the location. There are some factors, and I guess we can get that from that group to give us what are some of the factors that you all consider when you decide on a cemetery.

Mr. NEARY. On a specific site on a cemetery?

Ms. BROWN OF FLORIDA. Yes.

Mr. NEARY. We will arrange to provide that for the record if you don't mind.

[The VA subsequently provided the following information:]

VA's policy is to establish new national cemeteries in areas that have the largest number of veterans who do have a burial option in a national or State cemetery within a reasonable distance of their residence. The current policy defines "reasonable distance" as 75 miles based on experience and data. VA data show that over 80 percent of those interred in national cemeteries resided within 75 miles of the cemetery at the time of their death. The current policy also sets an unserved veteran population threshold of 170,000 as the trigger for a new national cemetery. Results of the Future Burial Needs Study that was mandated by Congress in the Millennium Health Care and Benefits Act of 1999 indicated several large areas of unserved veterans (170,000 and above) would exist at the beginning of the 21st century, including two areas in Florida; Jacksonville and Sarasota.

OFFICE OF CONSTRUCTION MANAGEMENT
NATIONAL CEMETERY ADMINISTRATION
DEPARTMENT OF VETERANS AFFAIRS

Basic Considerations National Cemetery Site Selection

- **Proximity**—The site should be located as close as possible to the densest veteran population in the area under consideration. Not only actual distance, but travel time to the site is considered.
- **Size**—Sufficient acreage must be available to provide gravesite for at least a 40-year projection. Interment rates and acreage requirements are projected based upon veteran population within a 75-mile radius of a projected site.
- **Shape**—Uniform boundaries, undivided by roads or easements, with generally square or rectangular shapes are desired. Irregularly shaped sites are more difficult to access and less efficient to access and less efficient to design and develop.
- **Accessibility**—The site should be readily accessible via highways and major public roadways. Close proximity to highway interchanges and public transportation is desirable. Road quality of access highways is also considered.
- **Utilities & Water**—Availability of public utilities (electricity, water, sewer, gas) are important. However, on site septic systems and on site

potable water wells or ponds are acceptable. An adequate water supply for irrigation is of primary importance.

- **Surrounding Land Use**—Site adjacent to visually objectionable, loud noise, high traffic, or other nuisance elements should be avoided. Both current and projected adjacent land use is considered.
- **Soils**—Should be of a quality that will provide adequate topsoil for growing turf; should have adequate stability for constructing roads and buildings; should be well drained; and should be free of shallow depth groundwater. There should be no sub-surface obstructions or hazardous waste present.
- **Topography**—Comparatively level to rolling terrain is desirable for areas to be developed. The grade of burial areas should be in the 2 to 5 percent range. There should be no sub-surface obstructions or hazardous waste present.
- **Aesthetics**—Existing site amenities such as pleasant views and quality vegetative cover are favorable.
- **Restrictions to Development**—The presence of man-made elements such as cultural/historic/archaeological elements, utility easements, rights-of-way, or mineral rights can hamper or legally prevent development. Presence of endangered species, historic artifacts, and/or wetland areas limit or preclude cemetery development.

Ms. BROWN OF FLORIDA. Yes, that is fine.

Then let's go to the clinic. What are some of those factors that you consider when you consider location of a clinic? I mean someone mentioned that you want it in a certain area, but what kind of transportation is in the area, how many veterans live in that core area. I mean there is a list of criteria that you all use when you all decide on putting a location. Members of Congress don't tell you where to put it. You have a formula.

Mr. NEARY. We have a series of factors that we evaluate the sites against, to include access to veterans through public transportation, constructability of the site, the availability within the surrounding area of amenities, if you will, places for veterans to come to the clinic and their families to eat, and those sorts of things. We will be glad to provide that to you if you would like to see that.

[The VA subsequently provided the following information:]

**SITE SURVEY
EVALUATION FACTOR DEFINITIONS
OUTPATIENT CLINIC**

KEY VALUES	Outstanding	(9-10)
	Acceptable	(7-8.9)
	Minimal	(5-6.9)
	Unacceptable	(0-4.9)

1. COMPATIBILITY OF SURROUNDING AREA

1.1 Location to Nearest Emergency Response Service

- O—Nearest emergency response is located within 1 mile of a major hospital.
- A—Nearest emergency response is located within 3 miles of a major hospital.
- M—Nearest emergency response is located within 5 miles of a major hospital.
- U—Nearest emergency response is located more than 5 miles of a major hospital.

1.2 Site Adjacencies

- O—Site is located in a quiet area with little or no noise disturbing the clinic setting from the street or surrounding neighborhood. Adjacencies consist of attractive, like new office buildings. Surrounding neighborhood is compatible to clinic setting.
- A—Site is located in an area that may have some noise factors intruding from neighboring areas, but which are not disturbing to the clinic setting. Adjacencies consist of a mix of new and old office buildings and some light industrial facilities. Surrounding neighborhood is compatible to clinic setting.

M—Site is located in an area with some noises coming from neighboring areas that may be disturbing to the clinic setting. Adjacencies consist of older office buildings and light industrial facilities. Surrounding neighborhood is generally compatible to clinic setting.

U—Site is located in a very noisy area that is disturbing to the clinic setting. Adjacencies consist of unattractive buildings and medium/heavy industrial facilities. The neighborhood is run down and includes businesses not compatible with the clinic setting.

1.3 Aesthetic Quality and Zoning

O—Site is in a pleasantly landscaped office park with predominantly office buildings housing professional-type businesses of high aesthetic quality. The site is zoned appropriately to include medical facilities.

A—Site is in a landscaped mixed business/light industrial area of office-type buildings, both professional and service oriented with medium aesthetic quality. Site zoning is mixed, but includes medical facilities.

M—Site is in a mixed light/medium industrial area, and zoning is mixed and does not necessarily include medical facilities.

U—Site is in a heavy industrial area and would have to be rezoned to include medical facilities.

1.4 Location to Hospital

O—Site is located within 3 miles of a major hospital.

A—Site is located within 5 miles of a major hospital.

M—Site is located within 8 miles of a major hospital.

U—Site is located more than 8 miles from a major hospital.

1.5 Location of Majority Veteran Population/Catchment Area

O—Site is located in an area where the majority of the veteran population lives. Veterans who must travel a distance are very familiar with the area where the site is located and will not have a problem finding the site.

A—Site is located in an area where a large veteran population lives and/or works. Veterans who must travel a distance will not have a problem finding the site.

U—Site is located in an area where veterans do not generally live or work. Veterans who must travel a distance will not be familiar with the area.

2. ACCESSIBILITY

2.1 Access to Major Highways

O—Major highway and/or highway interchanges are directly accessible to the site. The site is visible to the highway. The address is known to the community, and patients and visitors would have no trouble finding the building via major highways.

A—Site is located on a main traffic artery, with highway interchanges between 1 and 2 miles away. The site address is known to the community, and patients and visitors would have no trouble finding the building.

M—Site is located on secondary artery. Highway interchanges are no more than 3 miles away. Patients and visitors would some have difficulty finding the building.

U—Site is located on an isolated street. Highway interchanges are more than 5 miles away. Patients and visitors would have difficulty finding the building.

2.2 Public Transportation

O—A bus route is available with bus schedules providing service regularly throughout the business day. Pedestrians would be dropped off in front of the VA building.

A—A bus route is available with bus schedules providing service at intervals during the business day. Pedestrians would have a one block to walk to enter the VA building.

M—A bus route is available; however the bus schedule is sporadic. Pedestrians would have at least a two-block walk to enter the VA building.

U—No bus service available.

2.3 Eating and Shopping

O—The site is located nearby to a number of restaurants and fast-food establishments, a market, shopping mall, bank, cleaners, a drug store or the like, so that patients, visitors and employees have access without the use of a car, and have a variety of establishments to choose from. There is also a movie theatre or other type of entertainment available.

A—The site is located within a 5-minute drive by car to a number of eating establishments, and a shopping center with some diverse businesses, such as a bank, cleaners and drug store. Some type of entertainment is available.

M—The site is located within a 10-minute drive by car to eating establishments, shopping areas, and entertainment.

U—The site is located so that patients, visitors and employees must drive more than 10 minutes from the site to eating establishments, shopping areas, entertainment.

2.3 Access/Egress

O—Located on a divided highway with traffic signals and turning lanes in both directions.

A—Traffic signals with turning lanes in both directions.

M—Traffic signals without turning lanes.

U—No traffic signals.

3. MAN-MADE CONDITIONS

3.1 Shape/Topography of Site

O—The parcel is flat and shaped (square or rectangular, uniform boundaries, undivided by roads, contiguous parcels) to allow the maximum developable acreage to provide green space and landscaping around all parking lots and building. The front of the parcel offers full visibility of the building from the street and provides a conspicuous frontage, which is in harmony with the entire piece of property. Location of site provides access from two sides of the building and allows traffic to enter and exit from two curb cuts.

A—The parcel is flat and shaped to provide more than moderate developable acreage, meets the requirements for green space and landscaping, and will comfortably provide for building footprint, parking and commercial traffic to the loading dock. Location of site allows traffic to enter and exit from two curb cuts.

M—The site provides minimal green space and landscaping. Topography is generally flat, but contains some differences in level where patients/employees/visitors will travel. The shape restricts the developable acreage, but there is a safe flow of traffic to serve entrances and exits. The site offers only the minimum acreage requested.

U—The site provides minimal green space. Topography is not flat and contains many differences in the terrain that would make it difficult for patients, visitors and employees to travel. The shape severely restricts the developable acreage (too long and narrow, irregular boundaries, non-contiguous). The site offers less than the 12–15-acre minimum.

3.2 Utilities (electric, gas, water, sewer, telephone)

O—All utilities are available to the site. There are no easements or legal restrictions prohibiting the start of construction.

A—Most utilities are available to the site. Obtaining the remaining utility easements are in process and will not impact the start of construction. No other legal restrictions are pending.

M—Site does not have all utilities and it will take approximately 60 to 90 days to get utility easements approved to the site, which may impact the start of construction.

U—Site does not have all utilities and it will take at least 6 months to get utility easements approved to the site, which will impact the start of construction.

4. Natural Conditions

4.1 Site Characteristics

O—Site is not in the 100-year flood plain and contains no wetlands to allow for maximum, unrestricted, developable acreage. There are no natural restrictions, and the landscape is attractive and unspoiled.

A—Site is not in the 100-year flood plain and contains no wetlands. The site may contain a few natural restrictions, but allows for more than moderately developable acreage. The landscape is attractive.

M—Site is in the 100-year flood plain, but can be mitigated and approved by FEMA.

U—Site is in the 100-year flood plain and contains wetlands and is unsuitable for construction.

4.2 Environmental Issues

O—There are no known environmental issues on this site.

A—There are minor known environmental issues, but they can easily be mitigated to provide a clean site.

M—Known environmental issues that would require major mitigation and would be time consuming to correct.

U—Known environmental issues are of such magnitude as to render the site unsuitable for construction.

4.3 Elevation Above Flood Plain

O—No flood plain issues.

A—Flood plain issues can be mitigated per FEMA requirements.

Ms. BROWN OF FLORIDA. Yes, sir, I would.

Mr. Filner, thank you.

The CHAIRMAN. Thank you. Mr. Buyer.

Mr. BUYER. Mr. Neary, I would like to share with you, as I also travel around the country, there are demands in certain areas, especially, sometimes it comes from my good friends and comrades, about the need, “I must have a hospital,” and “what the request really is”—this is in my judgment—it’s not necessarily the need for the hospital. It is the need that a veteran with a particular disability, illness or disease has access to care. When I hear that, that is how I interpret it.

So, no differently than how the Chairman and I worked together to resolve this issue in Deep Texas. The issue in Deep Texas was that the entire community was in demand but never had a VA hospital in Deep Texas, right?

Mr. NEARY. Right.

Mr. BUYER. So how do we solve this, and then you find out you have all these regional challenges and biases and prejudices, San Antonio versus us down here, nobody cares about us and there are all these regional things that you don’t even think about.

And I just want you to, this is in my opinion. This trend line of moving toward the ambulatory care centers as we go in and we look at the communities, and we see what is available in the communities with regard to how we can take advantage of what medical technologies are in the communities so we are not duplicative, and whether that can be contracted so we are not redundant. I think that building these ambulatory care centers and doing your contract on inpatient care, where it makes sense, rather than building these behemoth medical hospitals of the past, I think your trend is correct. That is just my opinion.

So as you look at Jacksonville now, I think what I am taking away from this are veterans organizations, and in particular Ms. Brown, whose patience is strained, when you look at when the clinic was first authorized to where we are today, I don’t want to go to the past. I want you to now look toward the future. Speaking now, representing the VA, are you in a comfort zone that there is now a way ahead for us to be able to fund, and for you to be able to build, an ambulatory care center and contract this?

Mr. NEARY. The obstacles that we faced have been sort of real estate in nature for the most part and we have made progress. We have been some distance apart, but I think we have made progress. There is more work to be done. From what I heard this morning it seems to me that there is the opportunity to reach agreement on those issues.

You mentioned the Veterans Health Administration’s Harlingen, Texas situation. Harlingen is quite different than Jacksonville, but I think as you pointed out with health care technologies, pharmaceuticals evolving over the years, what is done in an outpatient setting can meet the needs of, in Harlingen’s case, 95 percent of the

people who come to the VA, who are driving to San Antonio 5 hours for outpatient specialty care, and with the health care center that is going to be put in Harlingen, that problem is alleviated.

Mr. BUYER. This model that I am referring to has elasticity because it is dependent upon the synergies of excellence in whatever community in the country. So I understand that. I understand this isn't like Harlingen. That is what I loved when we developed the Charleston model about how we take advantage of the synergies.

So now I am going to lock you down, okay, I am going to lock you down. In your testimony is that real estate is what was delaying that project, but your testimony here to me right now and this Committee is that those issues have now been resolved?

Mr. NEARY. No, they have not been resolved.

Mr. BUYER. Then clarify that to me.

Mr. NEARY. I think we have probably clarified our different positions somewhat in our discussions with the Shands organization and it would appear from discussions today that reaching resolution would be achievable.

Mr. BUYER. Okay, then give me a timeline.

Mr. NEARY. We have committed to meet soon with the Shands attorneys and real estate folks, and I would guess that those contacts can happen within the next week or two, and then over the course of those discussions, which is hard to predict a timeline. Our interest is in getting resolution as rapidly as possible. So we hope within the next 30 to 45 days we would have that resolution.

Mr. BUYER. All right. That is encouraging.

Ms. BROWN OF FLORIDA. If the gentleman would yield for one quick second, because one of the things that sometimes is a challenge is that if you don't have the authorization, and you have that, and if you don't have the money, you have that. So those are not factors?

Mr. NEARY. Those are not factors. The real estate issue I am talking about, though, are difficult issues that we need to reach agreement on.

Mr. BUYER. I know my time has expired, Mr. Chairman, but if I may. The real estate challenges, when you said that, immediately it just rushed into my head, were the challenges that I had to endure with Ms. Brown, and Mr. Filner had to endure equally with the Orlando hospital, all right. Real estate challenges, the purchase of that real estate, you know exactly what I am talking about. Took a very long time.

Ms. BROWN OF FLORIDA. Twenty-five years.

Mr. BUYER. It took a long time and a lot of people had their own ideas and great interest on where they think you should buy it.

Mr. NEARY. Correct.

Mr. BUYER. Well, I am glad, I am glad that you have that.

The other question I have is with regard to the security requirements for contracts to build the VA outpatient clinics. I am starting to hear as we do this, have the contractor build, we lease, that in order for us to be able to attract developers and to have competitive bids that these new security requirements are placing great stress on our ability to attract the developer because of reuse. So can you help clarify this for me?

Mr. NEARY. Sure. First, for the other Members of the Committee's benefit, after 9/11 the VA and other government agencies who had not paid a lot of attention to some of these kind of security threats developed a set of criteria to apply to VA facilities, whether they were considered mission-critical facilities that we would want to be sure remain in operation after an event or whether they were life safety, where you would want to protect the occupants of the building.

We have implemented a variety of features in our facilities, in our new facilities, including setbacks and facilities for sustainability over time. We have not received very much pushback at all from developers, and we have not been seeing a diminishing number of people competing for our projects. We have been contacted by some developers, one or two that I can recall, who feel that the amount of investment that they are required to make to implement these features then require a longer time to recoup from the building and since we don't have authority to lease for 20 years, they have a business problem they have to deal with.

Mr. BUYER. Does that change our model?

Mr. NEARY. At this point in part because of the market we are getting more and more companies wanting to compete for our work now than ever before. So while some small number of companies have raised that as a problem, the others have not.

Mr. BUYER. When I say change the model, when—okay, you cannot contract any longer than 20. Is that a Congressional mandate, is that in law or is that a secretarial?

Mr. NEARY. I believe it is a General Services Administration regulation. Whether it is in law or not I am not sure.

Mr. BUYER. All right. Well, please, you need to communicate that if you have requirements that are upsetting a delicate balance in the marketplace, you need to let people know.

Ms. BROWN OF FLORIDA. I did have a followup because I am on Transportation and we handle general services, and I overall have a problem with the way things are going right now and one of the things I am going to ask Transportation to have a hearing on is I don't really personally care for leasing, you know, buying the building, leasing it for 20 years. I prefer that the taxpayer own it and I don't know why we don't deal more, to me it just makes more sense.

The CHAIRMAN. Either of you want to give a quick answer to that or not?

Mr. NEARY. The bottom line reason we don't build everything is that we don't have enough money to do it.

Ms. BROWN OF FLORIDA. Not everything, not everything.

Mr. NEARY. We don't have the money to do it, but on the other hand, in clinics, what will health care be like beyond 20 years from now? Do we really want to own a building that 20 years from now will probably be outdated and the health care that is delivered may well have changed to the extent—

Ms. BROWN OF FLORIDA. Well, how much could you as the owner be opposed to if it is your building and you could sell it. I mean it is our investment. I am not saying—but I think that is something that we have need to have a hearing on at least to bring in some of the developers because, for example, this project, you have

all of the money and everything and the question is what kind of incentives or bonuses that we could put in to say, okay, you are talking about 18 months or 3 months, how come we can't have that online in 12 months. We did it when one of the bridges went down more than once and we were able to get a project. We need to be able to put these facilities online a lot quicker because we have so many elderly veterans that need the services, I mean, you know.

Mr. BUYER. May I reclaim my time? Let me conclude with this. I endorse what you are presently doing in having developers build and us lease. We don't anticipate what health care is going to be in 20 years, you said. You can use Corpus Christi as a prime example. You own that clinic. It is landlocked, you can't expand it. You can't do things you want to do and medicine has changed today from what it was in the 1970s even.

So it gives us elasticity, it gives us the ability to adapt in the future and it is almost like a Wal-Mart. Wal-Mart was able to build and expand because they did this type of thing quickly, and if we want to be able to open up that access and do that around the country, I endorse what you are doing.

But I am pleased with regard to your testimony here in Jacksonville. I yield back.

The CHAIRMAN. Thank you. Just a quick question, Mr. Lawrence, if I may. Do all of the Vet Centers around the Nation have an OEF/OIF coordinator or outreach person that you described or was that your decision there?

Mr. LAWRENCE. No, sir. That comes out of Central Office of Readjustment Counseling, with Dr. Batres. Most of the Vet Centers now have what would be called outreach people aimed specifically at OEF/OIF veterans returning to provide outreach service and information about Vet Centers.

The CHAIRMAN. My general sense of the development of Vet Centers, tell me if I am wrong or right here, is that they were set up to deal with some of the issues that Vietnam veterans raised.

Mr. LAWRENCE. That is—the original legislation, that was Public Law 96–22.

The CHAIRMAN. There is a branding that Vietnam veterans relate to or have over time. They know that is their center. I am not sure that the newer veterans don't know what a Vet Center is, at least compared to a clinic or a hospital, and it seems to me we need something—

Mr. LAWRENCE. I like to think, Mr. Chairman, at the time the legislation was enacted back in 1979, it was specifically aimed at Vietnam Era veterans and the amount of work at that particular time taken to get in that population not only with the Vet Center but certainly within the VA system itself was possibly part of the reason why a number of vets out of the Vietnam era still have an attachment to the Vet Center. We have expanded our eligibility criteria all the way back to World War II now. We serve veterans from as early as World War II, through now, to the most recent vets, in all the other wars and interventions militarily that the U.S. has had since World War II. The outreach effort is certainly geared toward all those eligible veterans and again we continue to go back and revisit new methods of recruiting not only the younger veteran but maintaining services for the older veteran.

I think there is a strong affinity with Vet Centers from, again, Vietnam veterans because the original legislation required us to do that then.

The CHAIRMAN. Well, we thank you for all of your work.

Ms. BROWN OF FLORIDA. I have one last question.

The CHAIRMAN. We need to get to the last part.

Ms. BROWN OF FLORIDA. Yes, one question back to the hospitals. It was mentioned earlier as far as the emergency room is concerned that they have to go to maybe Gainesville or Lake City to go to the hospital. My question, one of the things that we have done, I think we have done it, for women veterans is that they can kind of get, they can go to other places because certain programs are not available at the veterans facility. How do we have the emergency care in this area because they are shaking their head, yes, they have to go to—

Mr. CAPPELLO. Well, first of all if somebody has a medical emergency, we advise veterans to go to the nearest hospital.

Ms. BROWN OF FLORIDA. We reimburse them.

Mr. CAPPELLO. Well, what happens then is after that care is received, there is a determination made as to whether people qualify for it and when veterans don't have any other means to pay for it, we become the payer of last resort. So yes, we do reimburse veterans for emergency care to the point of what we call stabilization.

The CHAIRMAN. You have a regulation that states if a third party insurer picked up any part of that cost, VA wouldn't pay anything. The House has just passed legislation that closed what I think is a big loophole that says we will pay whatever has to be paid for that veteran who has an emergency need.

Mr. CAPPELLO. That would be a very welcomed, you know, enhancement for sure.

The CHAIRMAN. I am sorry I interrupted you.

Ms. BROWN OF FLORIDA. Well, no. I am finished. I just think that that emergency issue is a major issue here, you know.

Mr. CAPPELLO. That is a major issue. It is not only here in Gainesville but around the country. The veterans many times don't get in ambulances because they know they will go to the nearest medical center as opposed to the VA and many times they, I think, take unnecessary chances by driving their cars to the VA when they are having a medical emergency, and so I think this program, while we are able to—now in the past we weren't even able to pay at all for veterans that were requiring care for something other than their service connection, and so now we do have that ability and I think it has produced a much safer situation for our veterans and enabled them to get emergency care closer to their home.

Ms. BROWN OF FLORIDA. I think this is something that we as a Committee need to look into.

The CHAIRMAN. We thank all of you, and we thank all of the panelists. We have some time to have an open microphone for those who want to share their thoughts. We want to limit you to a couple of minutes each. We will adjourn the formal part of our hearing at this time to receive the public testimony.

[Whereupon, at 2:50 p.m., the Committee was adjourned.]

A P P E N D I X

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

Good afternoon. I would like to thank the Florida Community College for their hospitality in hosting this hearing today.

I thank everyone for attending this hearing and for your interest in providing the veterans of Jacksonville the proper health care infrastructure that they need.

The purpose of today's hearing is to provide general oversight and to receive updates on the Gainesville Towers Project, a project which would not have been possible without the efforts of Congresswoman Brown.

As many people in this room know, the new bed tower will correct the deficiencies in patient privacy.

To this end, the new bed tower will have 245,000 gross square feet. The building will consist of four floors which will house 226 single-bed patient rooms with private baths and a ground floor which will house supportive services.

The contract for the bed tower was awarded in June of 2008, and the construction will be completed in April of 2011. It is also my understanding that about 10 percent of the construction has been completed to date.

I look forward to hearing the testimony of the witnesses on our panels and also look forward to leading a constructive discussion on the progress of the bed tower.

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

Good Afternoon.

Mr. Chairman, it is a pleasure to be here in Jacksonville, the hometown of our colleague Corrine Brown. Corrine and I came to Congress in the same year and I have enjoyed serving with her over these years.

Ander Crenshaw, it is also good to see you here today. I know the fourth District of Florida is well represented by my very good friend. Ander has established himself in Congress as a respected voice on defense issues and a champion for our men and women in uniform.

He has served on the Appropriations Subcommittee on Military Construction and Veterans Affairs since his appointment to the Appropriations Committee in the 108th Congress. Through his role on the Appropriation's Committee, he has been instrumental in supporting increased funding for the Department of Veterans Affairs (VA) and securing funding for the acquisition and construction of the new Jacksonville National Cemetery.

Many here may recognize him for his annual Veterans Recognition Ceremonies. It is very meaningful to honor those who put themselves in harms way to defend our freedom. And, I thank you for holding these events and also the over 2,000 local veterans who have been honored for their service to our country.

I also want to extend a warm welcome to everyone in attendance on behalf of our deputy Ranking Member, Cliff Stearns. I know he wanted to be here today, but unfortunately was unable to participate.

Cliff is a long-standing leader of this Committee and a steadfast advocate for generous funding for veterans health care and earned benefits, particularly education.

He has actively supported the call for a new regional health care facility in Marion County and expansion of the VA Hospital in Gainesville. For years he has been working on both these projects which have broken ground and I know he looks forward to seeing both projects come to fruition.

I appreciate that we are having this hearing to discuss how VA is moving forward to expand services and meet the needs of veterans who live in the Jacksonville area.

New technologies make it possible to provide more diagnostic, specialty and surgery services in an outpatient setting, rather than a hospital. To maximize the use of these advances and bring a broad array of specialized services closer to where veterans live, the VA is moving from clinics to new “Ambulatory Care Centers”, like the one planned for Jacksonville.

As all of you know, the current Jacksonville VA Clinic is located next to the University of Florida’s Health Science Center at Shand’s Hospital. The North Florida VA health care system has a strong and meaningful affiliation with the University of Florida. And, VA expansion at the current site with a collaborative partnership could yield substantial benefits for veterans.

Sharing is not a new concept. VA has been sharing human capital for years with its affiliations among our Nation’s teaching universities.

In Charleston, SC, there is a tremendous opportunity for VA to replace its aging hospital with a mutually beneficial agreement to share facilities and integrate the delivery of veterans’ health care with the new Medical University of South Carolina (MUSC) hospital. This approach to share facilities, which I take great pride in developing, is now being referred to as “The Charleston Model” within the VA.

As we work with the VA and MUSC, we continue to see that their goals are not that different and we can set a course to build a new paradigm for cooperation that will be an example throughout the Nation.

I believe that collaboration whether it is between VA and DoD, VA and its Medical Affiliates, or VA and other private-sector entities is a powerful tool that VA must leverage to ensure that our veterans have the greatest access to the most advanced medicine and medical technology.

As we look at the future development of the VA, it is also vital that the VA establish strategic and long-term plans for energy sustainability. Especially here in the “Sunshine State”, VA must consider the use of solar energy to power VA health care facilities. I am pleased that VA is planning to fund at least 24 feasibility studies for solar photovoltaic systems in its medical facilities, including four sites in Florida—Orlando, Bay Pines, Tampa and Miami.

I strongly encourage VA to consider solar and other energy efficiencies in the developing projects in Gainesville and Jacksonville.

In closing, I would like to thank all of our witnesses for appearing before the Committee today. Again, on behalf of Cliff Stearns, I want to recognize Stan Jordan—a retired Army Colonel and member of the Duval County School Board. Colonel Jordan was a former member of the Florida House of Representatives and Chairman of Florida’s House Committee on Military & Veterans’ Affairs. I would also like to thank Dan Hughes, Chairman of the Jacksonville National Cemetery Advisory Committee for being here today.

It is important that we listen to the views of local veterans on how VA is serving you and I look forward to hearing from all of our witnesses.

**Prepared Statement of Gunnery Sergeant Herschel Allen, USMC (Ret.),
Duval County Veteran Service Officer/Veteran Service Officer
Supervisor, City of Jacksonville, FL, Division of Military Affairs,
Veterans and Disabled Services Division**

- My credentials
 - past
 - present with duties
- CARE commission
 - findings
 - proposals
 - results
- Data on VAOPC Jax
 - vets seen daily
 - 1st quarter 09 visits
 - 1st quarter uniques
 - Future estimates
- Duval County veteran data
 - receiving VA benefits
 - average increase
 - K.L.F. estimate

- VAOPC location
 - congested
 - parking
 - crime
 - not centralized
 - size
 - leased
- Veteran's concerns and thoughts
- Questions?

**Prepared Statement of Hallie Williams-Bey Chairman, Northeast Florida
Veterans Council, Jacksonville, FL**

**BUILDING THE CRITICAL HEALTH INFRASTRUCTURE FOR VETERANS
IN JACKSONVILLE, FLORIDA**

A 6-year Prostate Cancer Survivor. . .

I was first told that I had Prostate Cancer by a private physician in 2000. I began to talk to other Veterans and it was suggested to have the VA check results also. I visited the local clinic where I established my record and was later informed that I had a **2-year wait** for a Lake City appointment.

During this waiting period I used my private physician and started hormone & radiation treatments and seed implantation. I submitted all documents to the VA and was awarded 100 percent for 18 months. When I finally went to the Lake City VA Hospital, there was no Cancer and, at the end of 18 months, Disability was reduced to 10 percent and still is now. I visit the local clinic two to four times a year since then and up to the current year. The area is small and most times congested. I have also been to the other clinic sites for medical services. The parking becomes a real problem and some facilities don't even have public transportation available.

There is a Shands Hospice facility across the street from the current VA Clinic. Is it possible this could be used as a VA Clinic to house all services and the empty lot to be used to develop a new Hospice Center???

I was at the VA Clinic April 13, 2009 for lab work from 8 to 11 AM. I did a personal survey with many Veterans present. **We need a new Clinic that is centrally located for public transportation and the Handicap parking should be increased with more parking spaces and please seriously consider hiring more Veterans than Civilians.**

Currently serving as Chairman of the Northeast Florida Veterans Council, representing 33 paid groups, but over 100+ local groups who participate in Memorial Day, Veterans Day Observance and other Military events; I am also a member of the following organizations:

American Legion Post 197—Past Post Commander (life member)—also 40&8 Passe Chef de Gare (chartered and life member)

Veterans of Foreign Wars Daniel "Chappie" James Post 4761—Past Post Commander (life member)

Montford Point Marines Association—(Chaplain and life member)

FLA Chapter 7 DAV (Disabled American Veterans)—Legislative Officer

BRAVO (Brotherhood Rally for American Veterans Organizations)—Past President

NABVETS (National Association of Black Veterans)—Life member

Dedicated Service . . . with Honor

**Prepared Statement of Guy Diffenbaugh, Commander, Jacksonville, FL,
Chapter 1, Disabled American Veterans**

Chairman Filner, Congresswoman Brown, and other present Members of the Committee on Veterans' Affairs, my name is Guy Diffenbaugh, Commander of Jacksonville Chapter 1 of the Disabled American Veterans and I am honored to be here and give a statement concerning the Building of a Critical Health Infrastructure for Veterans in Jacksonville, Florida.

First I wish to thank you on behalf of all veterans for your support and funding of veterans' programs.

The DAV and other Veteran Service Organizations have previously made Congress aware of the issues concerning veterans' appropriations so I will only reiterate those issues pertaining to health care and specifically the concerns we have here in Jacksonville. I have asked the VA for data to support my claims but was told I was not privy to the same and that the VISN would present supporting data so I will present information based upon my personal experience and that of members of my organization, supported by some research done on my personal computer.

I am in the VA health care system and find the care I receive exceptional. I can assure you that, though these professionals provide excellence, the system is crowded, especially in the Jacksonville Outpatient Clinic. We were supposed to have a new clinic operational by the fall of 2005. Increased size and some services currently available only at the VA Medical Centers in Gainesville and Lake City are supposed to be and should be incorporated in the new clinic as well as adequate parking. Our present clinic is not large enough to adequately support the veteran population and our parking extends for city blocks to include a dirt lot.

An additional factor that our organization has expressed concern for is allowing Category 8 veterans into the health care system that was not designed to handle these veterans. With the VA estimate of 1300 new veterans in the North Florida South Georgia VA Health Care System alone (though 100,000 have signed up and are on the waiting list) we would have an unacceptable degradation to the delivery of health care.

According to the Florida Department of Veterans Affairs Annual Report dated 31 December 2008, Duval County has the fifth largest veteran population in the state and is the only county of significant veteran population density without a VA Medical Center in close proximity. We must travel 1+ hour for limited capability at Lake City Medical Center and ½-plus hour to reach the full service Gainesville Medical Center. The DAV provides 15 passenger vans to transport veterans to the hospitals. My Chapter has recently purchased 2 vans for transport to Lake City and Gainesville. These vans are full 5 days per week with waiting lists. Although the Jacksonville area may be the 5th largest concentration of veterans in Florida it stands to reason that with the massive rate of deaths of WWII veterans retired in south Florida and the largest military presence in Florida being the North Florida Southeast Georgia area (many of which love the area and retire here) the Jacksonville area veteran population should in the near future become the largest density in the state.

The VA needs to complete a full service clinic or medical center to service our area. It's time to take action. We are already 4 years beyond the announced opening date. As Congresswoman Brown said in the summer of 2006, referring to the impasse, "we need to work out the issues so this doesn't go on for years" and "an impasse over another VA project in the Orlando area delayed it for 25 years". The Committee is well aware of the DAV's position on veterans' entitlements. On 24 February 2009, our National Commander addressed a Joint Congressional Hearing of the Committee for veterans Affairs in Washington, D.C., and the Committee was in agreement on the issues from Advanced Appropriation to Entitlements. Since there is agreement the only missing component is action. On behalf of all veterans, I ask you to make a decision this year and back it with action.

**Prepared Statement of Master Sergeant James H. Tippins, USMC (Ret.),
President, Chapter 29, Jacksonville, FL, Montford Point Marine Association**

Honorable Representatives. I am James H. Tippins, a patient at the Jacksonville, Florida VA Outpatient Clinic located at 1833 Boulevard Street, Jacksonville, FL 32206.

In my opinion the clinic staff does an overall excellent job of patient care and service based on the conditions that they are faced with, such as the number of patients they are required to service from South Georgia and North Florida, with the inadequate facilities available. However I have TRICARE for Life and can go to other hospitals, that is a blessing because I was diagnosed as having prostate cancer, and the VA had no urologist available and my PSA reading elevated to 29, and the only reason that I am here today is that I had the option of TRICARE for life.

When you get into the local system and assigned to a team, the primary care doctor usually will monitor your condition and accomplish good patient care. The pharmacy and laboratory is excellent but is regularly overcrowded due to the patient load, although the eye clinic regularly has a 3-4 hour wait. Overall with the number

of veterans located in this area the present facilities need to be improved to maintain and provide the patient health care.

As part of this presentation I visited the listed veteran's organizations to get input from their membership to include in this hearing.

1. VFW Post #4761
2. American Legion Post #197
3. Montford Point Marines Chapter #29

In summary, there is a major problem in getting health records from active duty to the VA, has caused hardship and frustration in verifying service connected disabilities. Suggestion if transition process included getting the health records forwarded to the local VA with the new technology this could be accomplished during the check out procedure when released from active duty.

There is a problem getting specialty care at the Jacksonville clinic and getting an appointment at Lake City or Gainesville hospital is very difficult. Transportation to hospitals is not always available to meet the scheduled appointments. Many veterans have physical problems that develop after being released from active duty and proving that the illness is service connected has been a major dilemma, such as the Gulf War, hearing problems developed from serving in artillery, joint troubles knees, legs, etc. These ailments normally don't transpire until years later.

Emergency care is almost none existence at the local clinic and getting to the hospitals for treatment 40 miles away could be better served with a local hospital.

There has been a noticeable increase in the number of veterans in the Jacksonville area seeking health care as promised by the government for military service.

In conclusion the North Florida and South Georgia area need a hospital to meet the increase need for VA health care. Although the clinic achieve a commendable job with what's available to the local staff.

**Statement of Corporal Daniel V. Hughes, Sr., USMC (Ret.), Chairman,
Jacksonville, FL, National Cemetery Advisory Committee**

I serve on Congressman John Mica's Committee on Veterans Affairs as a volunteer. I have been helping veterans for 38 years. The issue of health care and facility management is of great importance and concern to our veterans and their families. The Marine Corps has given me respect, honesty and integrity. That is the code that I run my life by. Our service men and women and their families deserve the best we can give them for their sacrifices.

For the record, I address health issues of great importance to our veterans and their families in my report. I want to thank the Committee and welcome you all too sunny Florida. Please accept my thanks for allowing me to speak before you today.

Suicides: All Time High

There are as many suicides as there are men and women killed on the battle field. The challenge is to get our soldiers to open up with their problems. The majority of the suicides have occurred once the troops have returned home. The need for trained psychiatrist in our clinics is needed. Some of our clinics do not have this service or the funds to acquire them.

Problem Statement: Active duty military personnel, Reservists and National Guard units do not currently have access to ongoing programs and services to help re-integrate them back into civilian and family life. There is also a challenge in accessing confidential military health and support services addressing the effects of Post-Traumatic Stress Disorder (PTSD) and other psychological problems, which can dramatically impact our troops and their families.

We need to provide the resources to assist our veterans in transitioning from military life and help them replace the military unit with the family unit. To accomplish this objective we need a program to train and employ veterans who will assist in providing the network of programs and resources that our transitioning heroes and their families require.

24-Hour Help Hot Line

As a part of ongoing services a 24-Hour Hotline to assist our vets and their families with urgent issues needs to be provided. This line would be staffed by trained Veterans Crisis Counselors who will work with the callers to guide them to the resources needed at that moment. If emergency services intervention is required the

Crises Counselors will contact the required providers and stay on the phone with the callers until help is secured.

Traumatic Brain Injury (TBI)

What is being done to assist veterans with Traumatic Brain Injuries is an exploding problem. This most perplexing wound comes out of the Afghanistan and Iraqi wars. Soldiers stationed in Afghanistan and Iraq are constantly faced with the perils of improvised explosive devices (IED's), rocket propelled grenades and land mines. The path of destruction often leads to blindness, deafness and catastrophic injuries and multiple amputations. In the past 6 years, officially about 15 percent of all wounded vets have struggled with a traumatic brain injury. At this time this number has increased substantially.

Answer: Every GI coming back from the war zone needs to be screened and x-rayed along with a complete debriefing before being released back into society. We need a special clinical department to care for these men and women along with specially trained psychiatrists. TBI is invisible to the naked eye. Over 20,000 cases have been reported. These insidious wounds can plague those suffering for years. I want to thank the Veterans Affairs Committee chaired by Representative Bob Filner for the proposed bill H.R. 2199, which provides for mandatory screening. We must continue to follow up with this effort, along with other continuous treatments at our centers.

More emphasis needs to be put on present day health issues and specialty doctors to handle these brain injuries. Today's health issues are a little different from previous wars. Hands on management is needed along with qualified staff as well as additional nurses to handle the work load. Today we are faced with many serious medical problems in our hospitals as well as our clinics. There is no reason to have unsanitary issues in any of our health facilities. This is due to a lack of supervision from management doctors on staff. To meet the demand there is confusion and the outcome from this confusion is mistakes, which are very serious in nature.

Most of our clinics are over run with veterans with serious health problems, for example: Daytona Beach Clinic, which is a new facility and has already had one expansion and needs another with 800 veterans a day coming through the doors. A lack of money and staff has created numerous problems.

Alzheimer's

I now want to talk about a very serious illness and that is Alzheimer's. This disease has taken its toll on our older veterans. All of our nursing homes should have in its facility an Alzheimer's unit. It should be a locked down unit along with specially trained volunteers and nurses.

The lack of this service in our VA system has forced a lot of our veterans into private nursing homes. We are blessed at this time to have received a new nursing home at Gulf World Village with an Alzheimer's unit in it. We as veterans would like to thank you for this blessing. Those nursing homes without an Alzheimer's unit must be reassessed so as to incorporate such a unit to better service our veterans with this terrible disease.

Qualified Doctors and Staff

One of the biggest problems we are having at all of our VA facilities is acquiring better doctors and staff to meet the demand. At this time the system is struggling to care for our veterans. Our clinics and our hospitals do the best that they can with the budget that they have to work with. That is not good enough. Our veterans deserve better. Due to budget shortages, we leave ourselves open for mistakes, which then result in lawsuits.

To eliminate the above we must acquire the best of doctors. Pay them well, so that they will stay and give our veterans the service they deserve. We must also purchase the best medical equipment that is out in the market. Our terminally ill veterans must travel a long distance for care at our hospitals and clinics. A lot of these patients depend on the Disabled American Veterans (DAV) van or friends to transport them the distance to receive their care. We veterans that live in the northeast section of Florida must either travel to Gainesville or Orlando for hospital care. If you are terminally ill it makes for a very rough day. A new hospital located in the Jacksonville area is badly needed.

Summary

In closing, those of us that have served our country, past and present, ask our representatives serving on the prestigious Veterans Affairs Committee to please continue the work in improving our health care needs. The system is good, but it has some cracks that need to be filled. As veterans, we continue to put our lives on the line for a just cause that is so dear to our hearts, and that is freedom. The freedoms

that have made this country great now and in the future. Many years ago a promise was made to our veterans, that promise must be kept. To this day, many veterans and their families have given the supreme sacrifice and received permanent traumatic injuries that last a lifetime. God Bless our veterans and our country.

Thank you!

Yours through Veterans!

**Prepared Statement of Colonel Stan Jordan, USA (Ret.) Duval County
School Board Member, District 1, Jacksonville, FL**

Dear Mr. Chairman and Members of the House of Representatives:

My name is Stan Jordan. I am a retired Colonel of the United States Army. I had the pleasure of serving as an Army Aviator and the military gave me one of the finest educational opportunities available. I am currently a member of the Duval County School Board where I serve as military liaison for our community. During the past 8 years I served in the Florida House of Representatives, of which 6 years I served as Chairman of the Military and Veterans Affairs Committee.

As Chairman of the Committee we worked very closely with the U.S. Congress to better serve the veteran community. A few examples are the additional veteran homes in our State and the establishment of a national Veterans Cemetery in Jacksonville.

My testimony will not include asking for anything for these are times where leadership is tested for the level of creativity in the challenge of doing more with less. Let me share a few examples of how we continue to salute, honor and serve our veterans at no cost to the taxpayers.

1. I had the privilege of sponsoring legislation to create military license plates whereby \$25.00 extra is paid for the license plate. A copy of my final report to the community as a member of the House of Representatives is attached so you can see the distinctive and creative design of our military license plates. They are well accepted by the military members, families and supporters. The State of Florida has raised millions of dollars for our veteran homes from this project.
2. Annually the Florida House of Representatives sponsors Military Appreciation Day where all who have served and are serving are honored. On page 2 of the Newsletter you can see a sample of the programs provided. You can also go to www.FloridaSalutes.com and see a video of the entire military presentation. The Florida Channel shows these programs statewide in their entirety every 4th of July and on November 11th as an ongoing salute to the Military. This military salute lives on at no cost to the taxpayers and is an inspirational, dignified example of what you can do by simply being creative.
3. As a School Board member, just 2 weeks ago I sponsored and the Board passed a provision to give WWII and Korean conflict Veterans a high school diploma if they did not get one during their years of service. We further provided that they can go to the high school graduation of their choice and walk across the stage or come to our televised School Board Meeting to receive their diploma. Again, a no cost provision for our Veterans, which involves only a little bit of thank you time.

The above suggestions can be carried out by all communities and States to continue raising the level of respect and honor those who have served with courage, sacrifice and dignity. Thank you. I remain,

Respectfully yours,

[The attachment is being retained in the Committee files.]

**Prepared Statement of Robert L. Neary, Jr., Director,
Service Delivery Office, Office of Construction and Facilities
Management, U.S. Department of Veterans Affairs**

Mr. Chairman, Ranking Member Buyer and Members of the Committee. I am pleased to appear before the Committee today to discuss the progress that is being made to improve facilities at the Department of Veterans Affairs Medical Center (VAMC) in Gainesville and at the new Jacksonville VA National Cemetery. This

hearing provides an opportunity to update the Committee and members of the veteran community on the status of the major construction project currently under construction at Gainesville. First, let me introduce those joining me at the table today, Mr. Reginald Lawrence, Team Leader at the Jacksonville Vet Center that is part of the Veterans Health Administration Readjustment Counseling Service, and Mr. Tom Cappello, Director of the North Florida/South Georgia Veterans Health System.

In August of 2008, VA began construction on a new patient bed tower at the North Florida South Georgia VA facility in Gainesville. This new five-story tower will provide 226 private patient rooms with private toilet and bathing facilities. The patient bedrooms will occupy four floors. Patient care support services will be on the ground floor. In total, 245,000 gross square feet of new construction will be provided.

This facility will provide state-of-the-art patient bedrooms. Currently, most bedrooms in the Gainesville hospital have two or more beds. The new rooms will enable greater patient privacy, a better opportunity for patients to interact with their families and caregivers and better prevent infections.

Funding in the amount of \$136.7 million has been appropriated for this facility. Construction is now ongoing with the project approximately 15 percent complete. The project is scheduled to be completed in April 2011.

The Department recently opened the new VA National Cemetery in Jacksonville for burials. This was accomplished through the development of a small portion of the property. The design of the larger first phase of build-out for the new cemetery was recently completed and is undergoing final design review. We anticipate awarding a construction contract in August of this year. When completed in the summer of 2011, approximately 50 acres will have been developed to accommodate burials for 10 years. This will include approximately 7,500 gravesites for casket interments, a 4,500 niche columbarium, 500 in-ground sites for cremated remains along with an administration and public information center with an electronic gravesite locator, a memorial walkway area and necessary maintenance facilities. Funds totaling \$22.4 million have been appropriated for this new National Cemetery.

These projects demonstrate the Nation's commitment to care for our veteran heroes. Not only in Gainesville and Jacksonville, but across the country, new and improved facilities for veterans are in design or construction. Since 2004, nearly \$5.6 billion have been appropriated for the Department's major construction program with over 50 major projects receiving funding to provide new facilities and improve and expand existing ones.

We look forward to completing the new Gainesville bed tower and the Jacksonville cemetery as well as facilities at other locations, and we will be pleased to answer questions the Committee may have.

**Prepared Statement of Reginald M. Lawrence, SRCT, CPP, Team Leader,
Jacksonville, Vet Center, Readjustment Counseling Service,
Veterans Health Administration, U.S. Department of Veterans Affairs**

Good Morning, Chairman Filner, Congresswoman Brown, and Members of the Committee. I appreciate the opportunity to appear before you today to discuss the role of the Jacksonville Vet Center in "Building the Critical Health Infrastructure for Veterans in Jacksonville and Northeast Florida/Southeast Georgia." I also extend to you a warm greeting from Dr. Alfonso R. Batres, Chief Officer of Readjustment Counseling Service, Washington, DC. I am accompanied today by Mr. Thomas Cappello, MPH, FACHE, Director of the North Florida/South Georgia Veterans Health System and Mr. Robert Neary, Director of the Service Delivery Office in the VA Office of Construction Management.

I have tailored my remarks to include not only Jacksonville, but North Florida and South Georgia as well, since our care for veterans and their families extends to multiple counties in both states. Prior to the opening of the Gainesville Vet Center in 2007, the Jacksonville Vet Center served 14 counties in North Florida, and two counties in South Georgia. We currently serve 11 counties in North Florida, including Duval, Bradford, Baker, Clay, Columbia, Flagler, Nassau, Putnam, St. Johns, Volusia, and Union counties, and two in South Georgia, including Camden and Charlton counties. We estimate the total veteran population in the area at just over 250,000. In Duval County alone, we estimate the veteran population at approximately 150,000. In Fiscal Year (FY) 2008, we recorded 4,726 visits for direct service, totaling 3,063 hours of client contact and 7,764 hours of core staff employ-

ment. We also provided counseling services to 439 veterans of Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF).

Since Vet Centers were enacted by law in 1979, the Jacksonville Vet Center has provided readjustment counseling to over 35,800 veterans. We have documented an average of 4,800 visits per year since our initial opening in March 1980. The core mission of our Vet Center is to provide readjustment counseling and outreach services to veterans exposed to war trauma in armed combat theaters of operations. Our Vet Center provides a wide range of services with a holistic approach to aid the returning and post-deployed combat veteran with the ability to transcend the emotional and psychological traumas of war and to re-integrate themselves back into their communities successfully. Our focus on successfully enabling this transition entails a full examination of their post-military, economic, social and family needs. Our role is central to meeting the ongoing health care needs of post-deployed Veterans in conjunction with the VA North Florida/South Georgia Veterans Health System. The Jacksonville Vet Center provides professional services for post-traumatic stress disorder (PTSD) and other war-related issues through individual, group, marital and family counseling, along with Substance Abuse, Military Sexual Trauma, and Bereavement Counseling. In addition, we provide counseling to homeless veterans, veterans seeking employment, and veterans with crisis intervention needs. We have a direct referral system for VA benefits information and assistance to other agencies in the community.

A special feature of our services to veterans is our Fee Contracts Program, which is designed to provide counseling services for PTSD to veterans in rural areas and to those experiencing either financial difficulties or transportation problems in accessing VA services. The program allows direct counseling and treatment by private professionals who contract with our Vet Center for these services. This program is operational in St. Augustine and Daytona Beach, Florida.

We have collaborated very effectively with existing VA programs and other community-based programs by establishing "Memoranda of Understanding" upon referrals to our Vet Center to address specific needs of veterans. For example, we have a program for veterans referred to us by the Northeast Florida Safety Council for veterans cited for driving under the influence. This arrangement allows us to assess these veterans, who may not otherwise be seeking services from a Vet Center or another VA facility, for PTSD or other conditions. Recent studies have found a disproportionate rate of returning veterans have been cited for driving under the influence.

Another core mission of the Jacksonville Vet Center is to provide Outreach Services to veterans and community-based organizations to inform them of Vet Center and VA services. In 2005, the Jacksonville Vet Center hired an OEF/OIF Outreach Specialist. The position is for an OIF/OEF veteran who will conduct outreach to Active Duty, National Guard and Reserve Units to inform them and their families of available VA services. Since 2003, we have served over 2,200 OEF/OIF veterans and their families at the Jacksonville Vet Center. We also provide bereavement counseling to family members of military personnel who lost their lives while on active duty. Thus far, we have provided bereavement counseling services to 15 families of OEF/OIF veterans in our service area.

Historically, the Jacksonville Vet Center provides veterans a point of contact for access into the VA health care system and benefits programs. We welcome the opportunity to be a part of "Building the Critical Health Infrastructure for Veterans" in Jacksonville, Florida. We remain committed to "Keeping the Promise" of providing the highest quality care to veterans and their families at the Jacksonville Vet Center. Thank you, Mr. Chairman and Members of the Committee, for allowing me to appear today. I will be happy to answer any questions that you or other Members of the Committee may have.

