

**SEATTLE FIELD HEARING: COMING HOME FROM
COMBAT—ARE VETERANS GETTING THE HELP
THEY NEED?**

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES SENATE

ONE HUNDRED NINTH CONGRESS

FIRST SESSION

August 3, 2005

Printed for the use of the Committee on Veterans' Affairs



Available via the World Wide Web: <http://www.access.gpo.gov/congress/senate>

U.S. GOVERNMENT PRINTING OFFICE

24-581 PDF

WASHINGTON : 2006

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512-1800; DC area (202) 512-1800
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**SEATTLE FIELD HEARING: COMING HOME
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THE HELP THEY NEED?**

WEDNESDAY, AUGUST 3, 2005

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 10:07 a.m., at the Army National Guard Armory, 1601 West Armory Way, Seattle, Washington, Hon. Patty Murray, presiding.

Present: Senator Murray.

**OPENING STATEMENT OF HON. PATTY MURRAY,
U.S. SENATOR FROM WASHINGTON**

Senator MURRAY. Good morning. I call this hearing of the Senate Veterans' Affairs Committee to order. I want to welcome all of you and thank you very much for coming today. By being here today, you are sending a very strong message that we care about everyone who serves our Nation. Every day, in ways large and small, Washington State military personnel are making all of us proud. They are facing challenges overseas and their families are making sacrifices here at home. They are doing what our country asked. Now, as they come home, we must do what our country has promised; heal their wounds, meet their needs and ease their return to family, to work, and to our communities.

I called this hearing today to explore one question. Are today's veterans getting the help they need as they come home from combat? To answer that question, we will hear testimony today from military leaders, service providers and our veterans themselves. In the audience today, we have many people who have answered our call to their country's service in times of war and peace. We have an obligation to you and I am honored to serve on the Senate Veterans' Affairs Committee so I can be a voice for you and the 670,000 veterans throughout our State.

I grew up understanding sacrifice that veterans make. During World War II, my dad was one of the first GIs to land in Okinawa. He was injured, sent to Hawaii and then immediately sent back to Okinawa. Like many in our audience today, he was awarded the Purple Heart.

When I was in college at Washington State University, I asked to do my internship at the VA hospital here in Seattle. I moved from home to Seattle for the semester, rented a room and I spent my days on the psychiatric ward working with veterans who had

just come home from Vietnam. Today, I am the first woman to serve on the Senate Veterans' Affairs Committee, and as you know, I do not hesitate to speak out when our veterans need help.

I am holding this hearing here in Washington State because sometimes I cannot get straight answers from Washington, DC. In Washington, DC, they will tell you everything is fine. For months the Administration and the VA were telling me they had all the money they needed. They said, "Don't worry about it, Patty." But I did worry, because every time I came home and talked with veterans here, I heard a much different story. I heard about the VA's hiring freeze. I heard about veterans waiting for months just to get an appointment, and I heard about veterans who had to drive for hours to see a doctor because the clinics they had been promised were not yet built.

So, in March, I proposed increasing veterans spending by 3 percent. It is a small amount, but it would have lifted the hiring freeze, reduced delays and allowed the VA to open those clinics here in Washington State and throughout the country.

It is hard to believe, but my proposal was defeated not just once, but three times. In Washington, DC, people were telling me everything was fine. Well, 6 weeks ago, we learned the truth. Things were not fine. The VA in Washington, DC, admitted that it was at least \$1 billion, and that's billion with a B, short of what it needed to care for veterans this year. That means many of our veterans face delays or do not get the care they deserve. That is wrong.

I went back to the Senate floor and I offered my amendment again. This time, Members finally saw the light and last week the full Senate approved an additional \$1.5 billion for veterans' health care for this year.

I am pleased that we got the money in the end, but it should not have taken that long. Every day that was wasted over politics was a day our veterans were not treated right. That whole episode showed me that if I ask people in Washington, DC, they will tell me everything is fine. If I ask people here in Washington State, I learn the truth. That's the only way we can make sure we are taking care of the people who are taking care of us.

Today, I want to hear about the challenges veterans and their families face as they return home. For 2 years now, I've been meeting with military personnel at every stage. In January of 2004, I met with members of the 81st Brigade right before they shipped out to Iraq. This March, I traveled to Iraq and Kuwait to meet with members of our armed services from Washington State. I saw their courage in the face of difficult and dangerous missions. Since then I have met with Guard members who have returned home to Everett, Spokane and Port Orchard. This past Monday, I met with family members at Camp Murray. Yesterday, I sat down with returning vets in the Tri-Cities, and tomorrow, Thursday, I'll be meeting with more veterans in Longview.

I am holding these meetings so I can build a record of what we need to do so when people in Washington, DC, tell me everything is fine I can show them what is really going on and push them to do the right thing.

This hearing today will be an important part of the record I am assembling. For this hearing to be legitimate, we have to follow the

same procedures that are used at hearings in Washington, DC. That means that testimony is limited to the invited witnesses. There are strict time limits, which these timers I have in front of me will indicate, and we have a court reporter here to create a formal record of the proceedings. Unfortunately, that means that we are not allowed to take questions or comments from the audience. But I want to make sure that anyone here has the opportunity to share their view. We do have comment forms available for you to fill out. We also have a sign up sheet so you can get updates from me as I continue working back in the Senate.

In addition, I want you to know that I have created a place in my Web site where veterans throughout our State can share their stories with me. The address for that is *murray.senate.gov*. If you go to that Web site you can see a section where you or anyone you know can share their story with me.

Now, let me explain how today's hearing is going to work. We are going to hear from the panels of witnesses. The first panel will include officials from the Washington State Guard, the Federal VA and the State Department of Veterans Affairs. They will give us a bird's-eye view of what's happening throughout the State and will set the stage for our discussion.

On the second panel, we are going to hear directly from our veterans. I especially want to thank each of you for having the courage to come here today and talk in public about some very personal challenges. Again, I want everyone to know there are more chances. We will not have time to raise questions today, but I want everyone to know that if you have a concern that you didn't hear mentioned today, I want you to write it down and give it to my staff.

Our third panel includes people who work directly with veterans who returned from Iraq and Afghanistan. They have received a wide range of issues veterans are facing and can give us a first-hand view from the ground level. When I call the first panel, each witness will have up to 3 minutes to present their testimony and then I will ask them questions. Of course, I want all of our panelists to know that your full written statements will be included in the official record. When we are done with each of our witnesses on the first panel, I'll call the second panel and then I'll go on to the third panel.

Now, before we turn to our first panel, I want you to know that hearings like this can truly make a difference. Two summers ago, as many of you know, the VA tried to close down three of our hospitals here in Washington State. I worked with veterans throughout our State to make sure that the VA understood we needed these hospitals to stay open. Within a day, we were able to persuade the VA secretary to keep our hospital open. Months later, we persuaded the commission to save our second hospital. That left one of our hospitals in jeopardy, the Wainwright Medical Center in Walla Walla. I knew that the Senate needed to hear from the people in the local community who would have a harder time getting health care if their hospital was closed.

So, in April of last year, I held a veterans' hearing in Walla Walla just like the one we are holding today. We built a record of the need at that hearing and then I used that record back in Wash-

ington, DC, to help protect that hospital. With the support of the veterans in Walla Walla and throughout our State we won. I know that a hearing like this can make a real difference in giving the people in Washington, DC, a dose of reality about what our local veterans are facing.

The witnesses here today will help us build an accurate record, and I, again, want to thank all of them and all of you who are here today.

Now, I want to add one thing. I know we have many veterans who are here in the audience today. If you are here and you do need help from the VA, we have representatives here onsite today who can help you file a claim if you need us to do that. You can meet with officials from the VA regional office, from Tri-Care and from the VA hospital. And if you need help with an existing claim, members of my staff are here and they may be able to help you file a claim with the VA.

Now, I just want to remind everybody if you ask for assistance, because of Federal privacy rules, we do need a signed letter giving us permission to investigate your case before we can do anything to help. If you are here and need assistance with a case be sure to stop and talk with my staff before you leave.

Senator MURRAY. With that, I would like to introduce our first panel who is here with us today, Major General Timothy Lowenberg, Adjutant General of the Washington State Military Department; Max Lewis, Veterans Integrated Service Network 20 and VISN 20 within the Veterans Health Administration; Christine Arnold, regional director of the VA's Benefits Administration; and John King who is filling in for John Lee with the Washington State Department of Veterans Affairs. Thank you very much.

General, we will start with you.

**STATEMENT OF MAJOR GENERAL TIMOTHY LOWENBERG,
ADJUTANT GENERAL, WASHINGTON STATE MILITARY
DEPARTMENT**

General LOWENBERG. Thank you. I would first like to recognize in the audience today, the State's most distinguished veterans' advocate. The first Gentleman, Mike Gregoire, and I would like to thank Governor Gregoire and you, too, Senator Murray for supporting your National Guard as we have repeatedly mobilized and deployed our communities' sons and daughters, mothers and fathers, and in some cases grandfathers and grandmothers to operations throughout the world, from Iraq to Afghanistan, to countries throughout Africa, to Cuba, to South America, to the jungles of the Philippines and to South Korea where we have personnel serving today.

We have mobilized and deployed more than 4 times the number of Guardsmen in the last 3 years than were activated for the Korean war and the Vietnam conflict combined. And this represents a significant transformation not only for the Guard, but for all the forces from the strategic reserve to an operational reserve, and we are generating a recurring cycle of force presentations never before experienced in modern history.

In answering our country's call, we have adopted many thoughtful and creative ways of taking care of our soldiers and the chal-

lenges our new operations tempo is putting on our families. In many respects, I think we have initiated some national “best practices” in the State of Washington. But by leaning forward aggressively we are both in a better position to appreciate the scope of unmet needs as well as recognizing the amount of work and systems changes that still need to be made to sustain a combat-ready force and combat-ready National Guard families.

Our major focus, of course, has been on ensuring that our returning veterans are cycled back into family life. But we believe strongly that the collective commitment and support we put together to address that need through a coalition of national and state veterans organizations, private non-profit volunteer organizations, public service agencies, and employment service agencies is really a long-term solution. Long-term solutions are needed to sustain the needs of veterans as they go through a lifecycle of change in components and Reserve to active service, veteran’s status, active combat service, and it is a recurring cycle not experienced in recent history.

These and other solutions are within our capacity to conceive and develop and execute, but many of the other solutions can only be created by refinements to Federal policy and compensation authorized by decisive Congressional action. I would just like to briefly mention three of those in my formal statement.

First, the transition assistance program. The Transition Assistance Program is really designed for a Cold War era force. Although it arguably met the needs at that time, we now need a revised model that focuses on a wide range of training, readjustment counseling and workshops that are presented both before the end of active service and then continued for up to 1 year after active service. In light of the remaining time, Senator, I will submit my formal remarks for the record.

[The prepared statement of General Lowenberg follows:]

PREPARED STATEMENT OF MAJOR GENERAL TIMOTHY LOWENBERG, ADJUTANT
GENERAL, WASHINGTON STATE MILITARY DEPARTMENT

Good morning. For the record, I am Major General Tim Lowenberg, Adjutant General of the State of Washington. I would like to preface my remarks by thanking Senator Murray for her tireless support of our Guard members and their families before, during and following their activation for Federal military service. Thank you, Senator, for standing with and supporting your National Guard as we have repeatedly mobilized and deployed our communities’ sons and daughters, fathers and mothers (and in some cases grandfathers and grandmothers) at home and abroad in support of Operation Noble Eagle, Operation Enduring Freedom and Operation Iraqi Freedom. From Afghanistan to Iraq to countries throughout the Horn of Africa; from Cuba to South America, to the jungles of the Philippines and to South Korea—in the past 3 years, we have mobilized and deployed more than 4 times the number of Washington National Guard soldiers and airmen as were activated for the Korean War and the Vietnam Conflict combined.

The attacks of September 11, 2001 and the ensuing Global War on Terrorism have triggered a paradigm shift for our military—one that has transformed our Nation’s Guard and Reserve forces from a strategic reserve to a fully combat ready and combat-tasked operational reserve.

In answering our country’s call, the Washington National Guard has greatly expanded our traditional roles and missions and we have responded in creative and thoughtful ways to the new soldier-care and airmen-care issues and to the unprecedented stresses our operations tempo is putting on our families. In many respects, I believe we have initiated national best practices in our State. By leaning forward so aggressively, however, we’re both in a position to better appreciate the scope of unmet needs and to recognize the amount of work and systems corrections that still

need to be made to sustain a combat ready force and combat-ready National Guard families.

Our major focus has been on ensuring our returning servicemembers—America’s new generation of combat veterans—can quickly and smoothly integrate back into their family lives, employment and civilian career tracks and community activities. We have formed an impressive, formal coalition of Federal and State veterans agencies, social service and employment agencies, and veterans and other non-profit service organizations to support these new American heroes. And we believe strongly that the collective commitment and support of these coalition members is one of the most important long term solutions for reintegrating servicemembers and addressing their individual and family needs—now and throughout the remainder of their service careers.

These and other solutions are within our capacity to conceive, develop and execute, but many other solutions can only be created by refinements in Federal policy and, in some cases, by decisive Congressional action. I would like to call the Committee’s attention to three (3) such problem areas. All three revolve around the fact that programs, laws, policies and regulations formulated in the Cold War often no longer support an operational reserve force or the tempo of deployments we have maintained since 9/11/01.

First, we need to review the overall Transition Assistance Program (TAP). Second, we need to find more innovative and effective means of communicating with our veterans community. And, third, we need to make fundamental adjustments in the legal constructs and administrative programs that support our servicemembers before, during and after their deployments for Federal military service.

The Transition Assistance Program (TAP) is a nationally coordinated effort designed to assist military men and women in transitioning to civilian life. It focuses on employment and job training. (Public Law Pub. L. 101–510, sections 1142, 1143, Title X, U.S.C.; DOD Directive 1332.35 and DOD Instruction 1332.36; Sec of Def Policy Memorandum 30 April 2002; DOD/DVA and DOL MOU; AR 600–8–101).

Although it arguably met the needs of a strategic reserve force in which the bulk of the load was carried by the active duty services, we now need a revised and updated Transition Assistance (TAP) model that is specifically tailored for the needs of today’s National Guardsmen and reservists as they transition from extended service in overseas combat and stabilization missions. The revised model should include interpersonal and life-skills training, readjustment counseling, and VA briefings and workshops that are presented before the member’s active duty tour ends, as well as training sessions and workshops that continue for up to 1 year after the veteran’s release from active duty. A broad cross-section of civilians (e.g., dependents and family representatives), Veterans Administration officials and military professionals should be charged with reviewing and updating today’s “dated” reintegration programs.

Second, we need to find innovative ways of educating our veterans about the many Federal and State benefits to which they are entitled, as well as the growing number of services provided by private, non-profit public service organizations. States, for example, should be encouraged to form veterans outreach committees that recruit and capitalize upon the creative talents of the private-sector marketing and advertising industry. Private sector companies are, by and large, eager to assist military servicemembers. They simply need encouragement and some positive direction in channeling their energies and expertise. Such assistance can obviously be outsourced and contracted, but that option bleeds money from already under-resourced veterans services. We’re in the early stages of shaping such an initiative in our State. I look forward to briefing you in the not-too-distant future on our success.

Finally, many of our Cold War era laws and regulations are simply no longer sufficient to meet the needs of today’s operational Guard and Reserve forces. Many of these statutes, separate and unequal pay and benefits regulations, and other bright-line distinctions between career active duty personnel and career National Guard and Reserve personnel no longer fit today’s high operations tempo, combat ready reserve forces. Changes in these arcane and outdated systems would go a long way toward recruiting and retaining the 21st Century Guard and Reserve force and substantially enhance the reintegration of these veterans and their families following each recurring period of Federal military service. I refer, of course, to the separate and unequal systems of pay, our members’ severely restricted access to medical and dental care and other vestiges of the Cold War era.

With each cycle of domestic base realignments and closures, active duty forces are also becoming confined to a shrinking number of CONUS operating sites, while Guardsmen and Reserve soldiers, airmen, sailors, Marines and Coast Guardsmen remain scattered throughout the depth and breadth of America, thereby further iso-

lating Guardsmen and reservists from active duty service centers, Tri-Care providers and other sources of traditional support for veterans.

As we rush headlong into the 21st Century—as we answer the call of destiny in responding to the scourge of transnational terrorism—time is not our ally. We must do everything necessary to support and sustain a combat ready, operational Guard and reserve force now. We must therefore make these adjustments now. Our veterans and their families require and deserve nothing less.

Thank you for your kind attention and for your personal commitment and dedication to America's veterans. On their behalf, I thank you for your sacrifice and service and for your bold statement of support in conducting this field hearing. I would be happy to answer any questions you may have.

Senator MURRAY. Thank you very much.

Mr. Lewis.

STATEMENT OF DENNIS LEWIS, ASSISTANT DEPUTY UNDER SECRETARY, HEALTH OPERATIONS AND MANAGEMENT; ACTING NETWORK DIRECTOR, VETERANS INTEGRATED SERVICE NETWORK 20 (VISN 20)

Mr. LEWIS. Thank you very much. I would like to first start off by recognizing you for providing this forum, and for all of your support in Washington, and everything you do for veterans in Washington State and veterans in the Nation. Thank you. I also, on behalf of our 8,000 employees, would like to thank all of the veterans in the audience for your sacrifices and service to your country. Thank you very much.

The core of VA's mission is a solid commitment to the service of those men and women who so faithfully serve our country. VISN 20 is honored to provide veterans, including those recently returning from active duty, reservists and National Guard troops with services designed to specifically address the health care needs of their military deployment.

As you know, Washington State has contributed a large number of troops to service, not only in Iraq and Afghanistan, but around the world. Today, of those nearly 3,300 vets who have returned to Washington State—300 of those not within Washington State—about 65 percent of that number or about 2,100 have been treated at Washington State facilities.

Ensuring that veterans get the care that they need is an ongoing endeavor and it is a constantly evolving process that we go through, each generation is required to go through. There are new types of care, and there is a different expectation on what to expect, and there is no difference here in the Northwest.

The Puget Sound Health Care System, for example, and I am going to tell you a little bit about some of the things that were done just recently to address the needs particularly of the veterans that are returning. At the Puget Sound Health Care System, the Deployment Health Clinic is the only one of its kind in the country. It is dedicated to caring for the unique health concerns related to specific military deployment. Beginning in September 2003, we located VHV social workers at the Madigan Medical Center and worked closely with our counterparts, the Department of Defense and the VA to help support the successful transition of veterans returning to civilian life.

The Puget Sound Health Care System has nominated Seattle as the Northwest Network's Tertiary Polytrauma Center, which has been approved, and there will be additional resources coming to Se-

attle to help support that Center in the future. What this means is, Seattle will now assure throughout the network that veterans who have suffered loss of limbs or very severe debilitating injuries due to their service in the military have access to the same high level of care.

In Eastern Washington, Spokane and Walla Walla have taken the lead with other Federal and State veterans agencies and organized Family Days. These are roundtable discussions held with veterans and their families describing in detail what services are available from the VA, as well as from the State agencies, and helping them understand what those benefits are and what they are entitled to.

At the Portland VA Medical Center and its Vancouver campus, we are working with veterans in the southwest part of the State, and particularly working with the Washington State National Guard, in developing a new Web site that helps explain, again, all of the different educational benefits that are available not only to OIF/OEF veterans, but to all of our veterans.

And finally, local VA staff has taken the initiative in addressing mental health. In 2004, we sponsored a very large comprehensive clinical update for VA as well as other folks outside the VA, behavioral/mental health staff and others, on issue of responding to trauma particularly as it relates to military service. The program provides an opportunity for the more than 330 participants to share best practices. It highlighted recent research and data to assist others working with veterans. The program is so successful that we are planning to hold another one for November, and it will be in Washington State.

I have given you a very short overview of VISN 20's commitment to our veterans. There is more information in my testimony, and I would like to say that on behalf of the Network, I can assure you that we are prepared not only to meet the needs of veterans in other parts of the world, but to meet the needs of all veterans that we serve. Thank you. I will submit my formal comments.

[The prepared statement of Mr. Lewis follows:]

PREPARED STATEMENT OF DENNIS LEWIS, ASSISTANT DEPUTY UNDER SECRETARY, HEALTH OPERATIONS AND MANAGEMENT; ACTING NETWORK DIRECTOR, VETERANS INTEGRATED SERVICE NETWORK 20 (VISN 20)

Good Morning Senator Murray and Members of the Committee: Thank you for the opportunity to appear today to discuss our preparedness to meet the needs of returning Operation Iraqi Freedom and Operation Enduring Freedom veterans. I am Dennis Lewis, the Acting Network Director of the Veterans Integrated Services Network (VISN 20), providing healthcare to Northwest veterans. I am also the Assistant Deputy Under Secretary for Health for Operations and Management; a position I have held since July 2002.

I would like to recognize you, Senator Murray, for providing this forum to focus on our returning OIF/OEF veterans and for your continuing leadership and support for all veterans in Washington State.

At the core of VA's mission is a solid commitment to the service of those men and women who so faithfully have served our country. The VA Northwest Health Network is honored to be able to provide veterans, including recently returning active duty, reservists and National Guard troops with services designated to specifically address the health care needs of their military deployment.

In addition to Washington State, the VA Northwest Health Network is comprised of the States of Alaska and Oregon, most of Idaho, and one county each in Montana and California. Our 135 counties cover approximately 23 percent of the United States land mass. VISN 20 consists of 6 medical centers, including 2 academic refer-

ral sites, 1 independent outpatient clinic, 1 rehabilitation center, 19 community-based outpatient clinics, and one mobile clinic. Other services include 7 nursing home care units, 2 homeless domiciliaries, and 14 Veterans Outreach Centers (Vet Centers). VISN 20 has one of the VA's most robust research programs. Program areas of significance to veterans include limb loss prevention and prosthetics; spinal cord injury and rehabilitative medicine; mental health; addiction treatment; Post-Traumatic Stress Disorder (PTSD); and deployment health programs.

VISN 20 supports the use of Telemedicine to enhance care to our veterans. Telemedicine involves the use of electronic medical information and communication to provide and support health care when distance separates the provider from the patient. Because of our geographic distribution, we use telemedicine throughout the Network to increase access to our care, and find it especially useful in providing care for veterans in remote areas, veterans in State Veterans Home and those who are disabled and elderly. We use telemedicine in radiology, mental health, cardiology, pathology, dermatology, psychiatry, and in-home care teleconsultations for spinal cord injury patients and for patients with other chronic conditions.

In Washington State, veterans receive care at the VA Puget Sound Health Care System, the VA Medical Center (VAMC) Spokane, VAMC Walla Walla and the Vancouver campus of the VAMC Portland, in addition to eight community-based outpatient clinics (CBOCs) and five veterans readjustment counseling centers (Vet Centers). During fiscal year 2005, VISN 20's operating budget has amounted to approximately \$1.20B, and the Network employs 7,966 staff. In fiscal year 2004, VISN 20 served 194,949 veterans, a 6.6 percent increase over fiscal year 2003, making us first in growth within the Veterans Health Administration (VHA), more than double the national average growth rate. In spite of these increases, the Network costs grew at just 0.6 percent in fiscal year 2004.

As you well know, Washington State has a significant number of troops currently serving in Operation Enduring Freedom and Operation Iraqi Freedom. To date, we have seen nearly 3,300 (3,281) returning veterans from OIF/OEF within the Network, of whom, nearly 65 percent (2,131) have been treated at our Washington State facilities.

In addressing today's topic, I would like to profile the Washington State facilities who provide care to our returning veterans. I am pleased that Dr. Stephen Hunt will be sharing information with you about the VA Puget Sound Health Care System (PSHCS) Deployment Health Clinic that follows the care of veterans (including active duty, National Guard and reservists) who are experiencing unique health concerns related to their specific military deployment. This care is provided even if the veteran is receiving his/her care outside a VA setting. As a result of Dr. Hunt's leadership, the PSHCS has become known as a national leader in issues of deployment health.

The VA PSHCS, with campuses in Seattle and at American Lake (Tacoma) is the largest VA academic referral medical center in the Northwest. As a primary and tertiary care facility, the VA Puget Sound Health Care System provides a full range of patient care services, with state-of-the-art care.

The PSHCS had approximately 612,377 patient visits in fiscal year 2004, providing care to 59,329 veterans, throughout the State and across the VISN. So far this year, they have provided care to 5.7 percent more veterans than last year at this time including 1,567 OIF/OEF veterans.

At our Spokane facility, during fiscal year 2004, there were 204,915 patient visits providing care to 21,008 veterans, primarily from Spokane and Kootenai counties. So far this year, the VAMC Spokane has provided care to 8.9 percent more veterans than last year at this time including 368 OIF/OEF veterans. Spokane VA operates a mobile primary care clinic that visits nine remote sites (five in WA, three in ID and one in MT) providing follow-up care to their patients.

At the Walla Walla VAMC, 93,643 patient visits occurred in fiscal year 2004. The Medical Center provided care to 12,611 veterans, primarily from 15 counties. So far this year, the VAMC Walla Walla has provided care to 196 OIF/OEF veterans. In addition to the parent facility, the VAMC Walla Walla operates Community-Based Outpatient Clinics in Yakima and Richland (Washington) and in Lewiston (Idaho).

VISN 20 has demonstrated our commitment to the seamless transition of returning combat veterans. In anticipation of returning OIF/OEF veterans, our Medical Center employees, throughout the VISN, have been thoroughly trained to ensure that they can identify these new combat veterans, and to take appropriate steps to ensure that they receive the world class care they have earned.

Since August 2003, VISN 20 has supported the placement of two VHA social workers located at Madigan Army Medical Center working with Veterans Benefits Administration (VBA), to ensure a successful transition for returning service personnel. These employees work closely with specifically assigned Points of Contact

(POCs) at each of VISN 20's facilities and our VISN office; this active out-processing program has touched the lives of 2,624 individuals throughout the VISN since 2003 resulting in over 1,700 referrals. Our intent is to continue this important partnership as a means of encouraging those who are returning home from military commitments to pursue post-deployment support.

VISN 20 is also prepared to provide specialized care for servicemembers and veterans. The PSHCS Spinal Cord Injury Unit (SCI) has provided care to four veterans transferred directly from Walter Reed Army Hospital. In addition, their Rehabilitation Care Service has provided a combination of inpatient and outpatient care to 12 veterans also directly transferred from Walter Reed.

The PSHCS has been nominated to be the Northwest Network's Tertiary Polytrauma Center. The facility will coordinate the care and services required to meet the needs of the amputee population and assure that patients have access to the same high level of care across the network. They will be responsible for implementing care that transitions individuals back into their home community.

VISN 20 is also participating in VHA National initiatives focused on OIF/OEF. PSHCS has been approved to develop "VISN-Wide Outreach, Early Intervention Collaborative Care with DoD and State Partners." Spokane VAMC has been funded to establish "PTSD Rural Outreach Services."

VISN 20 has taken a collaborative approach in addressing the Mental Health care needs for our Nation's newest veterans. In 2004, we sponsored a comprehensive clinical update for our behavioral/mental health staff and others (Readjustment Counseling Centers, Private Sector Health Care Systems and Agencies, other VISNs and Washington State DVA). The program provided an opportunity among the 330 participants for sharing best practices. In addition, it highlighted recent research and data to assist clinicians as they provide care to veterans. An OIF/OEF Conference is currently planned for November 3-5, 2005. The program will be comprised of three 1-day programs focusing on specific audiences (Primary Care, Mental Health Clinicians and Veteran/National Guard and Families).

Additionally, VISN 20 is an active participant in a Memorandum of Understanding, initiated by the Washington State Department of Veterans Affairs, with the Washington State Department of Defense, the National Guard and the Reserve to inform returning servicemembers and their families of their benefits and deliver the services that are needed for our Nation's newest veterans. Oregon has also recently entered into a similar agreement and one is pending in the State of Idaho.

Senator Murray, I have provided you an overview of VISN 20 and the services we provide to our veterans and patients. However, it is our veterans who tell us how we are doing and provide us ongoing feedback. VHA measures patient and veteran satisfaction for both outpatient and inpatient care. I am proud to share with you that VISN 20 has tied nationally as number one for overall satisfaction for inpatient care (Spokane is rated number one for all VHA facilities) and we are number five overall for outpatient care. We also measure how long our veterans wait to see their providers once they arrive for their clinic appointment. Our goal is for them to be seen within 20 minutes or less. We are ranked 3rd in the Nation and continually strive to improve. As you can see, our veterans continue to acknowledge we are providing timely quality care.

As we celebrate the VA's 75th anniversary, all of the dedicated employees in the Northwest Network are proud to serve the VHA mission: Honor America's Veterans by Providing Exceptional Healthcare that Improves Their Health and Well-being. I believe we have demonstrated and can promise that we are prepared to continue meeting the needs of returning veterans.

Thank you, Senator Murray. This concludes my formal remarks. I welcome any questions the Committee Members may have.

Senator MURRAY. Thank you very much. We will move to Kristine Arnold.

STATEMENT OF KRISTINE A. ARNOLD, DIRECTOR, SEATTLE VETERANS AFFAIRS REGIONAL OFFICE, VETERANS BENEFITS ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS

Ms. ARNOLD. Thank you very much. I appreciate your giving me the opportunity to testify today on the Veterans' Benefits Administration's response to the needs of veterans returning from for Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF).

I would like to address three topics: the programs that VBA developed to ease the transition of veterans back into civilian life; the outreach efforts that VBA and Seattle Regional Office have made to the National Guard and Reserves; and the Seattle Regional Office's specific plans for recently returned Washington National Guard and Reserve units.

Veterans returning from Iraq and Afghanistan, like all other veterans, are eligible for a full array of monetary benefits offered through VBA programs to assist them in readjusting to civilian life, and through outreach effort, to inform them about the many benefits and services.

The Seattle VA Regional Office is actively involved in educating returning soldiers about VA benefits: helping servicemembers, soon to be released from active duty, with the processing of their claims; and ensuring their smooth transition back to civilian life.

The Benefits Delivery At Discharge program, which there are 140 based throughout the country, has been in place for almost 10 years. In Washington State, we have Benefits Delivery At Discharge programs at Fort Lewis which also serves McCord, at Bremerton which serves all the Naval installations in the Puget Sound area, and Fairchild Air Force Base, as well.

In most cases, disabled servicemembers under the Benefits Delivery At Discharge program receive their disability benefits within 60 days of discharge. Returning servicemembers, including members of the National Guard and Reserves, may elect to attend Transition Assistance Program (TAP) sessions which were discussed by General Lowenberg. At TAP workshops, servicemembers are fully briefed on the VA benefits available to them and are encouraged to apply.

The Seamless Transition Initiative is aimed at helping returning veterans make a smooth transition back into civilian life. Since March 2003, a VBA OEF/OIF Coordinator is assigned to each military treatment facility. Since March 2003, each claim from a seriously disabled OEF/OIF veteran has been case managed for seamless and expeditious processing.

Gene Finney, Seattle's nationally recognized OEF/OIF Coordinator, works with case managers at Madigan Army Medical Center to assure seamless transition for all servicemembers, particularly those identified as being either Very Seriously Injured (VSI) or Seriously Injured (SI). We have identified 21 soldiers in those 2 categories. But in addition, since October 2003, we have seen 915 injured soldiers at Madigan, 826 of which were either National Guard or Reserve. We coordinated with transition counselors from the local VA Medical Center regarding 547 servicemembers to ensure seamless services; we processed 243 claims for compensation and 152 claims for vocational rehabilitation.

Outreach efforts to the National Guard and Reserve members take on critical importance in light of the composition of our forces. Return and deactivation of Reserve and Guard units presents significant challenges to the VA because rotation is irregular and servicemembers spend short periods of time at a military installation before being released to their Guard or Reserve components. For this reason, outreach efforts are focused at the local armories or Reserve centers within 2 months of the unit's return.

Washington State is unique because Fort Lewis is the major mobilization/demobilization point for the National Guard and Reserves for the whole Western United States. So we have unique challenges for all of those troops even if they are admitted off to Idaho, California, and places far away. Since March 2003, the Seattle regional office has conducted 345 briefings to nearly 22,000 demobilizing OIF/OEF servicemembers. In fiscal year 2005, alone we have conducted 158 briefings to 11,000 demobilizing servicemembers.

The 81st Brigade and its associated National Guard units returned from deployment in Iraq beginning in March 2005. They demobilized through the Soldier Readiness Program at Fort Lewis prior to returning home. The Seattle Regional Office OEF/OIF Coordinator provided a Transition Assistance Briefing as part of their demobilization activity at Fort Lewis. And again, they received a full array of information about all of the benefits and services offered by the VA.

The OEF/OIF coordinator maintains weekly contact with the servicemembers who are assigned to the 654th Army Support Garrison. This unit includes about 400 Guard and Reserve servicemembers who are recovering from illnesses or injuries which have resulted in an extension of their mobilization.

In addition, the coordinator maintains weekly contact with the servicemembers at Madigan and its associated Medical Hold Unit. The purpose of these contacts is to counsel servicemembers on the benefits and services available to them.

On November 5, 2004, the Seattle Regional Office signed a Memorandum of Understanding with the Washington State Military Department, the Washington State Department of Veterans Affairs, the Washington State Employment Security Department, the Veterans Health Administration, the U.S. Department of Labor, the Association of Washington Businesses, and the Governor's Veterans Affairs Advisory Committee.

On May 26, 2005, the 70th Army Reserve Support Command became an MOU partner and on August 8th, coming up, we will sign the same MOU with the Naval Reserve Command. We have 27 Family Activity Days scheduled through November 6th in support of the Washington Army National Guard. We intend to revisit these units within a year.

I thank you, Senator, for the opportunity to speak.
[The prepared statement of Ms. Arnold follows:]

PREPARED STATEMENT OF KRISTINE A. ARNOLD, DIRECTOR, SEATTLE VETERANS AFFAIRS REGIONAL OFFICE, VETERANS BENEFITS ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS

Senator Murray, I appreciate this opportunity to testify today on the Veterans Benefits Administration's (VBA's) response to the needs of veterans returning from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF).

My testimony addresses three related topics: the programs that VBA developed to ease the transition of OEF/OIF veterans back into civilian life; the outreach efforts of both VBA and the Seattle VA Regional Office to the National Guard and Reserves; and the Seattle VA Regional Office's specific plans for recently returned Washington National Guard and Reserve units.

Veterans returning from Iraq and Afghanistan are eligible for a full array of benefits offered through VBA. These include:

- Disability Compensation and Related Benefits;
- Education and Training Benefits;

- Vocational Rehabilitation and Employment;
- Home Loan Guaranties;
- Life Insurance;
- Burial Benefits; and
- Dependents' and Survivors' Benefits.

In addition to providing this broad range of benefits, VBA is reaching out to OEF/OIF veterans with programs to assist them in readjusting to civilian life, and with information about our many benefits and services. I will briefly discuss some of these assistance programs and then talk about our outreach efforts. My focus will be on outreach to members of the National Guard and Reserves.

PROGRAMS TO ASSIST RETURNING OEF/OIF VETERANS

The Seattle VA Regional Office is actively involved in educating returning servicemembers about VA benefits, in helping servicemembers, soon to be released from active duty, with the processing of claims, and in ensuring a smooth transition from military duty back into civilian life. The Benefits Delivery at Discharge Program, the Transition Assistance Program, and the Seamless Transition Initiative all exemplify VBA's active participation in the readjustment process.

The Benefits Delivery at Discharge Program, or BDD, is in place at 140 military installations around the country and overseas. In Washington State, we have BDD programs at Ft. Lewis, which also serves McChord Air Force Base, at Bremerton, which serves all naval installations in the Puget Sound area, and at Fairchild Air Force Base. Under this program, active duty servicemembers who are within 180 days of separation are encouraged to file disability compensation claims with VA staff who are serving at military bases either on a full-time or itinerant basis. Servicemembers can complete the necessary physical examinations and have their claims evaluated before or closely following their military separation dates. In most cases, disabled servicemembers participating in the BDD program begin receiving VA disability compensation benefits within 60 days of their separation from active duty, which serves to ease the transition from active duty to civilian status.

Returning servicemembers, including members of the National Guard and Reserves, may elect to attend the formal 3-day workshops provided through the Transition Assistance Program (TAP), a joint effort of VA, the Department of Defense, and the Department of Labor. At TAP workshops, servicemembers are fully briefed on the VA benefits available to them and encouraged to apply for all benefits to which they are entitled. In fiscal year 2004, the Seattle VA Regional Office conducted 37 TAP briefings attended by 1,851 servicemembers.

The Seamless Transition Initiative is aimed at helping returning veterans make a smooth transition back into civilian life. In 2003, VA began placing Veterans Service Representatives at key military treatment facilities (MTFs) where severely wounded servicemembers from OEF/OIF are frequently sent.

Since March 2003, a VBA OEF/OIF coordinator has been assigned to each MTF. As of January 2005, over 4,500 hospitalized returning servicemembers were assisted through this program at Walter Reed Army Medical Center, Bethesda Naval Hospital, Madigan Army Medical Center, Eisenhower Army Medical Center, and Brooke Army Medical Center. Since March 2003, each claim from a seriously injured OEF/OIF veteran has been case managed for seamless and expeditious processing.

Gene Finney, Seattle's OIF/OEF Coordinator, works with Veterans Health Administration (VHA) transition case managers at the Madigan Army Medical Center to ensure seamless transition for all servicemembers, particularly those identified as being either Very Seriously Injured (VSI) or Seriously Injured (SI). Either Frank Pierce, the Assistant Director, or I contact injured servicemembers to thank them for their service and review benefits and services available to them. We have identified 21 soldiers as either very seriously injured or seriously injured. Since October 2003, we have seen 915 injured OIF/OEF soldiers at Madigan, 826 of whom were either in the National Guard or Reserve. We coordinated with transition counselors from the local VA Medical Centers regarding 547 servicemembers to insure seamless services; we processed 243 claims for compensation and 152 claims for vocational rehabilitation services.

OUTREACH TO NATIONAL GUARD AND RESERVES

Outreach to Reserve/Guard members is part of the overall VBA outreach program. In peacetime, this outreach is generally accomplished on an "on call" or "as requested" basis. With the activation and deployment of large numbers of Reserve/Guard members following the September 11, 2001, attack on America, and OEF/OIF, VBA outreach to this group has been greatly expanded.

Outreach efforts to National Guard and Reserve members take on critical importance in light of the composition of our forces. Return and deactivation of Reserve/Guard units present significant challenges to VA because rotation is irregular and the servicemembers spend extremely short periods of time at military installations prior to being released to their Guard or Reserve components. For this reason, outreach efforts are focused at the local armories or reserve centers within 2 months of a unit's deactivation. Washington State is unique because Ft. Lewis is a major mobilization/demobilization point for Army National Guard and Army Reserve Units for the Western United States. Since March 2003, the Seattle VA Regional Office has conducted 345 briefings to 21,480 demobilizing OIF/OEF servicemembers. In fiscal year 2005 alone, we have conducted 158 briefings to 11,000 demobilizing servicemembers.

In addition to these briefings and our other efforts to reach out in person to returning veterans, all separating and retiring servicemembers (including Reserve/Guard members) receive a "Welcome Home Package" that includes a letter from the Secretary of Veterans Affairs, a copy of VA Pamphlet 21-00-1, A Summary of VA Benefits, and VA Form 21-0501, Veterans Benefits Timetable, through the Veterans Assistance at Discharge System (VADS). Six months later similar information is mailed to servicemembers following discharge with a follow-up letter.

Finally, VA has created a new internet Web page especially for veterans returning from Afghanistan and Iraq at <http://www.seamlesstransition.va.gov/>. Information specific to National Guard and Reserves is also included on this Web page, along with links to Web sites with information about other Federal benefits that may be of interest to returning servicemembers.

SEATTLE VA REGIONAL OFFICE PLANS FOR THE WASHINGTON NATIONAL GUARD

Beginning in March 2005, the 81st Brigade and its associated National Guard units returned from deployment to Iraq. They mobilized and demobilized through the Soldier Readiness Program (SRP) at Ft. Lewis prior to returning home. The Seattle VA Regional Office OIF/OEF Coordinator provided a Transition Assistance Briefing as part of their demobilization activity at Ft. Lewis. During this presentation, the OIF/OEF Coordinator reviewed VA benefits and services available and provided each servicemember with a packet of pamphlets and forms to assist the servicemember in applying for services. The following activities are already underway:

1. Coordination with VA Medical Centers: The Seattle Regional Office's (RO's) OIF/OEF Coordinator maintains regular contact with his counterparts in all of the VA Medical Centers (MCs) that support Washington's veterans. When OIF/OEF veterans go to one of these MCs for care, the coordinators refer them to the Seattle RO for benefits. Conversely, the RO refers all veterans who come there to the MCs.

2. Coordination with Madigan and the 654th Army Support Garrison (ASG): The OIF/OEF Coordinator maintains weekly contact with servicemembers assigned to the 654th ASG. This unit includes approximately 400 Guard and Reserve servicemembers who are recovering from illnesses or injuries, which have resulted in an extension of their mobilization. In addition, the coordinator maintains weekly contact with servicemembers at Madigan and its associated Medical Hold unit. The purpose of these contacts is to counsel servicemembers on VA benefits and services and assist them in the application process.

3. Coordination of Services: On November 5, 2004, the Seattle VA Regional Office signed a memorandum of understanding (MOU) with the Washington State Military Department, the Washington State Department of Veterans Affairs, the Washington State Employment Security Department, the Veterans Health Administration, the U.S. Department of Labor, the Association of Washington Businesses, and the Governor's Veterans Affairs Advisory Committee. On May 26, 2005, the 70th Army Reserve Support command became an MOU partner, and on Monday, August 8th, in a signing ceremony at the Bangor Sub Base, the Naval Reserve Command will become an MOU partner. The Seattle Regional Office and the other MOU signatories participate in Family Activity Days at their facilities that provide servicemembers and their families personalized assistance in understanding and applying for Federal and State benefits and services. We currently have 27 Family Activity Days scheduled through November 6th in support of the Washington Army National Guard. We intend to revisit these units within 1 year of their return from Iraq or Afghanistan.

Senator Murray, I hope this testimony has given you and the Committee a better understanding of the VA benefits, services, and outreach being provided to veterans of the OEF/OIF conflicts. I also want to assure you that the Seattle VA Regional Office is ready and eager to serve the men and women coming home to Washington

State. This concludes my testimony. I will be pleased to answer any questions you might have.

Senator MURRAY. Thank you very much.
John King.

**STATEMENT OF JOHN KING, DIRECTOR, WASHINGTON STATE
DEPARTMENT OF VETERANS AFFAIRS**

Mr. KING. Thank you, Senator, for the opportunity to talk with you today. We regret that John couldn't be here today. It is truly his leadership that has made Washington State's collaborative effort to the MOU a national model. Long before the recent homecomings, we were most concerned about how well we would receive those returning home. Our country could not afford to make the same mistakes it did when our Vietnam veterans returned. There isn't time today to discuss all of the elements needed to ensure that our veterans are taken care of. So I will focus on an area that is of particular interest to you and one that we think needs to be aggressively addressed at the national level.

Year after year, we have watched the VA budget negotiation process. Each year the scenario is the same. The Administration in office proposes a budget. The veterans community responds by pointing out what is lacking. And the country's veterans end up with something in the middle. That needs to change. The historical budget leaves Washington always playing catch up.

As you well know, the national veterans population is diminishing as the State of Washington continues to grow. You know, Washington is a militarily strong State. Half of those that discharge stay here. They like Washington State for a lot of reasons. What is needed is a method to deal with the VA budget in a forward thinking way, with a cost estimate, and it is not hard to do. The science is there, but the bureaucratic process and the old ways of doing business prevent Washington from ever catching up. And that makes it near impossible through VISN 20 and the service providers to continue to perform in the most excellent manner they do.

I do know in my 8½ years in this job about the quality of care. It is world class care. It is about access. It is about being resourced. Our colleagues and peers at the Federal level suffer from unbelievable workloads. It needs to be a level playing field.

Most recently we heard that the VA described the needs of Operation Enduring Freedom and Operation Iraqi Freedom Veterans as being an absolute priority. They were assured that VA would provide health care for 2 years. Unfortunately it isn't translating on the ground. Our veterans in the general veteran population are finding their waits are longer, especially for specialty services. Veterans from Enduring Freedom and Iraqi Freedom are being treated only for issues directly related to service in these operations. And I know the service providers are looking for every way possible to make them eligible, but they are dealing with a strained budget. This is not how that policy was promoted.

Another close to home example is the success—you brought it up—in adding specific budget language asking the VA to open a community-based outpatient clinic in North Central Washington. There is a demonstrated need, especially in rural Washington.

With the ongoing budget crisis, the opening of this CBOC has been pushed back again at a time when our soldiers are returning to rural areas, and community-based care is absolutely essential to their getting VA benefits and entitlements. So what are we going to do about it?

Washington State in particular is going to put a lot more effort into outreach, making sure that we help eligible veterans get enrolled in the VA health care. As you well know in these tough economic times when unemployment rates are high, more people are choosing VA health care in spite of the long lines. They know it is quality care, and it is their option of choice and during hard economic times, in many cases, their only option.

Lines may grow a little longer. What we would like to see is the budget process itself changed to be more prospective.

Now, the latest news is that our current VA system is cutting back on mental health fees for service care. This affects veterans returning to rural Washington. Cutting PTSD services simply doesn't make sense. We know that we can make issues around veterans as they return home, but the young men and woman returning from extended deployment, 20 percent are exhibiting symptoms of PTSD, and another 20 percent would likely benefit from counseling to deal with marital issues, substance abuse and readjustment issues. So while we are busy saying we appreciate your service and sacrifice we are restricting access to the very services that they need the most.

Throughout MOU partnership we will reach out to these returning veterans at 18 family activity days in August and September. These family activity days are opportunities for service providers to offer information and services not only to the veterans, but also to the family members who may see the signs that help is needed before the soldier does or admits. Information and assistance provided, include counseling, health care, mental health, employment rights and veterans' benefits.

As an example, we held a family activity day in March. Of the 76 soldiers who attended that event, over 40 filed claims—35 requesting counseling for PTSD. Not only does this tell us that there is a great need, it tells us that we could continue taking the services to them. Family activity days are the third direct contact as indicated by Director Arnold, yet for over half of those in attendance it was the first time that they asked for help. So it takes a while after you have been home and you assimilate and realize that life has changed.

Our goal is to ensure that when they ask for help we can follow through by providing access to the benefits and services that they are entitled to. And, again, in no way do I want to impugn the quality of services out of the health care side or the benefit side. I think we have world class services here in the State of Washington, and the leadership will utilize all the resource base that they have to be able to provide all we need. Thank you, Senator.

[The prepared statement of Mr. Lee follows:]

PREPARED STATEMENT OF JOHN LEE, DEPUTY DIRECTOR, WASHINGTON STATE
DEPARTMENT OF VETERANS AFFAIRS

Senator Murray, thank you for the opportunity to talk with you today about the needs of our military personnel returning from extended deployments.

Long before the recent homecomings, we began evaluating the needs of returnees from Operation Enduring Freedom and Operation Iraqi Freedom. We looked at everything from employment to mental health to VA health care. There was a common theme that ran through our discussions: Our country could not afford to make the mistakes that were made when soldiers returned from Vietnam.

We found numerous providers ready and willing to help—all with the very best intentions to serve these new veterans, but there was a lack of coordination to ensure soldiers didn't fall through the cracks and efforts weren't duplicated unnecessarily.

WDVA began serving as a benefits and service coordinator through a Memorandum of Understanding. This document was signed by a number of Federal, State, local and private partners; and to date, is resulting in our newest veterans, and their family members being offered information and assistance not once, or twice, but time and again to ensure we're there when they need us.

There isn't time today to discuss all the elements needed to ensure our newest veterans are taken care of, so I will focus on an area where I think, you Senator, and other Members of the Senate Committee on Veterans' Affairs can make a difference—the Federal VA Budget.

Year after year, we watch the VA budget negotiation process. Each year the scenario is the same. The Administration in office proposes a budget, the veterans community responds by pointing out where it is lacking, Congress battles to restore what was omitted, and our country's veterans end up with something in the middle.

However, regardless of what the amount is, the budget is never focused on the prospective needs of veterans. The bulk of the budget is written based on what the VA used in the past, rather than what we know will happen in the future.

A case in point is Washington State. We remain stuck in a pattern of being in the highest $\frac{1}{3}$ for veteran population and in the lowest $\frac{1}{3}$ for percentage of VA utilization.

This historical budgeting leaves Washington always playing catch-up. What is needed is a method to deal with the VA budget in a forward thinking way based on need, not on past performance.

We've seen what happens when the VA is faced with an emergent issue but doesn't have flexibility in its budget to effectively deal with it.

For example, when VA Health Care was opened to all veterans in the late 1990s, the VA's enrollment numbers skyrocketed, but budgets built on historical data rose more slowly. The result was longer waiting lists for primary and specialty health care and finally a moratorium on providing care for veterans in Priority Groups 7 and 8.

More recently, we heard the VA describe the needs of Operation Enduring Freedom and Operation Iraqi Freedom veterans as being an absolute priority. They were assured the VA would provide Health Care for 2 years. This too is a great initiative. It's an initiative that kept the fear of repeating the mistakes of Vietnam from creeping into our thoughts. Unfortunately it isn't translating on the ground. Other veterans are finding that their waits are longer, specifically for specialty services, and veterans of Enduring Freedom and Iraqi Freedom are being treated only for issues directly related to service in these Operations. This was not how the new policy direction was promoted.

This incredibly good idea is faltering because of a lack of prospective budgeting. And that is a shame, because we knew from the initial deployments how many military personnel would be returning a year in advance, and how many would be eligible for 2 years of VA Health Care.

Another close to home example is the success you and your colleagues had in adding specific budget language asking the VA to open a Community-Based Outpatient Clinic in North Central Washington. Although there is a demonstrated need and it was authorized by Congress and the President, the CBOC still isn't open. With the ongoing budget crisis, it has been pushed back again. At a time when our citizen soldiers are returning to rural areas of Washington, community-based care is absolutely essential to getting them connected with VA benefits and entitlements.

So, how can Washington State, where we have a demonstrated need, an increasing veteran population, and a lower than average utilization rate, continue to wait and see what the VA budget will bring each year?

We are going to get aggressive about ensuring veterans are enrolled in VA health care.

Lines may grow for a little while, but playing the budget wait and see game hasn't worked.

Look at what is happening with these young men and women returning from year long deployments—the largest National Guard deployment since WWII. We know they will have short-term and long-term care needs. These veterans are returning to homes all over our State and are encountering a strained VA system.

Now the latest news is that our strained VA system is cutting back on mental health fee for service care, which will disproportionately affect veterans returning to rural Washington.

Cutting PTSD services simply doesn't make sense. We know that we can prevent many issues by wrapping a support system around veterans. Of the young men and women returning home from extended deployments 20 percent are exhibiting symptoms of PTSD, and another 20 percent could likely benefit from counseling to deal with marital issues, substance abuse, and readjustment issues.

So while we're busy telling veterans we appreciate their service and sacrifice, we're restricting access to the very services we know they need.

I don't have all the answers; however, I will tell you that the system being used to appropriate money to meet veterans' health care needs is simply not working. In Washington we're going to aggressively enroll veterans in an attempt to boost our baseline and start seeing an increase in funding to care for those who need it.

Through our MOU partnership, we will reach out to these returnees at 18 Family Activity Days in August and September alone. These Family Activity Days are opportunities for service providers to offer information and services not only to the veteran, but also their family members who may see signs that help is needed before the soldier does. (Information and assistance provided includes employment counseling and assistance, health care, mental health, employment rights and veterans benefits.)

As an example, we held a Family Activity Day in March. Of the 76 soldiers who attended this event, over 40 filed claims for VA Health Care and 35 requested counseling for PTSD. Not only does this tell us the need is great, it tells us that we need to continue taking the services to them. Family Activity Days are the third direct contact each of these returnees receive, yet for over half of those in attendance, it was the first time they asked for help.

Our goal is to ensure that when they ask for help, we can follow through by providing access to the benefits and services they are entitled to.

As I said in the beginning, the VA Health Care budget is only one component of the issues facing our returnees; however, it is imperative that we fix it.

Senator MURRAY. Thank you very much. Thank you for all of your testimony. I really appreciate it. Your testimony will be a part of the official Senate record as well. General Lowenberg, let me begin with you.

In your statement today you talked about the transitional assistance program that needed to be adjusted for the current military model. You have been with me around the State as we have heard from soldiers returning from Iraq and Afghanistan, and I am hearing a lot about medical care that gets lost in that transition, and soldiers paying for their own health care because they got lost in the system. And they are frustrated. Military pay that gets lost someplace. Is that all part of a transitional program that isn't built around a model of Guard and Reserve?

General LOWENBERG. The problem is widespread. It is not all related to the TAP program. The TAP program, I think, is symptomatic of systems that are predicated on Cold War models where the Navy, Marines and Air Force, Army—whatever—to be on activated Federal service, perhaps once in their career, are separated perhaps from that active service one time.

Operationally, there is a continuing cycle of Federal service, peacetime training over an extended career. Programs like that aren't focused on preparing them for transition while they are still on active service deployed overseas. That would be a beneficial change. And then providing a continuum of support for up to a year

after they have deactivated. The program is much more narrowly focused than that, but it doesn't reflect the current operational commitment of the American forces worldwide.

Senator MURRAY. So we need to revise the transition program so it works for the fact that we are using it for Guard and Reserve soldiers differently than we have in the past?

General LOWENBERG. What I would suggest is that the VA convene a task force that would include attendance of family members, as well as Veterans' Administration officials and military professionals to take a look at the new dynamic under which we are operating and reassess what the veterans' needs are.

Senator MURRAY. Thank you very much. I appreciate that.

Director Lewis, in your testimony you stated the VISN 20 Pacific Northwest network's growth rate for veterans seeking service. Can you tell me what is causing those rates to be so high particularly here in the Northwest?

Mr. LEWIS. I think there are a number of reasons. I think the first has to do with economics. The State has mentioned already there are a number of employment factors that weigh into this. Veterans returning home, they thought that they had health insurance, and they come back and they find that the company they worked for has gone bankrupt, or the fact that they do not have a job. And that is a problem that we are continually working with the State too, you know, some commitment that has been made.

I think that there are, at least in the case of Washington State, more folks moving into the State who are veterans. That plays a role in that. I think the reputation for the quality of care that is being provided also plays a role in that. There have been a number of articles in the last year that have identified VA care as being the best in the country if not in the world. That plays a part, too. I think the communications that have been ongoing from the veterans service organizations, from the military itself, have played a large part in making folks aware of what benefits are available and what they are entitled to.

Senator MURRAY. I heard John King say they were going to do more outreach. Are you taking into account the effect of that in the increased number of soldiers or veterans who are seeking care?

Mr. LEWIS. Yes, because we do participate in that outreach as well. So that is part of our early warning at this stage. The work last year doubled by a factor of, you know, twice what the national growth rate was. It slowed down a little bit this year. It is not quite twice now. But it is still higher than any of the other networks in the country.

Senator MURRAY. Are you able to demonstrate that growth to Under Secretary Perlin and others at the VA and get increased funding for VISN 20 as a result of that?

Mr. LEWIS. To identify it, we do have a bearer system, and a bearer system is basically a historical model which recognizes workload as it occurred 2 years in the past. But the short answer to your question is Dr. Perlin was just in this network 2 days ago and is very well aware of the workload impact in this network. He actually visited Walla Walla, has been out there and toured the facility as well, and understands some of the issues that are occurring in Network 20.

Senator MURRAY. And I agree he has been active in that and done good, but we are relying on a system that doesn't take into account—

Mr. LEWIS. The system does work, though. Part of that also plays into how the managers in these facilities operate and how they operated before the supplemental funding that we just learned about recently was coming in. The managers were already working on some new models for providing care.

It is true that we have increased demand in the network, and that the wait is long, but they have developed some strategies for getting those wait lists down and we will continue to work with our counterparts, both VBA and the State, to provide timely care for those folks. And so it is always a balancing act.

Senator MURRAY. I do believe that the system here does an excellent job of providing care, but they can only deal with the resources they have been given. I think the fact that we are \$1 billion short this year alone says there is something wrong with how money is interpreted back in Washington, DC, based on calculations and what Congress has been told they need versus in reality what is happening on the ground.

Mr. LEWIS. Our headquarters in Washington are aware of network 20's issues and, in fact, did provide supplemental dollars to this network even before the Congressional votes of last month.

Senator MURRAY. We still have work to do.

Mr. LEWIS. Yes.

Senator MURRAY. So, we will work with you on that.

Let me ask you one more question before I return to Director Arnold. I heard John King talk about the need for care in isolated areas, the clinic that we have been working on for North Central Washington, and the lack of access for our veterans. Many of these are members who have returned home to remote communities. What is the VA doing today to increase medical access and care in remote parts of Washington State?

Mr. LEWIS. Well, there are a number of activities that are ongoing. I have been in the—with your permission, I will probably call them to give you just a little bit more information than I can provide. But just briefly, we have actually allocated additional dollars both to our medical services primarily for mental health and PTSD in rural areas. About \$400,000 last month went for these programs. An additional \$450,000 was provided in July for our Telehealth home care coordination program in rural areas in Washington State and there are a number of other outreach activities that are going on. We have also submitted the North Central community-based clinic for approval in Washington.

Senator MURRAY. When are we going to see that new clinic in North Central Washington?

Mr. LEWIS. When it is approved and when it is built are probably two separate questions, because it will take a while to coordinate the space, and award the contract and things like that. I can tell you that it is in Washington State being—

Senator MURRAY. We will be following up on that.

Mr. LEWIS. If I could just ask Joe—

Senator MURRAY. Very quickly.

Mr. LEWIS. The director in Spokane—

Senator MURRAY. Actually what I would like to do is get your testimony for the record on that because I want to make sure that we have time for a few other questions.

Mr. Lewis, I did have one other thing. Mr. King pointed out that Washington has one of the highest per capita veterans populations, but very low VA utilization. One of the concerns I have is, as health care itself becomes harder to access for many people, those who are veterans are turning to our VA system. Are we able to quickly adjust your budget? Should we see a large number of veterans coming to your system that weren't accessing it before, but who qualify for it?

Mr. LEWIS. I think, again, that is communication, and that is the VA communicating with our Congressional representatives and making them aware of the needs that we have to adjust the budget.

Senator MURRAY. Thank you very much.

Director Arnold, let me turn to you. As Regional Director of the Veterans Benefits Administration, can you tell us how well we are processing the veterans from Iraq and Afghanistan? Are there any delays?

Ms. ARNOLD. I am very proud to announce, Senator Murray, that we are doing an excellent job in the State of Washington. We are getting very high marks nationally for this last year. We have veterans waiting about 5 months for a decision on their claim. That doesn't mean there aren't some veterans who wait longer, but in those cases sometimes we talk about more complicated claims that take us out of the process in getting the evidence. And specifically PTSD claims, as a matter of fact, take us somewhat longer to get the evidence. But in general, we have reduced our inventory of claims by some 3,000 over the last 12 months. What that means to veterans is they are getting answers more quickly.

Senator MURRAY. I am hearing from a lot of veterans as I travel around the State, who have returned from Iraq and Afghanistan and gone back to try and rebuild their businesses. A lot of them who had small businesses before they left are going under. Do you think there is a need for a new benefit for veterans to access small business loans through the VA?

Ms. ARNOLD. I know there was legislation passed like that several years ago and the funds were never appropriated for it. So I think still that would be a great idea.

Senator MURRAY. Are you aware, as I am, that there are a number of veterans who need services like that?

Ms. ARNOLD. Yes. As a matter of fact, we in our Vocational Rehabilitation program have now put a special on some self-employment. Generally before, Vocational Rehabilitation has been geared toward re-education, retraining type efforts to get a disabled veteran back into a career. But in many cases they want a self-employment opportunity. So we are making major efforts toward self-employment for disabled veterans.

Senator MURRAY. Thank you very much.

Mr. King, your Department often ends up being the broker between the Department of Defense and the VA in order to get our veterans processed. Can you tell us how well these agencies are working together to get veterans the help they need?

Mr. KING. I am absolutely impressed with how well the system is working together. That the commitment from every entity is there. The practice is there. It is about resources, Senator. You made a very important statement on the front end of your opening remarks, and that is we have 670,000 veterans in the State of Washington. I don't think you will find that number anywhere else but from those of us that work the problem. That is not the number that the VA budget is on. They use Census 2000 as a latest update and modeled after national modeling. That is part of why the State of Washington which experiences inordinate growth in our community is so out of balance with the rest of the Nation. On the east coast they are declining. On the west coast, especially in the Pacific Northwest, we are growing at a rate that other States don't experience.

Senator MURRAY. In your remarks, you mentioned that 20 percent of the returning vets are seeking care for post-traumatic stress syndrome.

Mr. KING. You know, it is the early indicator. I can't say that it is a specific trend. But the early indicators are that of the young men and women returning home from extended deployments, 20 percent presented with PTSD, and another 20 percent could likely benefit from counseling to deal with marital issues, substance abuse and readjustment issues. And 35 out of 76 applied for help, this is a real strong indicator that this was very hard and it does have a huge impact.

Senator MURRAY. The other thing I am hearing is a concern that returning Iraq and Afghanistan veterans may displace some of our Vietnam and Korean veterans who are trying to access care. Can you share with us any knowledge about that?

Mr. KING. Because we are familiar with the care initiative and watching the wait lines problem being aggressively addressed, then to find ourselves right back to where we started, and my concern is this. Both OEF/OIF are certainly issues presently in front of us, but it should not replace the focus on the rest of the veterans community who have served well.

It is almost as if it obfuscates the issue that we thought was being resolved, and now it is back on our heels again. We are back to the long waiting lines at or beyond what it was before we started the care initiative. So I am not sure I answered your question, but the larger veteran population is now further in—

Senator MURRAY. General Lowenberg, let me ask you a few more questions. How many Guard members from Washington State have now been deployed to Iraq and Afghanistan?

General LOWENBERG. I don't know the exact number, but it would be in excess of 4,000.

Senator MURRAY. How many were returned injured?

General LOWENBERG. In the hundreds. We at one point had several hundred on medical hold at Madigan and there are several still, as you know from our meetings with soldiers in Everett and other locations, that are still part of that system.

Senator MURRAY. I am hearing a number of concerns from them about the ability to access services because they are still under a medical care situation.

General LOWENBERG. That is correct.

Senator MURRAY. One other issue I heard recently is the tremendous impact it has on families when Guard members serve in Iraq or Afghanistan for over a year, up to 14 months some of them. I have heard from a number of soldiers on both sides of the issue, but the suggestion is to shorten that length of time to 120 days. The impact on marriages, the impact on businesses, the impact on families has been tremendous. Is there a discussion of changing deployment for the Guard?

General LOWENBERG. There is a very active discussion. The focus is on shortening the ground time for Army Reserves and Guardsmen to something less than 12 months, and something in the neighborhood of 9 months is the short-term goal. In combination with that, the Army's deployment process needs to be modernized and timelines shortened. Right now, to have boots on the ground requires an 18-month commitment on the part of the soldiers, and nearly all of that is on the front end getting them ready to deploy.

So recognizing we have to transition from a strategic reserve to an operational reserve national military strategy means, that we need to invest the resources in health care, and in training the soldiers and in helping the soldiers so that they are closer to ready for deployment as they reach that 5th or 6th year force rotation model. If we do that and reduce the down time, then we have a more sustainable force, and I think a more ready and sustainable family force.

Predictability is the key, whether it is a 12-month rotation cycle, 9-month rotation cycle or shorter. If families know that a commitment to public service and military service—what that cycle will be—they can adjust their lives to that cycle.

Senator MURRAY. I think it is an important discussion, because I talked to one soldier in the Tri-Cities who was literally gone for 18 months, gone from his wife and children for 18 months, and stayed at home for 2 weeks feeling like a visitor in his own home. Now he is really struggling with family relationships. And we have heard from many, many families, and I think we need to have a serious discussion if this is going to be in the future about how Guard and Reserve are deployed because of the tremendous impact on families.

General LOWENBERG. I couldn't agree more. We had an entire Transportation Company from Ephrata that was extended in theater twice. They stayed substantially longer. So a lot depends on the military occupational specialty and the mission involved.

Senator MURRAY. And this will have an impact on veterans because a number of the soldiers returning and the services they require are measurably increasing, is that right?

General LOWENBERG. It goes back to that earlier, that if that transitional assistance was made available while they were in theater reaching—you know including months of their activation, and to continue up to a year after they came back, it provides for a more stable and sustainable transition for the veteran and their family.

Senator MURRAY. Thank you very much. I am sorry our time is up for this panel. But I really appreciate all of your input.

I would like to invite our second panel. As they are coming forward, I am going to introduce our second panel. Specialist Blaine

Miles Hall of the Washington Army National Guard from Moses Lake, Washington; Staff Sergeant Kevin Romanelli who recently retired from the Army and lives in East Wenatchee, Washington. We have Crystal Hampton. She is an Army veteran from Vancouver, Washington who served in Afghanistan; and First Sergeant Robert Kauder from the Washington Army National Guard who joins us from Spokane.

Thank you all for joining us again. As I said in my opening remarks, I particularly appreciate all of you for coming forward, and for having the courage to come forward and speak about personal matters. I know it is not easy. I really appreciate all of you being here today.

With that, Specialist Hall, we will begin with you.

**STATEMENT OF SPECIALIST BLAINE MILES HALL,
WASHINGTON ARMY NATIONAL GUARD**

Specialist HALL. I would like to say that I am proud to be in the Washington Army National Guard. And I understand the possibility for deployment can occur at any time with no notice, and it is our responsibility to be up and ready for that deployment. We are told that when we come in.

I heard a lot of positives up here on the panel, but the problems that the soldiers that I have dealt with and myself have dealt with, is not in what is available. It is how it is available to us. It is how the programs that you have heard in the legislature are actually practically applied.

The SBA, Small Business Association, has a disaster relief program for National Guard Reserve small business owners that are being deployed. The program itself is a great program, but the process isn't failsafe. To prevent people from abusing it, the regulation in place is making it almost impossible for soldiers to use it.

The first step says that you need a copy of your orders to start receiving those funds. You don't receive your orders, and as a business owner you need that money up front to train, hire and go over the costs for your business. And a lot of people think that is a benefit. It is a loan. You are also paying that back. So it is not like you are getting a hand me down even. You are paying that back and you are paying it back with a marginal interest rate at that.

But to begin the process you need to have orders and they won't start without it. Once you have orders, your boots are on the ground, and you are training with your troops and you can't focus on your business anymore. You have to make a decision then whether you are closing your business or keeping it open hoping that the loan comes through. Soldiers don't have faith in those Government programs to let their affairs run like that.

The second thing is you never will know when you are going to be deployed, but at least in our instance we were told a couple of times the deployment was happening and you are to stand down. Deployment is happening. Stand down. If a warning letter comes from the Department of the Army saying they are planning to activate, if they could get the funds available right away it will really help keep some soldiers—their financial levels and get the program started.

For instance, the Soldiers Relief Act again requires that you have orders, but once you have those orders you can't be calling your creditors, your agencies, because you are already in Fort Lewis. You are training, you are going through what you need to focus on—the war at that time. Your time to focus on your family, business and financing is over. The time you have left to focus on your business is that 1 month when they tell you are going to be activated. If you don't have those funds and resources available to you at that point, you are just sitting there in the water knowing that there are these programs available, but you can't use them.

The SBA Disaster Relief Program is not a disaster relief program. It is more of a credit-rating based. It is still a loan process. It is still the Government telling you whether your business needs better criteria. I think the only criteria for a loan or disaster relief should be that you are a soldier and that you have a business that is going to be impacted after your deployment.

When I applied for a loan I didn't have tax documentation. My business has not been open for 2 years, so I couldn't use the program. I was also told that anyone who opens a business can determine through ESP whether your profit and loss statements—whether they are working or not. My profit and loss statements don't look profitable in their eyes. My business has only been open for 2 years and, of course, it is not making a lot of money. My credit has been overextended in that business and I would lose a lot if I closed.

It just seems to me that these programs are said to worry more about abuse than to actually help the deploying soldiers. Can't they remember that we are soldiers? I mean, that you are going to get your money. It is the Government. You know, the Soldier Relief Act is a great relief Act, but it doesn't allow for—there is no enforcement of it. If a company doesn't apply for the Soldiers Relief Act, what is there to offer them? There isn't. But the whole time we are sitting in Iraq we are ruining our credit rating. Thank you.

[The prepared statement of Specialist Hall follows:]

PREPARED STATEMENT OF SPECIALIST BLAINE MILES HALL, WASHINGTON ARMY
NATIONAL GUARD

DEPLOYMENT ISSUES AS THEY PERTAIN TO SMALL BUSINESS

Intro: I would like to start off by saying that I am proud to be in the Washington Army National Guard and I understand the possibility for deployment can occur at anytime with little notice, and that it is our responsibility to keep our households and business' ready for deployment while we are members of the Washington Army National Guard. While I don't want to focus on the situation that occurred with me personally, I would like to focus more on the program problems themselves, below you will find a brief outline of my situation, the problems that I have found with the programs and the solutions I see available to make the legislature already passed a success.

Personal Story: Opened my business in November of 2002. My business was turning a profit, though minimal till I was forced to close it in October of 2003. In May of 2003 we received notice from our command group that we would be deploying to Iraq within 90 days and that orders would be sent to us within a week or 2. Upon this notice I contacted the SBA Disaster relief program to start applying for a loan. I found out that I cannot start the process until I receive orders. Knowing the extensive training I was going to have to give the person I hire to replace me, I spent my own funds to find, hire, and train an employee to handle my business while I was deployed. Word came down from my commander at the end of June that we were no longer being deployed. I had to lay off my employee and continued to struggle with all the money I had spent coming out of my own pocket. In October of 2003

we were again told that we would be deploying to Iraq in November, with no money left to hire and train yet another employee and the SBA unwilling to work with me until I had orders (they did not arrive in my hand until December 2nd 2003). I was forced to close my business and file for bankruptcy.

The Problem: The Disaster program is a great program that needs to be loosened to accommodate the army way of functioning. Soldiers often do not receive their orders until after a deployment starts and this does not allow a business to fund the larger costs of deployment that occur at the very onset. The soldiers and Sailors relief act that allows for soldiers to opt out of leases and drop interest rates down to 6 percent has no enforcement structure to enforce that lending and leasing agencies actually agree to comply. The SBA loan process allows for you to apply for the loan after you have been activated but will not offer a loan to you if you closed your business during the deployment. The SBA is also Credit Rating based, which means your business may be financial profitable but if the SBA determines that you are over extended, your business has not been open for 2 years, your type of business does not offer the collateral necessary to cover the loan, or have negative credit they will decline you for a loan. It seems to me that there is more of a worry that the system will be abused than there is a worry to actually help the deploying soldiers. Why can we allow these troops to go risk their lives, but cannot in-trust them to keep their business alive for when they get back? Does it make sense to set rules that hinder much needed aid to soldiers in the fear that one or two might abuse the system?

Suggestion for Solution: Allow soldiers access to the loan process before they are ordered to active duty, there should be a warning order, or letter of deployment issued by the army that will suffice for the SBA to allow the release of funds while the troops are still home side and able to use the money to benefit their business. This program should not be based on Credit Ratings or any other means other than the needs of the individual business and soldier. Remember that soldiers are government employees and that any abuse of this program can be deducted from their pay or taxes. Create a penalty program for any company that does not wish to comply with the Soldiers and Sailors relief act, it is incredibly easy for companies to negatively effect your credit report (especially while you are fighting a war over seas and unable to check it) but it is impossible to fix the damage once it has been caused, and with no Governmental help.

Senator MURRAY. Thank you very much.
Staff Sergeant Romanelli.

**STATEMENT OF STAFF SERGEANT KEVIN ROMANELLI (RET.),
U.S. ARMY**

Sergeant ROMANELLI. Thank you for allowing me to speak. Again, I apologize if some of it is negative. I retired in February of 2005 after 26 years in service. I have got a combat star as a reservist in Bosnia, Kosovo, Afghanistan. I was home for 3 months and joined up with the unit to go to Iraq. When I got injured here at Fort Lewis, I encountered a lot of problems. One of them, the medical hold. I met a lot of soldiers from Washington and found out that our common problem is it is taking a little longer to get the care that we need and it is putting a financial burden on us.

It is to the point where, I have three little girls, I couldn't do anything for their birthdays. My vehicle was repossessed. I tried to call these agencies to get answers, and I couldn't get them. That is what a lot of the soldiers are having a hard time with, Senator. And I would like my written statement put on the record, please.

[The prepared statement of Staff Sergeant Romanelli follows:]

PREPARED STATEMENT OF STAFF SERGEANT KEVIN ROMANELLI (RET.), U.S. ARMY

Good morning, Senator Murray. Thank you for inviting me to speak to you today on my behalf, and on behalf of fellow veterans who have faced challenges since their return from Afghanistan and Iraq. I will share my experiences with you in the hope that you will use that information to improve our transitions into civilian life.

My name is Kevin Michael Romanelli Staff Sergeant (E-6), United States Army, Retired. I served a total of 26 years in the Army and Washington State National

Guard. During that time I served two tours in Kosovo, and one tour in Afghanistan. I volunteered to go to Iraq; however, I was found non-deployable because of my medical condition.

On 3 February 2005 I was placed on the Temporary Disability Retired List (TDRL) after the Medical Evaluation Board (MEB) at Madigan Army Medical Center determined that I was 30 percent disabled.

The Medical Evaluation Board determined that I would only receive disability ratings for a fraction of my diagnosed medical conditions. I received a 20 percent rating for my spinal conditions (upper right extremity pain and weakness impinging at C-7 nerve group; herniated disc at C-6 and C-7; and C-6 pinching spinal cord at C-5 and C-6), and 10 percent for my neck condition (neck pain and restricted motion with insidious onset during AD tour image shows large herniating at C-6-7), for a combined rating of 30 percent.

I also have severe migraine headaches, chest wall lipoma, hypertension and hyperlipidemia. The Medical Evaluation Board determined that those conditions met retention standards, they did not award me a disability rating for them. During the time I was going through the Army's Medical Evaluation Board process I was told to wait until that process was complete before I filed my VA claim. If I had been able to submit the claim during my MEB process I would have received my VA disability rating when I was transferred to the TRDL list, which would have eliminated the hardships that my family and I have experienced.

I have a claim pending with the Department of Veterans Affairs. I am seeking service connection for 13 separate conditions. I was diagnosed with all these conditions while serving on active duty. They include: PTSD, bilateral degenerative joint disease in my knees, hearing loss, tinnitus, and problems with my eyesight—which are residuals of an episode of Bells Palsy, herniated discs, limited range of motion of my neck, hyperlipidemia, hypertension, migraine headaches, acid reflux and a hiatal hernia. My compensation and pension exams were conducted by QTC. They referred me to three healthcare providers for tests and examinations.

I am receiving bills from the places that QTC referred me to telling me that my bills are past due. I inform them that the VA is responsible for the bill. QTC sent me to doctor in Moses Lake who conducted a separate examination, he conducted an upper GI it revealed that I have acid reflux and a hiatal hernia. The doctor did not have my medical information when he conducted the exam. QTC sent me a letter informing me not to bring my medical records because the VA would send the appropriate medical records to the examining physician before the exam. All they sent him was a questionnaire. I brought my own medical records, despite their letter. This gave the doctor something to go by otherwise he would have had nothing. QTC also sent me to Wenatchee Valley Medical Center for x-rays. Wenatchee Valley had not been notified that I was coming. If I had not brought my referral slip the x-rays would not have been taken. I am being billed for \$66.75; the bill is due on August 6, 2005. QTC also sent me to Chelan-Douglas Behavioral Health Clinic for my PTSD examination. (I have combat tours going back to 1999, Bosnia, Kosovo and in 2002 Afghanistan at Bagram Airfield.) I arrived there 20 April 02 to 16 October 02.

I applied for Social Security disability and my claim was denied. They said that my claim was denied because they were unable to get my medical record. They requested information from the VA, from the physician Dr. Quinn where I referred by QTC and Valley Medical, no reports were received so my claim was denied. The denial that although SSA realizes that I cannot do the jobs I had done previously, because of my age, education and past work experience I could do other work. My previous work experience is as a firefighter, a Police officer and a heavy equipment operator. With all the pain medication I am taking, how could I work in this condition?

The most difficult thing for me is the hardship that has been imposed on my family. We are living on \$300 per month. My car, bed, washer and dryer have been repossessed. When I was on active duty my basic pay and VHA came to \$4000 per month. Now, I receive 50 percent of my basic pay. My family of five is living on \$1300 per month. My rent is \$1000 per month, so my family is actually living on \$300 per month. While waiting for my VA and Social Security disability claims to be processed I had to seek financial assistance VFW and the American Legion with rent and bills. I am constantly contacted by bill collectors who want to know when I will be able to pay them. When I contact the VA 800 number to find out how long it will take to process my claim, so that I have something to tell the bill collectors, I am told that I need to contact them in writing. I need the help now.

There are many veterans living in the same situation that I am in. I hope that something can be done to help them. Another sergeant I know was discharged on November 20th. He was wounded in Iraq and is a purple heart recipient. His claim

still is pending. On Friday he was just notified by QTC that his compensation and pension examination appointments have been scheduled.

Other soldiers were not able to endure the challenges and uncertainty they experience when they come home. Three soldiers from my platoon have committed suicide after they were separated. One of them, one individual lost his home, his wife left him and his vehicle was repossessed. He did not have anywhere to turn. He was trying to get answers and he couldn't get any. I learned about his death through a former platoon member.

When I came back from Kosovo, I was contacted by a VA rep immediately. He wants to know how I was doing and offered support from the VA. Unfortunately, I did not have the same experience after I was put on TDRL. I had no contact with anyone after the MEB. I attended a general VA briefing; however, no one followed up with me. When I out processed they sent me to Ora Robe from AMVETS. She helped me filled out the 21-526 on 17 March. I was notified about my first compensation and pension appointment 23 May 2005. I had to wait for payday. Then I returned and filed the claim through AMVETS.

Things began to look up for me after I received a letter from the Governor who informed me about the services available to me. I called for help. Tom Riggs called me back and he has been helping me ever since. He is working with me on my claim, he has resolved my prescription medication issues. A lot of my problems have been resolved in the last couple of weeks than in the entire time that I have been out there doing it myself.

Thank you again, for giving me the opportunity to testify.

Senator MURRAY. Thank you, Sergeant. We will put that as part of your written statement. I will have a chance to ask you some questions in a few minutes. Thank you very much.

Ms. Hampton.

STATEMENT OF CRYSTAL HAMPTON, VETERAN, U.S. ARMY

MS. HAMPTON. Hello, ladies and gentlemen, directors. My name is Crystal Hampton. I am 26 years old from Vancouver, Washington. I served 6 years on active duty in the United States Army as a CH 26 Delta crew chief. My first duty assignment was at Charlie Company 159th in Fort Bragg, North Carolina. Then to Bravo second aviation in Korea where I spent 2 years, and 3 months of it in a hospital in Seoul, after I was hit by an odeshi, by an AHAR [phon]. Then I went to K 159 aviation, where I was deployed for 7 months to Kandahar, Afghanistan in support of Enduring Freedom.

I had various assignments while I was there. I was section sergeant in charge of nine soldiers. I was confined to the fuel cell mostly because I was the smallest person to fit into the cell. I was also the downed aircraft recovery team leader. So I was a very busy girl when I was there.

However, I want to tell you all that I loved my job, and serving in the military was the greatest thing that I have ever done. I was honorably discharged with a rank of corporal in September 2004. Now, when you are about to leave the Army you are sent to ACAP classes. Unfortunately, I don't remember what that stands for, but that is what you have. ACAP is where the active duty servicemembers are taught how to be a civilian again. You are sent to various different classes where you have to learn to write a resume, and you go to job interviews and you get a 30-minute block of instruction on the VA.

I did not know anything about the VA. I learned a little bit about the VA loan. Nothing that really helped me. I did not know that I could receive benefits. None of that. The only reason I found that

out was because Bob Cruze happened to be at my parents' shop one day.

Now, thinking about this, I asked my fiancé who is on active duty in Iraq right now, Staff Sergeant Luke, and he didn't know anything about the VA. And he has been in the service for 13 years. So he asked his officers and a few other enlisted, and they didn't know about it. However, they are very excited that this opportunity will be accorded to them, but still it doesn't help them.

My point is that servicemembers coming back from war, a lot of times, are not aware of the benefits they can receive. And if we can find a way to inform these future veterans of what they are entitled to, it would be better for them.

Lucky for me, Bob found me and my personal transition to the VA was a very good one. The people are fantastic. Being in the military is a physically and emotionally demanding job. Being a petite female with a displaced kneecap from running—some of us aren't meant to run unfortunately—tendinitis in my wrist from turning wrenches and from push-ups, and some hearing loss due to working on helicopters for many years.

The VA has done a wonderful job trying to accommodate me and my injuries. However, I feel that with more resources they would have an easier time processing these things. A few more reasons—like a veteran Ob-Gyn for females down in Vancouver. That would be great. Also they would be able to process paperwork, and processing soldiers like myself would be quicker.

Finally, I feel that college grants for vets returning home or for the spouses of stable vets would be a considerable help. It occurred to me now that I am out, that I do not know how to do anything but work on helicopters. I remember all of it like it was yesterday.

Granted that it is a good paying job in the civilian world, I still don't want it and I can't physically do that for the rest of my life. If I have no skills, I am sure that there are other soldiers who are in the same boat as I am. And the spouses of the disabled veterans who have become the primary breadwinners of their family, if they had training or more college education to get a better paying job or find a job that would be available to them, the stress that would be lifted off their shoulders would be amazing.

In closing, I feel the Veterans' Administration has done a world of good for those who know about it. With a few more resources, what they could do would be unbelievable. Thank you all for your time.

[The prepared statement of Ms. Hampton follows:]

PREPARED STATEMENT OF CRYSTAL HAMPTON, VETERAN, U.S. ARMY

Hello Ladies and Gentlemen.

My Name is Crystal Hampton. I am 26 years old and from Vancouver, WA. I served 6 years in the U.S. Army as a CH47D or "Chinook" Helicopter Crew Chief. My First Duty assignment was at C159th Avn at Ft. Bragg, NC. Then to Bco 2/52 Avn in Camp Humphrey, Korea, where I spent 2 Years and 3 days in a military hospital after being ran over by and odeshi. Then to K159th Avn at Hunter Army Airfield in Savannah, GA where I was then deployed to Kandahar, Afghanistan in support of Operation Enduring Freedom 3. Home of foot long camel spiders. While in the desert I had various duty assignments including Section Sergeant in charge of 9 soldiers. Phase Team Leader (a phase is a period of 200 hrs at the end of which the helicopter is give a maintenance overhaul. This usually takes 20 days and costs approximately \$5 million). I was also the Confined Space and Fuel Cell Repair team leader and Downed Aircraft Recovery Team Leader. I was a busy girl. However, I

want to tell you I did love my job and serving in the Army was the best thing I have ever done. I reached the rank of Corporal and was honorably discharged in September of 2004.

When you are about to leave the Army you are sent to ACAP classes, (sorry I don't remember what that stands for). Acap is where they teach you to be a civilian again. They teach you things like how to write a resume and job interview skills, and finally about your VA benefits. I received a 30 min block of instruction about the VA which mostly covered the VA Loan. I did NOT learn anything. I did not know I was entitled to anything. I would not have known of the benefits if it had not been for Bob Cruze coming through my parent's oil change shop. So basically it's by random chance I have benefits.

Now thinking about this. I asked my fiancé SSG David Luke, Who is in Iraq at this time. David didn't know anything about VA and he's been in for 13 years. So he asked some of his officers and a few enlisted, and they didn't know. They were excited and relieved to hear that they were entitled to some benefits. My point is that the men and women coming back from war and serving our country are not aware of the VA, and what it does. We need to find a way to inform these future veterans, of what they are entitled to. Lucky for me Bob found me and made my personal transition to the VA Medical system as easy as possible.

Being in the military is a physically and emotionally demanding job. Being a petite female in a predominately man's job definitely took its toll on me. I have a displaced kneecap from the running. Some of us were not meant to run. I have tendonitis in my wrists from turning wrenches and from push-ups and some hearing loss from working on the helicopters for 6 years. The VA has done a wonderful job trying to accommodate me and care for my afflictions considering the number of veterans they serve and the amount of resources they have. I feel with more resources (like better O/GYN and women's services for example) they could do their job better and more efficiently. They also would be able to process paperwork with more ease. So the claims for former soldiers like myself would go a little quicker.

Finally I think that career training or college grants for the Vets returning home and for spouses of disabled veterans would be of considerable help. It occurs to me now that I'm out, I don't know how to do anything but work on helicopters.

Granted that it is a good job in the civilian world, but I don't want it, and physically, I can't do that for the rest of my life. And if I have no skills, I'm sure there are many other Veterans like me. Also the spouses of disabled vets who have now become the primary breadwinners, if they were given the opportunity to go to school or get a better job with a little training so they could make more money to support their family, they would be less stressed. In closing the Veterans Administration does a world of good for those who know about it. With more resources the things they could do would be unbelievable. Thank you all for your time.

Senator MURRAY. Thank you very much.

First Sergeant Robert Kauder.

**STATEMENT OF SERGEANT ROBERT KAUDER,
WASHINGTON ARMY NATIONAL GUARD**

Sergeant KAUDER. Good morning, Senator Murray, distinguished members of the audience. First of all, since this is for the record I do need to point out I appreciate the promotion, but actually I am just a sergeant.

Senator MURRAY. I can't do that for you?

Sergeant KAUDER. Having returned recently from a tour in Iraq, one thing that has struck me is on every squad patrol I would meet with my squad and squad leader before we go outside the wire. We would get together in a circle and we would talk, and I would let them know two things. That no matter what happens once we roll outside the gate that everyone would come home dead or alive, and no one would get left behind.

The reason why I am here today, as I was in May when we met for the first time in Spokane, is I am concerned now that I am no longer in a position to provide for their care and training that my soldiers are getting left behind. Soldiers have been coming home with a variety of feelings, but two of the primary feelings that they

have are guilt and shame. When I say, "guilt," what I am referring to is survivor's guilt.

My platoon sustained several casualties. One of the men in my squad was killed in action in a firefight on July 9, 2004. It goes without saying that several battle casualties and non-battle casualties are forcing some soldiers to rotate home, and be put on med hold and be put through surgeries. For the soldiers who didn't get wounded but stayed behind, there is the traditional guilt that any soldier can attest to. Why was it that person and not myself?

The other thing they are experiencing is shame. Shame over having this emotional trauma, post-traumatic stress disorder. Where a soldier who has been shot or has experienced some sort of physical trauma can be treated with surgery, someone who witnesses that or is experiencing survivor's guilt, there's no Band-Aid. There is no surgery. There is no miracle pill that can cause them to stop feeling this way.

In my experience, there are two types of soldiers. They are either going to face their fears, face the problems that they are having, the sleepless nights, the anger, the frustration that they are experiencing or they are not. And they are going to turn inward. This is the dilemma that we are going to face when dealing with the VA, the soldiers that seek treatment are going to get it. The soldiers that are not seeking treatment are going to turn to alcohol, turn to illicit drugs, and their relationships are going to fail. This is similar to what we saw in Vietnam.

What we need to do is have them think out of the box. Get away from what I call the bottom mentality. We need to get away from the facilities and out into the field. We need to have more outreach programs to address issues, particularly in North Central Washington. Reach out to those people, get to the armories and address these situations, and address these concerns the soldiers have before it gets too big and we get into a situation like we were faced with Vietnam veterans who became disenfranchised. We have the resources. We need to use those resources to the best of our abilities to reach out to veterans. Thank you.

[The prepared statement of Sergeant Kauder follows:]

PREPARED STATEMENT OF SERGEANT ROBERT KAUDER, WASHINGTON ARMY
NATIONAL GUARD

My name is Rob Kauder and I present this testimony today not as a National Guardsman but as a veteran with nearly two decades of service to his country. My comments and concerns presented here reflect my experiences in the process of demobilization and reintegration, attempting to leave the Guard as a soldier on stop-loss and the challenges soldiers face with processing claims through the Department of Veterans Affairs. The opinions expressed in this testimony are mine alone and should not be construed as an official position made by a National Guardsman.

I am currently a news producer for a television station in Spokane, Washington, but for the better part of the last 18 years I have also served in the Armed Forces in varying capacities. Following graduation from high school in 1987 I enlisted in the United States Marine Corps, where I served on active duty for 6 years. During my enlistment I participated in Operations Desert Shield, Desert Storm, the United Nations Mission to Somalia (UNOSOM) and two counter-narcotics missions along the US-Mexican border with Joint Task Force-Six.

After my honorable discharge from the Marines I went to college in Ellensburg and joined the Marine Reserves and served 3 years. In 1998 I joined the Army National Guard and have served in Charlie Company, 1st Battalion, 161st Infantry for the better part of the last 7 years. During the last year-and-a-half I have served

on active duty with my Guard unit as part of the general mobilization of the Washington Army National Guard's 81st Brigade in November of 2003.

During the last year I served as an infantry squad leader and participated in full-spectrum stability and support operations in and around the Green Zone in Baghdad, Iraq with my unit, which was attached to the 1st Cavalry Division out of Fort Hood, TX. I returned from the theater of operations on March 1st, 2005 to begin my reintegration back to civilian life.

I wish I could come to you today and tell you the reintegration of myself and fellow members of my unit has gone smoothly; the reality is that a number of men in my platoon are struggling to come to grips with their adjustment from the combat zone to the homefront. Several men have left long-term relationships or are going through divorces; others have not adjusted emotionally to a world where they don't have to be on a near-constant state of alert, ready for attack from any quarter at any moment. At least one soldier, offered a lucrative tax-free contract, has gone back to Iraq with a private security firm; several others, struggling to cope with life back home are considering volunteering to go back to Iraq as well.

On the surface, the demobilization process went fairly quickly and smoothly upon our return from Southwest Asia to Fort Lewis. After our aircraft touched down at McChord Air Force Base, we were given a flurry of briefings before being allowed to leave with our loved ones for 3 days of rest and recuperation before beginning the demobilization.

For the majority of the men the demobilization process took approximately 5 days. During outprocessing soldiers are given a variety of briefings including discussions about a myriad of support networks and programs available through the Department of Veteran's Affairs, but to be honest the briefings were nothing but a hazy blur. I paid attention to nothing more than checking each box on the outprocessing sheet and checking my watch to see how much time was left before we would be done and out of the Army.

It wasn't that the information wasn't important to myself or any of the other men; it was just that the overriding concern among those in attendance was to be done with the whole process, be done with the seemingly never-ending red tape, be done with the active duty military and be back home in the civilian world.

I would sum up the demobilization phase with a comment made by one of our instructors at Fort Irwin prior to our deployment to Iraq. He said once that war is controlled chaos and Americans thrive at war because we practice controlled chaos on a daily basis. Following his reasoning then soldiers must also thrive on outprocessing as well.

After outprocessing, the soldiers of Charlie Company were told to return back to their respective platoon armories in Wenatchee, Spokane and Moses Lake. For some reason, there was an assumption that each soldier had their personal vehicles to drive to their home armories from Fort Lewis so no Government transport had been arranged. As a result soldiers had to arrange for their own transportation for themselves and their equipment from the demobilizationsite to their respective armories.

Upon our platoon's return to the National Guard Armory in Moses Lake we were told that 5th Army had mandated that we were to stay at the armory for 2 days; there was however, no plan from what I could ascertain as to what exactly we were supposed to do during this period other than have friends, family and community members come to the armory for an open house. From the perspective of the enlisted man, we had finished our demobilization and had been told we were to spend two more days at our home armories with no tangible agenda other than to spend 2 days at our armories.

At every other phase of our deployment while under Federal orders we had been provided food and lodging; for some reason when we returned to Moses Lake there was no contingency for providing either for the soldiers, which proved inconvenient for those men who did not live in the immediate vicinity particularly when we were told that since we were under Federal orders we were not allowed to stay in the armory.

As I am writing this I realize that this week marks the 1-year anniversary of my original end-of-active-service (EAS) date; like numerous other soldiers, I was placed on stop-loss prior to our deployment. As I look at today's date I also realize that it has been almost 5 months since I returned from the combat zone and yet to this day, technically, I am still in the Washington Army National Guard, even though I had been under the assumption that all stop-loss personnel would be released from their National Guard service 90 days after their release from Federal service. I was released from active duty in the first week of March and finished terminal leave the first week in April, which would mean that the 90-day period would have expired the first week in July.

Here's where the situation gets confusing.

I talked to a soldier at the armory in Moses Lake and was told that I was mistaken; all soldiers including those that were on stop-loss were required to attend the next regularly scheduled drill weekend near the end of August which, for reference, would be almost 6 months following our release from active duty (REFRAD). It was made clear to me that any soldier that did not show up for this important drill weekend—which would include an award ceremony and a picnic—would be designated AWOL.

I took the matter up with the battalion S1 (Administration) office at Geiger Field near Spokane and it was explained to me by the non-commissioned officer on duty that the 90-day period for stop-loss personnel was incorrect; all soldiers had been extended—according to their orders for Federal duty—through 2031, and stop-lossed soldiers awaiting release from Guard service would be released when the paperwork was completed. No date was given as to when that would take place.

So then I talked with my former platoon sergeant and he explained in detail that any soldier that was on stop-loss had to be released at the end of the 90-day period as long as they turned in all of their military equipment and the paperwork was finished. After talking with him I spoke with another soldier who I served with overseas who confirmed that according to my records my end of active service (EAS) date had been July 10th.

My concerns about this situation are several. Over the last 5 months, the National Guard Bureau has seen fit to send multiple mailings to my home filled with messages highlighting different programs to help with reintegration for soldiers and their families, messages of congratulations from various officials, and yet in the 4 months since I finished terminal leave there has not been one letter explaining the final procedure for stop-loss personnel outprocessing out of the National Guard.

I have taken the initiative and inquired about the procedure I have been given several contradictory stories as to what the procedure is for stop-loss personnel leaving the Guard and when I would be released from stop-loss. It was only through contacting someone outside my chain-of-command that I was able to ascertain my EAS date; nobody within my chain-of-command was able to give me a straight answer as to when I would be released from service. In summary, I would say that I have fulfilled my active duty obligation and received an honorable discharge for that service and now I am curious as to when exactly I will no longer be contractually obligated to the National Guard.

After returning home and beginning my readjustment back to civilian life I found myself experiencing varying degrees of anger, frustration and stress. I've had difficulty sleeping and have experienced bouts of insomnia, night sweats, tossing and turning in my sleep, shouting while sleeping and on occasion woken up to the sound of incoming mortars that weren't there. I've had a hard time relaxing and have found myself going on-alert in an instant, my internal fight-or-flight mechanism triggered by the sound of a passing helicopter, a back-firing car or even the smell of diesel fuel.

I realize that no man is an island, and took action to contact the VA and begin receiving treatment for what has been diagnosed as post-traumatic stress disorder. While I took that step to get help, many of my brothers-in-arms have not. Living in backwater communities across eastern Washington, access to VA medical care isn't as easy for some soldiers as it is for those of us that live within close proximity of the handful of VA clinics across the State.

The other thing to keep in mind when it comes to the VA is the feelings of the individual soldier, which can be summarized in two words: shame and guilt. Many soldiers I have served with are suffering in silence, unwilling to admit they are having a hard time coping with life back in the States. To admit they cannot cope on their own would be an admission of weakness to some of them. They would rather turn to alcohol or turn inwards and away from friends and family, reaching out only to their fellow soldiers who have "been there and done that" as they would be the only ones who could fully grasp the nature of their hidden pain.

Some soldiers I have observed also live with a lingering sense of survivor's guilt; our infantry company suffered several casualties, including two soldiers killed and a half dozen or so wounded and injured. While the numbers of killed and wounded among our ranks are a pittance compared to, say, an infantry company on D-Day in Normandy, the relatively light numbers of wounded and dead doesn't lessen the emotional trauma these men feel.

Unfortunately, I cannot offer any realistic solution as to what the VA can do to help these soldiers. They have to want to reach out for help, to take that first step like I did, in order to get back on the path to sound mental and emotional health.

The VA right now does not have, in my opinion, an adequate outreach program to meet the needs of all of the veterans in eastern Washington returning home from Iraq and Afghanistan. The major facilities that are available—one in Walla Walla

and the other in Spokane—are hundreds of miles away from where some soldiers live, making it difficult for them to schedule regular appointments to receive treatment. For example, while there are outreach clinics in Richland and Yakima, there is no VA support to population centers such as Moses Lake or Wenatchee. This means soldiers living in those areas have to travel to Seattle, Yakima, Richland or Spokane to receive treatment.

The problem with this is the VA, like the military, requires extensive inprocessing in order to get enrolled. It took me three visits over a period of a month to get enrolled in the VA and another two visits before I met with a clinician that could prescribe medications to help curb the effects of PTSD. Five hospital visits over a 6-week period before I could receive medication isn't really problematic for me since I live 10 miles from the VA Medical Center in Spokane.

For a soldier in Wenatchee, however, that becomes a 2½-hour drive one-way for a 30-minute appointment. When you take into account that round trip time, multiplied over time with the number of appointments a veteran needs in order to enroll and begin receiving treatment you'll find that it can be extremely prohibitive for soldiers living in north central Washington to receive adequate medical treatment.

In the years since PTSD was first confirmed as an ailment suffered by veterans—and traced back to battle fatigue (World War II) and shell shock (World War I)—there have been numerous advances in treatment and medications to support veterans returning from combat. While the VA provides a wealth of resources, there are many other opportunities that veterans can take advantage of to help them reintegrate back into mainstream society they may not be aware of.

For example, soldiers of Native American descent could have opportunities to participate in spiritual cleansing in tribal sweat lodges; two soldiers in my platoon were Native Americans and did this upon their return home from Iraq. Through my work as a TV news producer I've also become familiar with the owners of Hidden Creek Ranch, a North Idaho camp run by John Muir (a direct descendent of the famous naturalist) and his wife Iris. They have been running special week-long programs through their non-profit foundation to support relatives of victims of 9–11 since 2001; recent attempts to reach out to the military to help support family members of Iraq casualties in a similar fashion have been rebuffed by the military.

I use these two examples to highlight the fact that there are other opportunities that exist outside the VA to support veterans and their families, and would say that looking into programs like these and others that exist outside the DoD and the VA and informing soldiers of their existence can only help them in their search for resources to help them reintegrate back into society.

Many soldiers that I served with have come home frustrated and disillusioned; while a handful, lured by the opportunity of tax-free bonuses, have re-enlisted in the National Guard, many that I served with have taken off their packs, so to speak, and are done. Several soldiers, myself included, have decided to end their careers with the Guard while others who have time left in their service contracts plan to get out at the soonest opportunity.

The average enlisted man feels shortchanged and harbors resentment toward the military for what has been done and what has been left undone. Many I have spoken with look at the camaraderie between the enlisted men as their only source of pride when it comes to our tour in Iraq; there is little if any esprit de corps for the National Guard or the Army in general. They've received the various blanket-awarded trinkets, hardy handshakes and thanks from a number of various, anonymous staff officers within the Guard and yet still feel cheated.

In general the average enlisted man probably isn't as well-educated as the average officer, but that doesn't mean that these soldiers don't understand the world they operated in. They lament about how at times the Army in general seems more concerned with force-protection or polishing its image than accomplishing the mission or troop welfare.

These soldiers survived a season in hell fighting unseen enemies and coping with life encamped in a foreign capital as part of an occupying army. Despite the hardships of life in the combat zone, these men were adequately equipped due in no small part to the billions of dollars spent to keep our armed forces battle-ready in Iraq. But now they've come home and don't have the same level of support they did when they were in-country.

Unfortunately for these soldiers, the war hasn't ended yet, and the Federal Government has an obligation to each of these men and women to give them the same amount of care through the VA as they did through the Army.

Therefore it is our obligation as a Nation, in order to prevent another generation of returning war veterans from growing disillusioned with our country, to reach out not with parades, trinkets and handshakes but with quality medical care and ade-

quate funding for the VA to respond to the requests for treatment from the thousands of war veterans returning from Iraq and Afghanistan.

Respectfully Submitted, Rob Kauder.

Senator MURRAY. Thank you very much. I appreciate all of your testimony and I have questions that I would like to engage you on. I want to start with Specialist Hall.

In your written testimony you talked about your business that you had that you lost subsequently because of the lack of services, and it is very compelling and I appreciate that. Another issue that I have heard a lot about are pay issues from Guard and Reserve members, especially about the Department of Defense's inability to pay some soldiers while they are deployed.

Is this something you have experienced or anybody that you know has experienced?

Specialist HALL. When we first started deployment, we had two soldiers in my squad who did not receive pay for 3 months.

Senator MURRAY. Who did not?

Specialist HALL. For 3 months. I don't know exactly what the program is called, but you go to this office. You present the paperwork. They will give you funds to get through until your pay is directed. We found out that we were unable to use that program because we are National Guard. Allotment programs and other things like that we are not allowed to use because we are National Guard. What we found out is that, yes, the Army does pay you, but that late payment for your house or that foreclosure notice, all those things that affect you for 7 years, still affect you.

I think as a National Guard, we have the benefit of being State employees as well as being, you know, soldiers. I would like to see a program where there was a relief fund for active soldiers so we could do it like active duty do. And say that private so and so hadn't been paid. Give him the amount of money. Because the Government doesn't have to worry about whether that car gets repossessed, or whether that house gets foreclosed or whether the kids have food to eat. Like I said, soldiers always get paid, but there is never a timing factor that the Government cares about.

Senator MURRAY. So you saw a number of soldiers who were really stressed about families left behind who were trying to make house payments and get food for kids?

Specialist HALL. It also affects the mission itself. We had arguments in our barracks when we were getting ready to deploy when people didn't stress about the situation and other soldiers that are trying to get them to work are all stressed about it. The only thing you should focus on is your job. When you think about your family, it should be positive and not worrying about them.

Senator MURRAY. You have a business?

Specialist HALL. Yes, ma'am.

Senator MURRAY. You described in your testimony how you lost that business. Can you just relay it to me again?

Specialist HALL. I opened up a small used book store in Gig Harbor. It wasn't anything drastic. I had a 5-year plan and it was going well toward that. But you mentioned earlier that the VA had signed a program for Small Business Administration that never was put into effect. On my level, I see that that bill has been signed and that program is there. As a Guardsman, I would not

have—I am a Guardsman first—but knowing that disaster relief program is there or the Soldiers and Sailors' Relief Act is there—you go into business so that you can do this, this, this. I had time, the first time that I was being activated, to hire someone, train them, get them ready, and then when we were told to stand down I had to send that person to the unemployment line because I can't afford to keep them. The second time, when they say you are being activated I didn't have the money in my pocket anymore. The programs aren't useful.

Senator MURRAY. So you subsequently lost your business, is that correct?

Specialist HALL. Yes, ma'am.

Senator MURRAY. So I am hearing you say that you would very much support a program similar to the AD loans, the small business loans, that are directed to National Guard members?

Specialist HALL. But those programs have to be set up without all the crud that goes along with it.

Senator MURRAY. Crud is not an official word just so you know.

Specialist HALL. Without all the—you have to meet these criteria. If you are a soldier you are a soldier. And if you are a business owner you are a business owner. Nobody should tell you if your business is well enough to keep it alive. And SBA is there to help you.

Senator MURRAY. Thank you very much. I appreciate that.

Staff Sergeant Romanelli, in your testimony you were quite eloquent about the number of medical conditions that you faced and the gap faced in medical care from having to provide for your own care now that you served your country for, I believe you said—how many years?

Sergeant ROMANELLI. Twenty-six years.

Senator MURRAY. There was a Government Accountability Office report that outlined many of the problems that you talked about in your written testimony. It focuses directly on Guard members who need medical expenses in order to keep accessing military hospitals, and they just aren't processed in time. That report cites an inability by the Department of Defense to process Guardsmen and women that leave. Many that fall through the cracks just like you have.

Can you describe for us what happened to you after 26 years of service, the medical conditions that you experienced and what your battle with medical care has been?

Sergeant ROMANELLI. Basically, the injuries that I sustained is a pinched nerve in my neck and also in my spinal cord. So, at times, my body gets real numb. I am on a lot of pain medication. That is about the only way I can survive. I wound up spending almost 2 years at Fort Lewis in a medical hold going through this process. A lot of the problems that we were having there is you go to the facilities, and the first thing they hit you with is, are you Army or are you National Guard? The issue is brought up through the chain of command to the General.

And General, I personally want to thank you for helping us with that problem. I live in East Wenatchee, because like the other distinguished guests, I like Washington. I am from Nevada. I love this place up here. This is nice. But my biggest concern is trying to get

the care that I need. Through going through the med board and then trying to transition in with the VA, if there is a way we can make them both go at the same time a lot of the problems would not be happening.

Some of my fellow soldiers call me, and I have been saddened to find out that one of my fellow soldiers got out November 20th and he is now just starting his appointments through QTC, which is a company that the VA uses to verify all our claims. It has taken me a while to get through that system and I finally did it.

Senator MURRAY. You are there now?

Sergeant ROMANELLI. I am there.

Senator MURRAY. It has taken you a long time. And I am hearing this from a lot of Guardsmen and women who come back. That medical extension prevented them from getting the medical care they need. And there are people who tell me this problem has been solved, but clearly in your testimony—

Sergeant ROMANELLI. It still has a little ways to go, Senator, before it would be solved.

Senator MURRAY. When did you first feel like things were going in the wrong direction?

Sergeant ROMANELLI. Beginning of April.

Senator MURRAY. Of this year?

Sergeant ROMANELLI. Yes, ma'am, this year.

Senator MURRAY. What options do you have right now to resolve the situation?

Sergeant ROMANELLI. I, basically through a letter that I received, was put in touch with a gentleman by the name of Tom Riggs. Tom has been working with me constantly on the phone talking to me and he has gotten things moving a lot quicker. We have got some other issues to address that have come up, perhaps we can meet with you, and hopefully we can get them resolved with the help of our distinguished guests that are here today.

Senator MURRAY. When were you first separated?

Sergeant ROMANELLI. February 25, 2005.

Senator MURRAY. And it has taken you this long to get anywhere getting medical services?

Sergeant ROMANELLI. Yes, ma'am.

Senator MURRAY. What do you think should have happened? What can we do better so that people don't fall through the cracks?

Sergeant ROMANELLI. Basically, what they did in any case, Senator, when I got my medical they said go through med board process first, then you will deal with the VA. If there is a way you can go through med board and VA process at the same time, that way you transition out of one right into the other, that would work great.

Senator MURRAY. And that does not happen today?

Sergeant ROMANELLI. No.

Senator MURRAY. I have another question for you. If you feel comfortable answering I would appreciate it. In your written testimony you mentioned three veterans from your platoon have committed suicide. That is really disturbing. If you feel comfortable, I would appreciate it if you could elaborate on those stories so I can have a clear understanding of how we can prevent that from happening to others.

Sergeant ROMANELLI. I will try, Senator. It is hard, because we spent almost a year-and-a-half together. They were going through the med board process. They got med boarded out, and with our percent from you get a little bit to live on. Like in my case I went from \$4,000 a month to \$1,300 a month. My rent is \$1,000. I am running a family of 5 on \$300.

My friend wound up in the same situation. That caused a lot of stress at home. His wife wound up leaving him. They repossessed his vehicle. They foreclosed on his house. And we didn't keep the tight knit that we had before and he wound up killing himself. And it is sad.

I have got two other soldiers that wound up doing the same thing because they are not getting the financial help that they need when they need it, and getting the answers that we need, we weren't getting. And that is what happened to them, Senator.

Senator MURRAY. Thank you very much. I really appreciate your sharing that with us.

Sergeant ROMANELLI. I thank you, ma'am.

Senator MURRAY. Crystal Hampton, in your testimony you mentioned that while you were on active duty you had no idea that VA benefits were available. And I hear that from many, many soldiers. I hear they come home, they are separated and they want to come home, and all that is basically put in the back seat of your car until you remember that it is there.

What can we do better so that Guard and Reserve members when they come home know what services are available?

Ms. HAMPTON. Well, ma'am, I had to make the decision I would—as far as the active duty goes, I am not sure about the National Guard Reserve, but we have quarterly classes that we have to take. They are mandatory. You sign the block, put your name there and it goes in your company's files, and it goes up higher until it is observed that your entire company is 100 percent. Things like EO, equal opportunity, or SDOSH [phon]. I think it is a political organization. Things like that. If the VA had a quarterly block that all soldiers had to go to, had to attend, then I think the word would be out there. You can only ignore a class so many times before you finally start either—randomly gets in there or it is going to be learned, you know.

And we had started training on my unit every Thursday. You had sergeants training two times a month. It was learning things that your squad leader felt you needed to know about. If your squad leader felt you had to know about VA that squad was going to know about VA. Do you know what I am saying?

Senator MURRAY. Yes.

Ms. HAMPTON. So those are two areas that the word could be gotten out a little bit. I think during my ACAP briefs I was given a little bit more than 30 minutes and actually explained how important this was to me instead of you get a VA loan and if you have certain disabilities you might get benefits, OK.

Well, at the time I didn't really hear because I was getting out of the Army and I was going home. Great. If the person who described that to me actually sat down for longer than 30 minutes and said, you know, all of you guys, look, if you pay attention to this and pay attention to me you are going to get benefits and you

will not have the stress of trying to pay for health care that you can't afford or any of that. Because none of us realize that once I get out I can't just go to the doctor anymore. I can't just go to the dentist. It never occurs to you until you are there. So those are some of the suggestions that I have.

Senator MURRAY. Thank you very much.

Sergeant Kauder, I have listened carefully to your fellow panelists here talk about that financial gap that hits soldiers when they are brought home and sent back to their communities. You talked a lot about rural communities and lack of access, and whether you lose your business, or your finances are just in terrible shape, or whether it is over medical care or just trying to get a job. Crystal talked about lack of employment services, and what is she going to do now and those kinds of things. That is even more critical in rural communities and for those who live close to them.

Can you talk a little bit more about the pressure it puts on soldiers when they come home, go back to their communities and they have this big gap in services where they just don't have the finances that allow them to get back on their feet, is what you were saying?

Sergeant KAUDER. I think the primary problem that soldiers, at least from my unit, are facing is like you were saying, the gap in coverage. I can't really speak about the financial problems soldiers are having as much as the problems getting connected with the VA services. I was with the 81st Battalion, 161st infantry which is headquartered out of Spokane—had some geographically diverse armies. We are located in Spokane, Wenatchee and Moses Lake. Just looking at the two armies, for example, I was based out of Moses Lake and our second platoon is in Wenatchee. Those two locations have no service available. There is no VA or medical center or outreach center that we are aware of. And I say that because we did attend the briefings and check the appropriate boxes during the demobilization process.

I will say I have received numerous flyers in the mail both from the National Guard as well as from the VA talking about the benefits that are available. But the problem is that for soldiers who are living in remote locations like Omak, Okanogan, Wenatchee. They are faced with a 2- to 2½-hour drive to the nearest clinic in order to receive support.

My experience in processing into the VA system is when I had to go to a physical. I had to go through a battery of tests. Altogether, to make a long story short, it was six appointments. Now, I live 10 miles away from the VA Medical Center in Spokane. That happened over a 2-month period in order to get processed in. Now, imagine a soldier in Wenatchee of which there are approximately 40 that I am aware of from my unit. Someone that needs to process a claim or get enrolled in the VA and get treated for whatever ails them, that is a day. That is 1 day for one appointment for ½-hour or 45-minute appointment. And that has proven problematic to those soldiers who live in those remote locations because it is difficult getting back on your feet as these other panelists have discussed. You have got reintegration, reunion with family members, trying to get back on your feet, and then add to that several times

out of the month you are completely out of the loop trying to get services in a city several hundred miles away.

Senator MURRAY. Thank you. I wanted to ask you because in your written testimony you talked about the impact of stop-loss orders. I just wanted to clarify from your statement no one has ever explained to you how and when the stop-loss will be lifted?

Sergeant KAUDER. No. We returned from the theater of operations on March 1st. So 5 months ago, Monday. Since I came back we went through the demobilization process which takes 5 days at Fort Lewis. We were then placed on terminal leave, all the leave that we accrued during our tour. So that was approximately 30 days. Stop-loss, at least according to my platoon sergeant and several others that are well versed in these matters, ends 90 days after your active duty ends or what they call RFAD, release from active duty. That would have been April 9. Now, that would—extending out 90 days would be July 10.

Since April 9, I have received numerous mails, discussing information about VA benefits and about family support days that the VA organize. I have received messages from Brigadier General Tony expressing his personal thanks for my service and all of the things that the Army is doing in transitioning into the 21st century, mostly about re-enlisting.

To make a long story short, again, I have received a lot of mails. Not one message talks about stop-loss. I have had to take the initiative to find out what was going on through my chain of command and then finally outside of my chain of command to get a straight answer.

Senator MURRAY. Do you know the answer to your question now?

Sergeant KAUDER. At this time I have got four or five different answers.

Senator MURRAY. Essentially because you don't know when that stop-loss is going to be lifted?

Sergeant KAUDER. The problem is there are two situations here. Stop-loss for me, the end of my service date was technically July 10. But in addition to being stop-loss, because my original service date was last July, I have also been involuntarily extended. That has not ended yet. As a matter of fact, anybody that was placed on stop-loss and was involuntarily extended, the orders—and this was just kind of my understanding based on briefing that I received during the mobilization phase, was that we were being involuntarily extended until 2031. But that was just explained to us in our official documentation that is just to cover our bases.

Technically, I am still on active duty even though I have served and received an honorable discharge for my active service. But I am still obligated to serve in the National Guard until such a time as they officially cut my orders and release me from National Guard service.

Senator MURRAY. What kind of impact do you think that has on servicemembers to know that the National Guard intends to keep them as long as 2031?

Sergeant KAUDER. I can only speak for myself. I can't speculate as to what other soldiers feel. But as I heard some chuckling in the audience, when I heard that I was going to be involuntarily extended through 2031 I had to laugh myself. For me I have got al-

most two decades of service, but I have decided not to finish and close, and force retirement and put in 2 years of service for my own personal reasons. My understanding was that I would do my time. I would serve and I did. And I served honorably and received a discharge from the active duty Army for my service.

It has now been close to 6 months since I finished, and as of July 10th I should have been—at least my understanding—released from service. That has not happened yet. And like I said, I received at least five different indications as to why I am being kept on involuntary extension. I would like to know why. I would like an official policy statement. I would have liked some proactivism on the part of the National Guard telling me here are the boxes you need to check as far as turning in gear and supplies, getting counsel as far as your decision not to stay in the National Guard. But none of those things happened.

I think the National Guard, in my personal opinion as a veteran, needs to be a little bit more proactive in supporting soldiers not only who are staying in, but also soldiers who are opting to get out.

Senator MURRAY. Let me ask you one other question. I know time is running out here. You have had quite a lot of contact with the soldiers in your platoon since you returned. Can you tell me anecdotally how prevalent you think post-traumatic stress syndrome is among our soldiers returning from Iraq and Afghanistan?

Sergeant KAUDER. I think it is fairly prevalent. I had numerous opportunities to be at a dedication for the new VFW hall down in Tri-Cities which was dedicated to Jeremiah Slunk, a soldier who was killed. We also got together on July 9, the 1 year anniversary of his death in a firefight south of Baghdad. On both occasions we had 20 or 25 fellow Guardsmen that we served overseas with.

I have seen signs of soldiers going through relationship problems, at least one divorce, several broke-up relationships with long-term girl friends. One soldier is—I hate to say it, but he is on assault charges and possibly faces some jail time. It is prevalent, but like I said in my written testimony, many soldiers aren't facing it. They are not dealing with it.

Senator MURRAY. OK. Thank you very much. I really appreciate all of your written testimony and verbal testimony today. And thank you very much, again.

We now have our third panel who is going to join us, and I would like to welcome them up to the table. I will introduce them as they are coming forward. We have Dr. Steven Hunt who is the director of the VA's deployment clinic within the Puget Sound Health Care System; Dr. Ronald Boxmeyer who is the team leader at the Seattle vet center; Linda Holt who is a tribal council member in the Suquamish Tribe; and Colonel Mary Forbes who is human resources director at the Washington Army National Guard. Thank you all for coming today and participating in this Senate hearing.

Dr. Hunt, we are going to be hearing from you first.

STATEMENT OF STEPHEN HUNT, M.D., DIRECTOR, DEPLOYMENT CLINIC, PUGET SOUND HEALTH CARE SYSTEM, DEPARTMENT OF VETERANS AFFAIRS

Dr. HUNT. Good morning, Senator Murray. I am a physician and director of the Deployment Health Clinic at the Puget Sound Health Care Center. VA Puget Sound is the largest VA medical center in Washington State. It serves as the main referral center for tertiary care. In my clinic I have evaluated and continue to follow medically over 200 combat veterans who returned from service in Iraq and Afghanistan and I see returning veterans every day.

I would like to thank the Senate Veterans' Affairs Committee for providing this opportunity to share information on work that is being done to meet the needs of combat veterans returning from Afghanistan and Iraq. I would like to thank all the veterans present and particularly the four of you who just testified. For me it really brought this room back to what this is all about today, the struggles and needs of returning veterans like the ones who are here today.

We have learned about the impacts of war on military personnel. We know that combat may cause physical injuries and wounds. We have learned that war causes psychological traumas. It can cause emotional wounds. We have learned that war may involve toxic environmental exposure. This can cause health effects. We have learned the complex and challenging environment of the war may result in a multitude of unexplained symptoms and other health changes.

We know now that if you are involved in combat it may affect your body, mind, and spirit. We understand it affects not only the veterans, but also the veteran's spouse, the veteran's children, the veteran's extended family, and the veteran's community.

We have learned a great deal about how to treat wounds. We are better able to treat wounds on the battle field. Better able to evacuate the wounded. We are better able to rehabilitate people with head injuries, spinal injuries and amputations. We are better able to treat PTSD, depression, panic attacks and anxiety disorders that may result from combat. We have better rehabilitation programs and social services.

We know what we need to know about the impacts of war on individuals. Now we must do what needs to be done to meet the needs of these veterans returning from Iraq and Afghanistan. There are three necessary components for the care of returning combat veterans. The care must be accessible. They must know about it. The care must be integrated care: mental health and physical health care. The care must be comprehensive and the care must be ongoing.

To meet the needs of returning combat veterans VA Puget Sound and VISN 20 deployed the Deployment Health Clinic, a multi-disciplinary clinic dedicated to the care of veterans with health concerns related to a specific deployment. In this case, veterans returning from combat. Essentially the deployment health clinic provides post combat evaluations and follow-up treatment.

In the Deployment Health Clinic, veterans receive a comprehensive evaluation including post combat assessment, which takes into account all of their combat theater experiences, a physical exam-

ination, a mental health evaluation, benefits counseling, and assistance with compensation and pension claims. They can then continue to receive their primary medical care and mental health follow-up through the clinic where we will help them to coordinate care. Individual treatment, group treatment, marital counseling, and subspecialty referral are all available. Female providers and liaison with the Women's Clinic are available for female combat veterans. The purpose of the clinic is to address and support veterans in all aspects of life that have been affected by their combat experience.

It is not just a matter of do you or do you not have physical wounds? Do you or do you not have PTSD? There is a very complex impact that this experience can have on individuals. It is essential to provide comprehensive support in an accessible and integrated way. We want to provide that support in an ongoing way. Not just an initial examination, and a pat on the back and thanks, but ongoing care for the first 2 years after returning at a minimum. We want to provide that support to the veterans and their families so that they can readjust, recover and be optimally functioning in all areas of individual and family life as soon as possible and for the long term.

To date, 250 new returning military veterans have been seen in the Deployment Health Clinic. They have received both a physical and mental health assessment as part of their post combat evaluation. Many of them are receiving ongoing care. They have also received support on benefits issues. Approximately 400 individuals have contacted the clinic to receive other types of assistance and referrals.

We have heard testimony on other services available at VA. I would highlight the PTSD services which we are offering to returning veterans. We have a multitude of PTSD services, and joining me today is Dr. Miles McFall who is the head of our PTSD program.

I want to conclude by thanking the veterans and their families present today for their service, and thanking Senator Murray, the Senate staff and those of you in attendance today for your interest and support of our returning combat veterans. It is our national responsibility to collectively embrace and to ultimately succeed in this mission. That concludes my testimony and I will submit that.

[The prepared statement of Dr. Hunt follows:]

PREPARED STATEMENT OF STEPHEN HUNT, M.D., DIRECTOR, DEPLOYMENT CLINIC,
PUGET SOUND HEALTH CARE SYSTEM, DEPARTMENT OF VETERANS AFFAIRS

Good Morning, Senator Murray, my name is Dr. Stephen Hunt. I am a physician and director of the Deployment Health Clinic at the VA Puget Sound Health Care System. VA Puget Sound is the largest of the VA medical centers in Washington State and serves as the main referral center for tertiary care. This integrated delivery system is the result of thorough financial planning, clinical program integration, expanded access and coordination of care among the five VA facilities located in the States of Alaska, Idaho and Washington.

VA Puget Sound Health Care System had approximately 612,377 patient visits in fiscal year 2004, providing care to 59,329 veterans, throughout the State and across the VISN. So far this year, we have provided care to 5.7 percent more veterans than last year at this time including 1,567 OIF/OEF veterans.

In my clinic I have evaluated and continue to follow medically over 200 combat veterans who have returned from service in Iraq and Afghanistan. I see new returning veterans daily in my clinic.

I would like to thank the Senate Veterans' Affairs Committee for providing this opportunity to share with you this information on work that is being done to meet the needs of combat veterans returning from Iraq and Afghanistan, and would like to thank you all for attending. I would particularly like to thank any veterans present for their service and their continued input into this most important issue—providing care for those who have served.

Through the experiences and struggles of returning combat veterans over the years, we have learned about the impacts of war on military service personnel. We have learned that war often involves combat that may cause physical wounds and injuries. We have learned that war may frequently involve psychological traumas that may cause emotional disturbances. We have learned that war may involve toxic environmental exposures that may cause acute and chronic health effects. We have learned that the complex and challenging environment of war may result in medically unexplained symptoms.

We now know that being involved in combat may affect a person's body, mind and spirit. We understand that these effects impact not only the veteran, but also the veteran's spouse, the veteran's children, the veteran's extended family and the veteran's community.

We have learned a great deal about how to treat the wounds of war. We are better able to treat wounds on the battlefield, better able to evacuate the wounded, better able to treat and rehabilitate individuals with spinal cord injuries, head injuries, and amputations; we are better able to treat post-traumatic stress disorder (PTSD), depression, panic attacks and anxiety disorders. We have better rehabilitation programs and social services.

We know what we need to know about the impacts of war on military personnel. Now we must do what needs to be done to meet the needs of the individuals returning from Iraq and Afghanistan. There are three necessary components to meeting the needs of returning combat veterans: the care must be integrated, the care must be comprehensive and high quality, and the care must be ongoing.

INTEGRATED CARE

The Department of Veterans Affairs (VA) and the Department of Defense (DoD) have developed an increasingly effective partnership to meet the needs of our newest veterans by assisting them with a smooth transition from active duty to civilian life.

It is our joint goal to ensure that every serviceman and woman returning from combat receives prompt consideration and world-class service. Together, the VA and DoD are finding ways to move records more efficiently between the two agencies; ways to share critical medical information electronically; ways to protect the health of troops stationed in areas where environmental hazards pose a threat; ways to process benefits claims quickly and efficiently; and, in all ways possible, to hold open the doors to an uncomplicated passage from soldier to citizen.

BENEFITS AND SERVICES

Veterans, including Reserve and National Guard members, who served in a theater of combat operations are eligible for hospital care, medical services, and nursing home care for injuries or illnesses that may be related to combat service for a period up to 2 years beginning on the date of discharge or release from service.

This 2-year eligibility for medical care is available even if there is insufficient medical evidence to conclude that the veteran's illness is the result of combat service. At the end of the 2-year period, these veterans can continue to receive free health care for injuries and illnesses officially connected to military service.

In addition to health care, VA offers a spectrum of programs for veterans, including disability compensation, vocational rehabilitation, prosthetic services, life insurance, pension, education benefits, specially adapted housing and automobile grants, and survivor and burial benefits. VA programs for veterans with a service-connected injury or illness apply equally to those who served in the regular active duty forces and to National Guard members or reservists returning from Federal activation.

VA Puget Sound Health Care System and VISN 20 were leaders in establishing a seamless transition program based at Madigan Army Medical Center (MAMC), where two VA social workers are working full time/side-by-side with MAMC personnel as discharge planners, to ensure a smooth transition to VA services at locations nearest to the veteran's residence after discharge. Through this coordination, the veterans are known at the local VA facilities that process their benefits claims, and continuity of their medical care, including medications and therapy, is ensured.

VA PUGET SOUND HEALTH CARE SYSTEM DEPLOYMENT HEALTH CLINIC

Unique to VA Puget Sound and VISN 20 is the Deployment Health Clinic. The Deployment Health Clinic is dedicated to the care of veterans who are experiencing health concerns related to a specific deployment.

When veterans come to the Deployment Health Clinic, they receive a comprehensive evaluation including post-combat assessment, physical examination, mental health evaluation, benefits counseling, and assistance with compensation and pension claims issues. They will then continue to receive their primary medical care as well as their mental health follow-up from the Deployment Health Clinic staff. Individual treatment, group treatment, marital counseling and sub-specialty referral are all available. Female providers and liaison with the Women's Clinic are available to meet the unique needs of returning female combat veterans.

The purpose of the DH Clinic is to:

1. Address and support veterans in all aspects of life which have been affected by their combat experience.
2. Provide support in an accessible and integrated way.
3. Provide support in an ongoing way for as long as it is needed.
4. Provide the support necessary for the veteran and his/her family to readjust, recover, and be optimally functioning in all realms as soon as possible after return from combat and for the long term.

To date, 250 newly returning soldiers have been seen in the Deployment Health Clinic and have received both a physical and mental health assessment as part of their post-deployment health evaluation. Approximately 400 individuals have contacted the clinic to date and have received referrals or assistance in other ways.

INTEGRATED CARE, QUALITY CARE, ONGOING CARE

The integration of services between the DoD, the VBA, the VHA, Readjustment Counseling Centers (Vet Centers), Veterans' Service organizations and community resources is occurring in ways far beyond what has been seen following prior combat deployments. The quality of care within the VA and satisfaction ratings of veterans relative to their VA care are high. We have programs, personnel and systems in place to provide the care which is needed and deserved by combat veterans returning from Iraq and Afghanistan. We will continue our efforts to provide that care; when our efforts are less than optimal, we depend upon the feedback of veterans and their families to help us to improve our work.

I conclude by thanking those veterans and their families who are present today for their service, and by thanking Senator Murray and the Senate staff and those of you in attendance today for your interest and support in the needs of our returning combat veterans. It is our national responsibility to collectively embrace and to ultimately succeed in this mission.

Senator MURRAY. Thank you.

Dr. Ron Boxmeyer.

**STATEMENT OF RON BOXMEYER, M.S., TEAM LEADER,
SEATTLE VETERANS CENTER, READJUSTMENT COUNSELING
SERVICES, DEPARTMENT OF VETERANS AFFAIRS**

Mr. BOXMEYER. Thank you, Senator Murray. I want to say I am not a doctor.

Senator MURRAY. I am promoting today.

Mr. BOXMEYER. Vet centers have been the VA's first line of treatment for combat vets returning from combat for every war since Vietnam. For 26 years, vet centers have provided services to address the psychological and social readjustment needs of combat veterans and have worked toward preventing the possible development of more chronic and delayed forms of war-related trauma.

The Seattle Vet Center staff consists of two psychologists, two social workers, one team leader and an office manager. Since the war on terrorism, we have seen 309 Iraq veterans. The Seattle vet center's current case load consists of 328 active cases, of which 120 are global war of terrorism veterans or 36 percent of our active case

load. A total of 109 new Iraq veterans have been seen at the vet center this fiscal year.

The Department of Veterans Affairs, as you are aware, has approved an additional 100 positions nationwide to provide services to OEF/OIF veterans. We filled one of these positions with Michael Colson who is a retired Navy commander and psychologist. He has served multiple tours in Iraq and Afghanistan in the Marines, Saudi Arabia, Turkey and the Persian Gulf. He has provided briefings to over 5,000 returning veterans. After these briefings, Dr. Colson meets with the veterans when they indicate they want to be met with and talks to them about readjustment issues. These individuals are followed up by him for readjustment counseling needs or referred to other vet center counselors or community-based providers in the area.

He has been able to establish onsite office space at Fort Lewis, Naval Station Everett and Naval Station Whidbey Island. By having office space available at these facilities, he is able to assist with readjustment issues in a local setting. He is also actively involved in providing services for returning servicemembers at Madigan Army Hospital.

The Seattle Vet Center, along with Puget Sound Health Care System, the VA regional office and the Washington State Department of Veterans Affairs have collaborated together to provide a DVD that we are providing to OIF/OEF veterans in regard to readjustment needs and dealing with services provided. Hopefully, when they get this they will better understand what needs they have and what services are available.

Treatment modalities at the Vet Center include group counseling, psychometric evaluation, sexual trauma counseling, grief counseling, EMDR and benefits assistance. When specific Vet Center assistance is not indicated, referrals will be made to appropriate community agencies. As the Seattle Vet Center is the entry point for many veterans into the VA system, each veteran is in turn referred to the Seattle VA Medical Center Deployment Clinic for physical and psychological assessment.

The Seattle Vet Center also operates a fee contract program, with contract counselors available on the Kitsap Peninsula, Sequim, and north of Seattle in Everett. The contract program allows the Vet Center to provide services in communities where veterans live. We currently have approximately 80 clients in the contract program, of which 20 are OEF/OIF veterans.

That concludes my formal statement.

[The prepared statement of Mr. Boxmeyer follows:]

PREPARED STATEMENT OF RON BOXMEYER, M.S., TEAM LEADER, SEATTLE VETERANS CENTER, READJUSTMENT COUNSELING SERVICES, DEPARTMENT OF VETERANS AFFAIRS

Vet Centers have been the VA's first line of contact for troops returning from combat for every war since Viet Nam. For 26 years, Vet Center counselors have provided services for the psychological and social readjustment needs of combat veterans and have worked toward preventing the possible development of more chronic and delayed forms of war-related trauma.

The Seattle Vet Center staff consists of two psychologists, two social workers, one team leader/counselor and an office manager. Our current caseload is 315 veterans of which 81 are Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans. The Under Secretary for Health has approved the hiring of an additional 100 positions nationwide to provide outreach services to returning OIF/OEF vet-

erans. The Seattle Vet Center filled one of these positions last January when we were fortunate enough to hire Dr. Michael Colson, a retired Navy Commander and psychologist.

Dr. Colson has served multiple tours with marines and sailors, including operational tours in Afghanistan, Iraq, Bahrain, Oman, Saudi Arabia, Turkey, and other areas in the Persian Gulf. He has provided on-base briefings to over 5,000 returnees from Iraq/Afghanistan. Following his educational briefings, Dr. Colson provides individual sessions with veterans who indicate they may be experiencing readjustment problems. These individuals are, in turn, referred for follow-up visits with other Vet Center Counselors or community-based providers in their area. He has also been able to establish onsite office space at Ft. Lewis, the Everett Naval Station and the NAS Whidbey Island Naval Air Station. By having office space available at these facilities, he is able to assist returnees and deal with readjustment issues in a community setting. He is also actively involved in providing services to returning servicemembers on medical hold at Madigan Army Hospital. Today Dr. Colson is at the Ft. Lewis Army Base providing briefings to approximately 500 veterans.

The Seattle Vet Center, along with the Puget Sound Health Care System, VA Regional Office, and the Washington State Department of Veterans Affairs have collaborated in the development of a DVD that we are providing to returning OIF/OEF veterans regarding readjustment counseling services available in Washington State. The DVD discusses readjustment issues and has assisted many returning OIF/OEF veterans better understand their military-related readjustment needs.

Treatment modalities at the Seattle Vet Center include individual and group readjustment counseling, psychometric evaluation, grief counseling, sexual trauma counseling, and benefits assistance. When specific Vet Center services are not indicated, referrals are made to appropriate community agencies.

As the Seattle Vet Center is the entry point for many veterans into the VA system, each veteran is, in turn, referred to the Seattle VA Medical Center's Deployment Clinic for a comprehensive physical and needs assessment.

The Seattle Vet Center also operates a Fee Contract Program, with contract counselors available on the Kitsap Peninsula in Sequim and north of Seattle in Everett. The contract program allows the Vet Center to provide services in communities in which the veteran lives. We currently have 74 individuals on the contract program of which 18 are OIF/OEF veterans.

Senator MURRAY. Thank you very much.
Ms. Holt?

**STATEMENT OF LINDA HOLT, TRIBAL COUNCIL MEMBER,
SUQUAMISH TRIBE**

Ms. HOLT. Good morning, Senator Murray and Members of the Committee on Veterans' Affairs. I would like to acknowledge the veterans in the room and offer them my personal thanks for their service.

I am Linda Holt. I am an enrolled Suquamish Tribal member of the Suquamish Tribe just on the other side of the water here. I also serve as a council tribal member for the tribe. I work currently for the tribe as their health director and, therefore, oversee all of the social service programs that the tribe has and work closely with a great deal of veterans.

I bring you greetings from the Suquamish Tribe, and I want to thank Senator Murray and the Committee on Veterans' Affairs for holding this field hearing, and recognizing the mutual trust responsibility that exists between the Federal and tribal governments to recognize and protect our veterans rights to quality health care on their return home from serving their country.

First, I would like to acknowledge my inspiration for my involvement and continued commitment to veterans issues. My brother, Frank Cordero, a Marine Corps veteran of the Vietnam War, served two terms. I have seen firsthand the difficulty he had and still has in accessing care and benefits. Frank was supposed to be

here today to provide testimony on behalf of all the Native American veterans that he serves, but his daughter, my niece, is undergoing emergency heart surgery and it is important for him to be with her today. So those of you who know Frank, I would ask for your prayers here.

Vietnam vets have waited 30-plus years to apply for post-traumatic stress disorder benefits because they didn't know it existed when they left Vietnam. It took the VA that amount of time to recognize PTSD as a disability. As the previous veterans who testified indicated, it was something that they felt shame for. I know my brother Frank waited 30 years to apply for it, because he didn't feel he was entitled to it because he was a survivor and had left too many friends back in the country.

In regard to Vietnam, Agent Orange also is just now currently arising, and recognizing the Vietnam veterans that are developing diabetes in record numbers as a result of Agent Orange. Native Americans have served in the Armed Forces even before they were citizens of this country. In return, Native Americans have the least access to veterans services and benefits.

The first woman casualty in the Iraq war was Opi Warrior who left two children for her parents to raise. It is a proven fact that the majority of veterans returning from war are faced with varying degrees of post-traumatic stress disorder.

When Native American veterans return to their rural reservation communities, there are few or no services available to meet their needs. The Veterans' Administration and the branches of the armed services have not done enough to identify PTSD and to educate not only the veterans, but the entire veteran family. When faced with the repercussions of PTSD and their inability to understand what is happening to them, they often self-medicate with alcohol, drugs or a combination of both. This often leads to the possibility of suicide, domestic violence, divorce and sometimes homicide. When children are involved, the effect of PTSD on the family is often devastating.

There needs to be a holistic approach for the whole family so that everyone has access to the same knowledge on issues they need to address that arise from the absence and return of their loved ones. Before a veteran is discharged, the whole family should go through counseling on how to recognize and address the issues of PTSD. The VA needs to recognize that the families are veterans.

Outreach programs never seem to reach the tribal level. A trip to the VA hospital is an all day endurance for our veterans. This is very difficult for World War II veterans and is equally difficult for veterans who live in any rural setting. The lack of health facilities available to veterans where they live is a huge issue, limiting the available facilities access to the care they need. The problems are compounding when existing facilities are on a priority service system due to inadequate funding. A Vet living in self-imposed isolation only to find himself denied access to services because of priority levels will eventually cost the system even more money.

I would like to address an MOU that was signed by the VA and the Indian Health services to provide care in Indian Health Service facilities for American Indian veterans. This has not been implemented and it is, again, the outreach problem that Indian country

doesn't know about it. They don't know how to requisition VA. It is the same issue that our fellow veterans were saying, is they don't know how. When these veterans come home, they don't know how to implement and Indian country doesn't know how to implement.

In closing, I would like to stress that this country promised quality health care to veterans and promised to meet their needs. It is time for Congress to fulfill that obligation. We need to always remember that if it weren't for our veterans' continued willingness to serve when called upon and to willingly lay down their lives, we would not enjoy our ability to share our views in this manner with our Government.

Again, I would like to thank Senator Murray for her continued efforts to help veterans from all walks of life and ethnicities. Native Americans in Washington State are estimated at 10,000 and this doesn't include their families. We continue to offer our support to you, Senator, and we will continue to keep you where you are and fight the battle that you are fighting. We look to you as a warrior for our cause and thank you. My hands are up to you for your support for our veterans.

[The prepared statement of Ms. Holt follows:]

PREPARED STATEMENT OF LINDA HOLT, TRIBAL COUNCIL MEMBER, SUQUAMISH TRIBE

Good morning, Senator Murray and Members of the Committee on Veterans' Affairs.

My name is Linda Holt; I am an enrolled Suquamish Tribal member and currently a Tribal Council Member. I am also currently employed by the Suquamish Tribe as their Human Services Director; as such I oversee all of the tribes, social service programs. Suquamish is in the process of establishing a Veteran program to help meet the ongoing needs of our Native American veterans.

I bring you greetings from the Suquamish Tribe and want to thank Senator Murray and the Committee on Veterans' Affairs for holding this field hearing, and recognizing the mutual trust responsibility that exists between the Federal and Tribal governments to recognize and protect our veteran's rights to quality health care on their return home from service to their country.

First, I would like to acknowledge my inspiration for my involvement and continued commitment to veterans' issues. My brother Frank Cordero is a Marine Corp veteran of the Vietnam War. Frank was supposed to be here with you today to provide testimony on behalf of the all the Native American veterans' he serves, but his daughter is undergoing heart surgery today, and it is important for him to be with her at this time. I would ask for all of your prayers on her behalf for a speedy recovery. I have followed Frank's integration back into his family and tribal culture since his return from Vietnam, and I have seen firsthand the difficulty he had and still has in accessing care and benefits.

It is a well established fact that Native Americans have served in the Armed Forces of the United States, more per capita than any other ethnic group, in every conflict the U.S. has ever engaged in from the Revolutionary War to present. Despite the fact that our ancestors did so even though they were not even citizens of this country. What is not well established is the fact that Native Americans are the one minority group that has the least access to use of veterans' services they are entitled to.

Native American Iraq and Afghan Veterans of this State returning from overseas face the same inherent well documented problems faced by their Great grandfathers of World War II, grandfathers of Korea and fathers of Vietnam. Many return to the rural reservation community where there are little or no services available to meet their needs, neither from the county, State, nor Federal governments. It is a proven fact that the majority of veterans returning from war are faced with varying degrees of Post-Traumatic Stress Disorder (PTSD). This has been true since the first wars fought by our United States veterans. The Veterans Administration and the branches of our Armed Services have done very little for our warriors returning home to identify PTSD and educate not only the veteran, but the entire family that he is returning to.

Usually the wife and children have learned how to survive and function as a family without Dads' presence. When the veteran returns home he or she is faced with how to integrate themselves back into the family dynamics. When faced with the repercussions of PTSD and their inability to understand what is happening to them, they often tend to self-medicate themselves with alcohol, drugs, or a combination of both. This often leads to the possibility of suicide, domestic violence, sometimes to the murder of their spouse.

The children of the family have not only had to deal with the parent being gone for long periods of time, but also become faced with the person their returning parent has become. This can be emotionally devastating for these children as they struggle to accept the absence of and fear for the safe return of their parent, and then are faced with the very real problems brought about by the PTSD the veteran returns with.

There needs to be a better way to integrate these veterans back into their families and mainstream society. There should be a holistic approach for the whole family so that everyone is receiving the knowledge they need to address the issues that arise from the absence and return of their loved one. Before a veteran is discharged the whole family should go through counseling on how to address the issues of PTSD and the impact it could have on their family. This should be followed up by the Veterans' Administration in the treatment of the PTSD, not only of the veteran, but of the entire family.

The question arises as to what is not working within the VA system to help our returning veterans with their reintegration back into their family settings as well as mainstream society. The lack of congressionally funded outreach programs, county, State and Federal, designed to assist veterans' in their reintegration. These programs never reach down to the rural reservation communities, nor consider the unique circumstances of minorities or the rural nature and isolation of reservation communities. This is not only true of Native American veterans but also for all veterans who return to rural settings. Often a trip to the VA hospital is an all day endurance for our veterans. This is very difficult for our elderly World War II vets, and most times they just refuse to go because they cannot endure the trip. The lack of health facilities for our veterans to utilize in the area they live is a very large problem. Now we have just faced the closure of the VA hospital in Walla Walla, this was a key facility to Native American Veterans in Oregon, Eastern Washington and Alaska. With the growing number of veterans returning from Iraq and Afghanistan we need to increase the numbers of medical facilities available to veterans for treatment, not reduce them. As I stated it is increasingly difficult for veterans to access the care they need with the limited number of facilities available, but they also are faced with being turned away for treatment because many of the existing facilities are on a priority service only system due to lack of funding.

Also as previously stated there is a general lack of knowledge among veterans and community organizations on what benefits the veteran is entitled to. VA needs to develop an outreach program, once again not only for the veteran, but for the veterans' family and community organizations that are trying to help them.

This leads me to what is working in Indian Country to assist our Native American Veterans. A grassroots network of veterans, including my brother Frank Cordero recognized the need to help our veterans obtain the services they needed. This core group of Tribal Veterans Representatives came together to develop a system to help. For the last 15 years the one bright light for Native Veterans within the State of Washington and several other States across the Nation has been the Tribal Veterans Representative (TVR) program. First started here, this program utilizes a Native American of the community of each of the 24 different Tribal communities to assist, provide support and aid to any and all veterans residing within their tribal community. Where very little services were provided before, the TVR's have been instrumental in assisting not only recent returning veterans, but veterans and eligible dependent family members from other eras as well. Native American Veterans through the TVR program have been able to access claims for compensation, pension benefits, housing, employment, education, insurance and most importantly the outreach to them within their communities.

In closing I would like to stress that this country made a promise to these veterans that are returning from a war this country committed them to, in return they were promised that this country would take care of them on their return and provide them with quality health care and to meet their needs. It is time for Congress to recognize their responsibility to these veterans that have offered their lives for the many freedoms we enjoy, and sometimes take for granted, in this country. We need to always remember that if it wasn't for our veterans continued willingness to serve when called upon, and to lay down their lives, we would not enjoy the freedom to share our views in this manner with our Government.

Again I would like to offer my heartfelt gratitude to Senator Murray for her continued effort to help our veterans from all walks of life and nationality. Native Americans in Washington State estimated at 10,000 and their families continue to offer our support to keep you there. I also would like to give my personal thanks and the thanks of the Suquamish Tribe to the Senate Committee on Veterans' Affairs for their continued support of veteran's issues.

Senator MURRAY. Thank you.
Ms. Forbes.

STATEMENT OF COLONEL MARY FORBES, J-1 AND HUMAN RESOURCES DIRECTOR, WASHINGTON ARMY NATIONAL GUARD

Colonel FORBES. Senator Murray, distinguished guests, I am truly humbled to be here today and to have this honor, too. My name is Colonel Forbes and I have been on active duty for 22 years. My main objective for the last year has been to work with the Army and the Air National Guard on reintegration programs to reintegrate the families and to help them prepare to get back into civilian life.

We have worked really hard to develop a model to transition soldiers from combat to civilian life. The model had to be reasonable to unit commanders and be able to fit into the commander's time constrained drill time on weekends. Once a Guardsman returns to a traditional role, he or she is only available on a weekend or 2 days a month.

From the beginning of this process we had John Lee, the deputy director of WDVA, the Washington Department of Veterans Affairs, and he advocated the idea of after active duty customer service. Re-adjustment counselors and VA doctors also agreed to this idea of after active duty follow-up, because of the fact that often it takes months for the soldier or servicemember to realize that there is a need.

The MOU team or memorandum of understanding team created this initiative we call family activity day. But we purposely decided it wouldn't be another briefing, but an opportunity for veterans organizations to provide one-on-one customer service. The 4-hour Family Activity Day starts with a 20-minute introduction which is meant to inspire our soldiers and servicemembers and their family members to use the entitlements and benefits they earned. Then it is followed by 3½ hours of customer service where they can get one-on-one private time to really address their needs. That really, truly is private.

General Lowenberg helped this process by making Family Activity Day an order. This month we will have 11 and we have followed through with having 22 in the next 5 months.

I see two significant challenges in the next several years. First, it was talked about several times already today—it's the challenge of continuously communicating with our veterans. Second, is ensuring that servicemembers have the right resources at the right time given that many of their issues may not surface or materialize for many years to come.

Getting the word out that there is a vast array of agencies that want to help veterans will continue to be difficult. Servicemembers may be unaware of the many services that are available to them because information may be fragmented, uncoordinated, and chang-

ing, or it just may be that they are given the information, as we have heard, at a time when they are coming off active duty and their mind is somewhere else.

I strongly believe we need a positive education focused media plan to encourage our servicemembers and veterans on the many benefits and services available. I believe we need a media plan that educates the public using multiple formats, using radio, TV, print, Internet and hands-on workshops. Our Family Activity Days is one proven successful model to communicate and inform our soldiers.

Our Family Assistance Center program could provide a healthy means to communicate over long term to, inform, educate and reinforce the benefits we have.

I recommend a partnership that could be formed at the national level. We could leverage State, Federal and private organizations to develop such a media campaign for radio and TV. The goal would be to synchronize the efforts, avoid duplication, plug gaps in coverage and be sure we reach every veteran regardless of their location. We need to mutually support a Federal, State and private communication campaign over the next 50 years. And I say, "50 years," because these vets will be with us for that long and even longer. The public campaign would also reassure our veterans, the public and the elected officials, the long-term commitment from our Government and our private business leaders.

The second thing I mentioned, is ensuring that our servicemembers have access to the right resource at the right time given that many of the issues arise over a period of years.

To accomplish this, I think we need a coordinated system that provides services to our members over an extended period of time. A working example of that is our family assistance centers of which we have eight across the State and we talked about that yesterday. We need dedicated resources and funding to ensure our decentralized family assistance centers continue to operate for 2 to 6 years.

Another system I could mention is the assistant or TAP, which is ongoing and is a long-term process. It is not a briefing, but it is a customer service piece that must be added to TAP. We can be very proud of our procedures here in Washington State to assist our servicemembers in their transition from combat to civilian life. I encourage everyone here to continue our collaborative efforts and future improvements for business practice of taking care of our great servicemembers and their families who have given us so much. Thank you.

[The prepared statement of Colonel Forbes follows:]

PREPARED STATEMENT OF COLONEL MARY FORBES, J-1 AND HUMAN RESOURCES
DIRECTOR, WASHINGTON ARMY NATIONAL GUARD

My name is Col. Mary J. Forbes. I am a member of the Washington National Guard and I have served over 22 years of active duty. Currently, I am assigned as the Joint Personnel Officer, J-1, for the Washington National Guard. I am responsible for the oversight of the Human Resource Office, Family Support Programs, Equal Employment and Equal Opportunity Programs, Employer Support to Guard and Reserve (ESGR) and Labor Relations.

Since being assigned in June of 2004, my number one focus has been the re-integration of Washington Guard soldiers and airmen from active duty back to their traditional reserve role and the very important job of reconnecting loved ones and families.

We have worked very hard to develop a model to transition soldiers from combat to civilian life. The package or model also had to be reasonable to unit commanders

and fit into the commander's time-constrained weekend training assembly period. Once a guardsman returns to the traditional reserve role, he or she is only available 1 weekend per month.

Initially we partnered with the Washington Department of Veterans Affairs (WDVA). With the assistance and encouragement of WDVA, I participated in a series of veteran affairs meetings in which members of our team incrementally brainstormed and then built a model, which we codified in a groundbreaking memorandum of understanding (MOU).

From the beginning of this process, John Lee, Deputy Director of the WDVA, advocated the idea of "after" active duty customer-service. Readjustment counselors and VA Doctors on the committee emphasized that servicemembers often experience a need for interdiction services at the 3–6 month mark after active duty. The MOU team created an initiative we call "Family Activity Day." Members purposely decided this would not be another "briefing" but an opportunity for veteran organizations to provide one-on-one customer service. The 4-hour Family Activity Day starts with a 20-minute introduction which is meant to inspire servicemembers to use their earned VA entitlements and benefits. The following 3½ hours allows the servicemember to personally meet with counselors, specialist, and professionals from a variety of veteran organizations.

Washington State's Adjutant General, Major General Tim Lowenberg, issued the following order: I want each Commander to conduct a Family Activity Day within 3 to 6 months after returning from Operation Enduring Freedom, Operation Iraqi Freedom, and Noble Eagle as part of their normal training assembly schedule. The Family Activity Day provides servicemembers and their families personalized customer service in understanding, requesting or filing for Veteran's benefits and entitlements.

General Lowenberg's order ensured that each commander would conduct these events in a similar manner for all units across the State. To date, we have conducted 4 Family Activity Days and have 22 more scheduled over the next 5 months, by which time we will have provided customer service to more than 3,000 servicemembers. We have already received very positive feedback from servicemembers and their family members. Many have expressed great appreciation for the opportunity to participate.

We have been successful thus far in leveraging local, State, and Federal agencies as well as private businesses to assist our servicemembers at the 6- to 9-month post-active duty time period. In collaboration with the Washington DVA, the Guard is currently planning the program and training that we will focus on the next 18–24 months.

I see two significant challenges in the next several years. First, is the challenge of continuous communication with veterans. The second is ensuring that servicemembers have access to the right resource at the right time given that many of their issues may not surface or materialize for many years to come.

Getting the word out that there is a vast array of agencies that want to help the servicemember will continue to be difficult. Servicemembers may be unaware of many of the services that are available because information is fragmented, uncoordinated and changing. At the national and State level, I strongly believe we need a positive educationally focused media plan to inspire, reinforce, and encourage servicemembers of the many benefits and services available. I believe we need a media plan that educates the public, using multiple formats such as radio, TV, print, internet and hands-on workshops. Our Family Activity Days have proven successful, but are only one method for communicating to and informing our members.

I recommend a partnership be formed at the national level which leverages State, Federal, and private organizations to develop and execute a media campaign for TV, radio and other media forms. The goal would be to synchronize efforts, avoid duplication, plug gaps in coverage, and be sure we reach every servicemember regardless of location. We need a mutually supporting Federal, State, and private communication campaign over the next 50 years to continue to communicate with our veterans. I say 50 years because those heroic servicemembers who are severely disabled will need to hear reinforcing VA messages for their entire life. The public campaign would reassure the servicemember, the public and elected officials of the long-term commitment from our Government and private business leaders.

Second is ensuring our servicemembers have the access to the right resource at the right time given that many of their issues may arise over a period of years.

To accomplish this, I believe we need a coordinated system that provides services to our servicemembers and their families over an extended time period. An example of a working system is our Family Assistance Centers. The Washington National Guard needs the resources and dedicated funding for our decentralized Family As-

sistance Centers throughout the State to ensure this continuous support for the next 2 to 6 years and beyond.

We can be very proud of our collaborative efforts to assist our servicemembers in their transition to civilian life. I encourage everyone here to continue to collaborate and partner on future improvements to our business practices of taking care of the great servicemembers and their families who have given so much to our country.

Senator MURRAY. Thank you very much.

Dr. Hunt, I want to start with you. We heard a lot from the last panel about the prevalence of post-traumatic stress syndrome in our soldiers returning from Afghanistan and Iraq.

Can you outline for us why we are seeing such a high prevalence of veterans with PTSD?

Dr. HUNT. Actually the numbers that have been reported vary. A recent study rates the prevalence as low as 5 percent, but the study in the New England Journal found rates around 17 percent. Other reports have found rates up to 30 percent. Some of the most reliable information we have from Vietnam veterans suggested that 30 percent will have lifetime occurrence of diagnosable PTSD. And at any given time, 15 percent will have a diagnosable PTSD. And it is probably the most reliable figure that is available at this point. I think one of the reasons that we see different figures is that these symptoms can present themselves at different times along the way. People may not have symptoms early on. They may have symptoms a year down the road or 2 years down the road.

We have a program for ex-POWs at our center and sometimes these veterans will have PTSD symptoms arise years down the road. One reason we are seeing high rates is because the combat traumas involved in the current conflicts are widespread and almost everybody is exposed to risks on nearly a daily basis in many areas of Iraq and Afghanistan.

Senator MURRAY. I would ask if you could provide verbal testimony for the record? I am hearing that it is a 24/7 war. There are soldiers in Iraq who don't have any relief, and that is one of the reasons servicemembers have—

Dr. HUNT. We see many veterans from the 81st Brigade that have had significant combat. So I think it would be reasonable to say that for many deployed troops there is a widespread risk often on a daily basis, certainly for particular parts of Iraq.

Senator MURRAY. We have heard some pretty disturbing testimony from some of our previous panelists about what veterans have been through. You are seeing a lot of those as they come through your Deployment Health Clinic, and I want to know if you have any insights on how the situations like Sergeant Romanelli described are happening?

Dr. HUNT. In terms of gaps in care, for example?

Senator MURRAY. Correct.

Dr. HUNT. There is no doubt that there is a problem of gaps in care particularly for those people that are Reservists that are being demobilized. We do have pre-separation programs for people who are leaving the military to try to get them into care before they separate from the military. For Guard and Reservists who are being deactivated, they are eligible for VA care for 2 years for any conditions they have. But they may live in an area where they can't come to the VA.

We do have services available through the Washington State Department of Veterans Affairs, and at the Vet Centers. So we can get mental health treatment for people wherever they might be living in the State, even in the more remote areas, through contract providers.

Senator MURRAY. Is part of the problem that we are seeing the high numbers of Guard and Reserve that don't necessarily live around the base, and come home and reintegrate in a community many miles away from the base, or into a community that is not aware of military needs that we are seeing these gaps?

Dr. HUNT. That is a problem. We are trying to reach people while they are still in, when we are having Family Days and outreach events, trying to reach the National Guard units and Reserve units, but we really need to get the word out. Also getting people plugged into benefits early on and getting the claims process started for these conditions. Once they are service connected for these conditions, then they are eligible for contract care even in the remote areas. So we are trying to assist veterans in getting the claims process started early on. Even with this, there may be a 3- to 5-month gap in accessible care.

Senator MURRAY. Which is a lot.

Dr. HUNT. This is a problem some veterans are experiencing.

Senator MURRAY. Thank you. Thank you.

Mr. Boxmeyer, we have heard from a number of our panelists about the problems with employment coming home, and the skills they used in Iraq such as fixing helicopters does not translate into jobs here. This poses problems for small business owners. Can you talk a little bit about employment, what you have seen and what gaps there are for soldiers?

Mr. BOXMEYER. There is a gap when there are no jobs available. I don't specialize in employment. We refer people to jobs through work sourcing. But commenting on the question you asked before about the number of PTSD clients, we are seeing a very high percentage of people coming back with full diagnosed PTSD. For example, in dealing with one member of a unit myself, obviously they see a lot of trauma in Iraq, because out of a 12-person unit, 8 have been diagnosed with PTSD. That is out of a 12-person unit.

I think it is also important to realize that in many cases Vietnam veterans didn't realize they had issues until years after the war. Veterans coming home now—like Dr. Hunt said—it might be 17 percent with PTSD, it might be 20 percent with PTSD, but in 10 years I predict it is going to get a lot higher.

And the thing we have to remember is that you don't really cure PTSD. You teach people how to live with it, adjust to it, and how to function. But every time our country engages in a war, our country has to accept responsibility to bear the casualty rate. Thank God people like you are speaking up. I just wish there were more of you.

Senator MURRAY. Thank you.

Ms. Holt, you testified about post-traumatic stress disorder in people who live in rural communities. That is a big category. One of the things that you mentioned was treating the whole family. I have heard a lot from people whom I have talked to say that it is not the soldier themselves that recognizes the problem. It is their

spouse. So having them understand what the symptoms are is absolutely critical.

What have you seen out there that worked or doesn't work and how can we—

Ms. HOLT. Again, Senator, referring to our Native American veterans, I think it is doubly hard for them, because I know when my brother Frank applied for veterans benefits, he was initially denied because they said he didn't seek psychiatric care when he came home. He was able to appeal that decision and brought one of our native healers to testify at that hearing stating that Native American warriors don't seek traditional western medicine. They seek their traditional tribal cultural medicine. The tribal veterans organization and the tribal veterans have done that amongst themselves.

Kent Chaparrel in Yakima has been very beneficial depending a lot on funding. But I think that access to care—Suquamish doesn't have a health clinic like a lot of tribes do. So we are, like I said, transporting our veterans to Seattle to receive care. There aren't really any psychiatrists—I believe there is one in Kitsap County that offers treatment for post-traumatic stress disorder.

I saw this with my brother Frank when he came home from Vietnam, and watched him go through the process. The hypervigilance my sister-in-law mentioned, the nightmares that he had, and that she could not touch him if he was asleep. She had to stand at the end of the bed and yell at him to wake him up, because she got knocked down a couple of times before she learned that. And so the hypervigilance that they have, you know, the sounds of a helicopter going over, if he were here right now and heard that, you would see that he would be so tensed. The indicators that the family would see are alcoholism, drug abuse, anger, domestic violence and verbal abuse that spouses take from their spouses.

I think that it is detrimental that the family themselves aren't being treated as a holistic group when their men come home, because they are the ones that are facing this and they are the ones that deal with it silently.

Senator MURRAY. Dr. Hunt, I want to go back to you because in the previous panel we heard about the shame word associated with post-traumatic stress syndrome and the concern that, I think, especially for men admitting that post-traumatic stress syndrome is there or employment issues. How do we deal with that as policymakers, as a society to make sure that we can get that?

Dr. HUNT. Because it is so important that people get treatment, what we have done on the treatment side is to try to make treatment seem less threatening. To try to destigmatize these post combat symptoms and to really emphasize that these are symptoms that many people have, rather than saying, well, "you have got PTSD." Many of these symptoms are common and normal for people who come back from combat. So trying to destigmatize the symptoms and the treatment is a very important part of getting people into treatment.

There are real reasons sometimes that people are reluctant to be labeled as having PTSD, either because it may impact a security clearance, or working in law enforcement or may result in a military career being curtailed. That is a real problem. We have to sort

of balance the need for a treatment for these conditions with the very real and potentially problematic social stigmas and personal consequence of being “labeled.”

What we try to do is deemphasize the labeling of people as having PTSD or not having PTSD and emphasize the issues as post combat symptoms, many of which we can treat very specifically. We have a new medication, prazosin, that looks like it works for treating nightmares, for example, and we have medications that might help for difficult sleep problems. Counseling individuals and treating the individual in a more holistic way, as Linda was advocating is an important approach. There continue to be stigmas associated with being treated for depression or PTSD. That may be a problem, unfortunately, until the public is educated about these conditions.

Senator MURRAY. Colonel Forbes, I am going to jump to you. We are in over time, but I wanted to ask you a question about an issue I have not heard much about here today. I have heard it everywhere I go in this State and that is that word Tri-Care. Is that a problem you are hearing from the soldiers you are dealing with in terms of their access to Tri-Care, not getting to go see doctors, ending up paying health care out of their own pockets because the system is so difficult to access? Can you share a little bit—

Colonel FORBES. Yes, ma’am. Yes, there are a lot of questions and some of the questions are information based on educational. It is just because National Guard Reservists don’t have Tri-Care until they are on active duty some of it is a learning curve, and getting used to learning the system and learning what not to do or learning to do things ahead of time and preparing themselves.

And you know, just anecdotally, there are a lot of customers right now. There appears to be a lot of customers, and every agency whether they are getting service at a medical treatment facility or a Tri-Care person off base, everyone is trying to handle the workload. It appears to me that it has just been hard to handle the workload at this time with all of the cases that are there.

Senator MURRAY. So people have gone through—

Colonel FORBES. Because there was not enough staff. There was not enough funding available for the number of staff and doctors needed. All those things taken into consideration to take care of a large group of folks and their families. I don’t really have documentation to back that up, ma’am, but it appears to me that a lot of the issues, first of all, go around understanding the system and then, you know, how to access it from remote locations that they can get their funding concerns, but they have to do it in a certain order.

And then an educational piece also is knowing that you have to get the referral. We heard that yesterday. You have to call and get a control number to get authorization to see a physician, and that is an educational piece.

Senator MURRAY. Are we doing a better job on deployment of educating soldiers about how Tri-Care works in their families?

Colonel FORBES. Yes, ma’am. What we are doing is we are continually changing and improving our workshops, our seminars. We are doing predeployment, more robust predeployment, reintegration training, and covering and recovering the areas that we know have

been traditionally difficult to get across to folks. But you know, as I mentioned earlier, it is a constant struggle to educate and get folks out, because you can't just give a person a briefing once and think they are going to understand a complicated, cumbersome bureaucratic Government's laws or rules. And so we are trying a new model now.

Senator MURRAY. It was previously referred to as crud.

Colonel FORBES. I will try to be more eloquent. But what we find now is we need to think about those workshops and coming back to the topic. I think that the transition program, starting it well before they come home and proceeding maybe up to a year after they get home so that it can be that reaffirming, reinforcing—here are the benefits that you have.

And if I can just mention this situation. It is not so much for folks that are on active duty. It is while they are on medical hold. They must be educated and trained, not just once in a briefing, but multiple times and then that customer service piece brought in. And I have had the pleasure in the last week of talking to the commander at Fort Lewis who handles that, and they are very eager to adopt our model and idea.

The Department of Labor has just hired a person who will be seated—an Employment Security Department person that will be seated right there with that medical hold company. And we talked yesterday because we were excited at Washington Department of VA, and all of us together trying to figure out how we can bring what we are doing here to them before they get off, and know what they are going to have, you know, when their active duty pay stops and they have to go into the VA system. So I know that people have already recognized these gaps and folks are doing things, Department of Labor, active duty, to try to fill this gap.

Senator MURRAY. Thank you very much. I want to thank everyone here for helping the Senate Veterans' Affairs Committee get a better handle on the needs of our veterans as they come back from Iraq and Afghanistan. All the statements and testimony will help our Committee enact policies for our veterans. But these statements and testimony today really make clear that we have a lot more that we need to learn and a lot more work that needs to be done. I think the testimony on needs for our rural veterans, education, employment, medical concerns, many other issues that were raised will help me to do a better job to bring the needs of Washington State veterans back to the other Washington. I look forward to working with all of our witnesses who came today, as well as many others in Washington State and across the country to continue to shed light on the needs that exist out there.

I certainly want all of you to know that I will continue to check in with you or others in the future to make sure we are doing the right thing. I want to encourage everyone here to sign up for our veterans update. You go to my Web site, again, www.murray.senate.gov. We continue a dialogue on the issues affecting veterans and want to encourage people to be able to use that. And as I mentioned earlier, I just successfully fought to get the VA funding that it needs for the next several months and the VA what it needs for now. We are in the process of making sure today that we are now meeting needs for the negligent fiscal year

and this testimony will be very helpful for me as we try to make sure we do that right.

But I will let you know that any funding isn't going to reach the VA for quite some time. So I will keep my eye on these issues and want to hear from all of you as we continue in the coming months. I want you to make sure that I, along with the entire VA Committee continue to look into these issues to make sure that our veterans have the services they need when they return home from combat. I want to again thank everyone for participating in today's hearing, as well as all of you who attended. There are far too many people to thank who helped me today.

I especially want to thank Major Phillip Osterley of the Washington State National Guard—

I am sure he is around here somewhere. There he is—who has been really helpful to me, and any Guard members who have helped with all aspects of today's hearing.

Major, you and your staff really went out of your way to help put this together, and I want you to know how much I appreciate the work you did, as well as my own staff members who are here who put in a tremendous amount of time.

Finally, I wanted to remind everyone who is here that we have a number of service folks who are here from the VA, Tri-Care and other services that are here to help. You are welcome to stay and talk with any of them if you need additional information. Again, thank you to all of you who participated. This hearing is adjourned. Thank you very, very much.

[Whereupon, at 11:10 a.m., the Committee was adjourned.]