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HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE

ONE HUNDRED ELEVENTH CONGRESS

FIRST AND SECOND SESSIONS

AUGUST 25, 2009 AND JANUARY 7, 2010

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FIELD HEARING ON VA OUTREACH TO RETURNING GUARD UNITS

TUESDAY, AUGUST 25, 2009

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Honolulu, HI

The Committee met, pursuant to notice, at 10:30 a.m., at the Oahu Vet Center, 1298 Kukila Street, Honolulu, Hawaii, Hon. Daniel K. Akaka, Chairman of the Committee, presiding.

Present: Senator Akaka.

OPENING STATEMENT OF HON. DANIEL K. AKAKA, CHAIRMAN, U.S. SENATOR FROM HAWAII

Chairman AKAKA. Aloha.

AUDIENCE. Aloha.

Chairman AKAKA. A big welcome to all of you. Thank you very much for your patience. Welcome to today's hearing of the Senate Committee on Veterans' Affairs.

This is the first of two field hearings that I am chairing here in the State this week. Today's hearing will focus on the benefits and services provided to returning Guard units and related transition issues. We held several hearings on this and related topics in the State before, and most recently held a hearing on the same topic last year in Washington, DC. Much has improved in recent years, for which I am grateful. However, it is important for the Committee to understand the remaining challenges.

I applaud the efforts of VA employees in Hawaii. These men and women work hard to help the veterans who seek assistance. There are many things that VA does well in Hawaii. However, there is always room for improvement.

Indeed, our unique geography, our diversity, and our way of life require that VA develop a unique strategy to care for our islands' veterans, including Hawaii veterans of the National Guard and Reserves. I want to hear what tools VA needs to make a difference in the lives of these men and women of the Hawaii National Guard and Reserves.

Back in Washington, we have worked hard to ensure that VA has the resources to provide the best possible care. In my first 2 years as Chairman—2007 and 2008—Congress provided record-breaking funding increases to VA. This year we are working to get VA the funding it needs for next year. We are also hard at work fixing the broken way that VA's health care system is funded.

I introduced legislation to fund VA health care 1 year ahead of the current budget process, which will allow VA health care dollars

to go further for veterans and taxpayers. I am pleased to tell you that this bill, the Veterans Health Care Budget Reform and Transparency Act, passed the Senate just before the August break.

We have also been focusing on finding ways to improve how VA and the Department of Defense work together to improve the transition process for servicemembers and veterans. We are working hard on seamless transition between active service and life as a civilian, which is part of our goal. Given the existing relationship between VA and Tripler Army Hospital, Hawaii should be on the forefront of national efforts to have the two Departments work more closely together. We will explore that issue today.

Here in Hawaii, more than 5,000 members of the Guard and Reserve have been deployed. The Hawaii National Guard has recently returned from its second deployment and over 85 percent of those mobilized were already combat veterans. It is important that these soldiers, and indeed all of those who have been sent into harm's way, know that VA will be there for them when they return home.

After years of war, we appreciate that there are distinct challenges facing the reintegration of these citizen servicemembers. Unlike their active-duty counterparts, Guard veterans must transition from their civilian life and employment to active military service and back again. Despite VA's best efforts to conduct outreach to this population, it seems clear that some are still unaware of all that VA has to offer and how to access those services and benefits; and this is something that we also need to work on, to provide the information that they need. More work needs to be done.

I hope that both of our panels will shed some light on why we continue to hear from veterans that they just did not know about their eligibility for VA benefits and services. We need to know how VA and the Congress can help bridge this information gap. This is particularly important for those who suffer from the invisible wounds of war and need more help readjusting to their civilian lives.

I appreciate the Department of Labor and Hawaii National Guard's participation in today's hearing, as they both have important roles in the transition process.

Finally, I note that there are many veterans here today who would like to testify. While we cannot accommodate everyone's request to speak, we do want to hear your views. The Committee is accepting written testimony, which will be reviewed and made part of the record of today's hearing. If you have brought written testimony with you, please give it to the Committee staff who are located here in the room. And if you do not have written testimony but would like to submit something, Committee staff will assist you. In addition, the Committee staff is joined by VA staff, who can respond to the questions, concerns, and comments that you raise.

At this point, let me ask my staff members to please raise your hand. If you want to talk to one of them, please do so.

Let me ask the VA staff who are here to raise your hands. These are the folks that you can talk to if you have any questions and want to make any statements.

I hope today's witnesses will provide us with a real sense of what the next steps are so that no member of the Guard, or indeed any

servicemember is unaware of their eligibility and the benefits available to them.

Thank you very much again, and now, I would like to introduce our first panel. We have First Lieutenant Tulsi Gabbard Tamayo, Hawaii Army National Guard; Sergeant First Class Sualauvi Tuimalealiifano III from the U.S. Army; and also Clay Park, who is Veterans Program Director from Papa Ola Lokahi.

We are waiting for the Sergeant to return, but in the meantime, I am going to ask Lieutenant Tamayo to please proceed with her statement. Welcome.

STATEMENT OF FIRST LIEUTENANT TULSI GABBARD TAMAYO, HAWAII ARMY NATIONAL GUARD

Lieutenant TAMAYO. Thank you, Senator. Good morning, Chairman Akaka and everyone gathered here. Thank you for the opportunity to speak here today regarding the VA's outreach and services to Guard and Reserve servicemembers.

By way of introduction, I am a First Lieutenant, a Military Police Officer in the Hawaii Army National Guard. I enlisted in 2003, earned my commission in 2007, and have just returned from my second deployment overseas. My statement today reflects only my personal opinions and experiences as an individual.

As you are well aware, since September 11, 2001, the VA has begun to see a new kind of clientele. Veterans are younger—a new generation who grew up in a different culture and face new challenges. The Reserve component of the military has taken a role front and center like never before. The VA is now faced with hundreds of thousands of customers who are young combat veterans, but who also still actively serve in the National Guard or Reserves.

My underlying message to you today, the bottom line shared up front, is that the DOD and the VA need to work together to think outside the box and find comprehensive strategies to reach, educate, and serve Guard and Reserve veterans.

The VA's presence in our redeployment process, from point of reentry back to the U.S. to being released from active duty, has improved since 2006 when I returned from my first deployment. About a week and a half ago, as we went through demobilization at Fort Hood, TX, we received about a 2-hour briefing from the local VA rep on the various benefits available to us as veterans. He ensured that all 400 of us in the briefing tent filled out enrollment papers to join the VA or be registered in the VA and assisted and encouraged soldiers to fill out disability claims, applications, as well as talked about the VA Home Loan Guarantee. It was a lot of information packed into a short period of time, but it was informative and I walked away learning a few new things about the VA. However, this should not be the end of the story.

I understand that the VA and DOD are two very separate agencies. However, for Guard and Reserve soldiers, the idea of a clean and complete transition between the DOD and VA is not a reality. The Reserve component has hundreds of thousands of servicemembers who are dual members of both agencies, eligible for benefits from both. It is highly likely, as you mentioned, that a servicemember will transition between Reserve and active status multiple times throughout his or her career.

A short personal example, which I know is not an isolated incident, is I was attempting to take advantage of my G.I. Bill benefits while deployed and took a few classes. It took 7 months, and I am still waiting for the VA to get confirmation from DOD that I am actually eligible for this G.I. Bill benefit. I called once a month, and every time I called was told that it takes a long time for the VA to get information from the DOD and to call back next month. I was also told that as a member of the National Guard, it takes even longer.

As members of the Reserve component, there are specific limits to what benefits we are eligible for as well as special benefits that we are entitled to. However, in my experience the outreach and the education of Reservists and National Guard members has not been focused and comprehensive. Upon our redeployment, we don't have the luxury of time, unlike the active component. Like I said, in Texas, we were there for 5 days and we received one briefing from the VA.

Therefore, connecting with this group of veterans and ensuring education and access to all that the VA has to offer requires a different strategy.

One thing I noticed is that under the VA Web site, there is not easily found a section that caters specifically to National Guard or Reservists. I have a lot of questions. Throughout my deployment I have talked to soldiers who I worked with and members of my command and there is neither knowledge nor understanding about what benefits are available to us. I know of a lot of things from my work with you, but this is not known by the mass Guard population. I think if there was an easy way on the Web site to find focused information about medical benefits and education benefits that target, specifically, the Reserve component, that would be helpful.

Regarding VA outreach at the local level in each State, I think it is really about developing relationships between the local VA and the local Reserve units and commands. Because access to Guard and Reserve soldiers is sparse and spread out, the local VA developing a partnership with the local Guard and Reserve leadership so that they can coordinate and integrate the Guard schedule with VA outreach, would also provide a lot more access and direct access for the soldiers from to VA. To me, this partnership should not be short-term, but rather a continuous conversation. By doing this, the VA would provide faces and names to these soldiers and their families before, during, and after deployments—to include the break between deployments—which would greatly improve availability and access. It would take away the common view that the VA is a big bureaucratic organization that is not user friendly.

The best counselors are veterans themselves. I have talked to soldiers during my deployment who would like to help other soldiers upon returning from deployments and feel that they have the gift and the need to help other soldiers, but they don't have the training, the official training or the degree or the background to do so. If there is a way that the VA could channel those veterans interested into a training program where they could have the official training and certification, possibly along with a commitment from the veteran to work for the VA, both sides would be served well.

I also think there should be mandatory counseling, both one-on-one and in groups, for returning Guard and Reserve veterans. As many of us know, soldiers may be too proud to seek assistance or seek help or know where to go to get it. These one-on-one counseling sessions would provide that opportunity for a soldier to speak freely.

Also, these counselors should be trained to ask the right questions, be personable, develop a relationship, and know what the unique challenges that Reserve veterans face with reintegrating back into their civilian life. This would also provide the soldier the opportunity to enroll in the VA system, provide focused information, as well as a face, a name, and a phone number that the soldier can utilize to follow up for any additional care.

There are other concerns and issues that exist, as well as those that we have not discovered yet. By working together and being creative in finding solutions, progress can be made.

Thank you for the opportunity to share my experiences and thoughts.

[The prepared statement of Lieutenant Tamayo follows:]

PREPARED STATEMENT OF FIRST LIEUTENANT TULSI GABBARD TAMAYO, HAWAII ARMY NATIONAL GUARD

Chairman Akaka, and Members of the Committee, thank for the opportunity to speak here today regarding the VA's outreach and services to Guard and Reserve Servicemembers.

I am a First Lieutenant, Military Police officer, in the Hawaii Army National Guard. I enlisted in 2003, earned my commission in 2007, and have just returned from my second deployment overseas. My statement today reflects only my personal opinions and experiences as an individual.

As you are well aware, since 9/11, the VA has begun to see a new kind of clientele. Veterans are younger, a new generation who grew up in a different culture, and face new challenges. Also, the reserve component of the military has taken a role front and center like never before. The VA is now faced with hundreds of thousands of customers who are young combat veterans, but who also still actively serve in the National Guard or Reserves.

Between the period of September 2001 and November 2007, over 450,000 Reserve and National Guard Soldiers were deployed to either Iraq or Afghanistan. Thousands more have deployed since that time, many on their second and third tours.

My underlying message to you, the bottom line up front, is that the DOD and the VA need to work together to think outside the box, and find comprehensive strategies to reach, educate, and serve Guard and Reserve veterans.

The VA's presence in our redeployment process (from point of re-entry back to the US, to being released from active duty) has improved since 2006, when I returned from my last deployment. About a week and a half ago, as we went through demobilization at Ft. Hood, TX, we received a roughly 2-hour briefing from the local Texas VA rep, on all the various benefits available to us as veterans. He ensured that all 400 of us in the briefing tent filled out the enrollment papers, assisted those who wished to fill out disability claims applications, and passed out the application for VA Home Loan guaranty. It was informative, and I walked away learning a few new things. However, this should not be the end of the story.

1. DOD and VA cross-talk & coordination

I understand that the VA and DOD are two very separate agencies; however, for Guard and Reserve Soldiers, the idea of a clean and complete transition between the DOD and VA is no longer a reality. The Reserve component has hundreds of thousands of servicemembers who are dual members of both agencies, eligible for benefits from both. It is highly likely that a servicemember will transition between reserve and active status multiple times in his/her career.

A short personal example, I have been waiting 7 months for the VA to get confirmation from the DOD that I am indeed eligible for the GI Bill (even though I was deployed and sent the VA a copy of my mobilization orders). I have called at least once a month for the last 7 months, provided all the documentation that was requested, but am still being told that nothing can be done. I was told by the VA

Case Manager that it takes a lot longer to get information from the DOD when dealing with a Guard servicemember. Perhaps with a better system of coordination between the DOD and the VA, Guard and Reserve Soldiers who go back and forth between active/reserve status, would not get caught in this gray area of "in-between."

2. Outreach to reserve component members

As members of the Reserve component, there are some specific limits to what benefits we are eligible for, as well as specific benefits we are entitled to. However, the outreach and education of Reservists does not seem to be focused and comprehensive.

Upon redeployment, the Guard/Reserve do not have the luxury of time, unlike the Active Component. Guard and Reservists have to take time off from civilian work to seek help. Therefore, connecting with this group of veterans, and ensuring education and access to all that VA has to offer requires a different strategy.

a. I could not easily find under any tab on the va.gov web site, a section that catered solely to Reserve component members. There are many questions our benefits, especially in the areas of health care, home loans, and education that could be answered in a specific section, rather than trying to sift through all the information and figure out what applies to us and what doesn't.

b. VA offices in each state could develop a partnership with the local Guard/Reserve leadership to coordinate and integrate VA outreach with the annual training/work schedule, and to find innovative ways to meet the needs of Guard and Reserve veterans.

This partnership should not be short-term, but rather a continuous conversation. VA's providing a face and continuous outreach to Soldiers and their families before, during, and after deployments, to include the break between deployments, would greatly improve availability and access. It would take away the common view that the VA is a big bureaucratic organization that is not user-friendly.

3. The best counselors are veterans themselves. Those who have been through what we have been through can provide the best understanding and support. However, many veterans do not have a 4-year degree or are not certified counselors. VA could channel those who are interested into a program that would give them the additional training needed, along a commitment from them to work for the VA, so that these veterans can become counselors.

4. There should be mandatory counseling—both one-on-one and in groups—for returning Guard/Reserve Veterans. If this is a DOD/VA mandate, local commands will find time for this to ensure it is executed properly. Soldiers may be too proud to seek assistance on their own. These one-on-one counselors should be trained to ask the right questions, encourage the Soldier to enroll in the VA system, provide focused information to the Soldier based on whatever benefits he/she find applicable, and then provide a name and phone number who the Soldier can follow-up with for any additional care that is required.

After my last deployment, we were required to come in 6 months after returning home for the Post-Deployment Health Re-Assessment. The VA was present and provided counseling to those who needed, and also had a table set up to enroll any one had not yet enrolled in the VA. I don't know if this has changed since then, but the VA should be front and center at these briefings, since at this time Soldiers have had a chance to get through the excitement of being at home, have settled in, and had more time to think about what kinds of benefits the VA has to offer them.

5. A central 800 number for Guard/Reserves, which will automatically route the call directly to a local VA office, similar to how the phone company or Pizza Hut have their systems, will put a Soldier directly in touch with their local VA rep who is familiar with the Guard/Reserve.

There are other concerns and issues that exist, as well as those we have not discovered yet. By working together and being creative in solutions, progress can be made. Thank you for the opportunity to share my experiences and thoughts.

Chairman AKAKA. Mahalo and thank you very much, Lieutenant Tamayo. We certainly are grateful to hear you share your personal challenges. This will certainly help us to restructure our system so that we can provide services that are needed to our veterans.

I would like to call now on Sergeant Sualauvi Tuimalealiifano. Thank you so much for being here. At this time, we would like to receive your statement.

STATEMENT OF SERGEANT FIRST CLASS SUALAUVI TUIMALEALIIFANO III, HAWAII

Sergeant TUIMALEALIIFANO. Good morning, Senator Akaka.

Chairman AKAKA. Good morning.

Sergeant TUIMALEALIIFANO. I want to thank you for the privilege, honor, and opportunity to testify before you today. I am Sergeant First Class Sualauvi Malua Tuimalealiifano III of the 96th Civil Affairs Battalion, Airborne, Fort Bragg, North Carolina. I am processing through the Bravo Company Warrior Transition Unit of Tripler Army Medical Center.

My 13-year career brought me to Fort Bragg, North Carolina, with two tours in Iraq, Operation Iraqi Freedom, and a third in Afghanistan, Operation Enduring Freedom, as part of the proud and legendary All-American 82nd Airborne Division and the USA Special Operations Command, Civil Affairs with Third and Seventh Special Forces Group, Airborne. The results of a mission in mid-July 2007 in South Afghanistan brought me here today and to my home of Hawaii.

After 11 months as an inpatient through four different hospitals in three different States, I have come to know of many challenges related to injuries and recovery. Because of what happened on the day I was injured, I am here before you today. Just as a rock tossed into the water will have a ripple effect that continues on, the day that I was injured has caused ripple effects that still continue. I believe this is also true for others who are wounded in the service of their country. Today, I hope to represent not just myself, but other injured servicemembers, whether their injuries are physical, like mine, or within.

My testimony will focus on what I can offer this Committee, honest answers based on the experiences I have had in the service of my country. I will not focus on studies, promises, or the ideas of others. My strength is that I can speak firsthand of what a wounded soldier has experienced and what I have seen others go through.

Senator Akaka, I have with me additional points and issues that I wanted to bring before you and the Committee.

A lack of confidence in therapists and limited time with therapy—not according to a group overall, but individual to that soldier's will and his or her injury.

Acupuncture, but not massages. We'll allow skin-piercing needles with jolts of electricity but not manual body/muscle stimulation to body and nerves as well, according to a soldier or patient.

I have a story of a National Guard Texas soldier who was left with no unit support while in the care of James Haley Veterans Affairs Hospital in Tampa, Florida. I was unaware of any soldier not having any connection or ties with their unit or the unit that they were mobilized with. With this individual soldier, he was 23 years old, just got married before he deployed, and is now a double amputee—both legs above the knee. We met at the Fisher House.

After we spoke and got together, the wives and myself found out that he has had no connection with any of his unit members. I was very upset, very upset. I found out the unit's information and discussed it with the person on the other side. But his wife and family were unaware of the way the military works. His wife was very bitter, and I understood why. She didn't see any help. According to

them, they didn't see any help in any way—maybe sending a soldier of the unit there periodically, maybe once a month to check up on them—but there were no ties of any kind. I was told they probably demobilized, and I don't know what else became of that, but from what I could have done, I did. I just hope from being there that no other soldier, injured or not, returning home would have to go through that.

I also have on my list here Special Operations. We have an organization that we call the Care Coalition, and throughout the time in the hospital the Care Coalition is very informative, very supportive to, it is sad, but it is to the Special Operations soldiers and families.

There are things and events that are accessible, funded and looked after by this Care Coalition. I spoke with them in 2007, shortly after the War Transition Units were starting to stand up—and they are working their way in sharing the ideas and ways of standing up an organization or program to support all soldiers, regardless of National Guard, Reserves, or active duty. I think that there are citizen soldiers that were sent overseas to do what we can do to keep home safe, and when we return, I think we should all have a similar status of whatever care and help that we can get.

The other notation I have here is regarding Fisher House. It provides a great service but could be more family friendly. It is a nice museum. Everything is beautiful—top-notch funds, I guess—but they are not friendly toward or prepared for children. I think the main purpose for that house is to house the wives and the husbands who come there with their children to support their loved ones. The Fisher House I have been through hasn't been family-friendly. They have a very nice parlor, but no child-friendly room to play in, unlike the Ronald McDonald House geared toward the family and the children.

And the last one, sir, is the G.I. Bill. I believe it is earned and should be used as desired. The question is, for seminary or church classes—we are not allowed to use it toward theology without getting the State involved. The point I am trying to make is, I tried to take classes through my church school, but I am not allowed to use the G.I. Bill for any Christian courses and I just want to know why, or if we are looking into it.

That is all, and I would like to thank you for your time, for hearing me out, and for letting me come by and testify. Thank you, sir.

Chairman AKAKA. Thank you very much, Sergeant Tuimalealiifano, for our testimony.

Now, we will hear from Clay Park, who is the Veterans Program Director, Papa Ola Lokahi. Clay, will you please proceed with your testimony.

STATEMENT OF CLAY PARK, VETERANS PROGRAM DIRECTOR, PAPA OLA LOKAHI

Mr. PARK. Good morning, Mr. Chairman and Members of the U.S. Senate Committee on Veterans' Affairs. Thank you for the opportunity to address the Committee. My name is William Clayton Sam Park. I am of Native Hawaiian ancestry, a disabled veteran who served as a combat medic during the Vietnam War, and a retired Master Sergeant with 3 years active duty with the U.S. Army

and 21 years of service with the Hawaii Army National Guard. I am presently the Veterans Program Director with Papa Ola Lokahi. My comments today are based on my experiences in that role, and in particular with regard to situations faced by our returning OEF/OIF National Guard and Reserve troops as they transition from the military to veteran status and back to their lives in the community.

Though the impact of this current war will be my focus, my work on a recent day in which veterans I served included an 88-year-old World War II veteran from Guam and a 19-year-old Oahu Iraqi war veteran reminds me to emphasize the message of General Shinseki during his confirmation hearing for the position of Secretary of the Department of Veterans Affairs. We must care for all of our veterans. We cannot allow those who have served their country at any time, in any role, to be neglected.

Having worked with the community agencies for the past several years in outreach efforts to our veterans, it is evident to me that the challenges faced by our newest warriors and their families remain great. As I have done in testimony before this Committee in prior years, I would like to use the stories of those who come to me to provide you with the human side of the statistics reported to you by officials of the military or the VA.

Let me start with the experience of a full-time National Guard soldier activated in Iraq and wounded during that deployment. This individual was medically boarded with a disability rating and then discharged from the National Guard. Since his full-time position with the Guard was his employment and being a member of the Guard is required for that employment, this veteran is now without a job, without adequate income to maintain his former standard of living, and without health benefits for his family.

Next, consider the young man activated with his Reserve unit for a second tour in Iraq and sent to the mainland for training, despite the unit knowing he had a medical condition likely to limit his performance. He was returned to Hawaii because he was not able to complete assigned functions. His unit was deployed to Iraq without him. He is now in limbo. He hears from the VA that they cannot help him because he is still an active duty soldier. The military tells him he is not truly on active duty, since his unit is overseas and he is here. Consequently, he has no income and no access to health care.

A young Reservist's wife from a State on the mainland contacted me after reading an airplane article about the community outreach work in Hawaii. Her husband, a medic, was being deployed for the fourth time and she was fearful for his physical and emotional well-being but did not know where to turn for help. She believed if she spoke with anyone in his command about her fears or if word got to command from any other source she might share her fears with, this would reflect badly on her husband's career.

I hear from other wives of physical and verbal abuse by the returning husbands. They are fearful for their children, contemplating divorce, and yet knowing the person they loved before he was deployed is still there somewhere, desperate to find him again but not knowing how to do that or where to go for help.

In another situation, during a briefing with a Reserve unit about our community outreach efforts, I could see two young women soldiers in the audience, one with the 1,000-yard stare. After the briefing, she asked to speak with me off-line about her experience while deployed in Iraq. This young woman reminded me of one of my own daughters, and while she cried while telling me of being raped in Iraq by a fellow soldier, I knew I was limited in what I could do. She was fearful that she would be booted out of her unit and possibly even lose her full-time Federal job if she told anyone what happened. She felt she could certainly not trust that the other soldiers in her unit would be supportive and anticipated revenge instead of support.

One can only wonder how many other women face this situation alone. I am so thankful that she had the courage to trust me and that I have a network of people and organizations in this community available as resources in such situations. In other situations where the individual is eligible for VA care, I do everything possible to bridge the trust and get the person to see one of our caring VA providers.

Since I last testified to this Committee in 2007, I have seen changes in the VA, such as more emphasis on outreach, more visible service for women veterans. But as General Shinseki stated, we must care for all of our veterans. There are still those who do not reach the safety net of the VA through established channels or who are frustrated in attempts to seek help by bureaucratic obstacles. Transitioning home still is not easy. Senator Akaka's comments in 2007 still hold true. More can be done to assist veterans and their families in the reintegration of the wounded or injured veterans into their community.

Mahalo nui loa for allowing me the time to share my mana'o with you today. Mr. Chairman, I will be pleased to answer questions you or your Members of your Committee have for me at this time.

[The prepared statement of Mr. Park follows:]

PREPARED STATEMENT OF CLAY PARK, VETERANS PROGRAM DIRECTOR, PAPA OLA LOKAHI

Mr. Chairman and Members of the U.S. Senate Committee on Veterans Affairs: My name is William Clayton Sam Park. I am of Native Hawaiian ancestry, a disabled veteran, who served as a combat medic during the Vietnam War, and a retired Master Sergeant with 3 years active duty with the U.S. Army and 21 years of service with the Hawai'i Army National Guard. I am presently the Veterans Program Director with Papa Ola Lokahi. Thank you for the opportunity to address the Senate Veterans' Affairs Committee.

My comments today are based on my experiences in that role, and in particular with regard to situations faced by our returning OEF/OIF National Guard and Reserve troops as they transition from military to veterans status, and back to their lives in the community. Though the impact of this current war will be my focus, my work on a recent day in which the veterans I served included an 88 year old WWII veteran from Guam and a 19 year old Oahu Iraq War veteran reminds me to emphasize the message of General Shinseki during his confirmation hearing for the position as Secretary of the Department of Veterans Affairs (VA)—we must care for all of our veterans. We cannot allow those who have served their country at any time, in any role, to be neglected.

Having worked with community agencies for the past several years in outreach efforts to our veterans, it is evident to me that the challenges faced by our newest warriors and their families remain great. As I have done in testimony before this Committee in prior years, I would like to use the "stories" of those who come to me to provide you with the human side of the statistics reported to you by officials of

the military or the VA. Let me start with the experience of a full time, National Guard soldier, activated for duty in Iraq and wounded during that deployment. This individual was medically boarded with a disability rating and then discharged from the National Guard. Since his full time position with the Guard was his employment, and being a member of the Guard is required for that employment, this veteran is now without a job, without adequate income to maintain his former standard of living, and without health benefits for his family.

Next, consider the young man activated with his Reserve Unit for his second tour in Iraq, and sent to the Mainland for training despite the Unit knowing he had a medical condition likely to limit his performance. He was returned to Hawaii because he was not able to complete assigned functions; his Unit was deployed to Iraq without him. He is now in limbo—he hears from the VA that they cannot help him because he is still an active duty soldier. The military tells him he is not truly on active duty since his unit is overseas and he is here. Consequently, he has no income and no access to health care.

A young Reservist wife from a State on the Mainland contacted me after reading an airplane magazine article about the community outreach work in Hawaii. Her husband, a medic, was being deployed for the fourth time and she was fearful for his physical and emotional well-being, but did not know where to turn for help. She believed if she spoke with anyone in his Command about her fears, or if word got to Command from any other source she might share her fears with, this would reflect badly on her husband's career. I hear from other wives of physical or verbal abuse by their returning husbands. They are fearful for their children, contemplating divorce, yet knowing that the person they loved before he was deployed is still there somewhere—desperate to find him again, but not knowing how to do that or where to go for help.

In another situation, during a briefing with a Reserve Unit about our community outreach efforts, I could see two young women soldiers in the audience—one with that "thousand yard stare." After the briefing she asked to speak with me "off-line" about her experience while deployed in Iraq. This young woman reminded me of one of my own daughters, and while she cried while telling me of being raped in Iraq by a fellow soldier, I knew I was limited in what I could do. She was fearful that she would be booted out of her unit and possibly even lose her full time Federal job if she told anyone what happened. She felt she certainly could not trust that the other soldiers in her unit would be supportive, and anticipated revenge instead of support. One can only wonder how many other women face this situation alone. I am so thankful that she had the courage to trust me, and that I have a network of people and organizations in this community available as resources in such situations. In other situations, when the individual is eligible for VA care, I do everything possible to bridge the trust and get the person to see one of our caring VA providers.

Since I last testified to this Committee in 2007, I have seen changes in the VA, such as more emphasis on outreach and more visible services for our women veterans. But, as General Shinseki stated—we must care for all of our veterans. There are still those who do not reach the safety net of the VA through the established channels, or who are frustrated in attempts to seek help by bureaucratic obstacles. Transitioning home is still not easy. Senator Akaka's comments in 2007 still hold true, ". . . more can be done to assist veterans and their families in the . . . reintegration of the wounded or injured veterans into their community."

Mahalo nui loa for allowing me the time to share my mana'o with you today. Mr. Chairman, I would be pleased to answer any questions that you or the Members of the Committee have for me at this time. Aloha.

Chairman AKAKA. Thank you very much, Mr. Park, for your testimony, and I thank all of you for your testimonies.

I have a question here for each of you, so I will call on you starting with Lieutenant Tamayo. This question is to all of you, because you each bring your unique perspectives to today's discussion. It is clear that if we cannot reach veterans, their needs will go unmet. Over the years that I have been working with VA, one of the structuring goals is we want to change the structure from World War II to Iraq and Afghanistan, meaning to update what we are doing and to try to restructure VA so that we can deliver the necessary services to those veterans today.

So the question is, what can VA do to improve the effectiveness of its outreach efforts—our outreach efforts? Nothing is off the table. We are looking for creative solutions and you folks have been there.

That said, let me call on Lieutenant Tamayo for your response.

Lieutenant TAMAYO. I think the most important piece to answer that question is about building relationships and making veterans and servicemembers feel comfortable and feel that we have access to the local VA. I think it is easy—you know, the common perception is that the VA is just a big, huge government organization that is out there somewhere. Maybe we have access, maybe we don't. We have to wait in long lines, wait forever to get benefits.

But by the local VA office or representatives developing relationships with these Guard and Reserve commands and units and having that access and availability there where you have a name, you have a face, and you know that if you have any questions, you can talk to them, and making that level of comfort be present at all levels so that the leaders in the Guard, from the platoon leaders to the company commanders, the battalion commanders, they feel comfortable. So, they know when they have a soldier who they are concerned about or a soldier who is seeking help, that relationship is there where it is not just calling an 800 number and not knowing who you are going to get at the other end of the line.

It is developing that relationship and comfort not only with the units, but I think that is where it starts, because from there, you have the families. And I know something that is changing now that is different from our last deployment is the Family Readiness Groups are trying to remain active and not shutting down now that we are home. They are trying to stay active for each other and continue the support between the family members, but also the support that they experienced while we were gone. So that is another way for the VA to also develop relationships with the spouses and with the families and see what kind of care they are looking for and concerns they may have about their returning servicemember.

Another thing is, you know, a lot of times those of us in the military, we say, OK, you have to go to this briefing or that briefing. You have to go to a suicide prevention briefing or an anger management briefing, you know, getting ready to come home. Too often, these become kind of check-the-block. Here is a 30-slide PowerPoint presentation. OK, you saw it. Sign your name. You are good to go. There is a difference between that and actually talking to someone or hearing from someone who is able to reach us.

We had a briefing from a Major from Wyoming in Kuwait right before we came back, and he just—he is a social worker in his civilian job. He is a National Guard soldier. And he said, you know, this is called an anger management briefing, but I am here to talk to you about basically how to deal with yourself, how to deal with the experiences you have had and how to deal with your family. He talked a lot about himself, and it was a personal conversation. There were about 150 of us in the room, but I know each of us felt touched by his message and what he had to tell us because it was practical. It was real. We weren't just going through the motions.

So, I think the more we can try to push that, and again, it's about developing relationships and having local support and local access.

Chairman AKAKA. Thank you very much.

Let me now call on Sergeant Tuimalealiifano.

Sergeant TUIMALEALIIFANO. Thank you, Senator Akaka. I think, amongst many things and many ways, I think the best thing we could do is maybe, with the soldiers that have returned that are willing to help and assist those who are still there and still sitting in the same positions—depressions that they were in—if we can take those veterans, train them—whether it be by certifying them or not—but to train them maybe with people skills or talking from their own personal experience, we take those veterans, train them up if that is what they desire to do.

Like myself, that is what I would love to do, is to get back into the field that I just left, which is the field of depression. There is a large field that comes with depression and a lot of things that different soldiers and injuries, whether they come back fully physically able, they might not be within themselves.

I think if we take those soldiers that have recovered to a certain extent, that have the desire to go back into those areas, that way, I think, when they are talking to those soldiers and helping them out, they convey that they have been there. They have done that. They have shared that. They know how it feels. They know how it was. I think if we take those veterans and train them and put them back in that field, if that would be desired, they could better help those that are coming in.

The VA, I think, like the Lieutenant said, is a lot about the relationship. There are soldiers like Mr. Clay here shared that had the courage to come up and speak about rape. And there are many others that probably turned away because the information is not out there, not sharing the opening up to everyone to see that the VA is available, that there are organizations and programs available.

But I think relationships, as the Lieutenant mentioned, with soldiers that are coming and going, I think the VA can do that, and then just putting themselves out there and to reach them, whether they want to be heard or not, I think.

That is all I have, sir.

Chairman AKAKA. Thank you very much, Sergeant.

Mr. Park?

Mr. PARK. Thank you, Mr. Chairman. That is a tough question, you know.

Chairman AKAKA. Yes. Your response to the question?

Mr. PARK. One of the things when I look at this is the predeployment briefing. I have never heard of the VA doing a predeployment briefing. I have done a predeployment briefing with the Hawaii Army National Guard, the 29th Brigade; and what I tell these people is that when you become Title X, when you are activated, keep all your documents because documentation is the key. You know, if you are in country and you are standing next to a sign that says, "Welcome to Iraq," take a picture, because if the VA comes back and says, we have no evidence that you were in country, guess what, here it is.

Look for LODs. Make sure you get your LODs if you got hurt while you were in the military. And again, I go back to documentation is the key. So these young men and women need to understand that they need all these documents. They need their orders. They need to know that the people they go with in country can write a buddy letter for them when they come back. So they need to understand that they can work with these people to help them with their application process, as well.

An open door policy. The VA has an open door policy that if a veteran is having difficulty with talking to someone, maybe he can go up the chain and talk to somebody else.

You know, we do education and training. That is the key, education and training, as well.

The biggest thing is connecting with the community, connecting with community organizations. Hawaii is very unique. The people in Hawaii, we are so diverse—different ethnic backgrounds, the different ways we think. When you go to a community—I am going to pick a place like Hana. If you go to Hana to talk to the people in Hana, the first thing you need to do is you need to seek out the elders out there. Go talk to the Kupuna, because they are the ones that can give you guidance on where all these people are, where they are in the bush. They are the ones that can help you. So make that connection with the community. Thank you.

Chairman AKAKA. Mahalo. Thank you very much. As I said, we want to be creative in thinking of other ways that are not being used now to try to deal with the needs that our veterans have.

Tulsi, as a veteran of several deployments, can you talk about improvements, improvements that have been made since your last assignment overseas? What challenges remain?

Lieutenant TAMAYO. Like I mentioned before, my return from my last deployment in 2006, the outreach and the process just in that short demobilization period—from where we are returned to the U.S. and released from active duty—the VA had a bigger presence this time and it was more focused solely on benefits.

I don't know if this is how it is everywhere, but the VA rep who spoke to us was very encouraging and, I want to say, forceful in a good way in getting all soldiers to enroll in the VA and all soldiers to make sure they got a paper talking about the VA Home Guarantee. People were timid in the beginning. Like I said, there were over 400, 500 of us in the tent, but he made sure and he said, hey, you need to get one of these forms, or you need to fill this out. First, people weren't raising their hands, and he got basically almost everyone in the whole tent to raise their hands saying that they were interested and made himself available afterwards.

So that, to me, was a big improvement from the last time we returned, where I was not left with an impression of the VA. The bottom line is, I didn't come back feeling that I had some big connection with the VA or something that I could take away.

Six months after we returned home, we went through a post-deployment health reassessment, and at that time, the VA was also available to us and provided one-on-one counseling to those who requested it. It was not a front and center piece in that PDHRA process. We will see in 6 months and see how things have changed this time around.

Personally, I know that there has been a lot of development from the VA about benefits for Guard and Reserve soldiers and there is a lot more available to us now than there was previously. But again, it comes down to having that focused outreach to Guard and Reserves saying, this is what is available to you, this is what you are eligible for, rather than kind of getting a big, fat book of, hey, this is what the VA has to offer to everyone and trying to sift through it to find what actually applies to me or my family?

Chairman AKAKA. Thank you very much.

Sergeant, will you describe your experiences with the Warrior Transition Battalion?

Sergeant TUIMALEALIIFANO. With the Warrior Transition Battalion, or War Transition Unit, my experience is not much. I have been through Fort Bragg's WTU. They were just standing it up. It was fairly new. My interactions with WT there were not much. I was still an active duty soldier, so I was still returning back to the unit, to and from, because I was from Fort Bragg.

I came here to Hawaii and have been with Tripler's WTU. While the intentions are good, they still need more work. And there is a lot of—because the Guard, I believe they work with the active duty and I think with the Reserves, they don't really hold the same authority over each other. I am still trying to figure out where in there I might be able to fit in if I was to go to COAD.

But as far as the WTU, Senator Akaka, the way they are moving, I think the way they are moving is progressing. They are getting better in what they are supposed to be doing and in what they are doing. Like anything else, a new program that you stand up, you run into obstacles and you learn to adapt to overcome or change routes or routines.

My experience with the one here—I have been with the WTU here since January. They have been very supportive out there to really get you involved in activities and events, going out for a walk type deals or going to the beach and stuff like that. I would rather be doing therapy myself, but they have a lot of good intentions, a lot of good events for soldiers in regards to their active duty, National Guard and Reserves. They provide a lot of events. They provide courses and classes for those who need help with depression, if they feel suicidal.

I think they are going in the right way, the right route and direction with what they are trying to provide soldiers. But with the wars now, you have got a lot of us young guys, young gals, a lot of new and different ways of looking at things. Some guys, we got our chest out too high or too far and chin up so high that we forget that on the inside it is always turning and it needs to be checked up or checked out every once in a while.

But I think that the WTU is doing a great job, still progressing, still young, still new.

Chairman AKAKA. Thank you very much, Sergeant.

Mr. Park, in your testimony, you state that trust must be established in order for servicemembers and veterans to be successfully served. My question to you is, how should VA go about building this trust?

Mr. PARK. One of the things that we established is what we call our Uncles Program, and I am happy to say that I have a few of

my uncles in here right now. It is disabled veterans that help the veterans navigate the system in getting the application, going through the application process.

And what happens with this is that when the veteran calls and needs somebody to talk to, these are the uncles that talk to these veterans. You know, in Hawaii, that is who you turn to. You turn to your uncle, and then your uncle helps you with whatever problems, whatever you have. Because the VA is a government organization and because the soldiers are asking if the command doesn't take care of them, the NCOs don't take care of them, they are looking at a government organization. They come right out and they go right back to another government organization. So the trust that you need to establish with the soldier is to be straight up front and tell them, this is how it is. This is what you have got.

I will give you an example. My PHD tells me 10, 10, 30 adds up to 50, and my PHD is my public high school diploma. [Laughter.]

Well, when a veteran comes up with 10, 10, 30 on his disability and they give him 40, he is going to start thinking, you know, my PHD tells me 10, 10, 30 is 50, it is not 40. You need to explain to these guys, we have a formula here. That is why you got 40, you didn't get 50. So the VA needs to be up front in telling these young soldiers, these veterans, that this is what we have and they need to educate these people on how to get the information across to them, because local guys, if you tell them no, that is it. They are out the door. They give up. You can't let them give up. We can't. I have got no time to sit back and let these guys give up, and I don't. And my uncles, they don't let them give up, either. I have a young uncle right there in that uniform. He just started, came back from Iraq.

I think what the VA needs to do is they need to make that connection. They need to get that trust from the veterans. They need to go to the National Guard units and the Reserve units and talk to the commander, talk to the First Sergeant, talk to the NCOs. That is where it all begins. Thank you.

Chairman AKAKA. Thank you very much, Clay. When you say uncles, I am sure you also mean aunties.

Mr. PARK. That, too. [Laughter.]

There is a Dr. Kathleen M. McNamara who holds a women's group in Maui. I think she is the only one that I know who does a women's group in Maui, and she does it in the evenings. I think there is a women's group here on Oahu. I am not sure there is, but I think there is one at the VA here on Oahu. But with my counterpart, Babette Galaang, standing there, we are trying to establish an aunties group, as well.

Chairman AKAKA. Thank you. This is really about the relationship between two people, and in this particular case, veterans with VA, right?

Mr. PARK. Yes, sir.

Chairman AKAKA. Well, thank you very much.

This question is for all members of the panel. In your experiences, how are families affected by the reintegration process? I know this is a very sensitive question. However, this Committee would appreciate your candor so we can gain insight into the nature of this happy and sometimes difficult process.

Let me first call on Sergeant Tuimalealiifano.

Mrs. TUIMALEALIIFANO. Excuse me, Senator, for barging in here.

Chairman AKAKA. Will you please identify yourself?

STATEMENT OF SHANNON TUIMALEALIIFANO, VETERAN AND WIFE OF SERGEANT TUIMALEALIIFANO

Mrs. TUIMALEALIIFANO. My name is Shannon Tuimalealiifano, and I am Sergeant Tui's wife. Very briefly, before I speak on your question, let me say who I am. My mother was an active duty Army soldier in the Vietnam era. My father, as well, was a Vietnam veteran of 24 years. He retired. He spent the majority of his time at Fort Bragg, the mighty mighty Fort Bragg, NC. So, I am very familiar with the military historically and having also joined the military, I am a 10-year veteran myself.

After 9/11, I was activated. My husband and I got married. I left active duty service after 6 years and was reactivated twice after 9/11. So, I am familiar with the Reserve component and its difficulties, and the active-duty component and its novelties, and families of all types and sorts, growing up from a Vietnam veteran family, having been a member, and having not only dealt with deployment issues, but traumatic deployment issues. So, I just want to say that to let people know that when I speak, I am speaking from a broad array of experiences. I am so thankful, Senator, that you are asking for creative ideas on how to make a difference. I would like to say that the biggest reason that my husband and I came home after he was injured, was that the military gave us permission, because we knew without a shadow of a doubt that even though initially his neck was broken and he could not function from the neck down, we knew that God is good all the time and that the best healing comes at home. So we requested for a transfer. We were granted that transfer.

The reason we came was because, as Mr. Park has said, Hawaii is different from the entire rest of the United States. Where the majority of the United States has had a breakdown in family components, there is still ohana here. You will still find uncles and aunties and grandmas and grandpas in the family, helping. In the mainland especially and in the military, you are disseminated throughout the United States. You are very far from any kind of support. And if your command is not strong and the wives of that command are not strong enough to understand that their role is to mentor the young wives coming in, then there is a lack of family connection at all.

And the Lieutenant is very right. The main thing that we can do to help veterans, families, and all of the issues sprouting from the war and being military, period, is relationship.

We have three children. The youngest was born when he deployed. He was injured 2 weeks before coming home, so the baby was one. The number 1 thing, sir, that I can say that would assist families, when people come home, they need to reconnect. When they come home different from the way they left—injured in any capacity—it is traumatizing. It is wonderful to focus on the outreach of the veterans to take care of them, but if the families are not cared for, then you are not caring for the veteran, because the brunt of the burden of the care will fall on that family. Because

after business hours when everybody shuts down, the therapist, the counselors, and the family will take over—weekends, holidays, et cetera.

So, the thing that I would say, sir, would be that programs such as child care so that the couple can seek counseling, or even can simply get together and reconnect in an informal atmosphere, of going on a date and simply talking. We need programs with child care, programs in the VA that reach out to the community for the family. There were so many things that my husband could not speak to me on, but he could speak to fellow veterans, and I understood that. I gave them their time to connect and console each other so that healing could come. Even just talking is wonderful.

I received so many helpful people who would give me Web sites and numbers to call, applications to fill out. With three small children, one an infant, and my husband unable to function, if you give me a Web site, you might as well not give me information. I don't have the time.

The VA would do well to have an organization, and I model this after the Care Coalition because they were our salvation when he was hurt. We were so overwhelmed with the future and the prospects of our entire lives. They banded around us. They poured love on us. They poured out information in pamphlets, but they also contacted organizations for us. They saw the need. They went to the community for us because I didn't have time to leave the hospital to go ask these people for help.

And they came back with gift cards and gas cards for me driving back and forth to hospitals. I think many people are aware of Hero Miles, where they give free tickets for the families to help—gas cards and food, grocery cards—because we were living out of the Fisher House. We needed groceries. We needed all these things that normally we would have at home. But it was an expense out of our pocket with a sudden loss of income because, of course, I could not continue working.

So if the VA could form a group where their purpose is to reach out to the community for these families, connect them to these groups, connect them to the families of their local environment, get things like gas cards or grocery cards or free child care tickets or things that just would take the pressure off of the couple trying to juggle their lives in the middle of the chaos while they are still trying to plan their future. These are the kind of programs and groups needed.

And as I said, the Care Coalition, I do believe, is working with active duty components to attempt to form some groups, and they are doing the same thing. They are trying to draft some of these young soldiers who do not feel that they can continue in the military so that they don't have the bleak outlook of, I don't have a future. They ask them, would you like to reach out to other soldiers? Join our organization, be on staff, come talk to other soldiers in the hospital so that they don't give up on life because they don't see what can happen after, if they lose limbs, if they lose families from the stress.

And the children, most importantly—we were blessed because my family lived nearby, and being Vietnam veterans they understood. When he got hurt, my parents took the children. I went to

the hospital. My children didn't have to experience the trauma of watching me break down and cry. They were allowed to remain children because there was an environment to care for them. But without relationship, without a trusting back-up plan, I would have had to take them and they would have had to see every sordid detail of him coming off the plane, being connected to wires, tubes, and a neck brace. That was not something I wished for my children. But had those programs not been in place, I wouldn't have had a choice.

So again, I say, it can be traumatic if there is not someone there to take the pressure off of the soldier and the spouse so that families can heal slowly instead of trying to put a pressure dressing immediately and keep it there while you are trying to figure out everything. So, thank you for letting me speak.

Chairman AKAKA. Mahalo. Thank you so much for that. [Applause.]

Lieutenant, do you have a response to that?

Lieutenant TAMAYO. Just very briefly to touch on something you mentioned earlier and that you mentioned regarding soldiers not coming home the same way that they left. This comes in many shapes and forms. There is the physical aspect of it, and I know you have worked and you have talked a lot about the invisible wounds. My mom had actually asked me about PTSD the other day and asked me, how do they figure out who has PTSD and who doesn't, and that is the thing.

Coming back from these experiences, there is no cut-and-dry formula, you had this many bullets shot at you or you went through this many explosions, therefore, you qualify or whatever. I can only speak from a Guard-Reservist perspective, but the baseline of leaving home, putting life on pause, and being away from your family is a stress in and of itself on a good day, but when you put together all the things that happen to a majority of us—not only the stresses of the mission but also being aware of and knowing things that are going on at home, things that are not going on at home that should be, and knowing that you can't do anything about it and you are powerless and have no control, you can't go home and save the day, you can't take care of things—there is a lot of stress in that and different people deal with it in different ways.

The important thing is that when we come home, the support that was there for the families while we were gone continues for the families and us as we come home. I know for our unit—and this is, I think, a testament to the Guard leadership here—there was quite a bit of family support. Families had a lot of gatherings, they had a lot of meetings, they had a lot of information and things that were available. I think it is definitely important that support continues now that we are home while we are trying to put all the pieces back together.

Chairman AKAKA. Thank you very much.

Let me call on Clay Park for his response.

Mr. PARK. Well, Senator, after four children, 13 grandchildren, and four great-grandchildren, I have come a long way.

When I came back from Vietnam, I was angry. When I was told that I had PTSD, I said, no, I don't. And they said, well, then why

do you sleep with a loaded pistol under your pillow? How do you know that?

One day, my son got angry at me and he was going to throw something at me; and I still remember this in my mind right now. I was going to kill him, because I remembered that I had seen this young kid throw a grenade in the helicopter; and at that time I thought my son was a young VC. If my wife didn't yell at me, I would have run him over.

I see a lot of spouses that go through their husbands self-medicating. They are drinking, they are doing drugs, and the wives are getting hit at night. They don't know what to do. The families are getting pretty much beat up, and the reason for that is because they aren't getting help from nobody. They are doing it on their own. I know the VA is now trying to help the families, but that is my personal experience with PTSD. Maybe I have got a Traumatic Brain Injury, too, I don't know, but I have come a long way. So, after 35 years married to my wife, I have got a long way to go yet. Thank you, Senator.

Chairman AKAKA. Thank you for sharing your personal experience, Mr. Park.

I want you to know that we have passed legislation on home care out of Committee. Hopefully we can pass it finally through the full Senate in September when we go back into Session.

This comes down to helping the family help the soldier—which includes training the family member and providing stipends that will help the family.

This has been a great panel. Thank you so much for sharing your personal experiences. And without question, your responses will help us be more creative in trying to find services that can help you and your families. Mahalo nui loa. [Applause.]

I want to welcome our second panel. Our first witness is Tracey Betts. She is the Honolulu Regional Office Director.

Also, Sheila Cullen, who is Director of the Veterans Integrated Service Network 21 at the Veterans Health Administration. She is accompanied by Dr. James Hastings, Director of the VA Pacific Islands Health Care System, and Dr. Adam Darkins, who is the Chief Consultant for Care Coordination in the Office of Patient Services.

And we have Brigadier General Gary Ishikawa, Deputy Adjutant General for the State of Hawaii.

Our final witness is the Honorable Ray Jefferson. I want to welcome Ray home. He has just been confirmed as Assistant Secretary of Veterans' Employment and Training at the Department of Labor.

I want to thank all of you on the second panel for being here this morning. Your full testimony will be, of course, printed in the record.

Ms. Betts, will you please begin with your statement.

STATEMENT OF TRACEY BETTS, HONOLULU REGIONAL OFFICE DIRECTOR, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Ms. BETTS. Chairman Akaka, it is my pleasure to be here today to discuss our efforts to meet the needs of veterans residing in the

Pacific Region. The Honolulu Regional Office is responsible for delivering non-medical VA benefits and services to veterans and their families through the administration of comprehensive and diverse benefit programs. Today, I will specifically discuss important outreach and services provided to members of the National Guard and Reserves here in Hawaii.

The Honolulu Regional Office serves the veteran population in Hawaii and the Pacific region, including Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. The Honolulu RO is also responsible for outreach to the veterans residing in the insular islands of the Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands.

The Honolulu RO administers the following benefits and services: disability compensation, vocational rehabilitation and employment assistance, the Home Loan Guarantee Program, specially adaptive housing grants, and Native American direct home loan programs, outreach for all veterans, and survivor benefits.

Over 118,000 veterans live in the jurisdiction served by the dedicated employees of the Honolulu RO. Of these veterans, approximately 19,200 currently receive disability compensation benefits.

The Honolulu RO has two dedicated Military Service Coordinators who perform many of the outreach functions provided to returning servicemembers. The MSCs conduct regular briefings covering the full range of VA benefits as part of the Military Transition Assistance Program, referred to as TAP, at various military installations. Servicemembers are informed of the array of VA benefits and services available, instructed how to properly complete VA application forms, and advised of the evidence needed to support their claims. Since the beginning of the fiscal year, the Honolulu RO has conducted 171 TAP briefings to approximately 5,100 servicemembers in Hawaii. Claims submitted by seriously injured veterans of the Operation Enduring Freedom or Operation Iraqi Freedom receive priority processing through case management.

The Honolulu RO has a Veterans Service Representative that travels throughout Hawaii to provide monthly benefit counseling to veterans residing in Kona, Hilo, Maui, Kauai, with bimonthly services to veterans on Molokai and semi-annual services to veterans on Lanai. Veterans Service Representatives travel to provide benefit briefings, answer questions, and accept the benefit claims. Outreach to the insular islands is scheduled to occur on a quarterly basis.

In fiscal year 2009, the Honolulu Loan Guarantee Division closed 47 Native American direct loans totaling $8.3 million. The success of this program is attributed to the Loan Guarantee staff's promotion of the NADL program through weekly outreach with the Department of Hawaiian Homelands.

We have expanded our outreach programs for National Guard and Reserve components, our participation in the OEF/OIF community events, and other information dissemination activities to ensure that benefit briefings are conducted when local National Guard and Reserve units return from deployment.

In September 2009, the MSCs and our other Honolulu RO employees will be participating in the Hawaii Beyond the Yellow Rib-

bon Exposition at the convention center, where it is expected that over 3,000 soldiers and their families will attend.

The Honolulu RO is also working with the Department of Defense to expand its role in their military pre-separation process. Specifically, we are working to place our MSCs on the grounds of the military treatment facility to expedite the delivery of consistent service to the wounded, ill, and injured servicemembers and veterans. Relocation of the MSCs will enable servicemembers and members of the National Guard and Reserve to file pre-separation claims, receive benefit briefings, and participate in personal interviews.

Our vocational rehabilitation and education counselors have a presence in the Wounded Warrior battalions located at the Schofield Barracks and the Kaneohe Marine Corps Base. In fiscal year 2009 our counselors completed 20 briefings and provided education and vocational counseling to approximately 1,200 servicemembers.

Claims with a known discharge date between 60 and 180 days can also be processed as benefits delivery at discharge. The Honolulu RO is a BDD intake site and is responsible for taking and developing claims received from the eight military installations within its jurisdiction, to include Camp Smith, Fort Shafter, Hickham Air Force Base, Marine Corps Base, Pearl Harbor, San Island Coast Guard, Schofield Barracks, and Tripler Army Medical Center. Upon receipt of an application, the Honolulu RO coordinates with the Honolulu VA medical center to provide the separating servicemember with a VA examination.

When the claim is fully developed, the claim is sent to the Rating Activity Site, located in Salt Lake City, UT. The Honolulu RO refers an average of 14 BDD claims per week to the RAS, which prepares rating decisions for all VA BDD intake claims for veterans separating in Honolulu. On an average, claims are completed by the RAS in less than 90 days.

Claims received from servicemembers with a known discharge date of less than 60 days are categorized as quick-start claims. At the time of filing a quick-start claim, the servicemember is advised of the full array of VA benefits, to include disability compensation, health care, insurance, vocational rehabilitation, loan guarantees, specially adaptive housing, and education benefits. The Honolulu RO receives an average of ten quick-start claims per week. Upon receipt, medical examinations are ordered and the claim is sent to San Diego for expedited processing. The San Diego Regional Office has 100 employees dedicated specifically to processing quick-start claims.

The Honolulu Regional Office works diligently to provide services to the veteran population residing here in the Pacific region.

Mr. Chairman, this concludes my testimony.

[The prepared statement of Ms. Betts follows:]

PREPARED STATEMENT OF TRACEY BETTS, DIRECTOR, HONOLULU REGIONAL OFFICE, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Chairman Akaka, it is my pleasure to be here today to discuss our efforts to meet the needs of Veterans residing in the Pacific Region.

The Honolulu Regional Office (RO) is responsible for delivering non-medical VA benefits and services to Veterans and their families through the administration of

comprehensive and diverse benefit programs. Our goal is to deliver these benefits and services in a timely, accurate, and compassionate manner.

Today I will specifically discuss important outreach and services provided to members of the National Guard and Reserves in Hawaii.

HONOLULU REGIONAL OFFICE

The Honolulu RO serves the Veteran population in Hawaii and the Pacific Region, including Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands (CNMI). The Honolulu RO is also responsible for outreach to Veterans residing in the Insular Islands of the Republic of Palau, Federated States of Micronesia, and Republic of the Marshall Islands.

The Honolulu RO administers the following benefits and services:

- Disability Compensation
- Vocational Rehabilitation and Employment Assistance
- Home Loan Guaranty, Specially Adapted Housing Grants, and Native American Direct Home Loans
- Outreach for all Veteran and survivor benefits

Over 118,000 Veterans live in the jurisdiction served by the dedicated employees of the Honolulu RO. Of these Veterans, approximately 19,200 receive disability compensation benefits.

OUTREACH

The Honolulu RO actively participates in various outreach activities. The Honolulu RO has two dedicated Military Service Coordinators (MSCs) who perform many of the outreach functions provided to returning servicemembers. The MSCs conduct regular briefings covering the full range of VA benefits as part of the military Transition Assistance Program (TAP) at various military installations in Hawaii. TAP briefings aim to prepare retiring and separating military personnel for return to civilian life. At these briefings, servicemembers are informed of the array of VA benefits and services available, instructed how to properly complete VA application forms, and advised of the evidence needed to support their claims. Following the general instruction segment, personal interviews are conducted with those servicemembers who request assistance in preparing and submitting their applications for compensation and/or vocational rehabilitation and employment benefits. Since the beginning of the fiscal year, the Honolulu RO has conducted 171 TAP briefings to approximately 5,177 servicemembers in Hawaii.

Claims submitted by seriously injured Veterans of Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF) receive priority processing through case management. The Honolulu RO OEF/OIF coordinator works with military medical facilities and VA medical centers to ensure these servicemembers and their families receive expedited delivery of all benefits.

In addition, the Honolulu RO has a Veterans Service Representative (VSR) travel throughout Hawaii to provide benefit counseling to Veterans. The VSR travels and provides monthly benefit services to Veterans residing on Kona and Hilo, Hawaii; and on Maui and Kauai. Quarterly service is also provided to the Veterans residing on Molokai, and semi-annual service is provided to Veterans residing on Lanai.

The Honolulu RO is committed to providing benefit information and access to VA programs to Veterans and their dependents living on Guam and in the Insular Islands, to include the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau through their increased outreach presence. Veterans Service Representatives travel to these remote locations to provide benefits briefings, answer questions, and accept benefit claims. Outreach to the Insular Islands is scheduled to occur on a quarterly basis. The Honolulu RO also distributes informational materials, such as VA pamphlets and DVDs, to Veterans residing on the Insular Islands. A dedicated telephone line was established for Insular Island Veterans to contact the Honolulu RO to inquire about their individual claims and to request general VA benefit information.

Homeless claims are case managed and processed expeditiously. The Honolulu RO has a Homeless Coordinator who actively works with the Veterans Health Administration Homeless Coordinators to provide services to homeless Veterans such as living placement, clothing, and food. The Homeless Coordinator participates in various outreach activities to include Homeless Stand Down events in Hilo on April 17, 2009, and Kauai July 4, 2009.

The Native American Direct Loan (NADL) Program, established in 1992 and made permanent by Public Law 109–233, provides financing for homes for Native American Veterans and Veterans with Native American spouses. In fiscal year 2009, the Honolulu Loan Guaranty (LGY) Division closed 47 Native American Direct

Loans totaling $8,375,639. The success of this program is attributed to the Honolulu Loan Guaranty staff that regularly promotes the NADL Program through weekly outreach with the Department of Hawaiian Homelands. Quarterly outreach for the NADL Program is provided to Veterans in American Samoa, Guam, and CNMI. Continual training with lenders and realtors in the community is conducted.

The RO staff and I regularly participate in various ceremonies and conventions, such as the Joint POW/MIA Accounting Command Repatriation Ceremony held at Hickam Air Force Base; the annual Vietnam Veterans Memorial Day Ceremony at the National Memorial Cemetery of the Pacific, also known as the Punchbowl; the annual State Governor's Memorial Day Ceremony at the Hawaii State Veterans Cemetery; and most recently, the Disabled American Veterans State Conference held in June on the island of Kauai. Additionally, employees participate in the graduation ceremonies of Post Traumatic Stress Disorder Residential Rehabilitation participants held quarterly at Tripler Army Medical Center.

OUTREACH SERVICES FOR MEMBERS OF THE RESERVE AND NATIONAL GUARD

We have expanded our outreach programs for National Guard and Reserve components and our participation in OEF/OIF community events and other information dissemination activities. The MSC ensures that benefit briefings are conducted when local National Guard and Reserve units return from deployment. During these briefings, the MSC provides a comprehensive briefing on VA benefits and assists with appropriate applications. All attendees receive a copy of VA pamphlet, *A Summary of VA Benefits*, as well as the *VA Health Care and Benefit Information for Veterans* wallet card. In addition, the MSC works in concert with the National Guard Yellow Ribbon Program to provide information and services to members of the National Guard. In September 2009, the MSCs and other Honolulu RO employees will be participating in "Hawaii Beyond the Yellow Ribbon" exposition. Over 3,000 soldiers and their families are expected to attend.

The Honolulu RO is also working with the Department of Defense to expand its role in their military pre-separation process. Specifically, we are working to place our MSCs on the grounds of the military treatment facility to expedite the delivery of consistent service to the wounded, ill, and injured servicemembers and Veterans. Relocation of the MSCs will enable servicemembers and members of the National Guard and Reserve to file pre-separation claims, receive benefit briefings, and participate in personal interviews.

Our Vocational Rehabilitation and Employment (VR&E) employees work closely with military facilities in Hawaii to ensure that outreach is extended to as many returning servicemembers as possible. The VR&E counselors have a presence in the Wounded Warrior Battalions located at Schofield Barracks and Kaneohe Marine Corp Base. They provide monthly briefings to these soldiers in addition to providing them education and employment counseling. In fiscal year 2009, VR&E completed 20 briefings and provided education and vocational counseling to approximately 1,200 servicemembers.

The VR&E Employment Coordinator from the Honolulu RO works with the Tripler Army Medical Center's Deployment Health Center to assist returning Reservists and National Guard members. In addition to providing information about VA services, the Employment Coordinator refers recuperating soldiers to the local Disabled Veterans Outreach Program for employment briefings offered by the Department of Labor. The Honolulu RO also has a VR&E counselor located at the Maui Community Based Outpatient Clinic full time providing VR&E services to Maui Veterans. He currently works with approximately 100 Veterans on Maui and has met with 1,200 Veterans this fiscal year.

With the ongoing activation of Reserve and National Guard members in support of the military operations in Iraq and Afghanistan, servicemembers are becoming eligible for VA home loan benefits in greater numbers. Reserve and National Guard members are eligible for the Loan Guaranty and Native American Direct Loan Programs after 90 days or more of active wartime service. In general, Veterans may qualify for VA-guaranteed and direct loans in amounts equal to the Freddie Mac conforming loan limit. As a result of the Veterans' Benefits Improvement Act of 2008, the amount in Oahu, a high-cost area, can be as high as $783,750, with no down-payment.

The Honolulu Loan Guaranty Office administers VA Home Loan Workshops at Hickam Air Force Base to active duty servicemembers to include National Guard and Reservists. In fiscal year 2009, the Loan Guaranty staff completed five workshops, participated in various outreach activities such as the Mortgage Class/Financial Fair held at Fort Shafter, and participated in the Personal Financial Expo held at the Blaisdell Center earlier this month.

BENEFITS DELIVERY AT DISCHARGE AND QUICK START CLAIMS

Any servicemember may file a pre-discharge claim for disability compensation if that individual is within 180 days of release from active service. This includes members of both active duty and full-time reserve components and those undergoing medical evaluation board/physical evaluation board proceedings.

Those claims with a known discharge date between 60–180 days can be processed as a Benefits Delivery at Discharge (BDD) claim. The Honolulu RO is a Benefits Delivery at Discharge (BDD) intake site and is responsible for taking and developing claims received from the eight military installations within its jurisdiction (Camp Smith, Fort Shafter, Hickam Air Force Base, Marine Corp Base Hawaii, Pearl Harbor, San Island Coast Guard, Schofield Barracks, and Tripler Army Medical Center). Upon receipt of an application, the Honolulu RO coordinates with the Honolulu VA Medical Center to provide the separating servicemember with a VA examination. When the claim is fully developed to include completion of the VA examination, the claim is sent to the rating activity site (RAS) located at the Salt Lake City RO. The Honolulu RO refers an average of 14 BDD claims per week to the RAS, which prepares rating decisions for all VA BDD claims for Veterans separating in Honolulu. On average, claims are completed by the RAS in less than 90 days.

Claims received from servicemembers with a known discharge date of less than 60 days are categorized as Quick Start pre-discharge disability claims. At the time of filing a Quick Start claim, the servicemember is advised of the full array of VA benefits to include disability compensation, health care, insurance, vocational rehabilitation, loan guaranty, specially adapted housing, and education benefits. The Honolulu RO receives an average of 10 Quick Start claims per week. Upon receipt, claims are immediately placed under control, have medical examinations ordered, and are then sent to the San Diego RO for expedited processing. The San Diego RO has 100 employees dedicated to the processing of Quick Start claims.

CONCLUSION

The Honolulu Regional Office works diligently to provide services to the Veteran population residing in the Pacific Region and ensure members of the National Guard and Reserve are knowledgeable of the array of benefits and services available to them through VA.

Mr. Chairman, this concludes my testimony. I greatly appreciate being here today and look forward to answering your questions.

Chairman AKAKA. Thank you very much, Ms. Betts.

Now, Sheila Cullen, will you please proceed with your statement.

STATEMENT OF SHEILA CULLEN, DIRECTOR, VETERANS INTEGRATED SERVICE NETWORK 21 (VISN 21); ACCOMPANIED BY JAMES HASTINGS, M.D., DIRECTOR, VA PACIFIC ISLANDS HEALTH CARE SYSTEM; AND ADAM W. DARKINS, M.D., CHIEF CONSULTANT FOR CARE COORDINATION, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Ms. CULLEN. Mr. Chairman, mahalo for the opportunity to appear before you today to discuss the Department of Veterans Affairs health care in Hawaii and the Pacific region. It is a privilege to be here on Oahu to speak and to answer questions about VA health care issues that are important to veterans residing in Hawaii.

First, Mr. Chairman, I would like to thank you for your leadership and advocacy on behalf of veterans. Your vision and support have led to an unprecedented level of health care services for veterans, construction of state-of-the-art facilities here in Honolulu, and remarkable improvements in access to health care services for veterans residing on the Hawaiian neighbor islands, American Samoa and Guam.

My written testimony, which I ask be submitted for the record, describes the VA Sierra Pacific Health Care Network. It provides an overview of the VA Pacific Islands Health Care System and the VA facilities here on Oahu. It discusses national and local telehealth programs, and it highlights outreach and seamless transition activities between the VA Pacific Islands Health Care System and the State of Hawaii National Guard.

In the few minutes I have now, I would like to tell you about some recent expansions of care and services on the islands and to describe our outreach efforts to members of the Reserves and National Guard.

VA Pacific Islands Health Care System currently provides care in ten locations, with two more soon to be added. The two planned facilities include a new interim community-based outpatient clinic to serve Leeward Oahu veterans with an expected opening in fiscal year 2010, and a new outreach clinic in Saipan set to open this fall.

An inpatient Post Traumatic Stress Disorder residential rehabilitation unit is in its interim location on the Tripler campus, pending construction and activation of a new VA-funded facility during fiscal year 2011.

VA Pacific Islands Health Care System also received approval for a VA-funded project, just under $7 million, to build a joint VA/DOD ambulatory surgery facility on the grounds of Tripler. The project is nearing design completion and is scheduled for construction and activation in fiscal year 2011.

VA Pacific Islands Health Care System is also constructing a new replacement community-based outpatient clinic in Guam that will offer expanded capacity. It will be located along the perimeter of the Guam Naval Hospital, and is expected to open in March 2010.

VA Pacific Islands Health Care System has served the needs of almost 3,400 total Operation Enduring Freedom/Operation Iraqi Freedom—or as we more often refer to them, OEF/OIF veterans—through July 2009, including 1,089 Hawaii National Guard members. Our experience to-date has shown that about one in four OEF/OIF veterans avail themselves of VA enrollment and health care.

VA Pacific Islands Health Care System has a dynamic OEF/OIF program led by a program manager who, along with three staff, which includes two care managers and one Transition Patient Advocate, partner effectively with the Hawaii National Guard, the Army Reserve, and active duty military to serve the veterans' health care needs related to these organizations.

These program staff members coordinate care and services for OEF/OIF veterans and their families throughout the VA Pacific Islands Health Care System by ensuring that comprehensive, preventive, mental and physical health examinations are performed. They also provide outreach services to veterans who are not currently VA users and assist in the case management of severely injured veterans who require complex care.

VA Pacific Islands Health Care System OEF/OIF staff members meet and communicate frequently with Hawaii National Guard leadership and exchange data and information about troop status, including force deployment and return. VA is presently anticipating

the health care needs from an estimated 1,158 returning members of the Guard this month. The program is also decentralizing its staff and locating them on a full- and part-time basis, as appropriate, to work on military bases on Oahu, including Fort Shafter, Kaneohe Marine Air Station, Schofield Barracks, and with the Hawaii National Guard at Kalaeloa. We expect that integrating VA staff with these military units will increase the visibility and level of service VA provides to individuals within these units and supports continued seamless transition activities between the organizations.

In addition, VA program staff members regularly attend and participate in Guard post-deployment health assessment screenings and Yellow Ribbon events organized for servicemembers and their families.

In summary, because of the support of this Committee and the Hawaiian Congressional delegation, VA is providing an unprecedented level of health care services to veterans residing in Hawaii and the Pacific region. VA Pacific Islands Health Care System still faces several challenges, including timely access to health care services, an aging veteran population, and the special needs of our newest veterans. VA Pacific Islands Health Care System will meet these challenges by working with DOD and community partners, activating an ambulatory surgical center, utilizing telehealth technologies, and opening new clinics, as necessary. I am proud of what VA has accomplished in Hawaii and the Pacific Islands region and look forward to future endeavors on behalf of veterans.

Again, Mr. Chairman, mahalo for the opportunity to testify at this hearing, and my colleagues and I would be delighted to address any questions you may have for us.

[The prepared statement of Ms. Cullen follows:]

PREPARED STATEMENT OF MS. SHEILA CULLEN, DIRECTOR, VA SIERRA PACIFIC NETWORK (VISN 21), VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Mr. Chairman and Members of the Committee, mahalo for the opportunity to appear before you today to discuss VA health care in Hawaii and the Pacific region. It is a privilege to be on Oahu to speak and answer questions about VA health care issues that are important to Veterans residing in Hawaii. I am accompanied today by Dr. James Hastings, Director of the VA Pacific Islands Health Care System (VAPIHCS), and Dr. Adam Darkins, Chief Consultant, Care Coordination, Office of Patient Care Services, Veterans Health Administration.

First, Mr. Chairman, I would like to thank you for your leadership and advocacy on behalf of our Nation's Veterans. During your tenure as Ranking Member and Chairman of this Committee, you have consistently demonstrated your commitment to Veterans by introducing legislation designed to meet the needs of Veterans. As I will highlight later, your vision and support have led to an unprecedented level of health care services for Veterans, construction of state-of-the-art facilities here in Honolulu, and remarkable improvements in access to health care services for Veterans residing on the Hawaiian neighbor islands, American Samoa and Guam. In addition, we appreciate your interest in and support of the Department of Veterans Affairs (VA).

Today, I will briefly review the operations of the VA Sierra Pacific Network that includes Hawaii and the Pacific region; provide an overview of VAPIHCS and the VA facilities here on Oahu; provide national and local information regarding telehealth programs; and highlight outreach and seamless transition activities between VAPIHCS and the State of Hawaii National Guard.

VA SIERRA PACIFIC NETWORK (VISN 21)

The VA Sierra Pacific Network (Veterans Integrated Service Network [VISN] 21) is one of 21 integrated health care networks in the Veterans Health Administration (VHA). The VA Sierra Pacific Network provides services to Veterans residing in Hawaii and the Pacific region (including the Philippines, Guam, American Samoa and Commonwealth of the Northern Marianas Islands), northern Nevada, and central/northern California. There were an estimated 1.1 million Veterans living within the boundaries of the VA Sierra Pacific Network in Fiscal Year (FY) 2008.

The VA Sierra Pacific Network includes six major health care systems based in Honolulu, HI; Palo Alto, CA; San Francisco, CA; Sacramento, CA; Fresno, CA; and Reno, NV, as well as an Independent Outpatient Clinic in Manila, PI. In FY 2008, the Network provided services to 213,000 out of 350,000 enrolled Veterans. There were about 3.2 million clinic visits and 25,800 inpatient discharges. The cumulative full-time employment equivalents (FTEE) level was 9,607, and the operating budget was about $2.1 billion.

The VA Sierra Pacific Network is committed to ensuring the care Veterans receive is of the highest quality. All six health care systems within the Network have major academic affiliations. The Network hosts a significant number of Centers of Excellence in VHA and supports a large and broad research portfolio. It also has expansive and collaborative relationships with the Department of Defense (DOD). The VA Sierra Pacific Network has not only exceeded patient satisfaction goals (inpatient and outpatient), but its employee satisfaction scores are among the top five Networks for overall job satisfaction in VHA. As reflected in the most recent employee satisfaction survey, the Network had the highest scores in VHA in several categories including leadership, supervisory support, customer service, conflict resolution, praise, and rewards.

Given the large and diverse geographic nature (i.e. rural or frontier lands and remote islands) of VISN 21, access to care is a priority. In FY 2010, the Network will activate nine new sites of care in the Pacific (Hawaii and the Northern Mariana Islands), California, and Nevada. Finally, VISN 21 is proud to operate one of four Polytrauma Rehabilitation Centers in VHA dedicated to addressing the clinical needs of the most severely injured Veterans.

VA PACIFIC ISLANDS HEALTH CARE SYSTEM (VAPIHCS)

As noted above, VAPIHCS is one of six major health care systems in VISN 21. Dr. James Hastings is the director and a practicing cardiologist at VAPIHCS. VAPIHCS is unique in several important aspects: its vast catchment area covers 2.6 million square-miles (including Hawaii, Guam, American Samoa and Commonwealth of the Northern Marianas); its remote island locations create access challenges; and it enjoys the cultural richness of the Pacific Islands with an ethnically diverse patient and staff population. In FY 2008, there were an estimated 118,000 Veterans living in Hawaii, and at least 10,000 additional Veterans located beyond Hawaii in the VAPIHCS catchment area.

VAPIHCS currently provides care in ten locations, with two more soon to be added. Our current facilities include an Ambulatory Care Center (ACC) and a Community Living Center (CLC) on the campus of the Tripler Army Medical Center (TAMC) in Honolulu; community-based outpatient clinics (CBOC) in Lihue (Kauai), Kahului (Maui), Kailua-Kona (Hawaii), Hilo (Hawaii), Hagatna (Guam) and Pago Pago (American Samoa); and outreach clinics on Molokai and Lanai. The two planned facilities include a new interim CBOC to serve Leeward Oahu Veterans (approved in FY 2008 with an expected opening in early FY 2010) and a new outreach clinic in Saipan set to open this fall. The inpatient Post Traumatic Stress Disorder (PTSD) residential rehabilitation unit is in its interim location on the campus of TAMC, pending construction and activation of a new VA-funded facility ($9.56 million), also at TAMC, during FY 2011. VAPIHCS also received approval for a VA-funded project ($6.95 million) to build a Joint VA/DOD Ambulatory Surgery facility on the grounds of TAMC. The project is nearing design completion and is scheduled for construction and activation in FY 2011.

VAPIHCS is also constructing a new replacement CBOC in Guam that will offer expanded capacity. It will be located along the perimeter of the Guam Naval Hospital, and we expect it to open in March 2010. VHA operates a total of six Vet Centers in Honolulu, Lihue, Wailuku, Kailua-Kona, Hilo and Guam. These facilities provide counseling, psychosocial support, and outreach. A Vet Center staff member was also added in American Samoa during FY 2008.

In FY 2008, VAPIHCS provided services to nearly 24,000 Veterans, an increase of over seven percent from FY 2007. Of these Veterans, 19,000 reside in Hawaii. There were 162,000 clinic stops in Hawaii during FY 2008. The cumulative FTEE

in FY 2008 for the health care system was 540 employees. The operating budget for VAPIHCS (i.e., General Purpose allocation from appropriated funds) increased from $128.0 million in FY 2007 to $142 million in FY 2008, an increase of 11 percent.

VAPIHCS provides or contracts for a comprehensive array of health care services. VAPIHCS directly provides primary care, including preventive services and health screenings, and mental health services at all locations. VAPIHCS does not operate its own acute medical-surgical hospital and as a result faces some challenges in providing specialty services. VAPIHCS has hired specialists in orthopedics, ophthalmology, nephrology, infectious disease and inpatient medicine ("hospitalist"), and is providing selected specialty care in Honolulu and to a lesser extent at CBOCs. VAPIHCS also added a neurologist in FY 2008 to improve the treatment of Traumatic Brain Injury (TBI). VAPIHCS is actively recruiting additional specialists and expects to have a newly hired cardiologist and endocrinologist this fall. Veterans with spinal cord injuries receive care from VAPIHCS dedicated staff, which provides a multidisciplinary approach to care. The team, located on Oahu, is planning to travel and care for patients on the neighbor islands during FY 2010. Veterans requiring other specialty care continue to be referred to DOD and community facilities.

Inpatient long-term and acute rehabilitation care is available at the Community Living Center (CLC). Inpatient mental health services are provided by VA staff on a 20 bed ward within TAMC and at the 16 bed Post Traumatic Stress Disorder (PTSD) Residential Rehabilitation Program (PRRP). VAPIHCS contracts for care with DOD (at TAMC and Guam Naval Hospital) and community facilities for inpatient medical-surgical care.

NATIONAL AND LOCAL TELEHEALTH PROGRAMS

National Telehealth Programs

Telehealth involves the use of information and telecommunication technologies as a tool in providing health care services when the patient and practitioner are separated by geographical distance. The benefits of telehealth to health care systems include: improving access to care, making specialist services available in rural and remote locations, and supporting patients to live independently in their own homes and local communities. Because of the support of telehealth by VA and Congressional leadership, more Veterans are able to realize these benefits.

Over the past 6 years telehealth in VA has transitioned from use in a range of discrete local projects and programs toward a unified, enterprise level approach that provides routine telehealth services that are mission critical to the delivery of care to Veterans. In 2009 over 230,000 Veteran patients received care via VA's telehealth programs. Telehealth takes many forms. VA's enterprise telehealth programs deliver care to Veteran patients in their homes via home telehealth; telehealth care is also provided in VA medical centers (VAMCs), CBOCs and Vet Centers via clinical videoconferencing. In addition, VA routinely exchanges clinical images via store-and-forwards telehealth.

I would like to briefly highlight some of the direct benefits these services are providing to Veterans. Almost 40,000 Veterans are receiving home-telehealth-based care that supports care delivery to them in their own homes. These care coordination/home telehealth (CCHT) services have reduced hospital admissions by 25 percent, hospital stays by 25 percent, and have high levels of patient satisfaction (86 percent mean score). In 2008 almost 50,000 Veterans received care via clinical videoconferencing (CCGT), the majority receiving mental health care services that reduced hospital admissions by 20 percent. In 2008 over 100,000 Veterans were screened to prevent avoidable blindness by VA's teleretinal imaging programs (CCSF).

The successful implementation of robust and sustainable telehealth services that VA entrusts to provide care to Veteran patients must satisfy stringent clinical, technological and business requirements that ensure they are appropriate, effective and cost-effective. These requirements include acceptance by patients and practitioners as well as staff training and quality management systems. Mr. Chairman, you and the Committee understand how the geography of Hawaii and the Pacific region poses particular challenges in implementing telehealth that are not encountered on the U.S. mainland. Services to Guam and American Samoa not only need to bridge a physical distance of 3,820 and 2,300 miles respectively, they also need to bridge between patients and clinical communities that are distant and distinct from one another. Bridging these distances and linking these communities to enable them to integrate requires telecommunications bandwidth. VA is currently seeking to embrace Hawaii and the Pacific region within its clinical enterprise video conferencing

network (CEVN) and in doing simplify the linkage to specialist services from medical center assets on the U.S. mainland.

VA recognizes the pioneering role that Hawaii and the Pacific region have played in the development of telehealth solutions that range from teleretinal imaging to home telehealth. These innovations have included partnerships with DOD and the University of Hawaii within the collaborative framework of the Pacific Telehealth and Technology Hui (partnership, or "Hui."). VA appreciates the support of Congress in the establishment of VA's Office of Rural Health with sufficient resources that enable us to focus on extending current enterprise telehealth solutions as well as developing new telehealth solutions to serve Veterans, not only those in Hawaii and the Pacific region Islands, but also Veterans elsewhere in the Nation for whom geographical distance from VA's physical health care assets presents a challenge to receiving care. In considering future innovation for local and enterprise portfolios of telehealth services, VA is looking toward new iterations of a familiar technology—the telephone. Currently the telephone has meant that eight patients a month from Hawaii and the Pacific region have been able to access VA's suicide hotline and receive support from Canandaigua, New York. The transition of health applications onto mobile technologies such as cell phones promises to further revolutionize how telehealth can serve Veterans in areas such as Hawaii and the Pacific region.

Mr. Chairman, I used the word Hui earlier. As you know, Hui describes a partnership, a union or a gathering. All health care is ultimately local, and my discussion so far has focused on the clinical, technological and business issues of implementing telehealth across the VA health care system. My attention will now turn to local telehealth initiatives that support Hawaiian Veterans and those living on other Pacific Islands.

Local Telehealth Programs

In partnership with DOD, specifically TAMC, VAPIHCS began to develop this capability in 2001 with the support of Senator Daniel K. Inouye. The Pacific Telehealth and Technology Hui formed in 1999 allows joint development of telemedicine technologies for both organizations in the Pacific. This partnership (known as "the Hui") fielded many demonstration projects that have enabled both Departments to develop ongoing telehealth activity for our beneficiaries.

For VAPIHCS, this partnership allowed us to begin developing telemedicine capabilities in collaboration with the local information technology (IT) department that developed the telecommunications network infrastructure and supported the deployment of video teleconferencing to VA CBOCs on the islands of Hawaii, Maui, Kauai, Guam, and American Samoa. Connectivity to Molokai and Lanai is also available, and we are presently studying connectivity for our newly approved Outreach Clinic in Saipan. Additionally, this initial investment allowed the development of procedures, practices, and protocols to support video teleconference clinical visits for primary care, mental health, and subspecialty care. Funds were provided for purchasing telemedicine "carts," that allow the use of peripheral medical equipment (stethoscopes, otoscopes, cameras and other attachments), as well as teleretinal imaging equipment to permit screening for diabetic eye disease. Automated Drug Dispensing System (ADDS) machines were installed in CBOCs in 2003 allowing pharmacists in Honolulu to dispense medications and, through the use of video conferencing, to provide medication counseling to Veterans at the time of their clinic visits. The VAPIHCS also began tele-home care projects in 2003 by deploying home telemedicine units. This partnership and initial funding has helped us establish a foundation of experience upon which we continue to build to enhance the medical care provided in our facilities throughout the Pacific Region. Additionally, this early experience has allowed our facilities to compete for research dollars to further develop telemedicine and tele-mental health activities.

The Hui also provided support for TAMC projects, including support for store and forward telemedicine for adult and pediatric care to the Western Pacific, cardiac sonography from TAMC to Guam and Japan, intensive care unit telemetry and consultation from TAMC to Guam Naval Hospital and Korea, speech therapy and other projects.

Beyond the Hui, VAPIHCS and TAMC are working together to develop joint telemedicine capabilities in American Samoa to support co-location of TAMC personnel at a VA CBOC. This arrangement would extend clinical expertise from TAMC to American Samoa to serve Veterans and active duty servicemembers, as well as members of the National Guard and Reserve who have experienced a Traumatic Brain Injury (TBI).

Recently, VA expanded mental health programs, including significant growth in tele-mental health activities. VA recruited a clinical psychologist to fill a new position for a dedicated tele-mental health coordinator based in Maui. This new position

expanded tele-psychology services equitably throughout the CBOC. Additionally, VA has begun conducting tele-mental health Compensation and Pension (C&P) examinations to expedite the assessment of Veterans for appropriate benefits.

During fiscal year (FY) 2009, telehealth has been extremely helpful in delivering mental health services and dispensing medications to Veterans. A snapshot of relevant data, current through July 2009, includes:

- Over 2,000 telehealth patient encounters in VAPIHCS, 1,300 of which were for mental health and 52 of which were for mental health C&P evaluations for patients in Guam or the Commonwealth of the Northern Mariana Islands; and
- Over 9,000 prescriptions filled at CBOCs on Kauai, Maui, Hilo, Kona, American Samoa and Guam using ADDS machines.

VAPIHCS has other Telehealth services that are available to Veterans, including:

- Care Coordinated General Telehealth clinics (CCGT), which offer
  - Individual and group psychology and psychiatry support;
  - PTSD group research clinic;
  - Individual and family nutrition information;
  - Mental health C&P examinations;
  - Geriatric psychiatry;
  - General surgery and neurosurgery through the San Francisco VAMC;
  - Treatment for spinal cord injury through the Palo Alto VAMC;
  - Wound care;
  - Nephrology care; and
  - Participation in VA's 'MOVE!' (weight loss) program;
- Care Coordinated Store Forward clinics (CCSF):
  - Teledermatology through the San Francisco VAMC; and
  - Teleretinal Imaging;
  - Care Coordination Home Telehealth, utilizing home telehealth devices to support the care of Veteran patients in their own homes on Oahu, Maui and Hilo.

Our expanding and diverse experience with telehealth has provided many "lessons learned" to further shape the development of our VAPIHCS Telehealth Program. For example, numbers (i.e. encounters) alone do not tell the complete story of how technologies may be used to improve the health care of Veterans. In addition to increasing access to specialty services for Veterans, VAPIHCS has found telehealth technologies also allow CBOC providers to learn from telemedicine experiences (with distant providers), which can improve the skills of local physicians. VAPIHCS continually evaluates the use of telehealth services that are provided to Veterans within our service area and changes the program as necessary to meet the needs of the Veterans we serve. There is a new opportunity to expand the use of telehealth as we develop new outreach clinics to meet the needs of Veterans in highly rural areas.

This increased "hands-on" care allows us to pursue new telehealth opportunities in even more remote locations to benefit Veterans. We are providing more care in the home, using VA's Care Coordination Home Telehealth (CCHT) protocols. This will provide us with patient data and information from the home that can be used to maximize our ability to manage medically complex patients in conjunction with our chronic disease team to improve the quality of life for Veterans.

There are some local challenges with telehealth. We are adding additional staff, including telehealth nurses, to our sites so our clinics can both provide direct patient care and staff telehealth clinics as well. We anticipate that by this fall, we will have sufficient support for telehealth activities at each CBOC in the area.

This table provides data about telehealth usage in the following facilities:

Number of Unique Patients by Site (VA Pacific Islands Health Care System)

Facility	FY 2006	FY 2007	FY 2008	FY 2009 (YTD)
Honolulu	298	253	186	230
Maui	53	65	60 (includes Molokai 5)	272 (includes Molokai 17)
Kauai	70	71	73	100
Hilo	128	59	65	96
Guam	0	18	40	117
Kona	6	1	14	33

Number of Unique Patients by Site (VA Pacific Islands Health Care System)—Continued

Facility	FY 2006	FY 2007	FY 2008	FY 2009 (YTD)
Am Samoa	0	0	0	7
TOTAL	555	467	438	855

The total numbers of VA's patients using telehealth decreased in FY 2007 when VA received permission to begin sending patients to TAMC, rather than using telemedicine to support patient transfers to California. Some of this change can also be explained in part by additional staff hires, particularly in mental health, at some of these facilities. We anticipate a growth in telehealth in FY 2010 as dedicated telehealth nurses are added to our facilities this fall.

OAHU FACILITIES

VA operates the Spark M. Matsunaga VA Medical Center in Oahu, located on the campus of TAMC at 459 Patterson Road, Honolulu, HI, 96815. The VAMC consists of the Ambulatory Care Center (ACC), a 60-bed Community Living Center (CLC) and administrative space (located in the E Wing of TAMC). Additionally VA operates both a 20-bed acute psychiatry inpatient unit and a 16-bed PRRP within TAMC. A Veterans Benefits Administration (VBA) Regional Office is co-located with VHA on this campus. The Honolulu Vet Center is located nearby at 1680 Kapiolani Boulevard in Honolulu.

VA estimates the Veteran island population for Oahu in FY 2008 was 73,000. In FY 2008, 27,000 Veterans on Oahu were enrolled for care, and of these 14,070 received VA care ("users"). The market penetrations for enrollees and users are 37 percent and 19 percent, respectively and compare favorably with rates within VISN 21 and VHA.

The average FTEE level on Oahu in FY 2008 is 468. With this staff, VAPIHCS provides a wide range of outpatient services, including primary care, several medical subspecialties (e.g., cardiology, gastroenterology, geriatrics, nephrology, orthopedics, pulmonary and women's health), mental health, and dental care. In addition, VAPIHCS provides diagnostic services such as laboratory, echocardiography and radiology. If Veterans require services not available at the ACC or CLC, VAPIHCS arranges and pays for care at TAMC, local community providers, or VA facilities in California; for those referred to a facility in California, VA can cover the costs of transportation if the veteran is eligible for beneficiary travel.

In FY 2008, VA facilities in Oahu recorded about 162,000 clinic stops. In the face of increasing demand for primary care services in Honolulu, VAPIHCS unexpectedly lost the services of two primary care physicians, resulting in a large number of Veterans being placed on our wait list. To address this need, we have identified potential replacements for our primary care provider vacancies and established several new primary care positions, including a physician solely dedicated to women's health care and another for spinal cord injuries. We believe these steps will eliminate our primary care appointment wait list by October 1, 2009. In FY 2008, the combined average daily census (ADC) in the mental health ward was 11 and was 53 at the CLC. VAPIHCS spent about $15 million for clinical services for Veterans at TAMC and another $30 million for non-VA care in the community.

VA RESOURCES AVAILABLE TO THE HAWAII NATIONAL GUARD

VAPIHCS has served the needs of almost 3,400 total Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans through July 2009, including 1,089 Hawaii National Guard members, 800 of whom reside on Oahu, with the rest residing throughout the Hawaiian neighbor islands. Experience to date has shown that about one in four OEF/OIF Veterans avail themselves of VA enrollment and health care.

VAPIHCS has a dynamic OEF/OIF Program led by a Program Manager who, along with three staff including two Care Managers and one Transition Patient Advocate, partner effectively with the Hawaii National Guard, the Army Reserve, and active duty military to serve the Veterans' health care needs related to these organizations.

These program staff members coordinate care and services for OEF/OIF Veterans and their families throughout the VAPIHCS. Specifically, they ensure comprehensive preventive mental and physical health evaluations are performed, provide outreach services to Veterans who are not currently VA users, and assist in the case

management of severely injured Veterans who require complex care. VA program staff also work collaboratively with Army Wounded Warrior staff to coordinate care and services for these individuals.

VAPIHCS OEF/OIF staff members meet and communicate frequently with Hawaii National Guard leadership and exchange data and information about troop status, including force deployment and return. VA is presently anticipating the health care needs from an estimated 1,158 returning members of the Guard during August 2009.

The program is also decentralizing its staff during this period of time, locating them on a full and part time basis as appropriate to work on military bases on Oahu including Ft. Shafter, Kaneohe Marine Air Station, Schofield Barracks, and with the Hawaii National Guard at Kalaeloa. We expect that integrating VA staff with these military units will increase the visibility and level of service VA provides to individuals within these units and supports continued seamless transition activities between the organizations.

In addition, VA program staff members regularly attend and participate in Guard Post Deployment Health Assessment Screenings and Yellow Ribbon Events, organized for servicemembers and their families.

As mentioned previously, VAPIHCS has the resources to provide members of the Hawaii National Guard quality primary and mental health care, and specialized medical care. The PRRP, TBI and SCI team capability further enhances the services available to all Veterans.

CONCLUSION

In summary, with the support of the Senate Committee on Veterans' Affairs and the Hawaiian Congressional delegation, VA is providing an unprecedented level of health care services to Veterans residing in Hawaii and the Pacific region. VA has state-of-the-art facilities and enhanced services in Honolulu, as well as robust staffing on the neighbor islands along with expanded or renovated clinics in many locations. VA continues to enhance its staff with added mental health providers and specialists to meet Veterans' needs. These services are also available to Veterans who are Hawaii National Guard members

VAPIHCS still faces several challenges including timely access to health care services (in part due to the topography of its catchment area and lack of an acute medical-surgical hospital), an aging Veteran population, and the special needs of our newest Veterans. VAPIHCS will meet these challenges by working with DOD and community partners, activating an ambulatory surgery center, utilizing telehealth technologies, and opening new clinics as necessary. I am proud of what VA has accomplished in Hawaii and the Pacific Islands region and look forward to our future endeavors on behalf of Veterans.

Again, Mr. Chairman, mahalo for the opportunity to testify at this hearing. My colleagues and I would be delighted to address any questions you may have for us.

Chairman AKAKA. Thank you very much, Ms. Cullen, for your testimony.

And now, I will call on General Ishikawa for his statement.

STATEMENT OF BRIGADIER GENERAL GARY M. ISHIKAWA, DEPUTY ADJUTANT GENERAL, STATE OF HAWAII

General ISHIKAWA. Chairman Akaka, mahalo and aloha.

Chairman AKAKA. Aloha.

General ISHIKAWA. I appreciate this opportunity to testify. I am Brigadier General Gary Ishikawa, the Deputy Adjutant General for the State of Hawaii. I bring you greetings from Major General Bob Lee, of course.

You should have my written testimony submitted earlier, so as such, I would just like to summarize and share with you an observation and an event that I just experienced, both of which I believe are relevant.

Before I get into that, I would also like to enter into the record—I have here the testimony of Mark Moses, who is the Director of the State Office of Veterans Services. They are a very important partner with all the agencies in the outreach, as we have coun-

selors in every county, including periodic visits to Molokai and Lanai. So, I think his testimony—I ask that it be entered into the record.

Chairman AKAKA. Thank you very much. It will be included in the record, without objection.

[The prepared statement of Mr. Moses is in the Appendix.]

General ISHIKAWA. Mahalo. The first and most important are the services to our veterans, especially on the neighbor islands and our Pacific Island veterans from Tinian, Rota, and Saipan. I know that on August 14, Secretary Shinseki announced that 28 additional Vet Centers will be established next year. This is in addition to the existing 232 community-based centers across the 50 States. I further note that two of the additional centers will be in Western Oahu. I think they mean Leeward Coast and American Samoa. After listening to Secretary Shinseki during his most recent visit, I am extremely optimistic that we will be seeing marked improvements in care to our veterans.

It is also a great pleasure of mine to share with a former fellow Deputy Director, the Secretary Ray Jefferson. And I welcome him back to Hawaii.

The key, I feel, to a lot of these good things that are going on in what I call remote locations is collaboration and partnerships. All too often, we get into our silos. We are the State, so we only work with State. We are the Federal, so we only work with Federal. If we are going to really address the problem of remote locations for service to our veterans, then we really need to get together and sit down and have a good discussion how Federal, State, county, and even non-government organizations can somehow partner. We have got a lot of smart lawyers. I am certain that we can get there if that is what we are determined to do.

Then an event I would like to share with you, Senator. Early this month—actually, I left on August 11—I had the opportunity to welcome back to the U.S. Hawaii's own 29th Brigade Combat Team, including Lieutenant Tamayo. During my briefing about the demobilization, or what we call Reverse SRP, or Reverse Soldier Readiness Program, I was pleasantly surprised—and this is in Fort Hood, Texas—to learn that two new stations had been added to the demobilization. I am not sure this is occurring nationwide, but it did occur in Fort Hood. They were dental and hearing.

When I asked the doctors there why they were doing this, they were very clear to me how difficult it was for Reserve soldiers in remote locations to get those type of services. I was really happy to hear that kind of thinking in the demobilization station. When I inquired how they defined remote locations, however, they answered, places like Saipan, Tinian, Rota, and American Samoa. While this is a giant step to addressing care to our veterans in remote locations, this type of thinking has to be extended, and we will figure out how to do this within the Department of Defense to all remote locations, because as we know, soldiers from locations like Molokai and Keaau on Hawaii Island fits what I would define as remote locations.

So, I am pleased that the conversation has started. We will continue to push that conversation to all remote locations, even within the continental United States. I think this is very important. You

have to get to where the veterans are. It has to be grass roots. And I like these two things, hopefully as indicators that things are moving in the right direction.

Senator, thank you again for your attention, and I will be available for questions after.

[The prepared statement of General Ishikawa follows:]

PREPARED STATEMENT OF BRIGADIER GENERAL GARY M. ISHIKAWA, DEPUTY ADJUTANT GENERAL, STATE OF HAWAII

Chairman Akaka and members of the Senate Committee on Veterans' Affairs, I am Brigadier General Gary Ishikawa, the Deputy Adjutant General for the State of Hawaii.

Within the State Department of Defense, there are four major divisions: the Hawaii Army and Air National Guard, State Civil Defense, and the Office of Veterans' Services. Mr. Mark Moses, a retired Marine and former state legislator, is our Director of the Office of Veterans' Services.

The Office of Veterans' Services is responsible for the welfare of our veterans and their families. They also act as an intermediary between our veterans and the Department of Veterans' Affairs.

Hawaii veterans make up more than ten percent of our total population. The majority of them—about 72%—live on the island of Oahu. About 13% live on the island of Hawaii, 10% are on one of the three islands that comprise Maui County, and 5% live on the island of Kauai. However, our veteran population continues to grow as Hawaii continues to support our Nation's war on terrorism. Since September 11, 2001, call to active duty have involved nine out of every ten Hawaii Army National Guard and Army Reserve soldiers. They have served honorably in Iraq Afghanistan, and other locations; and have returned to Hawaii after their 12–15 month deployments.

Members of the Hawaii Air National Guard have supported and continues to support Operations Iraqi Freedom and Enduring Freedom.

It is important that these veterans return to their communities in good health. The Office of Veterans' Services partners with the Veterans' Administration here during the soldier's demobilization process. This partnership works to ensure that no veteran or no benefit is forgotten.

The United States government has an obligation to our military members from enlistment, through their years of service, and to veterans' benefits. We must ensure that all veterans receive all entitled benefits now and tin the years to come.

The National Guard Bureau recently authorized the Army and Air National Guard to release medical records to the Department of Veterans' Affairs without the veteran's signature. This new procedure speeds the Department of Veterans' Affairs adjudication of veterans' claims and provides medical care to National Guard members.

I come to you with two concerns. First and most important is Veterans' Affair services to all our veterans, especially on the neighbor islands and our Pacific Islander veterans form Tinian, Rota, and Saipan. In July 2007, a VA clinic opened in American Samoa that supports our veterans there. However, veterans from other Pacific islands must pay the high cost of airline and hotel accommodations to receive follow-on medical treatment. In Hawaii, a similar situation occurs when a neighbor island veteran must come to Tripler Army Medical Center/Matsunaga VA Hospital in Honolulu for treatment. We must find a solution to this situation. One thought would be to establish a partnership between the Department of Veterans' Affairs and existing medical/health care facilities on the neighbor islands to provide medical treatment for our veterans.

Second concern is the staffing at VA hospitals. For example, the Post Deployment Health Reassessment Program (PDHRA) requires an initial appointment with 30 days for VA registration.

On average, the VA hospital schedules initial appointments as much as 90 to 120 days from the registration date. Our local VA hospital staff has been doing their best to provide services to all of our veterans. They have stretched their limited health care provider resources to support their mission requirements to all veterans in the Pacific Basin.

In closing, I want to thank the Committee for their continuing support of our veterans. Thank you for coming to Hawaii to conduct these hearings. Are there any questions?

Chairman AKAKA. Thank you very much, General Ishikawa.

Now, we will receive the statement of our friend, the Honorable Raymond Jefferson.

STATEMENT OF RAYMOND JEFFERSON, ASSISTANT SECRETARY, VETERANS' EMPLOYMENT AND TRAINING, U.S. DEPARTMENT OF LABOR

Mr. JEFFERSON. Aloha.

Chairman AKAKA. Aloha.

Mr. JEFFERSON. Chairman Akaka, brethren, distinguished members in the room today who serve the veterans community, it is an honor and a pleasure to be back home. Let me just share a few thoughts.

I am a veteran. I was injured in October 1995 with Special Forces, lost my hand in the line of duty. I was medevaced here to Tripler, Hawaii, and through the support of Hawaii, of the Department of Veterans Affairs, the Vocational Rehabilitation Program, all of those partnerships allowed me to get my life back, to move forward, and to ultimately today have the privilege of serving our veterans through the Department of Labor's Veterans' Employment and Training Service.

Senator, we have the mission of helping veterans and transitioning servicemembers have the best possible services and resources to succeed in the 21st century workforce. We have five aspirations that we are aiming toward achieving that.

The first is serving as a national focal point for veterans employment and training. That will involve increasing awareness, access, and participation in all of our programs, and improving the employment outcomes for those participants.

Second, convening, collaborating, and communicating with all of our stakeholders so that we can work seamlessly together.

And third, from that first aspiration is ensuring that we serve all of those populations with special needs, especially homeless veterans, women veterans, veterans in rural areas, and veterans who have been ill or injured. During this week here in Hawaii, we are also, Senator, going to be reaching out to Maui and the Big Island and spending time with the veteran populations there.

We also want to further engage with the private sector, make sure they are involved with our programs and processes because they have the jobs. We want to work with them, and we are going to meet with private sector leaders tomorrow here on Oahu and on Thursday and Friday with private sector leaders on the Big Island and Maui.

We also want to boost USERRA's impact and the commitment to USERRA. We are very pleased that right now Hawaii has a very low rate of USERRA incidents—only four in 2007 and four in 2008.

We also want to help transitioning servicemembers to transition seamlessly into meaningful employment and careers, and to have a particular emphasis on what we call green jobs and jobs of the future.

And finally, we want to invest in our people. I believe that the rising tide lifts all boats. We want to help each of our team members achieve his or her potential and also improve their ability to better serve our veterans.

Thank you, Senator, and we look forward to your questions.

[The prepared statement of Mr. Jefferson follows:]

PREPARED STATEMENT OF HON. RAYMOND M. JEFFERSON, ASSISTANT SECRETARY, VETERANS' EMPLOYMENT AND TRAINING, U.S. DEPARTMENT OF LABOR

Chairman Akaka, Ranking Member Burr and distinguished Members of the Committee: Aloha! Thank you for inviting us to appear before you today to discuss the employment assistance and outreach services provided to the National Guard and Reserve in Hawaii.

The mission of the Veterans' Employment and Training Service (VETS) is to provide Veterans and transitioning Service Members with the resources and services to succeed in the workforce by maximizing their employment opportunities, protecting their employment rights, and meeting labor market demands with qualified veterans.

We accomplish our mission through three distinct functions: (1) conducting employment and training programs; (2) enforcing relevant Federal laws and regulations; and (3) providing transition assistance services.

VETS administers two programs through formula grants to States that directly meet the goals of its mission: (1) the Disabled Veteran Outreach Program (DVOP) and (2) the Local Veterans Employment Representatives (LVER) program. DVOP specialists provide outreach services, and intensive employment assistance to meet the employment needs of eligible veterans. LVER staff conduct outreach to employers and engage in advocacy efforts with hiring executives to increase employment opportunities for veterans, encourage the hiring of disabled veterans, and generally assist veterans to gain and retain employment. To meet the needs of homeless veterans and help reintegrate them into the workforce, VETS administers the Homeless Veterans' Reintegration Program. Veterans with significant barriers to employment or service-connected disabilities are also served through the Veterans' Workforce Investment Program, a focused and innovative training program that coordinates services available through other VETS administered programs. Both the homeless and workforce investment veterans programs are funded through a competitive grant process.

Our enforcement programs investigate complaints filed by Veterans and other protected individuals under the Uniformed Services Employment and Reemployment Rights Act (USERRA), assess complaints alleging violation of statutes requiring Veterans' Preference in Federal hiring, and implement and collect information regarding Veteran employment by Federal contractors.

VETS' transition assistance services are offered through the Transition Assistance Program (TAP), which provides employment workshops and direct services for separating military members, including those who are seriously wounded and injured.

TRANSITION ASSISTANCE PROGRAM

TAP is a Department of Defense (DOD) program that partners with the Department of Labor (DOL), the Department of Veterans Affairs (VA), and the Department of Homeland Security (DHS). TAP has four components:

1. Pre-separation counseling—this is mandatory for all transitioning Service Members and is provided by the military services;
2. TAP employment workshops—these are voluntary on the part of the transitioning Service Member and are administered through DOL and its state partners;
3. VA benefits briefing—these briefings are also voluntary and administered by the VA; and
4. Disabled Transition Assistance Program—also voluntary and administered by the VA.

DOL EMPLOYMENT WORKSHOPS

Since 1991, when DOL began providing employment workshops pursuant to section 502 of the National Defense Authorization Act for Fiscal Year 1991 (P.L. 101–510), over one million separating and retiring military members and their spouses have been provided employment and job training assistance and other transitional services. DOL was further directed to provide these services at overseas locations by section 309 of the Veterans Benefits Act of 2003 (P.L. 108–183).

VETS began facilitating TAP workshops at overseas military installations where, by previous interagency agreement, the DOD had provided TAP workshops since the program's inception. We are currently conducting TAP employment workshops at 55 sites overseas including Germany, Japan, Italy, Korea, Guam and the United King-

dom. Our mission is to provide TAP at every location requested by the Armed Services or National Guard and Reserve Component.

VETS provides employment search workshops based on projections made by each of the Armed Services and the DHS (for the U.S. Coast Guard). DVOPs and LVERs are the primary source for TAP Employment Workshop facilitation stateside. However, because of the distance between many state employment offices and the military installations, as well as the rapid increase in Workshop participants, contract facilitators were added in early FY 1992 and supplemented by Federal staff in FY 1996. Hawaii currently uses contract facilitators.

The Department of Defense recently set a goal for TAP Employment Workshop participation of 85 percent of separating servicemembers. Eighty-one percent of active-duty transitioning Service Members currently attend the DOL TAP employment workshops, a 30% increase in participation since 2001. TAP employment workshop participation is expected to increase over the next year, and we plan to target workshop delivery to spouses and family members of separating servicemembers, including those with limited English proficiency. .

In an effort to provide the same high level of instruction to all servicemembers and spouses attending TAP Employment Workshops, VETS requires that all TAP facilitators receive training conducted by the National Veterans Training Institute (NVTI) at the University of Colorado in Denver. NVTI provides competency based training to further develop and enhance the professional skills of veterans' employment and training service providers throughout the United States.

The current course curriculum covers two and one-half days of classroom instruction and provides information on a variety of topics including:

- Career exploration;
- Resume preparation;
- Strategies for an effective job search;
- Interview techniques;
- Reviewing job offers;
- Prevention of homelessness;
- Entrepreneurship information; and
- Other available support and assistance.

RESERVE COMPONENT AND NATIONAL GUARD EMPLOYMENT WORKSHOP

Global military commitments have necessitated a mobilization of Guard and Reserve members that is unprecedented in modern times. The longer mobilization periods result in these Service Members now being eligible for Veterans' benefits, including TAP. The employment workshop is available for Guard or Reserve Members, along with all other Service Members, at one of the 215 transition offices located on military installations in the United States as well as overseas locations.

However, Reserve and National Guard members usually transition at fewer locations, referred to as demobilization sites. Typically the demobilization process is rapid, taking a matter of days once the Service Members arrive back in the United States from overseas. During demobilization, Service Members may be expected to participate in many separate briefings and activities. This leaves little or no time for a full two and one-half day employment workshop. Nevertheless, we have found that many National Guard and Reserve Service Members would benefit from such transition assistance. Our State Directors have coordinated with each State Adjutant General and they work directly with the individual Reserve and National Guard commanders to make special arrangements following demobilization in order to present a modified TAP employment workshop to Guard and Reserve Service Members. Based on requests from Reserve Component Commanders or Adjutant Generals and through coordination with our VETS' state directors and local VA staff, VETS has offered to tailor the workshops to the identified needs of the transitioning Reserve and National Guard members.

In fact, since 2001 VETS has provided transition services to over 146,000 National Guard and Reservists. These transition services range in size and content from mobilization and demobilization briefings to the full scale TAP employment workshops. They are provided in 43 states and the District of Columbia. In some states, National Guardsmen and Reservists have been allowed to attend the regular TAP for Active Component Service Members. The services provided to the National Guard and Reserve are tailored to the needs and requests by the DOD.

To meet the transition needs of the National Guard and Reserves, in FY 2007, DOL directed the NVTI to develop a modular version of the TAP employment workshop. The traditional TAP employment workshop was turned into a 15-module menu that Reserve and National Guard commanders may choose from in providing these services to their unit members. This training includes a mandatory module that cov-

ers local labor market information, USERRA, the One-Stop Career Center system, small business opportunities, and the risks of homelessness. The other 14 modules consist of the current TAP employment workshop curriculum broken down into logical and connected blocks of instruction. This is not a new or separate curriculum for the Reserves and National Guard; rather it has been packaged to better serve this community.

PROGRAMS IN HAWAII

I have provided information on what is being done to assist those Service Members transitioning from the military to civilian life. I would now like to focus on what we are doing in the state of Hawaii.

Hawaii averages more than 100 TAP workshops annually with nearly 4,000 transitioning Service Members in attendance. There are five TAP sites, all on the island of Oahu, Honolulu County, encompassing all military service branches including the U.S. Coast Guard.

A DVOP or LVER representative attends each workshop session to discuss their respective roles and responsibilities in providing job search assistance. Since most transitioning Service Members return to the mainland, this information is provided to help the Service Member contact the DVOP and LVER representative in their respective states to assist them directly with their re-integration into the local job market in their areas.

Our VETS Director in Hawaii meets quarterly with all TAP site managers, a VA representative, and a representative from the State of Hawaii National Guard to discuss the TAP program and how it can be improved. Guest speakers have included the garrison commander at Schofield Barracks and the U.S. Attorney for Hawaii.

National Guard and Reserve personnel in Hawaii are informed that they can attend TAP for up to 180 days after completion of their active duty commitment. LVER and DVOP staff assigned to the counties of Honolulu, Maui, Kauai, and Hawaii have all been formally trained and can facilitate TAP employment workshops either individually or on a unit basis.

Periodic USERRA briefings are conducted upon request and through outreach by VETS staff. State of Hawaii Army and Air National Guard units as well as Army Reserve have received briefings and USERRA outreach within the last six months. National Guard units on the neighboring islands of Hawaii (Big Island) and Maui have received briefings within the last 45 days. Briefings will be conducted in conjunction with the Operation Yellow Ribbon Reintegration Program for the return of the State of Hawaii Army National Guard's 29th Brigade. These welcome home activities are planned for Oahu on September 20, 2009, followed by September 26, 2009, in the counties of Hawaii and Kona, and October 3 and 4, 2009, for Maui and Kauai counties.

CLOSING

In closing, I again thank you for allowing me to address you today on this very important issue. I would be pleased to respond to any questions you may have. Mahalo.

Chairman AKAKA. Thank you very much, Ray. We are so happy to have you here.

I have a question for all the members of the panel. How do you currently communicate at the local level with one another about how to meet the needs of returning servicemembers? Let me first call on Tracey Betts for her response.

Ms. BETTS. Here in Honolulu, we meet—myself and Dr. Hastings, as well as other folks—on a regular basis or even sometimes on a case-by-case basis, but we meet to discuss issues. A lot of times, the discussion starts with what can we do or what can we improve upon.

I meet with the folks in the community. We have our service organizations who are in the facility with us. We meet with them regularly. Basically, it is a revolving door, and as a need comes up, we address it, and on a regular basis.

We have a lot of what I would consider—we do a lot of collaboration. We meet with not only the medical side, we have the benefit side. We also work with the Vet Centers.

One of the issues, of course, that is coming up here in this hearing today is outreach. We have created a coordinator in the VBA side who is starting to network and to develop communication with everyone out there in the community, to let us know when we are needed for outreach and where are we needed, and then we schedule. And what we do is we communicate internally with everyone to participate and to ensure that the presence of the VA is there during the session or event in which we attend.

Chairman AKAKA. Is there a regular schedule for meetings on Lanai and other Neighbor Islands?

Ms. BETTS. When dealing with outreach, currently, the State of Hawaii has representatives who are out there every month. Mark Moses's group goes out and meets with veterans and does counseling. When I came out, the VA benefits, they were meeting twice a year, and we are looking at increasing that time element. On the medical side, they do—can I defer to Dr. Hastings?

Chairman AKAKA. Yes, you may. Let me say that we are accompanied here by Dr. Hastings, as well, and we are glad to hear from you, Dr. Hastings.

Dr. HASTINGS. Thank you, Senator. Again, I want to thank you very much for all the support you have given us and our veterans here over a many-year period of time.

We have, I think, a very sophisticated informal communication system between the groups that support veterans here on Oahu and in the Pacific Islands. We are fortunate in being all co-located on the Tripler campus. Very importantly, we have developed many lines of communication between VA, VHA, and Tripler, and they provide us inpatient services and outpatient services. But we also are involved with any servicemen who are coming back who are going to go into the Warrior Transition Unit. As you heard, we now have representatives from our organization located in the Warrior Transition Unit, both at Schofield Barracks and at Kaneohe. So we have developed a very good communication system.

Also very importantly, as Tracey mentioned, we work collaboratively, and Tracey is essentially a member of our staff and we are a member of her staff. That is the way it works. So she can work with me, but she also can work with other members of my staff if the issue is something that they are more conversant with. Also they can work with Mark Moses. He is right downstairs, and we also have open communication with him.

We also are very fortunate in that the Veterans Service Organizations are also housed in our complex, so they have open communication with us, as well.

So, I think we are doing very, very nicely. We have regular meetings together and we have a Veterans Advisory Council, and both Mark and Tracey sit on our Veterans Advisory Council. So we have a lot of open communication with them.

Now, you asked specifically a question about the sort of meeting that you witnessed yesterday in Lanai. I have to tell you that we have not had an open forum meeting like that with them in some time. But it is clear as I listened to that meeting yesterday that

this is something we are going to have to start doing, and we do have plans to do regular town halls, open town halls on the other islands and we will include Lanai in that plan. So, we will open up communications with the veterans. That is where we sort of stand today.

Chairman AKAKA. Thank you very much, Dr. Hastings.

The other member I wanted to pose this to is Sheila Cullen. Do you have anything to add?

Ms. CULLEN. Thank you, Senator. Just a few. There is not much to add to what you have already heard from Dr. Hastings and from Tracey Betts.

I would reemphasize the enormous benefit of having VHA, VBA, and DOD co-located here in Honolulu. That affords them the opportunity not only to have formal meetings to discuss common issues, but to readily have informal sessions, as well.

Dr. Hastings and Tracey Betts have resolved together that when the opportunity presents itself in the future, they will be looking to locate some component of VBA along with any expansions that we might have for any of our community-based outpatient clinics.

I would also add that some of the outreach efforts that you have heard about are joint outreach efforts, and I had seen that firsthand last Friday at the convention center for the 50th commemoration of Statehood. One of the booths was an outreach effort manned by VHA and VBA staff and they worked together very, very well answering the questions that came from some people in the military as well as some civilians and were jointly able to pass out information about eligibility and to refer some questions each to the other whenever one might have more specialized knowledge.

It is not just at that outreach effort, but at the many other Yellow Ribbon and Welcome Home events that we have joint participation from the VA to assure a common understanding of what the issues are that we face.

Chairman AKAKA. Thank you very much, Sheila.

Let me ask General Ishikawa to respond to that question. General Ishikawa?

General ISHIKAWA. If I understand the question correctly, it is how we communicate with our veterans. Actually, we have a family support group and we have a full-timer. Any information that we need to move to the spouses or the family members, really, we pass it through them.

Just because I was curious with a personal reason, I joined the Family Support Group for Bravo Troop First of the 299th. There was a commander, his name was Captain with the same last name as mine, Ishikawa, so I saw it from two sides. The witness that said we should try to maintain that Family Support Group Network, I think they have it spot-on.

We put information on the top and I caught it coming back at me. There are a lot of volunteers out there, and a constant e-mail traffic flow. That is a very strong method of communications with the grassroots that I would like to say that we relied upon a lot.

One of the things that was real clear to me, and that is why we are really pushing hard for what we call the Yellow Ribbon Reintegration, while it is not mandatory, it is a 30-, 60-, 90-day program where, again, we will talk to not so much the veterans them-

selves but the families. Because they demobilized in Fort Hood, Texas, the families were not with them. It is actually the families, the spouses and the grandpas, like that, they are the ones that are really curious. They are the ones that pick up all that information. Talking to the soldiers themselves, basically, no matter how much we tell them to pay attention, they just want to get back to L&L and have a plate lunch. [Laughter.]

So, we found that getting to the families and using the Family Support Network is probably going to be the key to the future for us, anyway, for especially our veterans in remote locations.

Thank you, sir, for the opportunity to respond.

Chairman AKAKA. Thank you very much for that. Since our troops have been returning as of last week, this becomes very, very important. I do understand that when they do come home, they want to just rest and do what they want to do and not worry about whether they are having any problems at this time. You are correct that the family is the one that can really help them at this point. But we still need to develop these relationships between the different units of the National Guard and Reserves as well as the VA for services.

Let me ask Ray for any comments he may have in this particular area. I know we just confirmed you a few weeks ago in your position and that you have been working hard to set up services for our veterans across the Nation.

Mr. JEFFERSON. Yes, Senator. Well, thank you. So in terms of coordination at the local level, let me touch on a few of the areas there. I want to thank my friend here and colleague, General Ishikawa, from our time in service, because in the Transition Assistance Program, we meet quarterly with the Department of Defense representative, the Veterans Affairs representative, and also with the State of Hawaii National Guard representative, and so that is a very effective collaboration at the transition assistance and program level for that resource and service.

Also, our State Director, who is here today—Tom Rosenswike—is co-located at the Department of Labor Industrial Relations on Punchbowl. We are very grateful for the support we get from DLIR—the Director and the Deputy Director there. So we have a very close relationship and that co-location is very helpful in that.

We also partner, Senator, with the Department of Veterans Affairs in our Homeless Veterans Reintegration Program. I would like to talk more about that later, if it would be helpful, and also about the Vocational Rehabilitation Program.

We additionally have a REAL Lifelines program, and we actually have a Disabled Veteran Outreach Program Specialist located right at Tripler Army Medical Center. That individual works with the veteran when he or she is on active duty and helps them develop a plan for their life and to have a seamless transition as they move from active duty to their status as a veteran, whether they remain in Hawaii or whether they were to go on to the mainland.

Finally, our State director participates in a variety of forums and councils, such as the Oahu Veterans Council, and is very involved with the VSOs here. I am very thankful for the support that the Department of Labor's Veterans Employment and Training Service

gets from the VSOs. I just want to particularly acknowledge the American Legion and the Navy League.

So, there is a tremendous amount of cooperation and communication that takes place and that assures we provide the most effective service possible to veterans and transitioning servicemembers. At the same time, I am down here to look at how things can be further improved.

Chairman AKAKA. Thank you very much for that, Ray. I would like for you to expound on what you just suggested, but let me ask this question to General Ishikawa. I am concerned that the efforts of commands to identify and help those who may be suffering from psychological trauma may not be entirely focused. The approach seems to be one of providing information to a large gathering rather than working to identify those in need so as to reach them in a more appropriate setting, which could be down to one-to-one. I would add that sometimes these sweeping approaches can hurt overall morale while still not reaching those in need. A unit's tempo and elements of the military culture create a wall that is hard for servicemembers to breach.

What can be done to create an open and private environment in which servicemembers will be able to ask for help?

General ISHIKAWA. That is a very double-sided, double-edged question, because we work in a macho environment where we have to be strong. I think we have done a lot of work with education for our soldiers. I do see some breakthroughs. The last mission which the brigade just came back from, basically, two of the units, the 100th and the First of the 299th, had convoy duty into Iraq. It was normal policy when any of the units encountered an IED or something like that, they would automatically send the whole group to a resident mental health specialist.

I think those types of positive things which the 29th Brigade did, will play well into the future. So what happened was that it doesn't become stigmatized. You had an IED. Your whole team goes there. It is to help you. If you catch it right after the incident occurs and follow it through—because we know who they are now—it should be easier to keep it from being stigmatized and easier for us to find it.

Now, I think it starts right there on the battlefield. If we can start it there for all units, I think it will pay big dividends. I think it is going to be time before we can shift the cultural mindset, but we have just got to keep up our education programs. It is OK. It doesn't show weakness. We can help you.

I don't have a magic bullet, Senator. These are just some ideas and techniques I think that possibly could lead down the road to the ultimate solution. Thank you.

Chairman AKAKA. Thank you very much. What the General is referring to, as he said, you can talk to families, but when it comes to the troops, they are looking at when they are going to eat——

[Laughter.]

Chairman AKAKA [continuing]. Which is true. I am glad to hear that—and you are correct. It starts where it happened, on the field. That will certainly make a difference to the troops.

Ms. Betts and Ms. Cullen, access to health care and other benefits and services are ongoing challenges for veterans in Hawaii and

Guam. I am especially concerned that when our National Guard members turn to VA, that the appropriate services will not be easily accessible when needed. What advances have been made to reduce the burden on veterans as they seek VA health care and benefits in areas served by the Pacific Islands Health Care System and the Honolulu Regional Office? Ms. Betts?

Ms. BETTS. Yes, Senator. In developing and improving access, one of the road maps that we developed—one is to increase our presence and attend more outreach, as well as to utilize the structure. Right now, as we had alluded to earlier or discussed earlier, was the placement of a benefit person where the medical assistance is in all of the CBOCs. The medical facilities are growing and they are relocating to have easier access to the veterans, and with that we have worked out, or they have committed to us to allow for space because that is always an issue—we can put people out there. Finding the space that they will occupy is a challenge, so, we have been looking toward that.

The challenge for us is obviously the geography of the jurisdiction that we have, such as places in Guam, Tinian, Rota, American Samoa, and particularly here in the islands. All of the outer islands, we have those kind of challenges.

The discussion came up yesterday of when do you—what are the requirements to have a full-time person sitting there in a chair 8 hours a day? The reality of it is, when there is a need, when the veterans are present, and so the outreach approach is to try to get them to identify themselves and tell us where they are. Once we know where they are we can then provide those services and reach out to them, whether it is through periodic visits and/or if we need to be there on a more permanent basis.

So, what we are doing right now is looking—we are working on a very collaborative effort in understanding where these veterans are, what their needs are, and how we can together provide full, comprehensive services for them both on the benefits as well as the medical side.

As far as getting information out there, of course, everybody assumes that now that we are online, it is easier for people to apply for their benefits. The part that is missing is that veterans, or what we call the end users, don't all have computers or access to them; so we are trying to look at that part of it—the technology side of how can we better improve access for them. Although we have the methodology, we need to look at the actual veterans, see where they are at and see how can we help them. Ideally, the non-government entities or the service organizations or other veterans and volunteer folks can help us to determine how can we get those people access to the structure that we placed out there.

Chairman AKAKA. Thank you.

Ms. Cullen?

Ms. CULLEN. Thank you, Senator Akaka. What we have done, is made improvements in bringing health care to the veterans in remote areas such as American Samoa and Guam. In late 2007, we opened a new CBOC on American Samoa and that has been very well received by veterans. I don't have the numbers in front of me of how many veterans we have seen there, but the numbers have

increased very dramatically from the numbers who had been seen when we had a part-time presence on the island.

In Guam, we will be replacing the current CBOC with an expanded clinic and it will be located on the perimeter of the Naval Hospital in Guam, which we think will be an improvement for veterans. Right now, they need to go through the security process at the Naval Hospital in order to access the clinic, which is within the hospital there. So, in March of next year we will have an expansion of services in Guam.

We have both primary care and mental health services available at both clinics. As Tracey Betts referenced, we are looking to accommodate benefits counselors in both locations, as well. With those great distances and the challenge it presents, we are hoping to expand our utilization of telehealth and tele-mental health services. We look forward to providing you with a demonstration of how we utilize that technical capability later on this week at the hearing on Friday.

Chairman AKAKA. Thank you for that.

Let me just ask Dr. Darkins whether he has any comments to make.

Dr. DARKINS. Thank you, Mr. Chairman. Telehealth uses information communication technologies to make health care accessible. Certainly, the distances involved and the services required in Hawaii and the Pacific Islands lend themselves very much to the use of telehealth. The Pacific Islands Health Care System has been an innovator and a leader in developing telehealth in partnership with the military, and also with links across to the mainland.

I think that the services here are really poised to take advantage of many new things in the future. The real challenge, I think, is to go from what are called point-to-point connections to develop a network of care; and to do that, there are various issues that need to be addressed.

First, there are telecommunications issues to be able to ensure there is that connectivity.

Second, it is necessary to have the culture. We heard earlier about the importance of relationships. Despite using technology, it doesn't work unless it fosters those kind of relationships. So, visiting some of the clinics, which I have had the opportunity to do this week, shows just some of the ways in which that needs to take place.

I certainly commend what is being done here and look forward to seeing the further growth of telemedicine as a way to deliver the kind of services which we are hearing are required.

Chairman AKAKA. Thank you, Dr. Darkins.

This name has been mentioned here, and I want to take the time to mention that Mark Moses is here. He is with the Office of Veterans Services, Department of Defense, for the State of Hawaii, and he is available to veterans for veterans services. He is another one that veterans can call on for help.

Ray, I am delighted that you could be here on what must be one of your first engagements since becoming Assistant Secretary for Veterans' Employment and Training at the Department of Labor.

Mr. JEFFERSON. My first one.

[Laughter.]

Chairman AKAKA. Very good. As a disabled veteran who has utilized VA services and who is now in a position to make positive contributions for those who have worn this Nation's uniform, can you please share some areas in which you believe that transition services can be improved, as well as some things that DOD, VA, and Labor are doing right, and expand on what you had suggested you would do.

Mr. JEFFERSON. Thank you. Senator, let me first just share maybe a picture of the journey of how the Department of Labor's Veterans Employment and Training Service can help servicemembers and veterans.

When the active-duty servicemember, to include National Guard and Reserve who were mobilized and now are being demobilized, when they are transitioning out, we have the Transition Assistance Program, which is conducted in collaboration with the Department of Defense, Department of Veterans Affairs, and the Department of Homeland Security. So, we provide a 2½-day employment workshop through that Transition Assistance Program. So, that is the first service and resource that we can provide to servicemembers.

Second, when they return, either when they have been mobilized and they are being demobilized, if they come back and realize that their job or employment has been given away as a result of that deployment, we have the USERRA program that helps guarantee their rights and we go ahead and work to ensure that those rights are maintained. And if there is a situation of employment discrimination, we investigate that and work to resolve that. So that is the second area and service that we can provide for servicemembers and veterans.

Third, once a servicemember has transitioned to being a veteran, we have what we call our Disabled Veterans Outreach Program Specialists, or DVOPS. It is a long phrase, but a very important role. We also have our LVERS, Local Veterans Employment Representative Services. Here is the bottom line: these people work with veterans one-on-one to get them jobs. Our Disabled Veteran Outreach Program Specialists—we have one here on Oahu, one on the Big Island, and one on Maui—I will be meeting with them this week to get their insights on how things can be further improved.

We also have four local Veterans Employment Representatives: three on Oahu, one on Kauai, and one of them on Oahu is co-located at Tripler to help the seriously disabled and injured veterans there.

There are two more areas in which we can help veterans. One, we have a Homeless Veterans Reintegration Program. We have on this island a rural location that I visited yesterday, Kalaeloa; and we have an urban location where I will be this afternoon called Network Enterprises. René Berthiaume is here today and I am very appreciative of his support, and we are looking forward to spending time together. We are getting very good feedback on the impact these programs are having to help homeless veterans get back on their feet and to get jobs.

And finally, for those servicemembers who are seriously, seriously injured, we have a REAL Lifelines program where we help them develop a life map to move from being injured in the military to going through whatever retraining is necessary to create a

meaningful life and career. There are things which are working well. There are also things that can be improved, and if you would like me to comment on those, I would be very willing and eager to do so.

Chairman AKAKA. Thank you very much, Ray, for that. It is good for Hawaii to know what you are doing here. Thank you.

Mr. JEFFERSON. Thank you, Senator.

Chairman AKAKA. Ms. Betts, your testimony touches on the Hawaii Beyond the Yellow Ribbon Exposition that the Military Services Coordinators and other Honolulu Regional Office employees will participate in during September. Can you expand on the information that will be provided at this exposition and detail any other efforts that are underway to inform Guard members of benefits and services for which they are eligible?

Ms. BETTS. The function itself—what will happen is the Department of Veterans Affairs will have a booth there with representation from all of the components, and those components are from the medical staff, from the benefits staff, as well as the Vet Center staff. The expectation is that all information that we have for them will be available and will be provided at that time. We will have brochures for all the different benefit programs. We will have representatives from the different benefit programs, such as a loan guarantee representative, the voc rehab representative, as well as the compensation-pension program. What we plan to do is be there to answer questions, to take inquiries, and if necessary, to take claims.

As far as what else we are doing out there: we have been involved with the Yellow Ribbon Program that the Guard and the Reserves have. As I had indicated earlier, we have an Outreach Program Coordinator, and their job is to get into the network of the needs of both veterans—those in the Guard as well as in the Reserve, and even in the active service, anyone out there who needs to know about benefits—about VA and what we have to offer. We have been trying to get the word out there, contact that individual and let them know and it will be on our schedule.

Right now we participate in the Guard's 30-, 60-, 90-day reintegration program. We have counselors who go in for every one of those. Of course, we have the normal TAP briefings, but right now, it is if you call, we will come. So, we have been trying to get out there to get the word out and to find out what information is needed and how to better improve our presence as well as access they have to benefits.

Chairman AKAKA. Thank you very much, Ms. Betts.

General Ishikawa and Ms. Betts, one issue that we hear of time and time again from VA and servicemembers is the difficulty VA has in gathering Guard and Reserve records. This is regarding records for the claims process. Obviously, this impedes the timeliness of receiving compensation.

My question is, what can be done to improve this particular process? General Ishikawa, followed by Ms. Betts.

General ISHIKAWA. I think right now, and even in the really difficult times that we are having in the State of Hawaii economically, Mark Moses and his folks are on the tip of the spear. They meet with the veterans out there, especially more so in our remote loca-

tions, and they actually help them fill out the forms. And Mark can probably talk a lot more about this, but I think when I talk about partnerships and collaborations, I think all the agencies need to get together—the VA clinics, the Vet Centers, and all of that—because we are servicing the same folks in these remote locations.

So, I cannot see why we cannot take the meetings and communications we do here on that one campus to the neighbor islands where we have the services. I challenge Director Moses to start collaborating with the various agencies out there. I think if we start pushing that more and more, we will see a lot better input, and I think that is the key. A lot of times we see the records—applications—go in and they get returned, missing this, missing that, and that is where Mark and his great team steps in. They actually sit down with the veterans and help them fill out the forms. I think more work on collaboration and partnerships is the ultimate answer.

Ms. BETTS. One thing I can say is here in Hawaii, we do not have the same or similar issues that you see in other stations, and that is access to the records. I do know that what we have started to do is we have started the conversation with the Guard in how to get better access or how to better secure this information.

One of the things we found out in this conversation was that they do centralize their records here in Hawaii, which makes it a little bit easier for us. So, what we have done is one of my staff has entered into conversation with the records manager and discussed access to points of contact. So, we have set up a structure and we have managed—as he said, the collaboration of the agencies and finding the right people and continuing the conversation has improved the process, but it also is not as—this issue here is not as prevalent as it is other places because of this. And I think it will definitely improve just because we have started that conversation.

Chairman AKAKA. Thank you very much, Ms. Betts.

I want to ask Ray——

General ISHIKAWA. Senator, if I could, my apologies——

Chairman AKAKA. Oh, sorry. General Ishikawa?

General ISHIKAWA. In my written testimony, and I apologize for not mentioning this, the National Guard Bureau recently authorized the Army and the Air National Guard to release medical records to the Department of Veterans Affairs without the veterans' signature. So if that is the medical records we need, then we have that authority to do that now.

Chairman AKAKA. Thank you, General.

Ray, you understand the unique needs of Hawaii and Hawaii's veterans. You did mention what you are doing now. I just want to give you an opportunity to expound on any other programs that you may have to provide to veterans as they return home to the islands, given Hawaii's unique geographical challenges that we have.

Mr. JEFFERSON. Sure. Well, Senator, let me first begin by thanking Lieutenant Tamayo for your comments and Sergeant First Class Tuimalealiifano, my fellow Special Forces man, because one of the things that was very important for me—and we discussed this at my confirmation hearing—is to get out of Washington, get

out into the field, out of the urban areas and into the rural areas to see what is really happening with the veterans.

So, Senator, there are some things working very well. There is tremendous interagency cooperation among the Federal agencies and the State agencies. Everyone cares deeply and is tremendously committed. The TAP Council, where we meet four times a year, has a significant impact to improve that program for the participants. The Homeless Veterans Reintegration Program brings a lot of best practices to help homeless veterans make that journey to employment and to deal with the issues that can prevent employment, such as substance abuse and addiction.

But there is additional room for improvement. I don't have all the answers, and so one of the reasons I am here and one of the things we are going to do this week is to get out to the different islands to talk to the veterans and to talk to the Veterans Service Organizations to find out specifically what their needs are and how they would like to see the programs improved.

But let me share two thoughts. First, we have the responsibility to provide coverage to all veterans throughout Asia Pacific—Guam, Saipan, Tinian, Palau, Federated States of Micronesia. We presently don't have any Disabled Veterans Outreach Program Specialists or local veterans employment representatives in those areas. So, that is something I need to look at, to find how we provide adequate coverage for them.

Senator, I also want to share briefly with you a story and ask for help from you and from the other members who are in the room today. Yesterday, I had the chance to go out to Kalaeloa. We have a Homeless Veterans Reintegration Program out there called U.S. Vets. They are doing fantastic work. They have about 98 veterans out there right now. I met with the veterans alone, without any staff around, and was really impressed by the tremendous feedback they had on how successful they felt the program was. It was helping them deal with addiction, break those cycles of dependency, helping them to create meaningful lives for themselves, and to find employment.

But here is the challenge I learned about. There is a one-mile distance from where the site is located to the nearest city and county public transportation, and evidently the ridership level is not a significant amount to change that. I believe that if nonprofit, private sector leaders work creatively in Hawaii, we might be able to help those 45 to 50 veterans who are out there to find some kind of shuttle service to span that one-mile distance.

I was really surprised to learn that this has been a challenge ongoing for about 5 years. Now, I know that we can send these men and women thousands of miles away to put themselves in danger for the benefit of our Nation. I believe that, collectively and creatively, we can find a way to span a distance of one mile and get them a shuttle so these 50 veterans who found jobs can actually get to their jobs.

So, I am here asking for help. Tom, raise your hand, please. This is my State Director. If anyone has ideas, if anyone would like to be part of the solution, there are 50 veterans who found jobs and can't get to them. More importantly, something that really annoyed me, Senator, some of these veterans have actually been attacked

and assaulted going or coming on that one-mile walk. So, I think that is something that we can do a much better job at and it is just one of those things that if I stayed in my office in Washington, DC, I wouldn't have known about. But I have full confidence that with the aloha spirit here, we can find a solution to help those veterans. Thank you.

Chairman AKAKA. Thank you very much, Ray.

I want to thank the second panel. But before I close this hearing, I want to invite those on the panel to make any final comments about today's hearing topic or what they have on their hearts. I will begin from that side of the room, since the microphone is there, and ask each of you to make any final statements you may want to make.

Mr. JEFFERSON. Senator, I was reflecting this morning on a quote by a tremendous leader, an inspirational figure, Eleanor Roosevelt, and she said that the future belongs to those who believe in the beauty of their dreams. And when our servicemembers come back, each of them has unique dreams, unique aspirations, unique needs. I just believe that by working together, we can do everything we can to help Lieutenant Tamayo and Sergeant First Class Tuimalealiifano make sure that they achieve their dreams and their aspirations. And thank you for your service.

[Applause.]

Chairman AKAKA. General?

General ISHIKAWA. In closing, I want to quote what I consider to be a great patriot—General Eric Shinseki—when he talked about the G.I. Bill—which I thank you so much for passing. He said, "Lightning is about to strike twice." I firmly believe that when I go and talk to our soldiers, our airmen, our Marines, I see the next great generation. So, thank you for all the work you do and thank you to all the veterans in the audience.

Chairman AKAKA. Yes?

Dr. DARKINS. Could I make a quick comment, which is also to quote General Shinseki. He mentioned a few days ago his belief in telehealth and telemedicine as part of the solution to the challenges. With his support and with the support of Congress, I see it as one of the solutions and look forward to a future in which we will provide solutions to the challenges we have heard today.

Chairman AKAKA. Ms. Cullen?

Ms. CULLEN. Thank you, Mr. Chairman. I would say that we in the VA appreciate your longstanding support for veterans and we count on your future support for veterans. We also thank you for coming out here and having this panel where you hold us personally accountable for taking care of the needs of, as Abraham Lincoln said, he who has borne the battle. So thank you for that and thank you for coming here with Secretary Shinseki last week to also hold us accountable.

Chairman AKAKA. Thank you.

Dr. Hastings?

Dr. HASTINGS. Thank you, Mr. Chairman. It is very important, I think, for the VA to recognize the low-density populations that they have responsibility for, that we have responsibility for, in the islands and the Pacific. We have low density, so we don't have the big numbers, and this is home. As we heard today, all of us want

to be taken care of as near home as we can; and certainly when we are stressed and have significant challenges in life, we want to be near our homes. That is where we can get the best cures, and we have ample evidence that that is the case.

At the VA, we have heard now that the VA is changing its focus and putting resources into care in low-density, rural and very rural areas, so I think the VA is taking on a new role in its obligation to care for veterans, and that is the world that we live in. You saw some of it yesterday on Lanai. I can tell you that I have been to Tinian, I have sat with a veterans group in Tinian and talked to them about their frustrations with health care, and I have talked to the veterans in Saipan, and on our next trip, we are going to Rota, where the concentration is even smaller.

But, I think these are veterans who have been underserved by the VA and I think I am very proud to be in an organization that is recognizing this obligation and building in a direction using all of the modern technology and all the modern science that we know. We have learned to deliver care to veterans who earned the care in their home. Thank you.

Chairman AKAKA. Ms. Betts?

Ms. BETTS. Yes, Senator. I would like to make a general statement on my behalf that I am committed with the position that I have here, to ensure that the employees that work under me start to look and take advantage of what we refer to as opportunities, and each opportunity that occurs every day is when a veteran walks into our door. The way I would like to see it develop over time is that they recognize it as an opportunity when a veteran comes to us—an opportunity to help to improve their life—to just experience and discuss or be a part of that moment in time that we are part of for them.

What we are working on, as I know you had discussed with me when I first met you, what you had told me was you would like to see the VA have a motto, and I said, yes, sir, I will work on that motto, and I am still working on it. But I do know that one thing that comes to mind, and that is that every employee who works at the VA when a veteran walks in the door or when the veteran calls on the phone, is the first thing they should think about is what we can do, and that might be my motto if I work on it hard enough.

But it is something that we need to get back to realizing—that the reason we are here is for the veteran—and we need to remember what we can do when they walk in that door and ask for our assistance and expect the services that they do. Because a lot of it has to do—in our outreach program right now, my goal and objective is to help change the perspective of the individuals we visit, meaning their perspective of what the VA is.

As I heard the three witnesses earlier, their perspective of the VA out there as a servicemember—as a veteran, whether it is a Vietnam veteran, World War II, or even the latest OEF/OIF veteran—is not very good. It is not a very good picture that they paint of us. But I am sure that we can improve on it. Just as they said, the communications, developing those relationships, and here in Hawaii, being Hawaiian, I believe it is a place where it can start. The ohana is definitely a part of the daily relationships and the

building of those relationships to bring more grayness to those lines of the bureaucracy and the services that we provide.

I want you to know that the commitment is here to help to improve and to develop that thought process of what we as VA employees can do for those veterans that we service, and I thank you very much for the time.

Chairman AKAKA. Well, thank you. I think you have said much in closing.

I want to thank all of our witnesses for being here, for your responses. No question, it is going to be helpful to what we are trying to do. We know there is much to be done in order to improve the effectiveness of VA's outreach to servicemembers returning from overseas. Members of the Guard and Reserve that we are focusing on today face unique challenges. It is necessary that VA recognize and overcome those obstacles so that these veterans receive the highest quality of care. This is our challenge today.

So, I want to thank all of you again for being here today. This hearing is adjourned.

[Whereupon, at 1 p.m., the Committee was adjourned.]

A P P E N D I X

LINDA LINGLE
GOVERNOR

ROBERT G.F. LEE
MAJOR GENERAL
ADJUTANT GENERAL

MARK S. MOSES
MAJOR, USMC, RETIRED
DIRECTOR

STATE OF HAWAII
DEPARTMENT OF DEFENSE
OFFICE OF VETERANS' SERVICES
459 PATTERSON ROAD, E-WING, ROOM 1-A103
HONOLULU, HAWAII 96819-1522

Testimony of
Mark S. Moses
Director, Office of Veterans Services
Before the U.S. Senate Committee
on Veterans' Affairs
Relating to State resources available to the
Guard and Reserve returning from deployment.

August 25, 2009

Chairman Akaka and members of the Senate Committee on Veterans' Affairs, I am Mark Moses, Director of the Office of Veterans Services (OVS).

The Office of Veterans' Services (OVS) is the principal state office responsible for the development and management of policies and programs related to veterans and their family members.

The OVS acts as a liaison between the Governor and veterans' organizations. Our objectives are to assist veterans in obtaining benefits and to support veterans in making the transition back to civilian life.

To meet these objectives, we inform prospective veterans through participation in the Transition Assistance Program and National Guard members and Reservist by offering outreach services to advise them of their change in status after activation under Title 10, from Guard member to veteran.

The OVS works in partnership with the Guard Family Readiness System, the Transition Assistant Advisor, Workforce Development, and Employer Support for the Guard and Reserves (ESGR) to facilitate their transitioning process.

Many Guard members are unaware of their new status and of their eligibility for veterans' benefits from the Department of Veterans Affairs (VA), Small Business Administration (SBA), and State and County government.

To fulfill our outreach objective, in State fiscal year ending June 2009, the OVS, with its staff of 5 counselors and one coordinator, had 46,152 contacts with veterans and their family members. The Office performed 564 outreach activities and had an audience count of 5,809. These outreach activities included, but were not limited to, seeking homeless veterans, performing information briefing to the Guard, Reserve, and veterans' groups and organizations. In addition to outreach, the counselors pursued claims for benefits and prepared appeals when claims were denied by the VA.

I stand ready to answer any questions.

"Proud To Serve Those Who Served Our Country"

STATE OF VA SERVICES ON MAUI, HAWAII

THURSDAY, JANUARY 7, 2010

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Maui, HI.

The Committee met, pursuant to notice, at 2 p.m., in the Maui Arts and Cultural Center, Maui, Hawaii, Hon. Daniel K. Akaka, Chairman of the Committee, presiding.

Present: Senator Akaka.

OPENING STATEMENT OF HON. DANIEL K. AKAKA, CHAIRMAN, U.S. SENATOR FROM HAWAII

Chairman AKAKA. Well, I want to say again mahalo to Danny for leading the pledge and Mitch for offering the prayer, and now it is pono. We are ready to go.

Let me tell you that we as a Committee have held similar hearings on Maui before, as you know. Much has improved in recent years, for which I am grateful, but it is important for us to understand the present challenges. I think you know what our country is going through at this time and we must be ready to come up with the kind of help that our country needs. Both the clinic and Vet Center on Maui are tremendously busy and must be available to those Maui veterans who rely on VA for their care and to veterans living on Lanai and Molokai as well.

I applaud the efforts of the VA employees in Hawaii. These men and women work hard to help the veterans who seek their assistance, and there are many things that VA does well in Hawaii, as you know. Hawaii has done, I think, pretty well, but we need to continue to do better. There is always room for improvement. Indeed, our unique geography, diversity, and our kind of way of life require that VA develop a unique strategy to care for our island's veterans and to care for it through our cultural activities as well.

Ensuring timely access to mental health services for veterans living on Maui has been a challenge due to reported shortages of VA and community health providers on the island. However, VA has established new mental health positions at the Maui Clinic and has expanded telehealth capabilities to other islands. There has also been some indication of a desire to create a single location on the island for veterans' services in lieu of the existing three locations. I hope to discuss these and other important issues with veterans and VA today.

Back in Washington, we have worked hard to ensure that VA has the resources to provide the best possible care. In my years as Chairman, Congress provided record-breaking funding increases to

VA. Last year, I introduced the Veterans Health Care Budget Reform and Transparency Act to secure funding for veterans' health care 1 year in advance of the regular appropriations process. And we have followed up that success with passage of our Caregivers bill, which would help wounded warriors and the families who care for them. This bill, which also improves care for women veterans, those who reside in rural areas, and those who are homeless, has been sent to the House of Representatives. I expect to finalize this bill in the coming months.

Finally, I note that there are many veterans here today who would like to testify. While we cannot accommodate everyone's request to speak, we do want to hear your views. The Committee is accepting written testimony which will be reviewed and made part of the record of today's hearing. If you have brought written testimony with you, please give it to Committee staff who are located outside on the patio. If you do not have written testimony but would like to submit something, Committee staff will assist you in doing that. In addition, the Committee staff is joined by VA staff who can respond to the questions, concerns, and comments that you raise.

A special mahalo nui to Dr. Hastings, Dr. JangDhari, and their team who are here to help us as well. Will you raise your hands, Dr. Hastings and Dr. JangDhari? [Applause.]

Once again, mahalo nui loa. Mahalo to all of you who are in attendance today, and I look forward to hearing from today's witnesses.

I want to welcome members of our first panel; and I just want to pass this on: as far as feelings are concerned, I feel real cool. [Laughter.]

I want to welcome members of the first panel. Our first witness is Karl Calleon.

Our second is Rogelio Evangelista, Advisory Board Member for VA Pacific Islands Health Care System; followed by Larry Helm, the Commander of Molokai Veterans Caring for Veterans.

After Mr. Helm will be Clarence Kamai, Jr., a VA Advisory Council Member, and his fellow Council Member Danny Kanahele.

Next will be Paul Laub, the President of the Maui County Veterans Council; and Terry Poaipuni, the wife of a veteran. Ms. Poaipuni will be followed by Mitch Skaggerberg, who offered the prayer and who is President of the Vietnam Veterans of Maui County.

Our final witness on the panel will be Lloyd Sodetani, the Maui Representative to the Hawaii Office of Veterans Services.

I thank all of you for being here today on this panel. Your full testimony will, of course, appear in the record of this hearing.

I would like to ask you to begin, Mr. Evangelista—oh, Mr. Calleon. E kala mai i'au.

STATEMENT OF KARL CALLEON, VIETNAM VETERAN AND COMMANDER, CHAPTER 2, MAUI, DISABLED AMERICAN VETERANS

Mr. CALLEON. My name is Karl Calleon. I am the Commander for DAV Chapter 2 in Maui.

AUDIENCE MEMBERS. We can't hear.

Chairman AKAKA. Oh.

Mr. CALLEON. Can you hear me now?

AUDIENCE MEMBERS. No.

Chairman AKAKA. Pull the mic closer.

Mr. CALLEON. My name is Karl Calleon. I am the Commander for DAV Chapter 2 in Maui. First of all, I want to thank you, Senator Akaka, on behalf of all the Hawaii veterans for being our most vocal and powerful voice for veterans ranked in our State.

As part of the DAV here, I have most often heard the following complaints about VA services on Maui.

First, we need your help to remedy the ongoing loss of so many of our best VA doctors and other key veteran service personnel. For example, it is extremely disruptive to quality and continuity of our veterans' medical care to keep losing our primary care providers. They have to wait months then are scheduled to start all over again with a new doctor, by then they are already overwhelmed with the VA system. Related to this ongoing turnover is that we cannot rely on the Maui CBOC staff to schedule, reschedule, or set up referrals for outside medical appointments because they seem to always be so disorganized. As a result, we advise all those veterans getting services to follow up with the clinic to make sure they are doing what they are supposed to do. But that should not be our responsibility.

The real cause of this ongoing VA staff turnover and clear disorganization is that the VA systems under which they work are so incredibly inefficient that they get fed up and leave. VA management are either not listening to them or they are completely ignoring them because they too often do not believe change is possible.

This is why we strongly urge you and the VA Secretary, Eric Shinseki, to go and talk directly to our long-time front line professionals like Dr. Maurice Kramer, Kathleen McNamara, William McMichaels, James Lockyear, Richard McDonald, social worker Laurie Aoki and Tamicko Jackson in the State. If given the opportunity and support, they can tell you very clearly what changes need to be made.

Another concern we have is that we have a lot of older vets here whose doctors are prescribing them grab bars and other safety devices. However, after receiving them, they are told they have to install them, and they cannot—many cannot. It should not be the veteran's responsibility.

Something also needs to be done about our veterans who seek emergency care on weekends or after hours at Maui Memorial Medical Center. Too often these veterans start receiving huge bills and threatening letters for the services they received. This is because the VA refuses to pay these bills since they were not preapproved, even though it was impossible for the veteran to do so at the time. While most of these veterans choosing to challenge these actions eventually do get them paid by the VA, this whole process is very distressing to these veterans, adds insult to injury, and seems so needless. This same problem also occurs too frequently with payments for outside medical referrals and consultations.

The Independent Living Program here has helped hundreds of severely PTSD-disabled veterans like myself finally pull out of decades of ugliness, depression, and isolation to reconnect with our

families and communities. However, too many veterans are waiting too long to receive these services. I myself had to wait 2 years to get my independent living plan written and approved. The biggest problem is that only Hawaii veterans are required to have their independent living plans approved all the way to the VA's Central Office. It just does not seem right that only Hawaii veterans are being singled out this way, especially when these services have proven to be so helpful to so many.

The incredible workload demands faced by our Office of Veterans Services officers are enormous; however, the VA and the State cannot seem to come up with whatever is needed to secure two full-time staff which are minimally needed to meet this demand. As a result, we already lost one long-time OVS officer. We just lost another part-time staff person, and the remaining officer, Tamicko Jackson, is impossibly overloaded. Again, it is our veterans' services that are suffering because no one seems to have the power to remedy this matter.

Maui veterans have been complaining about these related problems for some time—the ongoing burnout and loss of VA health care service providers and the resulting disruption means loss of effective care to our veterans—will not improve without significant changes in our VA system and management. Thankfully, we have really good VA staff serving us here on Maui; however, these remaining diehard professionals are still being severely hindered in their jobs to effectively and efficiently serve our veterans by unresponsive VA systems and management.

In conclusion, on behalf of all Maui veterans, we sincerely thank you for your time and kokua. We also thank you for your efforts to make the VA more responsive to our veterans' needs.

[There is no prepared statement for Mr. Calleon.]

Chairman AKAKA. Mahalo. Mahalo, Karl, for your testimony.

And now we will hear from Rogelio Evangelista.

STATEMENT OF ROGELIO G. EVANGELISTA, ADVISORY BOARD MEMBER, VA PACIFIC ISLANDS HEALTH CARE SYSTEM

Mr. EVANGELISTA. Honorable Chairman, Distinguished Members of the Senate Veterans' Affairs Committee, and fellow veterans, being on the Veterans Administration Pacific Islands Health Care System, I thank you for giving me the opportunity to testify, especially you, Senator, for all the personal sacrifices and unending time you have spent helping with our veterans.

The uniqueness of the Hawaiian Islands, separated from the United States by miles of ocean, makes it hard to provide for more than 120,000 veterans living here. When I first testified back in the year 2007, and again in 2008, there have been great strides in health care with the leadership of James Hastings and his team of professionals, but a lot still needs to be done to assure the best health care to our veterans.

Unfortunately, unlike the Mainland, there are no bridges or tunnels and we need to fly to Tripler. And because of disability and cost of the insurance, we incur all those expenses. Due to the illnesses and injuries that these veterans have received in wartime, many of these veterans have limited incomes. To choose between taking care of their families, themselves, and flying to Oahu for

health care is a choice that should not even be an issue for these veterans who have served so selflessly.

I think it is only fair for the specialized services of each island to cover any and all the transportation costs that I receive that are offered by the Spark Matsunaga Clinic and Tripler on Oahu. The VA health care system should take care of us 100 percent because the problems that are happening in our later years are all part of the cost of war; and when we served in the military we did not give only a certain percent, but we gave our full 100 percent. In Hawaii, we need to think how we can geographically place the best delivery of care, or we will deny our veterans quality medical care which they rightfully deserve.

As our WWII, Korean, and Vietnam veterans age, they are now faced with more ailments that affect their health, problems that were not visible when they were younger. Not only are they faced with their health concerns, but also the issues that cannot be corroborated due to red tape between the VA and the records.

Senator Akaka, you also know that when a military person finishes, their problems are just beginning to start with their visible scars and invisible physical and mental scars. These issues have not been dealt with, and most of our veterans are at that time contemplating committing suicide. Part of the billions spent overseas in Iraq and Afghanistan need to be spent on the men and women who relive this war on a daily basis.

Senator, we the veterans ask you, the Senate Veterans' Affairs Committee, to right what is wrong and to say to the veterans, "Thank you for your service to our country."

May God bless our Nation, those in uniform and our veterans, and in closing, we the veterans ask for our country to love us as we loved our country in keeping it the land of the free and the home of the brave.

Thank you.

[Applause.]

[The prepared statement of Mr. Evangelista follows:]

PREPARED STATEMENT OF ROGELIO G. EVANGELISTA, VAPIHCS ADVISORY BOARD MEMBER AND PRESIDENT EMERITUS, MAUI COUNTY VETERANS COUNCIL

Honorable Chairman, Distinguished members of the Senate Veterans' Affairs Committee, and Fellow veterans, being on the Veterans Administration Pacific Islands Health Care System Advisory Board, I thank you for giving me this opportunity to testify on behalf of the Veterans of Maui County. I would like to commend the Committee, especially Senator Akaka, for all the personal sacrifices and unending time spent on helping our veterans cope with their disabilities.

The uniqueness of the Hawaiian Islands, separated from the United States by 1500 miles of ocean makes it very extra ordinary to provide health care to the more than 120,000 veterans living here. When I first testified before this panel in 2007 and again in 2008 there have been great strides done with our health care here in Hawaii with the leadership of Gen. James Hastings and his team of professionals BUT A LOT STILL NEEDS TO BE DONE TO ASSURE THE BEST HEALTH CARE TO OUR VETERANS.

Unfortunately, unlike the mainland of the United States, these islands are not joined by bridges or tunnels, therefore to obtain the necessary medical services needed from Tripler, the veterans need to fly, and due to the lack of disability insurance, the veterans incur most of the cost of these flights to receive their rightful medical services. Due to the illness and injuries that these veterans have received during wartime, many of these veterans are on limited incomes. Having to choose between taking care of their families and themselves and flying to Oahu to receive healthcare, is a choice that should not even be an issue for these veterans who have served the United States so selflessly. The promises made by the military offer edu-

cation for the betterment of the soldier for life, the ability for home loans on the GI bill for the betterment of the soldier's life, and medical care for the betterment of the soldier's life. What we are asking for is that the medical services be available and not have to be a financial liability to the veteran in need of medical services. We ask that the transportation costs of those veterans who do not live on Oahu be covered fully. Until the time that there are specialized services available on each island, it is only fair and just to cover any and all the transportation costs to receive these medical services that are only offered at Tripler or the Spark Matsunaga Clinic on Oahu. If we use the VA health care system, the VA should take care of us 100 per cent, cause the problems that are happening to us now in our later years in life are all part of the cost of war and also when we served in the military we did not give only a certain percent but we gave our full 100 per cent. In Hawaii we need to think how we can geographically place the best delivery of care or we will deny our veterans quality medical care that they so rightfully deserve.

As our WWII, Korean, and Vietnam veterans age, they are now faced with more ailments that affect their health, problems that were not visible when they were younger, with the possibility of being service-connected. Not only are they faced with their health problems, but also the issues of getting to prove with collaborating evidence, records which the VA cannot provide due to all the red tape between the military records and the VA when you need copies of your records.

As we deal with the incredible injuries and mental health needs of our veterans we simply have to do it right in taking care of those that borne the battle and we can start by reducing the number of backlog on claims, especially those on disability claims. If there is any probability that it could be service-connected, it should be approved.

Senator Akaka, you also know that when a person finishes his military obligation and he goes home it does not end there, but their problems are just starting, in trying to get health care, getting a job, fitting in with the community, reuniting with the family and coping with visible and invisible physical and mental scars.

Senator Akaka, another issue is the families of these veterans. For a lot of families the men or women who have left to serve their country have come back broken both mentally and physically and this is often traumatic to the families to not only welcome back a changed person, but to learn how to deal with their disabilities. These families need the support of the VA also to deal with needs of the veteran in the home situation. The veteran may have been exposed to situations to which the average family cannot even fathom much less give support to. What options do these families have on their home islands? For the families on the outer islands often the costs of transportation to receive these services are a deterrent to receiving these services.

We have done our duty, so now we ask the Senate Veterans' Affairs Committee along with the Veterans Administration to do their duty in helping the Veterans and their families. There are incredible issues that we have to face not only for our newer veterans but also those that have served in previous wars, be it World War II, Korea, Vietnam, Etc. Caring for our veterans means providing the best health care 24/7 and rehabilitation and compensating veterans for their injuries.

We have to honor our returning troops, as you know what happens when we don't. Like in the case of the Vietnam Veterans, due to the opposition against the war, the men and women who served were not honored on their return, they were disrespected. For these men and women to endure wartime and come home to be dishonored by society, caused tremendous psychological issues resulting in suicides, homelessness etc. These issues have not been dealt with and our veterans of this current war are committing suicide in large numbers. Dealing with these issues is very much part of the cost of war. Part of the billions spent overseas in Iraq and Afghanistan need to be spent on the men and women who relive this war on a daily basis.

With hundreds of our troops returning home in dire need of health care let us show our appreciation and commitment to the men and women who have worn the military uniform in defense of this Nation, let us say thank you by asking for unlimited funding to deal with the crisis that we are facing to get the veteran soldiers back into society and their families, even in this hard economic times we need to know and show that the care for the veteran and their families are the continuing cost of war.

The VA is a premier Health Care System, but here in Hawaii, specifically the outer islands, the healthcare services are limited. In fact, the VA does not have a hospital anywhere here in the Hawaiian islands. With the increasing population of veterans here in the islands, is it possible that there would be plans for a VA hospital in the near future.

Let me also mention that the Maui County Veterans Council and the more than 20 veteran organizations it represents wholeheartedly support the aspect of the proposed facility in Kahului at Maui High School of which one of our panelists Col. Lloyd Sodetani Ret. will address.

Last but not the least is the honors that veterans earned while serving in the military which is basically the last respect regarding the veterans service to his country during his burial rites. We are being faced with different issues in providing these various services—services that were earned and promised when we wore the uniform. Things like new memorandums for different branch of service, no available personnel, due to deployment for the war, economic hardship on travel for the full honor guard, time constraints, etc; WE, THE VETERANS, ask you and the Senate Veterans' Affairs Committee TO RIGHT WHAT IS WRONG and say to the Veterans "THANK YOU" for your service to our country.

May God Bless Our Nation, those in uniform, our veterans and their families and in closing, WE, THE VETERANS, ASK, "FOR OUR COUNTRY TO LOVE US AS WE LOVED OUR COUNTRY", IN KEEPING IT THE LAND OF THE FREE AND THE HOME OF THE BRAVE.

Chairman AKAKA. Thank you very much for your testimony.

Now I would like to call on Larry Helm.

Mr. HELM. Senator, if you do not mind, I would like to allocate three of my minutes to our Molokai representative.

Chairman AKAKA. I do not mind.

Mr. HELM. Because he is from out of island and we must be helpful to our guests.

Chairman AKAKA. Thank you. Let me repeat that the full text of your testimony will be included in the record, but we do have a time limit for the presentation of this. So, Larry, you have an additional 3 minutes.

STATEMENT OF LARRY HELM, COMMANDER, MOLOKAI VETERANS CARING FOR VETERANS

Mr. HELM. Thank you, Senator. Before I start my testimony, I would like to give personal thanks to the Molokai vets who got up at 4 o'clock this morning, jumped on a boat——

[Applause.]

Mr. HELM. I would just to say to you in advance, Senator, that when I get through testifying, because we have to get back on the ferry we're going to hele on.

Good afternoon, Chairman, Senator Daniel Akaka, staff, all the angels that work for the betterment of veterans and their families, fellow veterans and to the audience, aloha.

PARTICIPANTS. Aloha.

Mr. HELM. Mahalo, Senator Akaka, for your time to hear veterans testify on behalf of veterans. There are lots of advocates. You are our number 1 advocate. For that I say mahalo nui loa. [Applause.]

Six years ago, an organization was formed on Molokai called Molokai Veterans Caring for Veterans. Today there are approximately 600 Molokai veterans. Three hundred veterans from all wars and conflicts have joined our organization called "Koa Kahiko"—ancient warriors, wise warriors. Services to Molokai vets then were sparse and limited. Today, thanks to you, Dr. Hastings, Dr. Steve McBride, who helped to hire our own resident, Dr. Hefferman, regular visits from our VA angel Dr. McNamara, Dr. Springer, Benefit Counselor Joe Thompson, Ernie Matsukawa, and many others, beginning next week, we will have a home care nurse on-island to fulfill an overwhelming need. Today seven veterans

qualify for home care, and she is here today, and she starts next week. [Applause.]

Molokai has had the highest percentage of Vietnam vets per capita in this country. Many of them have died. Many have been in the valleys, the bars, and the crevices of Molokai for a long time. Finally, many of these veterans are getting their due benefits. And because of the VA services and counselors, they are at least having some quality-of-life. Mahalo plenty.

I come today, of course, with some honey, but also I have some lemonade that needs some sugar in it.

Recently, a Molokai retired Navy lieutenant, Richard Smith, who served 33 years in the Korean and Vietnam conflicts and received many commendations, died. One of the benefits promised to vets like Richard is that they have a full military burial when they are on their last rite from Earth. Because his home was on Molokai, Richard had a watered-down detail of three and, in my opinion, if we cannot own up to our promises made to veterans, then how are we going to own up to the rest of the world?

Some veteran organizations like the VFW, et cetera, provide burial details. This ought not to happen. It ought to be mandatory that all military branches honor these vets with full military burials as they promised.

There are two crypts left in Molokai Veterans Cemetery. Mr. Mark Moses, Director of the State Veteran Services, is aware of this issue. However, he is constrained by State budget problems. Give the veterans on Molokai the materials, and we will build the needed addition.

We acquired official property to build a Vet Center. We are in the process. It is a simple building. Needless to say, we have been jumping through hoops with the County of Maui to get our permit. It's been a 3-year process.

My suggestion is from the top down give priority status to all veteran groups in this country that are advocating and helping in the advancement and the betterment of all veterans and their families. Many times just going through this process, I still think I am in the woods in Vietnam. We are still fighting.

Senator, if you can find it in a little piggy bank stashed away, we can use $20,000 to $30,000 to furnish our Vet Center.

There are many veterans whose records have been lost from the Korean and Vietnam era for one reason or another. Some of them have legitimate service-connected claims. There ought to be a system to give them the benefit of the doubt. Because of State budget woes, there was a mental health counselor position cut on Molokai. The counselor had over 100 clients, and some are veterans. What can we do to help them? Because of privacy issues, the VA can find out from the State and get them enrolled in the system if not already enrolled.

On Molokai, we have approximately 60 residents who have served in the Mideast conflicts. Some are still serving. Some are home now. There ought to be a method of issuing a heads-up that these soldiers are returning home so they can be identified to be provided needed service before they have major problems. I personally have had three different late-night calls from parents concerned about erratic, threatening behavior from young vets that

could have been very volatile. Mahalo to the VA, Dr. McNamara, and others who served these veterans immediately, and they are moving forward.

Another personal issue. My nephew served three tours in Iraq, wanting to make a career in the army. His paternal grandmother, who raised him, died. He was denied to come home to her funeral. As the military says, "only immediate family." Suggestion: VA, work with the military on exceptions. My nephew left the army.

Molokai has 30 or more Native Hawaiian veterans. Many are disabled—service-connected—living on homestead land. There ought to be a more efficient process for Native Hawaiian veterans to refinance their homes through the VA or other loan people. The Department of Hawaiian Homes process is a hindrance. They ought not to be. Native Hawaiians served this country and deserve equal treatment. In my opinion, the system discriminates against qualified disabled Native Hawaiian veterans.

Suggestion: The VA, first, in administering services to veterans, if the State is involved with the State counselors for veterans, that they be required to use the criteria of the Federal VA standards. Many times it is redundant, time-consuming, and not cost-effective.

Veterans ought to have: a veteran credit union—easy to do, piggyback or a subsidiary like the Pentagon Credit Union; a veteran low fixed interest credit card, easy to do. Work with major credit cards—Visa, American Express, et cetera. Veterans set up the rules.

Again, on behalf of the Molokai veterans, to Senator Daniel Akaka and staff, mahalo for your kokua and your continued advocacy for all veterans. Veterans are the soul of America. There are citizens and there are veterans. Without veterans, there would be no citizens.

Akua bless you. Mahalo.

[Applause.]

Chairman AKAKA. Mahalo. Mahalo, Larry, for your testimony.

And now I call on Clarence Kamai, Jr., for your testimony.

STATEMENT OF CLARENCE KAMAI, JR., MOLOKAI REPRESENTATIVE, VETERANS CARING FOR VETERANS

Mr. KAMAI. Thank you, Senator. Now let me turn this thing on.

OK. There is no sound. Let's change mics.

OK. Can you hear me?

PARTICIPANTS. Yes.

Mr. KAMAI. Amen. Good morning, Senator, Honolulu VA executives, staff of the State Veterans Office, Maui CBOC staff, members of panels one and two, and, most important, aloha and mahalo to my fellow veterans and comrades.

Chairman AKAKA. Aloha.

PARTICIPANTS. Aloha.

Mr. KAMAI. Senator, I do concur with my fellow constituents here, and I would just like to say thank you for being here and for bringing a second round to us.

I would also like to make mention and really applaud Dr. Kathy McNamara for her dedication and work. [Applause.]

I know Dr. McNamara is working with one of our veterans—this guy Rodney Ricken. He needs a lot of help. He has put in all of

his paperwork, and so far to this date and time, we have not heard anything from anyone regarding his status. And he is looking for his disability and whatnot. So, prayerfully, something can happen for Mr. Ricken. Hopefully, we can get something going for him.

But I would like to thank each and every one of you for helping us, and my question right now to the Senator is: What can we do to help you? How can we help you to help us to get what we need? Because we are here. We have been training as soldiers, and we will continue being soldiers. We will fight for you and become your soldiers. Tell us what you want, because we are telling you what we need, not what we want. God bless each and every one of you. Aloha. Thanks.

[Applause.]

Chairman AKAKA. Mahalo. Thank you very much, Mr. Kamai, for your statement, and I want to thank you again for your offer for us to work together. That is the key. We have got to work together to try to get these things done. So, mahalo.

And now we will hear from Mr. Kanahele for your testimony. Please proceed.

STATEMENT OF DANNY KANAHELE,
VA ADVISORY COUNCIL MEMBER

Mr. KANAHELE. Thank you, Senator. Thanks to everybody for being here.

My testimony is slightly different. My testimony is about thanking everybody for what they do. Senator, I want to thank you and your professional team for the hard work they do, the time they put in, the hours they sleep—which is not much. Senator, I also want to tell you about the staff at Spark Matsunaga Veterans Administration under the direction of Dr. Hastings. With his professional team, Dr. Hastings' administration and his direction have helped Maui. They do the best they can, which I am one of them who makes sure they do the best they can because that is also my job. Thank you, General.

Again, I would like to thank, Dr. Hastings. I want you to know your staff on Maui, under the hands of Kathy Hass and her professional team—again, doctors, nurses, administrators, and their directors—deserve thanks for everything they do, and share and put up with—headaches and sometimes hard times, which I am one of them at times. I am honest about that.

I would also like to thank Dr. McNamara for the Education and Independent Living Program, which I think is very much needed, and I have been on it. I love it and I am still doing it. I like that. I enjoy that.

Again, I would like to thank Mr. Ernie Matsukawa for everything he does with his counselors: family counseling, individual counseling, and group counseling. They have made advances over there, which I join in once in a while. He shares a lot of information with everybody and he shares it and more. But, again, you cannot please everybody.

With this testimony, like I said, it is short, brief, and very direct. I thank you, Senator, Dr. Hastings, Kathy, Ernie, and Tamicko . I want to thank everybody who puts in time and helps us today.

Thank you.

[Applause.]

Chairman AKAKA. Mahalo nui loa, Danny, for your gracious mahalos to those who have been working hard. We really appreciate that.

And now we will hear the testimony of Paul Laub. Please proceed.

STATEMENT OF PAUL LAUB, PRESIDENT, MAUI COUNTY VETERANS COUNCIL

Mr. LAUB. Aloha auinala and aloha kakou.

Chairman AKAKA. Aloha.

Mr. LAUB. I am Paul Laub and I have the honor of being the President of the Maui County Veterans Council.

First, I would like to read a letter from County Council member Bill Kauakea Medeiros, who is or was here. It says:

> "I am writing this letter to you as a concerned veteran and a Maui County council member that feels that we veterans are not receiving the most efficient and cost-effective facilities and services for the funds that the Veterans Administration spends on Maui. Our second proposal would be more efficient and cost-effective because it would bring all the veterans' services to one location rather than having the services at three different locations as it exists today. Currently, insufficient parking at all three locations is a problem. Additionally, confusion and frustration results when a veteran goes to the wrong location and needs to drive 20 or 30 minutes to another location. In the long term, the costs for VA would be substantially less than the total amount the VA will have paid for these three—and will pay in the future."
>
> "The State of Hawaii's Departments of Defense and Education are also providing fair-share contributions to make this a reality. The VA will continue to own its facilities and be able to upgrade its facilities as technology and operational needs change. Being rent-free will result in substantial savings to the VA. This complex will benefit all of our veterans and, with proper coordination, provide immeasurable benefits to our students and our neighboring communities. As a faithful constituent and member of our local government legislative body, I humbly ask that you favorably consider the proposal and to initiate funding for that purpose. Mahalo for your kokua.
>
> Bill Kauakea Medeiros."

I also happen to have a letter from Council member Jo Anne Johnson, who is the wife of a World War II veteran who is in difficult straits at this time. It says:

> "As the wife of a veteran of World War II, as a member of the Aging with Aloha coalition, not to mention my public service as an elected official, I am acutely aware of the needs of our veterans here in Maui County. Partially due to our isolation, but also because of the increasing number of veterans who require services, we are facing a crisis here in our county. With funding being limited for pro-

grams that help support our veterans and their families at both the State and county levels, we face diminished services at a time when demand is on the rise. Programs that provide for the needs of veterans such as medical care, dental treatment, and mental health counseling are critical to our community. Also, rehabilitation for our disabled veterans, caregiver support services, reimbursement for relatives who care for loved ones, and educational retraining must be considered as key components of any health care delivery system for those who have served our country."

"Our veterans trusted that while they were caring for our country that their families and themselves would be cared for in return. That assumption has proven over time to fall short of expectations of our vets and family members. Many servicemen and women cannot get simple counseling to find out what services are available to them and their families or what the requirements are for eligibility. We need to provide a one-stop service center that is accessible, that is—and that is adequately staffed to support the needs of veterans and their loved ones."

Our members, our veterans, who were once strong, resourceful, and independent men—the heroes of yesteryear—have now found that they have aged. This aging has robbed them of their strength, and many of their abilities have been diminished. Now these men are stooped with age and need the great services that our Government can offer to these warriors of our history.

The problem is that getting these services has been unnecessarily difficult due to the random locations of each service. It appears that this problem can be resolved by building a Veterans Campus on the 4½ acres of land at Maui High School that has been offered to us by the State of Hawaii. Please give this possibility your soonest attention.

We now have no burial facilities in West Maui. The very generous Ka'anapali Land Company has offered us 15 acres of land for this purpose. May I urge you to assist in whatever way possible to ensure that we receive and properly utilize this great gift.

The Veterans Cemetery at Makawao is almost at full capacity. I understand that there is a proposal to expand it through purchase of neighboring property. May I also urge you to help effect this transaction.

We, the veterans of Maui County, greatly appreciate and wish to thank you for your many, many assistances to us.

Thank you.

[Applause.]

[The prepared statement of Mr. Laub follows:]

PREPARED STATEMENT OF PAUL LAUB, PRESIDENT, MAUI COUNTY VETERANS COUNCIL AND MEMBER, WEST MAUI VETERANS CLUB

Senator Akaka, thank you for coming home to Maui. As the youngest member of the West Maui Veterans club, of which you are listed as a member, and President of the Maui County Veterans Council, it has fallen to me to bring some issues to your kind attention.

Our members, once strong resourceful and independent men, the heroes of yesteryear, have now found that they have aged. This aging has robbed them of their

strength and many of their abilities have been diminished. Now these men are stooped with age and need the great services that our Governments afford to these warriors of our history. The problem is that getting these services has been unnecessarily difficult due to the random locations of each service. It appears that this problem can be resolved by building a Veterans Campus on the 4½ (four and one-half) acres of land at Maui High School that has been offered to us by the state of Hawaii. Please give this possibility your soonest attention.

We now have no burial facilities in West Maui. The VERY generous Ka'anapali Land Company has offered us 15 (fifteen) acres of land for this purpose. May I urge you to assist in whatever way possible to ensure that we receive and properly utilize this great gift?

The Veterans Cemetery at Makawao is almost at full capacity. I understand that there is a proposal to expand it through purchase of neighboring property. May I also urge you to help effect this transaction?

We, the Veterans of Maui County greatly appreciate, and wish to thank you for your many assistances to us.

If there is any way I can be of assistance to any Veteran endeavors please do not hesitate to ask.

Thank you, again.

Chairman AKAKA. Thank you. Thank you very much, Mr. Laub, for your testimony and your idea of consolidation.

And now we will hear from Ms. Poaipuni. Terry, will you please proceed with your statement?

STATEMENT OF TERRY POAIPUNI, WIFE OF A VIETNAM VETERAN

Ms. POAIPUNI. Aloha, Senator Akaka and Members of the U.S. Senate Committee on Veterans' Affairs. My name is Terry Lee Poaipuni, and I am the wife of a Vietnam veteran. I was born and raised on the east side of Maui in a place called Hana. I have worked for Maui's Native Hawaiian Health Care System, Hui No Ke Ola Pono, for 19 years. I will refer to Hana as East Maui because the district encompasses a bigger area than Hana. The number of veterans in East Maui is 75-plus, and this is not counting the National Guard and Coast Guard veterans. I am sure there are more veterans out there that I have missed.

Nearly 5 years ago, the State Office of Veterans Services would send William Staton to Hana once a month to assist the veterans living in East Maui. Ten years ago, a registered nurse from the Veteran Clinic used to come to Hana Medical Center to see veteran patients. Presently, the State Office of Veterans Services does not come to East Maui. I have spoken to our State representative, and due to the State economic constraints, services by the State Office of Veterans Services were cut. Tamicko Jackson, who has taken William Staton's place, is the only person employed by the State who is able to assist veterans from Maui, Molokai, and Lanai. Tamicko Jackson sees several of our East Maui veterans who drive out to Central Maui for their appointments, and I am not sure how long Tamicko Jackson will be there. The unfortunate thing is the veterans become familiar—or "ma'a," as we say in Hawaiian—to someone like Tamicko, and then she or he gets replaced. This replacement only makes it harder and more frustrating for the veterans.

The accessibility of services to East Maui veterans is a major problem. Counselors Ernie Matsukawa and Ipo Messmore have made the Vet Center in Lunalilo Building a safe place for veterans wanting to gather and share experiences. Ernie and Ipo do an awe-

some job of counseling our veterans, and we need more people like them.

I find the veterans who gather there have a lot of knowledge and information that they are willing to share. This is what is missing in the system. That willingness to share with the veteran of his or her benefits without them guessing and feeling like they need to beg, maybe this is what the system is set up to do.

Hui No Ke Ola Pono, the Native Hawaiian Health Care System with an office in Central Maui and a satellite office in East Maui, has recently begun working with veterans on the island of Maui. Hui No Ke Ola Pono have included on our organization intake form a portion for the veteran to fill in. This will identify the veteran and give us the opportunity to advocate for them. Clay Park, of Papa Ola Lokahi, has been instrumental for starting the veteran advocate services at Hui No Ke Ola Pono. Clay Park has been helping the veterans on Maui to explain how to fill out the Veterans Benefit Administration forms and applications, and Clay Park does come to Hana.

In closing, I would like to know how East Maui can get assistance from the Veteran Benefits Administration. My understanding is that Joseph Thompson can assist veterans with the application process. Can Joseph Thompson come to East Maui? Is there a way that a telecommunications site can be set up so veterans can access services from East Maui? The veterans need to feel like they are part of the system that they fought for and not a burden to it.

Mahalo and thank you for your time.

[Applause.]

[The prepared statement of Ms. Poaipuni follows:]

PREPARED STATEMENT OF TERRY LEE POAIPUNI, WIFE OF A VIETNAM VETERAN

Aloha Mr. Chairman and Members of the U.S. Senate Committee on Veterans Affair, My name is Terry Lee Poaipuni and I am a wife of a Vietnam Veteran. I was born and raised on the East side of Maui, in a place call Hana. I have worked for Maui's Native Hawaiian Healthcare System, Hui No Ke Ola Pono for 19 years. I will refer to Hana as east Maui because the district encompasses a bigger area than Hana. The number of Veterans in east Maui is seventy five plus and this is not counting the National and Coast Guard Veterans. I'm sure there are more Veterans out there that I've missed.

Nearly five years ago the State, Office of Veteran Services would send William Staton to Hana once a month to assist the Veterans living in east Maui. Ten years ago, a Registered Nurse from the Veteran Clinic used to come to Hana Medical Center to see Veteran patients. Presently the State, Office of Veterans Services does not come to east Maui. I've spoken to our State representative and due to the State economic constraints services by the State Office of Veterans Services were cut. Tamicko Jackson, who has taken William Staton's place is the only person employed by the State who is able to assist Veterans from Maui, Molokai, and Lanai. Tamicko Jackson sees several of our east Maui Veterans who drives out to Central Maui for their appointments and I'm not sure how long Tamicko Jackson will be there. The unfortunate thing is the Veterans become familiar (or ma'a as we say in Hawaiian) to someone like Tamicko and then she gets replaced. This replacement only makes it harder and frustrating for the Veteran. The accessibility of services to east Maui Veterans is a major problem.

Counselors Ernie Matsukawa and Ipo Messmore has made the Veteran Center in Lunalilo Building a safe place for Veterans wanting to gather and share experiences. Ernie and Ipo Messmore does an awesome job of counseling our Veterans and we need more people like them. I find the Veterans, who gather there, have a lot of knowledge and information they are willing to share. This is what is missing in the system. That willingness to share with the Veteran of his or her benefits without them guessing and feeling like they need to beg. Maybe this is what the system is set up to do.

Hui No Ke Ola Pono, the Native Hawaiian Healthcare System with an office in Central Maui and a satellite office in east Maui have recently began working with Veterans on the island of Maui. Hui No Ke Ola Pono, have included on our organization intake form a portion for the Veteran to fill. This will identify the Veteran and give us the opportunity to advocate for them. Clay Park, of Papa Ola Lokahi, has been instrumental for starting the Veteran advocate services at Hui No Ke Ola Pono. Clay Park has been helping the Veterans on Maui to explain how to fill out the Veterans Benefit Administration forms.

In closing, I would like to know how East Maui can get assistance from the Veteran Benefits Administration. My understanding is that Joseph Thompson can assist Veterans with the application process. Can Joseph Thompson come to east Maui? Is there a way that a telecommunication site can be set up so Veterans can access services from east Maui?

The Veterans need to feel like they are part of the system that they fought for and not a burden to it. Mahalo and thank you for your time.

Chairman AKAKA. Mahalo nui, Terry, for your testimony.

And now we will receive the testimony of Mitch Skaggerberg, President of the Vietnam Veterans Association.

STATEMENT OF MITCH SKAGGERBERG, PRESIDENT, VIETNAM VETERANS OF MAUI COUNTY

Mr. SKAGGERBERG. Daniel, thank you for coming. Your tireless work has really spawned a tremendous number of veterans here in Maui to step forward to represent the 12,000 veterans in Maui and Maui County. You continue to inspire us, and we are always amazed at the new benefits that you enact on our behalf and the budget increases for the VA to do their job more effectively. You are in our hearts always.

The thing that I think has become apparent is how our families cherish what is going on in this community. They are probably—they have more benefit than we do because families are healing, children fall back in love with their fathers. So, truly you represent the ohana of so many veterans, and we want you to know that. We never want to stop telling you that, so thank you.

Also, an overwhelming appreciation in the last 2 years since you held—we had a pretty tumultuous meeting 2 years ago here. I want to give you and your staff credit for giving us the extra money, especially in terms of mental health care and additional doctors. It has improved the ability of our staff here—our doctors and our nurses—to provide us with good care, very good care overall. Now, there are some improvements that I will address in a minute, but like Danny and Clarence, there are a lot of good things to report because of what you have done and what our VA director has done. They have rolled up their sleeves. It is not easy when you hear criticism and still broaden your horizons, and we hope that they could do that again today.

There are three areas that I am going to briefly make recommendations on, and the first is voc rehab. I was privileged to be the first Voc Rehab Veteran of the Nation in 1995. I remember you sent me a letter, and that has continued to follow through all these years with me, so I have a fond heart for that.

Why has D.C. reinstituted a policy to have all independent living programs go up to them for review? There has got to be a better way. It is hurting the veterans. I want them and I want you to really have them reevaluate that system. Many of the veterans are waiting 1½ to 2 years. Now, these are veterans 60 years old. It is

not like they are 30 or 40 and they have the time, and their families are waiting, too. There has got to be a better way to get things done like when you were going through it in the 90's—6 months to get it approved. They have also reduced the limit, I understand, to 15,000 from 25,000. I am not quite clear why that is, especially with the cost here. So that—I mean, I know the system can be improved. It was—for years, and I am not blaming those people from D.C. They probably had a good reason, but they have got to understand that they are hurting the veterans. They are not hurting any of the VA employees or whatever is going on. So, that is one recommendation, and I know we have heard that from other people before. It is a huge problem, maybe not only here, but across the State. Ms. Joy Gavigan would know that.

The second area is the benefits counselor. We are recommending that the VA actually install a full-time benefits counselor in the Vet Center to do outreach to Hana and Molokai. Joe Thompson is fantastic, but he can only get here once or twice a month. The reason I am saying that is the State has refused over the last 10 years to add another counselor through the State Office of Veterans Services, and they have burned out about three of those people on the neighbor islands because of it. Pat Pavao, Bill Staton, and Manuel Brigadora on Kauai, they are not nurturing their people, they are wearing them out because we need more counselors on the neighbor islands.

Sparky Matsunaga is the one that got the Governor in 1987 to start the Office of Veterans Services for Hawaii. He understood the critical need. They have done nothing since, and the workload has gone up tremendously. So, Maui sees the same number of veterans as Oahu. Oahu has three. We have been trying to get it through the State for 10 years. It falls on deaf ears. They give us less than $1 million a year to service 125,000. The best tip that the veteran leader said was let's get a full-time benefits counselor in Maui County, and outreach especially for the Iraq and Afghanistan vets coming home. We have got 900 to 1,000 in Maui that are going to be leaving their units or be back for good in the next year. So, that is a high priority.

[The recording got cut off and resumes with another speaker.]

[The prepared statement of Mr. Skaggerberg follows:]

PREPARED STATEMENT OF MITCH SKAGGERBERG, PRESIDENT, VIETNAM VETERANS OF MAUI COUNTY

Dear Senator Daniel Akaka, Our Aloha to you, Senator Akaka, for coming back to Maui to listen to our current experiences and additional suggestions to improve about our VA Medical Clinic, Vet Center, and Vocational Rehab Programs and Services.

We want to start with our Overwhelming Appreciation for the additional Nurses, Mental Health Doctor's, and administrative staff at our Maui Clinic over the last 18 months. Our veterans are very thankful for your support, Senator Akaka, in getting us the additional funding for these much needed personnel to serve the 2,000+ Maui Veterans using our VA Clinic.

We have seen a big improvement in shorter wait times to access mental health support for our 1,000 Maui PTSD Veterans because the hiring of an additional mental health psychologist and a mental health clinical nurse. Again, thank you, Senator Akaka, for procuring and advocating for the funds to get these two additional Mental Health providers into the Maui clinic.

A PTSD psychologist on Maui, Dr. Richard Sword, together with Professor Zimbardo of Stanford University, has been using another new PTSD treatment method to treat some Maui Veterans that effectively reduce PTSD symptoms and

treatment times. It's called "Time Therapy." We would encourage the VA mental health providers to look at this method for possible use in our VA PTSD programs.

Our Vietnam Veterans also overwhelming support the current proposal to house all our VA Facilities at the Maui High School complex; being spearheaded by Our Maui County Veterans Council; and its Chairperson for this Proposal, Lloyd Sodetani.

And our wounded Veterans seeking disability compensation need much more timely and consistent help in submitting and being provided with ongoing help to get their Claims adjudicated. We would like to recommend a Full Time Benefits Counselor be added to our VA Maui Vet Center. Currently we have a benefits counselor come twice a month from our Honolulu VA Regional headquarters; which slows the process and, in our experience, can cause unnecessary frustration with the Veteran. This could also help the VA reduce its Compensation Claims backlog, which is a top priority with our VA.

Many of our combat veterans who have their disability claim still being adjudicated (called CV in the system) cannot get their travel to Honolulu paid for by the VA. For much needed medical care. This results in withholding critical medical care for them since the care is not available on Maui. We believe they are entitled to travel. Travel reimbursement is also being withheld for non service-connected veterans needing critical care only available at Honolulu VA or Tripler. These veterans cannot drive to Oahu and are entitled to care and the travel cost to get there! In both situations our doctors tell us these Veterans are needlessly suffering because of this policy. Can you get us travel for all these deserving Veterans Senator Akaka!

We have also heard from Combat Disabled Veterans (many with ratings of 50–100%) that some of the medical treatment being recommended by our Maui VA Doctors is not being approved by our Honolulu VA/Utilization board. This has been an ongoing source of frustration with our Veterans care on Maui. Why have doctors if the Financial folks on Honolulu have the final SAY for our medical care. We would like our Doctors to have the Final Say on their Patients care.

We need help also in getting our Guam Clinic a Mental Health Doctor. Because the budget for this position is 60% less than the pay in Las Vegas the VA cannot fill the position. Is there any way the VA can fix this wide pay difference to fill the position? We have already lost a highly qualified Applicant due to this pay issue!

Last, Maui Veterans seeking vocational rehab, specifically, the Independent Living Program, are upset at the procedure set up by the Washington, DC, Voc Rehab Office to review and approve all Voc Rehab Program Applications by Maui Veterans. We find this policy has resulted in major delays in getting Maui Veterans their programs; many times up to two years.

Again, Senator Akaka, we want to thank you for your Tireless and ongoing assistance in the overall improvement of our Maui VA health care in the last two years. Without your help this would not have been possible.

STATEMENT OF LLOYD K. SODETANI, MAUI REPRESENTATIVE, HAWAII OFFICE OF VETERANS SERVICES

Mr. SODETANI [In progress]. I would like to introduce individuals who were instrumental in assisting us as a team in planning, organizing, and directing this proposed project. I would like to begin with a person who represents the Department of Defense, State of Hawaii, Brigadier General Gary Ishikawa. If he would stand to be recognized, please.

[Applause.]

Chairman AKAKA. Welcome to our hearing, General.

Mr. SODETANI. Representing the Department of Education is Maui High School Principal Randy Yamanuha. Randy.

[Applause.]

Chairman AKAKA. Thank you for being here, Randy.

Mr. SODETANI. The architect who has done pro bono work throughout this period of time is Stanley Gima.

[Applause.]

Chairman AKAKA. Mahalo, Stanley.

Mr. SODETANI. And through the generosity of Austin, Tsutsumi & Associates, Ken Kurokawa, who is a Vietnam veteran, an engi-

neer, and a cancer survivor, I would like to introduce the surveyor, Tim Lapp.

[Applause.]

Chairman AKAKA. Mahalo.

Mr. SODETANI. This was all manuahi, OK? Above all, I would like to recognize the organizations within the community, including the veterans groups and veterans who are present here today, and I would like to thank all of them for all their kokua.

My testimony. Regarding the proposed multi-service complex, submitted herewith is a copy of a survey—and I am submitting that also—that was conducted by the Hawaii Health Systems Corporation on the island of Hawaii. The results of the survey indicate similar problems and challenges appearing in East Hawaii. It has shown that systemic problems exist relative to Hawaii, as it was voiced during your visit with the Hawaii veterans last August 2009, and this testimony is being presented today. In each geographical location, the consensus has been loud and clear that multi-service complexes as proposed are needed. It is the contention of the veteran advocates that continuing to provide services in the current manner would not be in the best interest of veterans, particularly since dissatisfaction continues to grow. Creating multi-service complexes would benefit all users, employees, and the community. By providing a user-friendly facility with ample parking in close proximity to all related services, it will be cost-effective, efficiently operated, and achieve greater satisfaction from veterans.

It is with sincere appreciation that I express my gratitude to you for having this forum. You have provided an immense amount of projects and programs for Hawaii and Maui County. For those we are truly grateful. We continue to ask for your support in our endeavor to have a better quality-of-life for all veterans in Hawaii nei.

Thank you.

[Applause.]

[The prepared statement of Mr. Sodetani follows:]

PREPARED STATEMENT OF LLOYD K. SODETANI, COL, USA (RET.), CHAIRMAN, STATE ADVISORY BOARD, OFFICE OF VETERANS SERVICES

Dear Senator Akaka: Submitted herewith is a copy of a survey that was conducted by the Hawaii Health Systems Corporation on the island of Hawaii. The results of the survey indicate similar problems and challenges experienced in East Hawaii. It confirms that systemic problems exist throughout the State of Hawaii as it was voiced during your visit with the Kauai veterans last August, 2009.

It is the contention of the veteran advocates that multi-service complexes will benefit all users, employees and the community. To continue providing services in the current manner would not be in the best interest of veterans, particularly since dissatisfaction continues to grow. By providing a user friendly facility with ample parking, in close proximity to all related services, it will be cost-effective, efficiently operated and achieve greater satisfaction from the veterans.

It is with sincere appreciation that I express my gratitude to you for having this forum. You have provided an immense amount of projects and programs for Hawaii and Maui County. For those, we are truly grateful. We continue to ask for your support in our endeavor to have a better quality of life for our veterans in Hawaii nei.

ATTACHMENT

Yukio Okutsu Veterans Home

December 28, 2009

Mr. Lloyd Sodetani,
Chairman
Advisory Board on Veterans Services
1885 Main Street, Suite 404
Wailuku, HI 96793

Dear Mr. Sodetani

After reading your report to the Governors Advisory Board and I am forwarding the results of a survey conducted in East Hawai'i County for your information and reference.

It is clear reservations you voiced on behalf of Maui County Veterans plan for a multi-service complex resonate in Hawai'i County, and most likely throughout the neighbor islands. Fully 73 percent of veterans surveyed in East Hawaii want to see all Department of Veterans Affairs (VA) Services under one roof, with 60 percent wanting a VA Benefits Representative assigned to the Community Based Outpatient Clinic.

Thank you for your dedication and the dedication of the Advisory Board on Veterans Services to our State's veterans.

Sincerely

KEITH T. RIBBENTROP
State Veterans' Home Liaison Officer

Encl: Survey

1180 Waianuenue Avenue • Hilo, Hawaii 96720 • Phone: (808) 961-1500 • Fax: (808) 933-1835

1. Do you receive money from the VA because of a disability?

60%	Yes	0-30%	17%
17%	No	40 – 50%	3%
7%	Pensioner	60- 100%	43%

2. Do you use the VA Community Based Outpatient Clinic (CBOC)?

33%	NO	50%	Hilo
60%	Yes	0%	Kona
7%	Not Aware		

3. How do you use VA Health Services?

27%	The VA is my Primary Health Care Provider
27%	I use the VA as my Primary Health Cere Provider although I have ether health insuranca.
40%	I have other health insurance and use VA only for my Service Connected Disabilities
37%	I use VA for my prescription medications
3%	Other:Asked for Appointment Still Waiting

4. On the following scale, please rate the current location of the CBOC

Best location				Worst Location	Do not know where the CBOC is
13%	17%	23%	23%	17%	3%

5. How do you get to the CBOC? (Please check all you have used)

0%	Hitchhike
83%	My Car
3%	Friend Transports me
0%	Taxi
0%	Bus
0%	HECOC Van Service
7%	Veteran Service Organization Transport
3%	Other: Respondent comment:

6. Have you experienced barriers in meeting your established CBOC appointment?

30%	No
17%	Traffic Congestion
30%	Parking
3%	Transportation availability
17%	Location
27%	Length of time between calling to make the appointment and the actual appointment date
3%	Appointment time and transportation availability conflicts
33%	CBOC appointment cancalation & rescheduling
10%	Other: Respondent comments:

7. Thinking about making and getting to your CBOC appointment how would you rate the overall experience?

Not Frustrating				Very Frustrating
17%	13%	23%	3%	17%

8. Are you aware of or have you ever used the CBOC walk-in clinic?

50%	Not Aware of Service
30%	Aware of Service
20%	Aware and used Service

9. Are you aware of or have you ever used the VA 24-hour VA's Advice Nurse Service

60%	Not Aware of Service
17%	Aware of Service
0%	Aware and used Service

10. Do you use the VA's traveling Benefits Counselor service at the Hilo Vet Center?

No	Yes	Not aware of Counselor Services
47%	10%	33%

11. How do you use VA Benefits Councilor Service?

30% Assistance in gathering general information about benefits available to me
10% Assistance in filing initial benefits claims
10% Assistance in claims follow-up
7% Assistance in filing re-evaluation of my service connected disabilities.
20% Other: Respondent comments:

12. On the following scale, please rate the Hilo Vet Center as a service delivery point

Best location				Worst Location	Do not know where the Vet Center is
10%	3%	33%	7%	10%	10%

13. How do you get to the Vet Center? (Please check all you have used)

0% Hitchhike
60% Personal Car,
3% Friend Transports me
0% Taxi
0% Bus
0% HECOC Van
0% Veteran Service Organization Transport
7% Other: Respondent comments:

14. Have you experienced any barriers in meeting an established appointment with the Benefits counselor?

43% No
Yes (if yes check all barriers you have experienced)
7% Traffic Congestion
17% Parking
3% Transportation availability
10% Location
10% Length of time between calling to make the appointment and the actual appointment date
3% Appointment time and transportation availability conflicts
7% Appointment cancelation & rescheduling
17% Too many people
7% Other: Respondent comment:

15. Thinking about making and getting to your Benefits Counselor appointment how would you rate the overall experience?

Not Frustrating			Very Frustrating	
20%	7%	13%	7%	20%

16. Please circle to prioritize changes you would like to see happen in Hilo:

	Highest				Lowest
Have faster access to health care providers	53%	0%	7%	3%	0%
See all VA services under one roof	73%	3%	0%	0%	0%
A VA Benefits Councilor assigned to the CBOC.	60%	7%	3%	0%	0%
A centrally located service delivery point	53%	7%	3%	0%	0%
More parking	50%	3%	3%	0%	0%
A more accessible location	47%	3%	0%	0%	0%
Regular benefits updates from the VA	47%	10%	3%	0%	0%

1. Do you receive money from the VA because of a disability?

Yes	NO	Pensioner,	Disability Rating:	0-30%	40 – 50%	60- 100%
18	5	2		5	1	13

30	Total Respondents

2. Do you use the VA Community Based Outpatient Clinic (CBOC)?

No	Yes	Not aware of Benefit	Hilo	Kona
10	18	2	15	0

3. How do you use VA Health Services?

8	The VA is my Primary Health Care Provider
8	I use the VA as my Primary Health Care Provider although I have other health insurance.
12	I have other health insurance and use VA only for my Service Connected Disabilities
11	I use VA for my prescription medications
1	Other:Asked for Appointment Still Waiting

4. On the following scale, please rate the current location of the CBOC

Best location → Worst Location

1	2	########	4	5	Do not know where the CBOC is
4	5	7	7	5	1

5. How do you get to the CBOC? (Please check all you have used)

0	Hitchhike
25	My Car
1	Friend Transports me
0	Taxi
0	Bus
0	HECOC Van Service
2	Veteran Service Organization Transport
1	Other: Respondent comment:

6. Have you experienced barriers in meeting your established CBOC appointment?

9	No
5	Traffic Congestion
9	Parking
1	Transportation availability
5	Location
8	Length of time between calling to make the appointment and the actual appointment date
1	Appointment time and transportation availability conflicts
10	CBOC appointment cancelation & rescheduling
3	Other: Respondent comments:

7. Thinking about making and getting to your CBOC appointment how would you rate the overall experience?

Not Frustrating → Very Frustrating

1	2	3	4	5
5	4	7	1	5

8. Are you aware of or have you ever used the CBOC walk-in clinic?

15	Not Aware of Service
9	Aware of Service
6	Aware and used Service

9. Are you aware of or have you ever used the VA 24-hour VA's Advice Nurse

24	Not Aware of Service
5	Aware of Service
0	Aware and used Service

10. Do you use the VA's traveling Benefits Counselor service at the Hilo Vet Center?

No	Yes	Not aware of Counselor Services
14	3	10

11. How do you use VA Benefits Councilor Service?

9	Assistance in gathering general information about benefits available to me
3	Assistance in filing initial benefits claims
3	Assistance in claims follow-up
2	Assistance in filing re-evaluation of my service connected disabilities.
6	Other: Respondent comments:

12. On the following scale, please rate the Hilo Vet Center as a service delivery point

Best location → Worst Location

1	2	3	4	5
3	1	10	2	3

Do not know where the Vet Center is: 3

13. How do you get to the Vet Center? (Please check all you have used)

0	Hitchhike
18	Personal Car,
1	Friend Transports me
0	Taxi
0	Bus
0	HECOC Van
0	Veteran Service Organization Transport
2	Other: Respondent comments:

14. Have you experienced any barriers in meeting an established appointment with the Benefits counselor?

No	Yes (if yes check all barriers you have experienced)	
13	2	Traffic Congestion
	5	Parking
	1	Transportation availability
	3	Location
	3	Length of time between calling to make the appointment and the actual appointment date
	1	Appointment time and transportation availability conflicts
	2	Appointment cancelation & rescheduling
	5	Too many people
	2	Other: Respondent comment:

15. Thinking about making and getting to your Benefits Counselor appointment how would you rate the overall experience?

Not Frustrating → Very Frustrating

1	2	3	4	5
6	2	4	2	6

16. Please circle to prioritize changes you would like to see happen in Hilo:

	Highest				Lowest
Have faster access to health care providers	1	2	3	4	5
	16	0	2	1	0
See all VA services under one roof	1	2	3	4	5
	22	1	0	0	0
A VA Benefits Councilor assigned to the CBOC	7	2	3	4	5
	18	2	1	0	0
A centrally located service delivery point	1	2	3	4	5
	16	2	1	0	0
More parking	1	2	3	4	5
	15	1	1	0	0
A more accessible location	1	2	3	4	5
	14	1	0	0	0
Regular benefits updates from the VA	1	2	3	4	5
	14	3	1	0	0

ADDENDUM

LLOYD K. SODETANI
1885 MAIN STREET, SUITE 404
WAILUKU, HAWAII 96793

February 18, 2009

The Honorable Daniel K. Akaka
The United States Senate
Washington, D.C.

My Dear Senator Akaka:

RE: Proposed Collocation of Veterans' Facilities on Maui

On September 6, 2007, I sent you a letter which, in part, included an idea of consolidating veteran services on Maui at one location. I am elated to inform you that we have initiated communications and necessary documentation to implement this effort. Enclosed are letters and memoranda from the State Department of Defense and Department of Education that create an understanding, site plans and maps that identify the location of the proposed project, and a list of organizational leaders from various veterans' groups who are supportive of our efforts. Additionally, the cooperation and support that the Veterans Affairs leadership in Honolulu is providing toward our efforts is most encouraging.

In mid-December, 2008, a VA clinic staff member in Kahului informed me that the Maui clinic was classified as "sub-standard" and needed to be re-located within the next eighteen months. Per VA, it will require at least 10,000 square feet of office space and forty to fifty parking stalls. Shortly thereafter, I was informed by a staff member at the VA Counseling Center in Wailuku that its lease would expire in twenty-four months, and the current parking was grossly inadequate. This was also confirmed by the County Housing and Urban Development (HUD) agency that will be moving into the same building in early March 2009. HUD will need an additional thirty parking stalls for employees upon its move to the Wailuku office building, which will cause further inconveniences for the VA Counseling Center. The State Office of Veterans Services (OVS) is located on Dairy Road in Kahului, approximately a mile away from the VA clinic. Parking is also a problem at that location. The fact that we have three veteran offices at three different locations makes it costly and time-consuming for the veterans and VA staff members. All too often, veterans go to the wrong office for the services they need only to be directed to another location. This has caused much frustration and discouragement for these veterans, with parking being a real challenge for any of the office sites mentioned above.

Mr. Randy Yamanuha, Principal at Maui High School, has offered up to four acres of land to have our facilities consolidated and re-located along the West Papa Avenue side of the campus. Although the land area has been used for the high school's agricultural program, it is apparent that attracting students to pursue an interest in agriculture becomes a greater challenge each year. Mr. Yamanuha has expressed thoughts of creating an internship program in health and social services for his students that will be of greater value and enhancing the students' efforts in their pursuit of higher educational opportunities. With the VA's support and the endorsement of the State Department of Defense as well as all veterans' groups, success is certain. We also envision having branch offices from the Department of Human Services agencies such as Aid to the Aged and Aid to the Disabled; and other state and county agencies as the need arises.

Phasing of the improvements will also minimize our need for funding all at once. It will also provide us with a realistic timetable and ability to obtain funding from the various sources we are contemplating. It is essential for us to obtain your approval, support and initiative to fund this project. After the VA and OVS facilities are built, we would pursue the construction of a facility that would replicate the Oahu Veterans Center at Foster Village on Oahu. The County community centers available to our veterans groups require annual coordination, registration and payment. My observation of this method has not been favorable for the veterans. For example, the Maui Korean War Veterans Association meets every third Wednesday of each month at the Kahului Community Center. Competition for parking with the youth center (adjacent to the community center) attendees is always a problem, and invariably our veterans must park at the bottom of the hill farthest away from the community center when they arrive at 6:00 in the evening. With some government assistance, we hope to fund this portion of the project by grants, private donations from community leaders, businesses and foundations. The final phase of the project will be planned for completion in five to ten years thereafter. By that time, Maui should be able to justify a forty to fifty bed care home, similar to the Yukio Okutsu Veterans Home in Hilo. With the VA clinic on campus, Hale Makua located only three blocks away, the hospital and other private clinics close by; health services will be readily available to serve the clients' needs. Collocating these facilities will provide efficient and effective results. The servicing of veterans and the use of the facilities will be optimized.

Relative to the collocation of the facilities, I would like to suggest that services for veterans, especially those who reside on the neighbor islands, can greatly improve by VA establishing a partnership with other health facilities (government funded and/or operated). For example, the Community Health Clinic of Maui in Wailuku is scheduled to be ready for occupancy in September, 2009. Many veterans can be referred to the Community Health Clinic for further evaluation or service rather than being referred to Tripler. Veterans in remote areas like Hana, being referred to Hana Community Health Clinic rather than being referred to Tripler will better serve Maui. This would minimize travel time, cost for VA, uncertainty about transportation (air and ground) requirements and layovers on Oahu.

I make this recommendation because my daughter, Lisa, who is in her final months of residency at UC Davis Medical Center in Sacramento, CA is a National Health Service Corps Scholar and is required to perform four years of service to "under-served" America. Community Health Clinic of Maui does not qualify as "underserved" because its "health professional shortage area" score is not high enough but meets all other criteria. I am certain if veterans were referred to the Clinic, the scores would certainly escalate. The anticipated increase in unemployment will also result in a higher score for the Clinic, since projections of the unemployed and their dependents will not have medical insurance coverage soon. Military and VA benefits that pay for medical cost will help to keep the Clinic solvent if we can be referred to the Clinic rather than to Tripler, or at least given a choice.

We will need "seed" funds to begin our conceptual designs and remit fees. The State Department of Defense Acting Engineer projects that we would need an initial $250,000 for the design process. I have taken the initiative by asking many of my friends for assistance. I have commitments from Ken Kurokawa (Viet Nam veteran) from Austin, Tsutsumi and Associates, Consulting Engineers, and Stanley Gima, Architect, to provide the topographic survey and conceptual design without charge, respectively. I would also estimate that the land value of the four acres range from $2,500,000 to $4,000,000 in today's market, given all of the infrastructure that is readily available to serve the property. Hopefully, this would be considered as part of the State's shared cost. We are in the process

Page 3. Senator Akaka

to determine the cost-estimates for the 10,000 square foot clinic, the 6,000 square foot VA Counseling Center and the improvements to be constructed subsequently. A rough estimate of the construction cost for the clinic is about $400 per square foot. The counseling center and other similar type structures are estimated at $250 per square foot. All of the improvements that are desired currently are "foot-printed" on the site plan to include the two hundred parking stalls that are needed.

Your favorable consideration and support of our proposal will be greatly appreciated. Only with your assistance will we be able to pursue our objective and provide the services to our veterans which they justly deserve.

Aloha pume hana,

Lloyd K. Sodetani
Colonel, USA (ret)
Chair, State of Hawaii
Advisory Board
Office of Veterans Services

Cc: Senator Daniel K. Inouye
GEN Eric Shinseki (ret)

LINDA LINGLE
GOVERNOR

ROBERT G. F. LEE
MAJOR GENERAL
ADJUTANT GENERAL

GARY M. ISHIKAWA
BRIGADIER GENERAL (HI)
DEPUTY ADJUTANT GENERAL

STATE OF HAWAII
DEPARTMENT OF DEFENSE
OFFICE OF THE ADJUTANT GENERAL
3949 DIAMOND HEAD ROAD
HONOLULU, HAWAII 96816-4495

December 24, 2008

HIENG

To: Honorable Patricia Hamamoto
Superintendent, Department of Education

From: Major General Robert G.F. Lee
Adjutant General

Subject: Memorandum of Agreement Between Department of Defense and Department of Education, Maui High School

We respectfully ask your approval for the Department of Education (DOE) to enter into a Memorandum of Agreement with the Department of Defense (DOD) to allow the construction and operation of a Veterans Administration (VA) medical clinic and counseling center at Maui High School (MHS).

We intend to use federal funds from the VA and State funds allocated to the Office of Veterans Services to design and build the facility. The facility will contain examining rooms, a medical laboratory, radiological rooms, and other office space normally associated with a medical clinic as well as meeting rooms, classrooms, and office space for counselors and consultants. We estimate the interior of the building to have at least 10,000 square feet of usable space with a parking area that supports 30 parking stalls. Driveways and the utilities serving this facility will not be connected to the MHS complex. The complex is to be built and operated at no cost to the DOE.

My staff has already begun preliminary talks with the MHS Complex and Planning section. I am told that it may be possible for us to use 1–2 acres of unused/unimproved school land on which to build this facility. If a long term agreement can be reached with your office for this land, we may be able to obtain the support and funds from the VA to make it happen.

With your support and approval, we will build a facility to benefit the thousands of veterans that live on Maui. In addition, it will benefit the Maui High Health Services Curriculum, its students, and faculty. We envision the center's space to be multi-functional for use by the veterans, the school, and the community. Your approval is needed to continue the dialogue and concept discussions preliminary to seeking the funds and support from the VA.

Should you have any questions, please have your staff contact Mr. John K. Hao, our Acting Chief Engineering Officer, at 733-4250

LINDA LINGLE
GOVERNOR

PATRICIA HAMAMOTO
SUPERINTENDENT

MAUI HIGH SCHOOL
RECEIVED
2009 JAN 14 PM 1:49

STATE OF HAWAI'I
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

OFFICE OF THE SUPERINTENDENT

January 9, 2009

TO: Major General Robert G. F. Lee, Adjutant General
Department of Defense

FROM: Patricia Hamamoto, Superintendent
Department of Education

SUBJECT: Memorandum of Agreement Between Department of Defense and Department of Education, Maui High School

Thank you for proposing to construct and operate a Veterans Administration medical clinic and counseling center at Maui High School. Although we understand that this project will depend on future funding from external sources, we will dedicate staff support to formalize the concept in a Memorandum of Agreement. As the project moves into the design phase, the host school, host complex and our Planning Section will be available to comment as needed.

The envisioned partnerships between our agencies and the community will provide learning opportunities that will align nicely with our content standards and our student priorities of academic achievement and civic responsibility.

If you have any questions, please contact Ken Kajihara of our Facilities Development Branch, Planning Section, at 377-8301.

PH:KK:to

c: Randolph Moore, Assistant Superintendent, OSFSS
Bruce Anderson, CAS, Baldwin/King Kekaulike/Maui Complex Areas
Randy Yamanuha, Principal, Maui High School

LINDA LINGLE
GOVERNOR

ROBERT G. F. LEE
MAJOR GENERAL
ADJUTANT GENERAL

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STATE OF HAWAII
DEPARTMENT OF DEFENSE
OFFICE OF THE ADJUTANT GENERAL
3949 DIAMOND HEAD ROAD
HONOLULU, HAWAII 96816-4495

January 8, 2009

Mr. Lloyd Sodetani
Chairman, Advisory Board on Veterans Services
1885 Main Street, Suite 604
Wailuku, HI 96793

Dear Mr. Sodetani: Lloyd

SUBJECT: Collocation of Veterans Administration (VA) Counseling Center, Veterans Administration Clinic and State Office of Veterans Services

Thank you for hosting me on my recent visit to Maui and for the review of the three veterans offices. My visit confirms your opinion of the hardships created for the veterans. The current situation where the three offices are located continue to be a burden to its clients and customers.

The idea of having a partnership with Maui High School to consolidate the offices on its campus would be beneficial to all concerned parties. After speaking with its principal, Mr. Yamanuha, and coordinating with Mr. Kajiwara from the Department of Education, it appears that pursuing a complex for the veterans on the Maui High School campus would be feasible.

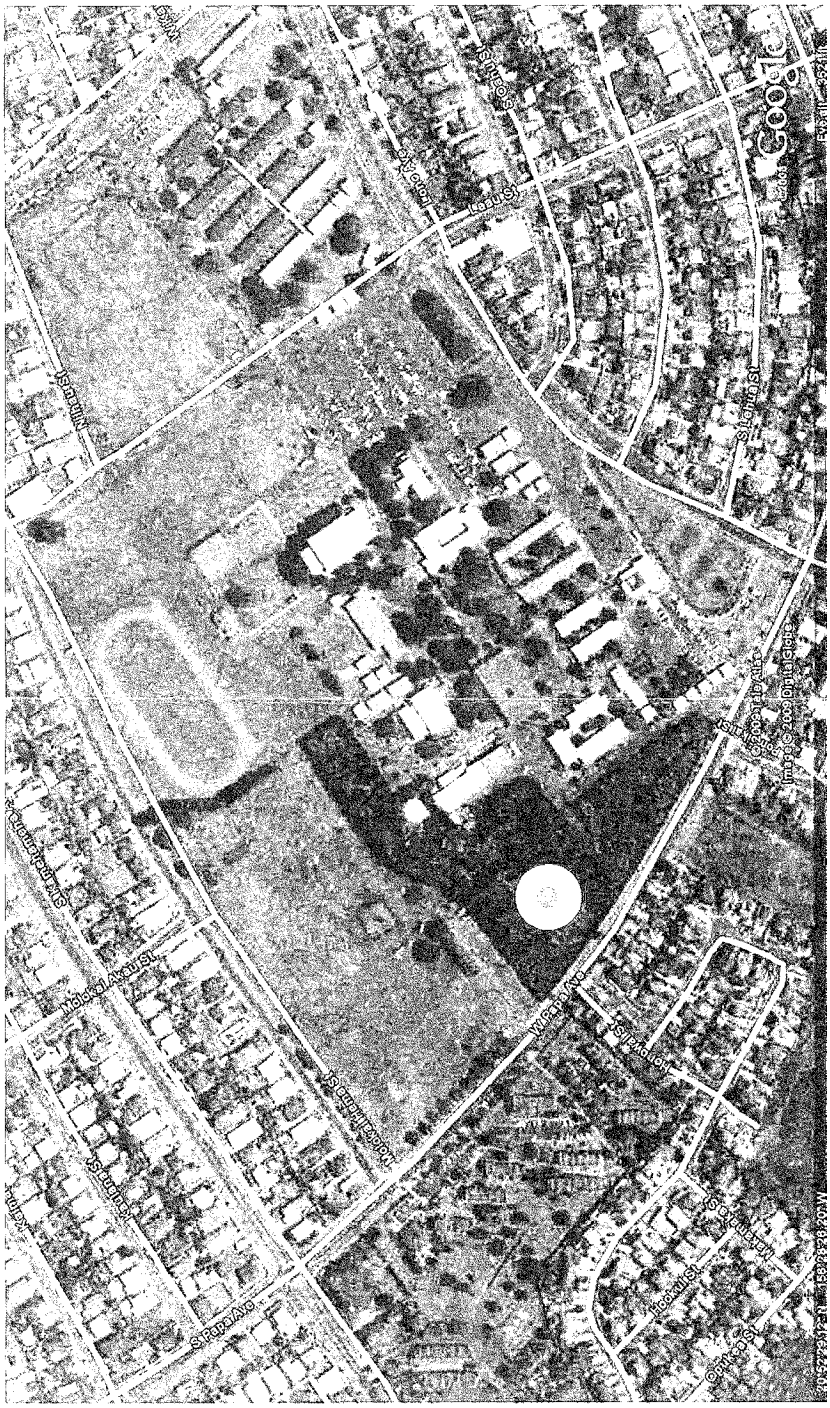
Aside from the land ownership/possession and liability, the challenge of acquiring adequate funding in a timely manner must be emphasized. It should be noted that it has been officially announced that the VA Clinic in Kahului must be moved to a more suitable location within the next 18 months. It is, therefore, necessary for all parties to place a high priority on this matter.

I would like to ask you, as a Maui resident and the Chairman of the State Office of Veterans Services Advisory Board, to volunteer your services to communicate and coordinate with all appropriate agencies and persons to achieve this objective. Kindly keep me in the process as I share your desire to better serve the veterans of Maui. I can assure you that the Adjutant General and I will provide whatever reasonable support that can be given to make this happen.

Sincerely,

Gary M. Ishikawa
Brigadier General (HI)
Deputy Adjutant General

c: TAG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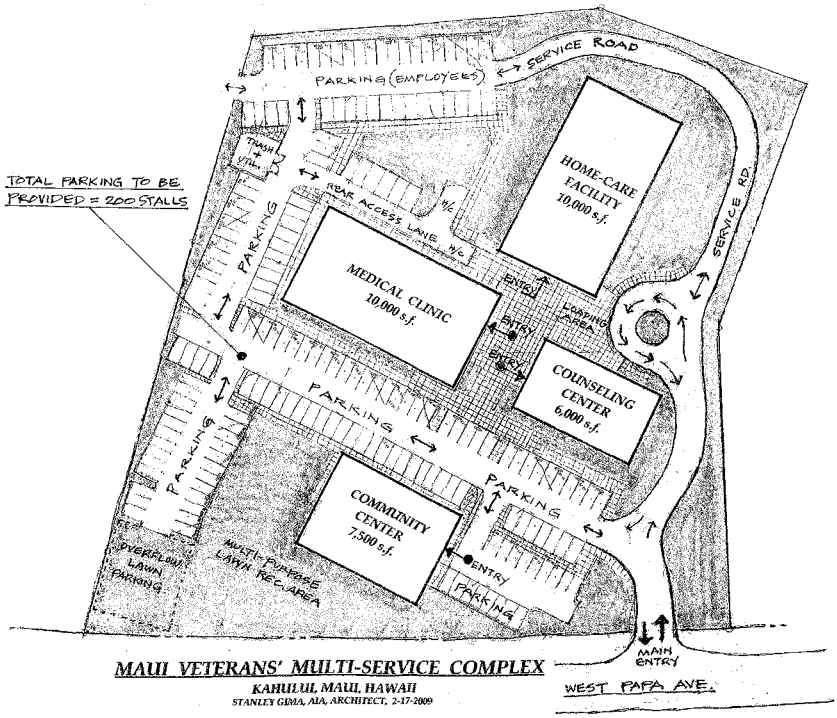
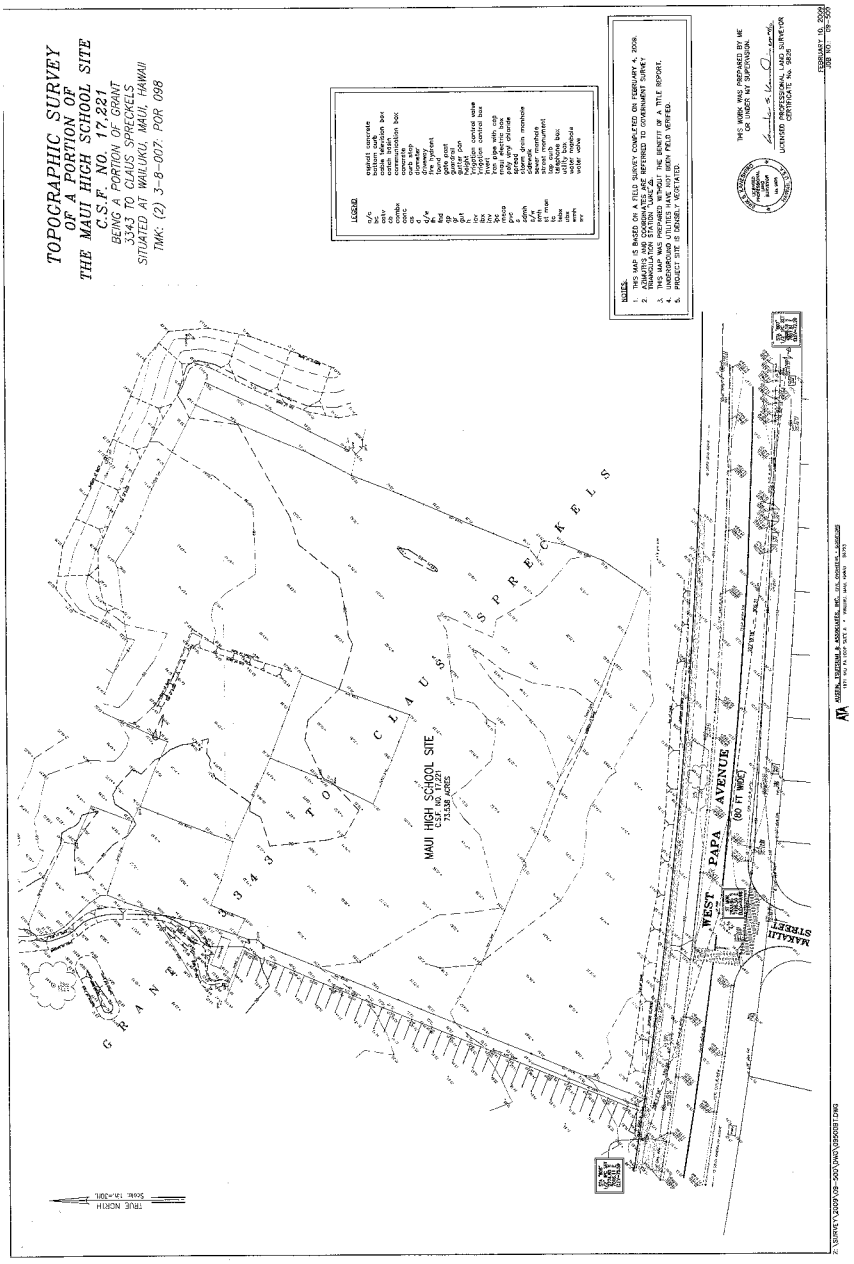


MAUI VETERANS' MULTI-SERVICE COMPLEX

KAHULUI, MAUI, HAWAII

STANLEY GIMA, AIA, ARCHITECT, 2-17-2009



Chairman AKAKA. Thank you very much, Lloyd, for your testimony and your concerns, as well as your offerings of how we can help to improve the system.

And now, as you know, this is the time for questions. I have a question here for all of the witnesses, so what I will do—you all

do not have to answer. I will just go down the line. If you want to answer it, please do. And this has to do with the accessibility of service. Can you hear me?

AUDIENCE. We cannot hear.

Chairman AKAKA. OK. This question has to do with the accessibility of service, and this is for all the witnesses here, and here is the question: Do you feel that VA services on Maui are readily available to all veterans? And then if not, what improvements do you feel are necessary to ensure access to services for all of Maui's veterans? That is the question. Maybe I will just open it to anyone who wants to start. Larry Helm?

Mr. HELM. Mahalo, Senator Akaka. As far as here on Maui, there probably could be some improvement, but in my opinion, 10, 15 years ago there was some. Today there is more. Molokai, 10, 15 years ago, there was none. Today we have a lot thanks to you. Mahalo.

Of course, there is a lot more to do to improve, and that is why we are here, to try to—and if I sound sharp sometimes, E kala mai, but I am trying to find the right way and a right day to make it better for the veterans. I think dialoguing with guys that use the services and being more efficient, more effective, less time-consuming, finding ways to do that would improve accessibility and service to the veterans.

Chairman AKAKA. Mahalo.

Anyone else?

Ms. POAIPUNI. I think I would like to answer some of those——

Chairman AKAKA. Terry Poaipuni.

Ms. POAIPUNI [continuing]. Those questions. As far as accessibility to East Maui—and I am saying East Maui because that encompasses Kanaio too. It seems like we are on the flip side of Molokai. We used to have services, and I do not mean a lot of services. We had services; now we don't have any. We have been working—I have been talking with Dr. McNamara and we meet with Dr. McNamara and Clay Park, we have been talking about giving telecommunication a try to find a solution, anything, so we could begin to get more services—or get services into the community. Oftentimes, our veterans of many wars need to take off from their work time, and with the cutback of jobs and so forth, that is difficult. So what happens is they have got to come up to Central Maui for their appointments. So, it would be nice if someone would come to East Maui or Hana or Keanae, and if someone could come there it would be a lot easier. That way they could come in and do that for us, even via telecommunication.

You know, we have been without for so long, oftentimes in East Maui we feel like we are like Molokai—out of sight, out of mind—and we've gotten ma'a (used to it), but we do not want to be in that same state of mind. We want to be able to continue getting in because we have a lot of veterans and we need the services.

Chairman AKAKA. Mahalo.

Mr. SODETANI. Senator, may I comment on that, please?

Chairman AKAKA. Yes, Mr. Sodetani.

Mr. SODETANI. In my recent testimony to you, I addressed part of this. I believe that by combining services or jointly providing services through the public health clinic, for example—and I be-

lieve General Shinseki also spoke about telemedicine, using telemed facilities to be able to do communications, among other things.

The Hana Clinic, for example, can be used as an initial examination station for veterans, and then rather than the veteran coming all the way out here to the clinic for initial visits or being sent to Tripler, for that matter. I believe that by having a veteran attend the facilities at Hana Clinic it would make it more convenient to the veteran and also probably make it more efficient and cost-effective as well.

I believe the Wailuku Clinic that just opened would also be another alternative facility for veterans to attend in the event the VA clinic here would not be able to support all of the needs of the veterans. I am sure they have a lot of specialists at the community health clinic that can provide additional services to our veterans before our veterans are being transported to Tripler. I think we should try to avoid that transportation matter as much as possible or try to provide a more convenient environment for our veterans so that it will be less stressful for them.

But these are some of the things that I suggested in there, and it brought to my mind when I served my last tour at Camp Smith in a joint level, that we worked together with Army, Navy, Air Force, Marine Corps, and we had to pool our resources in order to ensure that we had the best experts and the most cost-effective way of operating our mission requirements.

So, I would like to suggest that Public Health Service clinics could be an option for us to consider, especially in these remote communities. Thank you.

[Applause.]

Chairman AKAKA. Thank you.

Any other comments? Mitch? Mr. Skaggerberg?

Mr. SKAGGERBERG. It is amazing how many calls the leaders got in the last few months, but one of the big things that we have been hearing is that many service-connected veterans are not getting the full range of services our VA doctors are prescribing, such as chiropractic and massage. There are a lot of inconsistencies. They are very frustrated. They need these services. And we do not know who it is, whether it is the Board of Utilization in Honolulu. I know I have gone through it before, and a lot of times they say, well, that is not really necessary. And they almost—I do not know if they use doctors there, but they take our doctors and they override us. I do not know if it is money or what, but I know one thing: a lot of service-connected veterans are suffering because of that and they are angry. And a lot of these veterans have been serving Maui for 40 years.

So, I would ask our VA reps and you to see if they can correct that because that denies them access to certain services their doctors want them to have—our doctors. Thank you.

[Applause.]

Chairman AKAKA. Mr. Laub?

Mr. LAUB. Thank you. I want to read part of a letter here that came to me from Pastor Daniel Merritt, who is in the back with his father. He wrote a letter to the editor because he could not get the services that he needed for his father.

"I want to just first say thank you for responding to my letter to the editor regarding care of my veteran father. It is very discouraging to have to write such letters, but it has become painfully apparent that things like this must be done. My name is Pastor Daniel Merritt. I am a pastor for the Salvation Army and the chaplain for Maui Community Correctional Center here on Maui. Over the past several months, I have noticed the lack of due care in the health practitioners for my father who did two tours in Vietnam in the U.S. Marine Corps. My Dad was diagnosed with Agent Orange exposure, and as a result, he has leukemia, non-Hodgkin's lymphoma, and diabetes, along with several other crippling diseases."

"I have called VA on several occasions with concerns regarding my Dad's health only to get treated with anything but respect. I followed up with them for over a month for a walker as his feet have become so bad he can barely walk. Only after this letter to the editor was he offered a diabetes specialist which I have been requesting for months. I also asked for an increase of his pain medication, which has never been done. He had to go to a pain doctor as the VA would not supply him with adequate medication for his pain, which he had to pay for out of his pocket. He was prescribed pain patches, shower handles for his shower, and hand controls for his car, but I was told they were too expensive and the VA would not cover them. Can we put a price tag on the vets who fought to keep the country the United States of America? Have we lost the understanding that without them we would be speaking another language?"

"It saddens me to know that I have to call the VA and when I ask who I am speaking to, I am told 'RP 64.' As I was concerned with all these issues, I called the patient advocate, Alma, and asked her help regarding the situation and was told, 'There is nothing to investigate.' I then called the Inspector General, who would only identify himself as 'RP 64,' and was told that there was nothing to the claim and they refused to investigate."

"Have we lost our system of checks and balances? These are the veterans of the United States military and need to be treated as such. On this day, my father is sitting at home, alone, in excruciating pain, with no pain pills because he cannot afford to keep purchasing them on his own and is waiting for another empty promise from the VA that his prescription is in the mail. Why can't they fill them at the VA pharmacy or local drug store? I don't understand. Today, as the son of a strong man who has been reduced to nothing for his country, I am humbly asking for your assistance. Pastor Daniel Merritt."

Chairman AKAKA. Thank you very much, Paul, for your response here to the question.

Any other responses? Rogelio Evangelista.

Mr. EVANGELISTA. Senator Akaka, due to the economic times, we need to honor the veteran because they went out there to do what

was needed. And if honoring the veteran is just a minute thing that we need, we need a VA hospital within the islands that will take some of the pressure off, not just with Spark Matsunaga but some hospital itself. And the part is we need to lift the restriction of the Millennium Act sending the veterans—although they are only 10 percent or whatever—send them to get specialized medical care also.

Thank you.

Chairman AKAKA. Thank you very much, Rogelio Evangelista.

Are there any other further responses? Before we continue, I want to say mahalo to the veterans from Molokai.

[Applause.]

Mr. HELM. Thank you, Senator Daniel Akaka. This is a fine time for Maui, Molokai, Lanai, with President Paul Laub. The power is in the veterans. We form a coalition and get politically active. For those who are veteran-friendly get them in, and those who are not get them out.

[Laughter.]

AUDIENCE MEMBER. Imua!

Mr. HELM. And that is the direction. I think we have got enough numbers there. We have got 12,000. And although we are aware, Senator Akaka, we'll keep you posted. Thank you again.

Chairman AKAKA. Mahalo.

[Applause.]

Mr. HELM. Thank you. I want to invite you guys over to Molokai when we have our building dedication, OK?

Chairman AKAKA. Mahalo. Are there any other responses to that question? If not, let me go back particularly to Lloyd Sodetani, because you mentioned and there were some others who mentioned it, too. And let me say to Mr. Sodetani that I appreciate the efforts you have made to develop a plan to consolidate services for Maui veterans. [Applause.]

And so my question to you, Lloyd, is: How would this improve efficiencies and services for veterans?

Mr. SODETANI. Well, first of all, if you look at the current situation, the parking is inadequate at all three facilities. There is inadequate advertising or ability to locate the facilities. The signage is poor, and the locations are not in the best areas for and on behalf of veterans. So, physically it becomes a burden for the veterans. There are inadequate handicapped stalls in all three locations.

If you look at the clinic, it is a walk-up or it requires elevator services. It is not conducive to serving veterans, especially those who are handicapped. The greater majority of them—a whole bunch of them are. And so we need to be aware that, you know, the ADA requirements should be even more pronounced. We need to be sure that our veterans are provided this type of care.

By consolidating it to one location, we can have in the plan—our plan shows 200 parking stalls, and it is all mostly located through the buildings so that they will be easily accessible for the veterans. We have more than adequate handicapped stalls. It is on a 4½-acre campus that Maui High School is willing to give up so that they can also start a program for the students, a health care, social services, and community service type of internship that would be more acceptable to the student programs there.

We would also have everything on one level. I am sure everyone—because it is so centralized, all of our veterans will be able to locate that facility easily. It can be easily identifiable. It can be advertised accordingly. But right now we advertise three different locations for veterans services. A guy goes to Wailuku, Ernie's place, and Ernie tells him, No, you are at the wrong location. You have got to go down to Kahului. You know, that is demoralizing for the veteran. I think that having that one-stop service would eliminate that type of confusion. So these are some of the benefits that we would gain from having something like that.

In addition to that, I know that I received a letter from you with regard to this matter early last year when I submitted it to you. The concern that you had was the ownership of the land. Well, the State owns the land here. The facility would be provided by VA, veterans' facilities, the clinic, Vet Center, et cetera, things that would—areas that would be occupied by VA. On the other hand, OVS would pay for their own structure or improvements.

In the National Guard, there is not a problem with ownership of land. The State owns the land. The Federal Government pays for the armory. And if I recall correctly, and if this system has not changed over the years, the building remains under the ownership of the National Guard Bureau for 27 years. Thereafter, if the National Guard Bureau wants to turn that building over, they say, "We have no further need for this structure," turns it over to the State, and just like here at Charlie Company Armory and Wailuku Armory, Wailuku Armory has been converted to part of a school. Charlie Company Armory is now being used by the Land and Natural Resources' Enforcement Division. So these are continuous government uses.

So, the concern that has been expressed—and I believe General Shinseki also expressed that—with regard to the ownership of the land with a Federal structure on it should not be really a concern because we have means of coming to an understanding. We have already submitted a draft between the Memorandum of Agreement between the Department of Defense, the State Office of Veterans Services, and the Department of Education to show that, you know, whatever VA needed—30-, 50-, 100-year use of the land—would be accommodated. And it would be rent free. There would be no rent whatsoever.

I believe that we are prepared and committed to go forth with this project if we can receive the proper funding for it. And I believe that by what we have submitted so far to date, the phasing of it would be such that it would not require a total lump sum budgeted amount one time. It will be over a period of 3 or 4 years. I believe that we, the veterans, would be able to enjoy a facility more or better than what we have now.

Thank you.

Chairman AKAKA. Thank you very much for that.

[Applause.]

Mr. LAUB. May I answer that, sir?

Chairman AKAKA. Paul Laub.

Mr. LAUB. Sir, we also need long-term elder care, and this property would provide us with space for that.

Chairman AKAKA. Thank you.

Any other comments on—Terry Poaipuni.

Ms. POAIPUNI. Senator, we talked about accessibility, and another one is, like I mentioned, the ability to fill out the applications; and oftentimes our vets go out to Ernie's thinking they can get the help. He just counsels and the only other one that we know of—I just found out—which is Tamicko . I just recently found out that Mr. Thompson does it, too. So we need that type of assistance for our vets to be helped through that process to understand the applications and work with them at that point, because right now they are lost and they are confused. They do not know, and then when they get the reply, they think that—you know, they stop. It is all right for the VA that they do stop, but I think the veterans just do not have to and should not give up because they do not understand the system—the process of the application system.

Chairman AKAKA. Well, mahalo—oh, Mitch Skaggerberg.

Mr. SKAGGERBERG. One of the things about having a centralized location for all the services is being able to attract a lot more veterans. It is going to give them a tremendous visibility in the community and a sense of confidence and comfort when they go there.

One of the things I think is going to happen, it is going to make life a lot easier for them, the VA nurses and doctors, Dr. Hastings, the director, because when the veterans do want drugs, they leave the clinic denied, they feel, of services they are entitled to. With everything there, they have access to other people in there, like a counselor, to say, hey, I am never coming back to the VA. We hear this all the time. They can stay on the property and get other help. A patient advocate or a counselor solves their problem right there, where they go back to the family with some sense of comfort and peace.

The other thing is that it would be a rallying point for all the veteran organizations. It will be a place of honor in our community and visible; and that will help us get more services from the county and other places where veterans are.

Thank you.

Chairman AKAKA. Well, mahalo.

Mr. SODETANI. Senator, I would like to announce that——

Chairman AKAKA. Mr. Sodetani.

Mr. SODETANI [continuing]. If anyone would like to see the site plan and aerial photo of what has been done so far, please do not hesitate to consult with Mr. Stanley Gima. He has a blown-up aerial photo, I believe, and also the site plan of the proposal. If any others would like to discuss it with him or with any of the people that I mentioned, including Paul or those who have been involved in this project for the longest period of time, I am sure they are well versed on what we would like to do. And, please, by all means, I am sure that they would welcome your request, Senator.

Thank you.

Chairman AKAKA. Thank you very much, Lloyd.

Now I would like to move to the next question. This question is to Mitch Skaggerberg. I have heard from many veterans across Hawaii that there is a need for a full-time veterans counselor at each Vet Center to help with, among many issues, the filing of claims for compensation. Mitch, why do you feel a full-time benefits counselor at the Maui Vet Center is important? And if he answers that,

to the rest of the panel, do any of you have any thoughts or opinions on this issue after Mitch is finished with his response? Mitch.

Mr. SKAGGERBERG. Many Maui veterans—and we have 12,000—never apply for compensation, disability, or even the medical benefits. A benefits counselor who has outreach capability will be able to adequately let all our veterans know what their entitlements are and encourage them to apply for them.

I think the most important reason why we need a full-time benefits counselor is for years the State did that role, and they did it well. But we have quadrupled the number of veterans using veterans care now, which means we have quadrupled the number of people that have to fill out applications. They need counseling and they need coordination. Here is step one, step two, check into the clinic to see your doctor, step three. They cannot come close to doing that right now. Joe Thompson was a full-time member of our Vet Center for years, and he will be much more valuable, I think, in helping us—he comes over, I believe, once a month. And so that is the reason why I believe we need a full-time benefits counselor. Again, we tried to get another one through the State. Their attitude, by the way, is that that is the VA's job. And they turned us down. I have heard that from the county Mayor. I have heard that from the Governor's office, even the OVS, behind closed doors. Really, the VA needs to do that. So, we need tremendous support in reaching all those veterans that we need to reach.

Thank you.

Chairman AKAKA. Thank you very much.

Are there any other responses from the panel? Yes, Terry Poaipuni.

Ms. POAIPUNI. Let me say—because I think that is exactly what we are trying to mention to you, Senator, because there is a great need. I think when we say counselor, maybe there should be a counselor/application process officer; and I think a full-time person. Right now, as I am looking at Ernie, I see they are the ones that do the application work, and other ones do not. And so it is important because what we are doing right now is we are doing that job at home. So, I think it is very important that the VA comes to all areas and not only Central or Lahaina, but should travel the tri-isle of these islands.

Chairman AKAKA. Are there any more responses to that question?

Mr. SODETANI. Yes, Senator. I would like to respond.

Chairman AKAKA. Yes, Lloyd Sodetani.

Mr. SODETANI. You know, Tamicko has been a tireless worker, and it is a very thankless job, and she is overwhelmed. And we miss you, Terri. In any event, I wanted to state that, you know, one solution to this would be to fund it through VA, allocating the funds through another position to the State of Hawaii through the Department of Defense Office of Veterans Services, and mandating that that fund will be for another counselor here. And I think that might work. I am not sure how the whole politics of it would be, but I would think that if we could have that funding allocated specifically for that position, we would be able to create that position here. But it will be funded through the Federal Government providing assistance to Maui County. Hopefully that is the solution.

Chairman AKAKA. Fine. Well, mahalo nui loa. You know, I want to thank all of you on this panel very much for your testimony, for your responses, and without question, this is going to be helpful to what we are trying to do to improve the accessibility, services, and the quality of care for veterans. And this is the reason we are having this hearing. I have got to tell you at this point I am so glad we are having this hearing because we have learned a lot.

So, I want to say mahalo nui loa to all on this panel for what you have added to our hearings and to the work that we need to do. But I want to take some suggestions from you folks, too, that this is something that we all have to work together to do, and I really, really appreciate what you have said. And this does not end. You can continue to express as we go along, as you have ideas about what we need to do. So I want to say mahalo nui loa to all of you again for being members of this panel. Thank you. [Applause.]

And now I would like to invite those who are standing. There are seats that are available, or maybe the panelists will be moving—and then I would like to welcome the second panel.

First is Tracey Betts, Honolulu Regional Office Director.

Next is Sheila Cullen, Director of the Veterans Integrated Service Network 21. She is accompanied by Dr. James Hastings, Director of the VA Pacific Islands Health Care System, and Dr. Darkins from VA as well.

Next we have Linda Halliday, Deputy Assistant Inspector General for Audits and Evaluations for VA's Office of Inspector General. Ms. Halliday is accompanied by Walter Stucky, who is an audit manager in the Seattle Audit Division.

I want to thank our panelists for being here today, and your full testimony will, of course, appear in the record. So, may I ask you, Ms. Betts, to proceed with your testimony. Welcome, Ms. Betts.

STATEMENT OF TRACEY BETTS, DIRECTOR, HONOLULU VA REGIONAL OFFICE, U.S. DEPARTMENT OF VETERANS AFFAIRS

Ms. BETTS. Thank you, Chairman. Chairman Akaka, it is my pleasure to be here today to discuss our efforts to meet the needs of veterans residing in the Pacific Region. Today I will specifically discuss important benefits and outreach services provided to veterans living on Maui.

The Honolulu Regional Office serves the veteran population in Hawaii and the Pacific Region. The Honolulu facility also provides outreach to veterans residing in the Insular Islands of the Republic of Palau, Federated States of Micronesia, and Republic of the Marshall Islands.

The Honolulu Regional Office administers the following benefits and services: disability compensation; vocational rehabilitation and employment assistance; home loan guaranty, specially adapted housing grants, and Native American direct home loans; and outreach for all veteran and survivor benefits. Our goal is to deliver these benefits and services in a timely, accurate, and compassionate manner. This is accomplished through the administration of comprehensive and diverse benefit programs.

The Honolulu facility is responsible for delivering non-medical VA benefits and services to over 118,000 veterans and their fami-

lies. Approximately 19,000 of these veterans receive disability compensation benefits from the Honolulu facility.

In fiscal year 2009, Honolulu provided more than 5,400 veterans with decisions on their disability claims. The Honolulu office conducts an average of 3,000 telephone interviews and 1,300 personal interviews per month. In addition, the Honolulu RO conducted 171 Transitional Assistance Program briefings to approximately 5,000 servicemembers in Hawaii in fiscal year 2009.

The Maui Vet Center hosts a traveling veterans service representative from Honolulu to provide services to the veterans living on Maui. During fiscal year 2009, 132 veterans personally met with the traveling counselor to file claims and obtain information regarding benefits.

In October 2009, we have implemented a program in which our decision review officer hearings are being conducted on all of the six Hawaiian Islands, which includes Maui. To date, the Honolulu facility has conducted two decision review officer hearings here in Maui, and as they are received, they will be conducting more in the future.

The Honolulu Regional Office also has a vocational rehabilitation counselor collocated in the Maui Community Based Outpatient Clinic. The vocational rehabilitation counselor provides educational and vocational counseling to servicemembers, veterans, and eligible dependents. The counselor met with 1,276 veterans in fiscal year 2009 and is currently working with over 100 veterans here on Maui. The counselor is also a member of the Maui Veterans Association and attends their regular meetings to provide general vocational rehabilitation and educational information.

Veterans residing on Maui can receive assistance with their claims and benefits information through the nationwide toll-free number, which is answered by the Honolulu Regional Office employees. The Honolulu office and the State Office of Veterans Services here on Maui work as partners to ensure that the veterans on Maui receive access to all VA benefits for which they are eligible.

The Native American Direct Loan Program administered by VA is very active on Maui, in part because of the temporary increase in the maximum guaranty amount, as enacted by Public Law 110–389. Another reason for this success is attributable to our ongoing partnership with the Department of Hawaiian Homelands. The Department of Hawaiian Homelands serves as our partner in assisting with loan packaging, appraisals, and construction-related inspections, as well as providing crucial communication links between our staff and the veterans that we serve. A Honolulu Regional Office employee in the Loan Guaranty Division travels to Maui on a regular basis to assist in servicing Maui loans, meet with the Department of Hawaiian Homelands, and conduct appraisals.

I myself am a member of various advisory councils, such as the Advisory Board on Veterans Services chaired by the Director of the State of Hawaii Office of Veterans Services and the VA Pacific Island Health Care System Advisory Council. Board and council members are local veterans and advocates representing their communities from six of the Hawaiian Islands, to include Maui. During

these meetings, board and council members express concerns, discuss veteran issues and receive general information on VA benefits.

The Honolulu Regional Office is and remains committed to providing timely benefits and services to the veteran population residing here on Maui.

Mr. Chairman, this concludes my testimony. I greatly appreciate being here today and look forward to answering your questions.

[The prepared statement of Ms. Betts follows:]

PREPARED STATEMENT OF TRACEY BETTS, DIRECTOR, HONOLULU VA REGIONAL OFFICE, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Chairman Akaka, it is my pleasure to be here today to discuss our efforts to meet the needs of Veterans residing in the Pacific Region. Today I will specifically discuss important benefits and outreach services provided to Veterans living on Maui.

HONOLULU REGIONAL OFFICE

The Honolulu Regional Office (RO) serves the Veteran population in Hawaii and the Pacific Region. The Honolulu RO also provides outreach to Veterans residing in the Insular Islands of the Republic of Palau, Federated States of Micronesia, and Republic of the Marshall Islands.

The Honolulu RO administers the following benefits and services:

- Disability Compensation
- Vocational Rehabilitation and Employment Assistance
- Home Loan Guaranty, Specially Adapted Housing Grants, and Native American Direct Home Loans
- Outreach for all Veteran and survivor benefits

Our goal is to deliver these benefits and services in a timely, accurate, and compassionate manner. This is accomplished through the administration of comprehensive and diverse benefit programs.

The Honolulu RO is responsible for delivering non-medical VA benefits and services to over 118,000 Veterans and their families. Approximately 19,000 of these Veterans receive disability compensation benefits from the Honolulu RO. In fiscal year 2009, Honolulu provided more than 5,400 Veterans with decisions on their disability claims. The Honolulu RO employees conduct an average of 3,000 telephone interviews and 1,300 personal interviews per month. In addition, the Honolulu RO conducted 171 Transitional Assistance Program (TAP) briefings to approximately 5,000 servicemembers in Hawaii in fiscal year 2009.

SERVICES ON MAUI

The Maui Vet Center hosts a traveling Veterans Service Representative (VSR) from Honolulu to provide services to Veterans living on Maui. During fiscal year 2009, 132 Veterans personally met with the VSR to file claims and obtain general benefit information.

In October 2009, the Honolulu RO began conducting Decision Review Officer (DRO) hearings on six of the Hawaiian Islands, to include Maui. To date, the Honolulu RO has conducted two DRO hearings on Maui.

The Honolulu RO also has a Vocational Rehabilitation Counselor (VRC) co-located in the Maui Community-Based Outpatient Clinic. The VRC provides educational and vocational counseling to servicemembers, Veterans, and eligible dependents. The VRC met with 1,276 Veterans in fiscal year 2009 and is currently working with over 100 Veterans on Maui. The VRC is also a member of the Maui Veterans Association and attends their regular meetings to provide general vocational rehabilitation and educational information.

Veterans residing on Maui can receive assistance with their claims and benefits information through the nationwide toll-free number, which is answered by the Honolulu RO. The Honolulu RO and State Office of Veterans Services on Maui work as partners to ensure the Veterans on Maui receive access to all VA benefits for which they are eligible.

The Native American Direct Loan Program administered by VA is very active on Maui, in part because of the temporary increase in the maximum guaranty amount, as enacted by Public Law 110–389. Another reason for this success is attributable to our ongoing partnership with the Department of Hawaiian Homelands. The Department of Hawaiian Homelands serves as our partner in assisting with loan pack-

aging, appraisals, and construction-related inspections, as well as providing crucial communication links between our staff and the Veterans we serve. A Honolulu RO loan guaranty employee travels to Maui on a regular basis to assist in servicing Maui loans, meet with the Department of Hawaiian Homelands, and conduct appraisals.

I participate on various advisory councils, such as the Advisory Board on Veterans Services chaired by the Director of the State of Hawaii Office of Veterans Services and the VA Pacific Island Healthcare System Advisory Council. Board and Council members are local Veterans and advocates representing their communities from six of the Hawaiian Islands, to include Maui. During these meetings, board and council members express concerns, discuss Veteran issues and receive general information on VA benefits.

CONCLUSION

The Honolulu RO is and remains committed to providing timely benefits and services to the Veteran population residing on Maui.

Mr. Chairman, this concludes my testimony. I greatly appreciate being here today and look forward to answering your questions.

Chairman AKAKA. Thank you very much, Ms. Betts.

And now we will receive the testimony of Sheila Cullen.

STATEMENT OF SHEILA CULLEN, DIRECTOR, VA SIERRA PACIFIC NETWORK (VISN 21), VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Ms. CULLEN. Mr. Chairman, mahalo for the opportunity to appear before you today to discuss the state of VA health care in Maui.

Chairman AKAKA. Thank you for being here.

Ms. CULLEN. It is a privilege to be here in Maui to speak and answer any questions you may have pertaining to the services we provide veterans in Maui County.

First, Mr. Chairman, I would like to thank you for your leadership and advocacy on behalf of veterans. Your vision and support have led to an unprecedented level of health care services for veterans, construction of state-of-the-art facilities in Honolulu, and remarkable improvements in access to health care services for veterans residing on the Hawaiian neighbor islands, American Samoa and Guam.

My written statement, which I request be submitted for the record, reviews the VA Sierra Pacific Network; provides an overview of the VA Pacific Islands Health Care System; offers information regarding telehealth programs; and discusses the VA clinic in Maui, as well as issues of interest to veterans residing in Maui County. During my time before you today, I would like to focus on what VA is doing to improve services and care for Maui veterans.

VA operates a community-based outpatient clinic located in Kahului and expanded the clinic space by an additional 4,400 square feet during fiscal year 2008 to a total today of 9,700 square feet. Since the hearing you held here 2 years ago, the Maui Clinic has recently increased its staffing and currently is authorized to have 28 staff at the clinic to provide a broad range of primary care and mental health services.

In fiscal year 2008, the clinic implemented a home-based primary care program supported by a nurse practitioner and received over a quarter of a million dollars in VA rural health funding this fiscal year.

As you know, Mr. Chairman, Congress has provided several hundred million dollars to VA specifically to enhance mental health services. These funds have been used to hire about 35 new mental health staff in VA facilities across Hawaii and the Pacific Region, including seven staff here at the Maui Clinic. In addition, the Maui Vet Center also successfully recently recruited another psychologist.

VA provides part-time outreach clinics on the islands of Molokai and Lanai, and VA Pacific Islands Health Care System is assessing options to increase and enhance services in both of those locations. The VA Clinic on Molokai is located in shared space near Molokai General Hospital and operates two half-day primary clinics per week. VA also sends mental health staff from the Maui Clinic to Molokai to provide care.

In addition, VA purchases non-VA care in the community for eligible veterans there. Veterans residing in Molokai also are seen at DOD and VA facilities in other locations.

Since June 2007, a VA primary care provider from Maui and more recently, since late fiscal year 2009, a mental health clinical nurse specialist travels to Lanai once a month to provide needed primary care and mental health services. VA has used space adjacent to the Lanai Community Hospital and last year finalized an agreement with the Straub Outpatient Clinic for visiting VA providers to use space and support the clinic there. In addition, VA purchases non-VA care in the community and pays beneficiary travel for eligible veterans. VA is exploring other options to improve access, including adding an automated pharmacy dispensing machine and increasing telehealth capabilities.

In summary, with your support, Mr. Chairman, and with the support of other Members of Congress, VA is providing an unprecedented level of health care services to veterans residing in Hawaii and here in Maui. We look forward to a growth of new patients at the Maui Clinic, and we will meet the expectations of veterans for quality and timeliness of care.

Again, Mr. Chairman, mahalo for the opportunity to testify at this hearing. My colleagues and I would be happy to address any questions that you may have for us. Thank you.

[The prepared statement of Ms. Cullen follows:]

PREPARED STATEMENT OF MS. SHEILA CULLEN, DIRECTOR, VA SIERRA PACIFIC NETWORK (VISN 21), VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Mr. Chairman and Members of the Committee, Mahalo for the opportunity to appear before you today to discuss the state of VA health care in Maui. It is a privilege to be here in Maui to speak and answer any questions you may have pertaining to the services we provide Veterans in Maui County. I am accompanied today by Dr. James Hastings, Director of the VA Pacific Islands Health Care System (VAPIHCS), and Dr. Adam Darkins, Chief Consultant, Care Coordination, Office of Patient Care Services, Veterans Health Administration.

First, Mr. Chairman, I would like to thank you for your leadership and advocacy on behalf of our Nation's Veterans. During your tenure as Ranking Member and Chairman of this Committee, you have consistently demonstrated your commitment to Veterans by introducing legislation designed to meet the needs of Veterans. As I will highlight later, your vision and support have led to an unprecedented level of health care services for Veterans, construction of state-of-the-art facilities here in Honolulu, and remarkable improvements in access to health care services for Veterans residing on the Hawaiian neighbor islands, American Samoa and Guam. In

addition, I appreciate your interest in and support of the Department of Veterans Affairs (VA).

Today, I will briefly review the VA Sierra Pacific Network that includes Hawaii and the Pacific islands region; provide an overview of the VA Pacific Islands Health Care System (VAPIHCS); provide national and local information regarding telehealth programs; discuss the VA clinic in Maui; and highlight issues of particular interest to Veterans residing in Maui County, including capacity at the VA clinic in Maui and VA services on the nearby islands of Molokai and Lanai.

VA SIERRA PACIFIC NETWORK (VISN 21)

The VA Sierra Pacific Network (Veterans Integrated Service Network [VISN] 21) is one of 21 integrated health care networks in the Veterans Health Administration (VHA). The VA Sierra Pacific Network provides services to Veterans residing in Hawaii and the Pacific region (including the Philippines, Guam, American Samoa and Commonwealth of the Northern Marianas Islands), northern Nevada, and central/northern California. There were an estimated 1.1 million Veterans living within the boundaries of the VA Sierra Pacific Network in Fiscal Year (FY) 2009.

The VA Sierra Pacific Network includes six major health care systems based in Honolulu, HI; Palo Alto, CA; San Francisco, CA; Sacramento, CA; Fresno, CA; and Reno, NV, as well as an Independent Outpatient Clinic in Manila, PI. In FY 2009 the Network provided services to over 250,000 unique Veterans out of 350,000 enrolled Veterans. There were about 2.7 million clinic visits and 28,079 inpatient discharges. The cumulative full-time employment equivalents (FTEE) level was 9,740, and the operating budget was about $2.2 billion.

The VA Sierra Pacific Network is committed to ensuring the care Veterans receive is of the highest quality. All six health care systems within the Network have major academic affiliations. The Network hosts a significant number of Centers of Excellence in VHA and supports a large and broad research portfolio. It also has expansive and collaborative relationships with the Department of Defense (DOD). The VA Sierra Pacific Network has not only exceeded patient satisfaction goals (inpatient and outpatient), but its employee satisfaction scores are among the top five Networks for overall job satisfaction in VHA. As reflected in the most recent employee satisfaction survey, the Network had the highest scores in VHA in several categories including leadership, supervisory support, customer service, conflict resolution, praise, and rewards.

Given the large and diverse geographic nature (i.e. rural or frontier lands and remote islands) of VISN 21, access to care is a priority. In FY 2010, the Network will activate nine new sites of care including the Pacific (Hawaii and the Northern Mariana Islands), California, and Nevada. Finally, VISN 21 is proud to operate one of four Polytrauma Rehabilitation Centers in VHA dedicated to addressing the clinical needs of the most severely injured Veterans.

VA PACIFIC ISLANDS HEALTH CARE SYSTEM (VAPIHCS)

As noted above, VAPIHCS is one of six major health care systems in VISN 21. Dr. James Hastings is the director and a practicing cardiologist at VAPIHCS. VAPIHCS is unique in several important aspects: its vast catchment area covers 2.6 million square-miles (including Hawaii, Guam, American Samoa and Commonwealth of the Northern Marianas); its remote island locations create access challenges; and it enjoys the cultural richness of the Pacific Islands with an ethnically diverse patient and staff population. In FY 2009 there were an estimated 118,000 Veterans living in Hawaii, and at least 10,000 additional Veterans located beyond Hawaii in the VAPIHCS catchment area.

VAPIHCS currently provides care in ten locations, with two more soon to be added. Our current facilities include an Ambulatory Care Center (ACC) and a Community Living Center (CLC) on the campus of the Tripler Army Medical Center (TAMC) in Honolulu; community-based outpatient clinics (CBOCs) in Lihue (Kauai), Kahului (Maui), Kailua-Kona (Hawaii), Hilo (Hawaii), Hagatna (Guam) and Pago Pago (American Samoa); and outreach clinics in Molokai and Lanai. Two new facilities planned include a new CBOC to serve Leeward Oahu Veterans (approved in FY 2008 with an expected opening in late FY 2010) and a new rural outreach clinic in Saipan set to open this winter. A mental health provider (psychologist) has begun seeing patients part-time in Saipan but the clinic has not yet been activated. The inpatient Post Traumatic Stress Disorder (PTSD) residential rehabilitation unit is in its interim location on the campus of TAMC, pending construction and activation of a new VA-funded facility ($9.56 million), also at TAMC, during FY 2011.

VAPIHCS is also constructing a new replacement CBOC in Guam that will offer expanded capacity. It will be located along the perimeter of the Guam Naval Hos-

pital, and we expect it to open in May 2010. VHA operates a total of six Vet Centers in Honolulu, Lihue, Wailuku, Kailua-Kona, Hilo and Guam. These facilities provide counseling, psychosocial support, and outreach. A Vet Center staff member was also added in American Samoa during FY 2008.

In FY 2009 VAPIHCS provided services to more than 24,000 Veterans, an increase of five percent from FY 2007. Of these Veterans, 19,000 reside in Hawaii. VAPIHCS provided 175,000 outpatient visits during FY 2009. The cumulative VAPIHCS FTEE in FY 2009 was 619 employees, with an operating budget increase from $139.1 million in FY 2008 to $155.1 million in FY 2009, an increase of 12 percent.

VAPIHCS provides or contracts for a comprehensive array of health care services. VAPIHCS directly provides primary care, including preventive services and health screenings, and mental health services at all locations. VAPIHCS does not operate its own acute medical-surgical hospital and as a result faces some challenges in providing specialty services. VAPIHCS has hired specialists in orthopedics, cardiology, endocrinology, ophthalmology, nephrology, infectious disease and inpatient medicine ("hospitalist"), and makes use of University of Hawaii faculty to provide specialty care services in pulmonary disease, rheumatology, allergy, and hematology in Honolulu and to a lesser extent at CBOCs. Veterans with spinal cord injuries receive care from VAPIHCS dedicated staff, which provides a multidisciplinary approach to care. The team, located on Oahu, is planning to travel and care for patients on the neighbor islands during FY 2010. Veterans requiring other specialty care continue to be referred to DOD and community facilities.

Inpatient long-term and acute rehabilitation care is available at the Community Living Center (CLC). Inpatient mental health services are provided by VA staff on a 20 bed ward within TAMC and at the 16 bed Post Traumatic Stress Disorder (PTSD) Residential Rehabilitation Program (PRRP). VAPIHCS contracts for care with DOD (at TAMC and Guam Naval Hospital) and community facilities for inpatient medical-surgical care.

NATIONAL AND LOCAL TELEHEALTH PROGRAMS

National Telehealth Programs

Telehealth involves the use of information and telecommunication technologies as a tool in providing health care services when the patient and practitioner are separated by geographical distance. The benefits of telehealth to health care systems include: improving access to care, making specialist services available in rural and remote locations, and supporting patients to live independently in their own homes and local communities. Because of the support of telehealth by VA and Congressional leadership, more Veterans are able to realize these benefits.

Over the past six years telehealth in VA has transitioned from use in a range of discrete local projects and programs toward a unified, enterprise level approach that provides routine telehealth services that are mission critical to the delivery of care to Veterans. In 2009 over 260,000 Veteran patients received care via VA's telehealth programs. Telehealth takes many forms. VA's enterprise telehealth programs deliver care to Veteran patients in their homes via home telehealth; telehealth care is also provided in VA medical centers (VAMCs), CBOCs and Vet Centers via clinical videoconferencing. In addition, VA routinely exchanges clinical images via "store and forward" telehealth.

I would like to briefly highlight some of the direct benefits these services are providing to Veterans. More than 40,000 Veterans are receiving home-telehealth-based care that supports care delivery to them in their own homes. These care coordination/home telehealth (CCHT) services have reduced hospital admissions by 25 percent, hospital stays by 25 percent, and have high levels of patient satisfaction (86 percent mean score). In 2009 more than 58,000 Veterans received care via clinical videoconferencing, the majority receiving mental health care services that reduced hospital admissions by 24 percent. In 2009 almost 150,000 Veterans were screened to prevent avoidable blindness by VA's teleretinal imaging programs (CCSF).

The successful implementation of robust and sustainable telehealth services that VA entrusts to provide care to Veteran patients must satisfy stringent clinical, technological and business requirements that ensure they are appropriate, effective and cost-effective. These requirements include acceptance by patients and practitioners as well as staff training and quality management systems. Mr. Chairman, you and the Committee understand how the geography of Hawaii and the Pacific region poses particular challenges in implementing telehealth that are not encountered on the U.S. mainland. Services to Guam and American Samoa not only need to bridge a physical distance of 3,820 and 2,300 miles respectively, they also need to bridge between patients and clinical communities that are distant and distinct from one

another. Bridging these distances and linking these communities to enable them to integrate requires telecommunications bandwidth. VA is currently seeking to embrace Hawaii and the Pacific region within its clinical enterprise video conferencing network (CEVN) and in doing simplify the linkage to specialist services from medical center assets on the U.S. mainland.

VA recognizes the pioneering role that Hawaii and the Pacific region have played in the development of telehealth solutions that range from teleretinal imaging to home telehealth. These innovations have included partnerships with DOD and the University of Hawaii within the collaborative framework of the Pacific Telehealth and Technology Hui. VA appreciates the support of Congress in supporting rural health initiatives that enable us to focus on extending current enterprise telehealth solutions as well as developing new telehealth solutions to serve Veterans, not only those in Hawaii and the Pacific region Islands, but also Veterans elsewhere in the Nation for whom geographical distance from VA's physical health care assets presents a challenge to receiving care. In considering future innovation for local and enterprise portfolios of telehealth services, VA is looking toward new iterations of a familiar technology—the telephone. Currently the telephone has meant that eight patients a month from Hawaii and the Pacific region have been able to access VA's suicide hotline and receive support from Canandaigua, New York. The transition of health applications onto mobile technologies such as cell phones promises to further revolutionize how telehealth can serve Veterans in areas such as Hawaii and the Pacific region.

Mr. Chairman, I used the word Hui earlier. As you know, Hui describes a partnership, a union or a gathering. All health care is ultimately local, and my discussion so far has focused on the clinical, technological and business issues of implementing telehealth across the VA health care system. My attention will now turn to local telehealth initiatives that support Hawaiian Veterans and those living on other Pacific Islands.

Local Telehealth Programs

In partnership with DOD, specifically TAMC, VAPIHCS began to develop this capability in 2001 with the support of Senator Daniel K. Inouye. The Hui allows joint development of telemedicine technologies for both organizations in the Pacific. This partnership has fielded many demonstration projects that have enabled both Departments to develop ongoing telehealth activity for our beneficiaries.

For VAPIHCS, this partnership allowed us to begin developing telemedicine capabilities in collaboration with the local information technology (IT) department that developed the telecommunications network infrastructure and supported the deployment of video teleconferencing to VA CBOCs on the islands of Hawaii, Maui, Kauai, Guam, and American Samoa. Connectivity to Molokai and Lanai is also available, and we are presently studying connectivity for our newly approved Outreach Clinic in Saipan. Additionally, this initial investment allowed the development of procedures, practices, and protocols to support video teleconference clinical visits for primary care, mental health, and subspecialty care. Funds were provided for purchasing telemedicine "carts" that allow the use of peripheral medical equipment (stethoscopes, otoscopes, cameras and other attachments), as well as teleretinal imaging equipment to permit screening for diabetic eye disease. Automated Drug Dispensing System (ADDS) machines were installed in CBOCs in 2003 allowing pharmacists in Honolulu to dispense medications and, through the use of video conferencing, to provide medication counseling to Veterans at the time of their clinic visits. The VAPIHCS also began tele-home care projects in 2003 by deploying home telemedicine units. This partnership and initial funding has helped us establish a foundation of experience upon which we continue to build to enhance the medical care provided in our facilities throughout the Pacific Region. Additionally, this early experience has allowed our facilities to compete for research dollars to further develop telemedicine and tele-mental health activities.

The Hui also provided support for TAMC projects, including support for "store and forward" telemedicine for adult and pediatric care to the Western Pacific, cardiac sonography from TAMC to Guam and Japan, intensive care unit telemetry and consultation from TAMC to Guam Naval Hospital and Korea, speech therapy and other projects.

Beyond the Hui, VAPIHCS and TAMC are working together to develop joint telemedicine capabilities in American Samoa to support co-location of TAMC personnel at a VA CBOC. This arrangement would extend clinical expertise from TAMC to American Samoa to serve Veterans and active duty servicemembers, as well as members of the National Guard and Reserve who have experienced a Traumatic Brain Injury (TBI).

Recently, VA expanded mental health programs, including significant growth in tele-mental health activities. VA recruited a clinical psychologist to fill a new position for a dedicated tele-mental health coordinator based in Maui. This new position expanded tele-psychology services equitably throughout the CBOC. Additionally, VA has begun conducting tele-mental health Compensation and Pension (C&P) examinations to expedite the assessment of Veterans for appropriate benefits.

During fiscal year (FY) 2009, telehealth has been extremely helpful in delivering mental health services and dispensing medications to Veterans. A snapshot of relevant data, current through September 2009, includes:

- Over 2,500 telehealth patient encounters in VAPIHCS, 1,500 of which were for mental health and 52 of which were for mental health C&P evaluations for patients in Guam or the Commonwealth of the Northern Mariana Islands; and
- Over 12,500 prescriptions filled at CBOCs on Kauai, Maui, Hilo, Kona, American Samoa and Guam using Automatic Drug Dispensing System (ADDS) machines.

VAPIHCS has other Telehealth services that are available to Veterans, including:

- Clinical Video Telehealth clinics (CVT), which offer
  - o Individual and group psychology and psychiatry support;
  - o PTSD group research clinic;
  - o Individual and family nutrition information;
  - o Mental health C&P examinations;
  - o Geriatric psychiatry;
  - o General surgery and neurosurgery through the San Francisco VAMC;
  - o Treatment for spinal cord injury through the Palo Alto VAMC;
  - o Wound care;
  - o Nephrology care; and
  - o Participation in VA's 'MOVE!' (weight loss) program;
- Care Coordinated Store Forward clinics (CCSF):
  - o Teledermatology through the San Francisco VAMC;
  - o Teleretinal Imaging; and
  - o Care Coordination Home Telehealth, utilizing home telehealth devices to support the care of Veteran patients in their own homes on Oahu, Maui and Hilo.

Our expanding and diverse experience with telehealth has provided many "lessons learned" to further shape the development of our VAPIHCS Telehealth Program. For example, numbers (i.e. encounters) alone do not tell the complete story of how technologies may be used to improve the health care of Veterans. In addition to increasing access to specialty services for Veterans, VAPIHCS has found telehealth technologies also allow CBOC providers to learn from telemedicine experiences (with distant providers), which can improve the skills of local physicians. VAPIHCS continually evaluates the use of telehealth services that are provided to Veterans within our service area and changes the program as necessary to meet the needs of the Veterans we serve. There is a new opportunity to expand the use of telehealth as we develop new outreach clinics to meet the needs of Veterans in highly rural areas.

This increased "hands-on" care allows us to pursue new telehealth opportunities in even more remote locations to benefit Veterans. We are providing more care in the home, using VA's Care Coordination Home Telehealth (CCHT) protocols. This will provide us with patient data and information from the home that can be used to maximize our ability to manage medically complex patients in conjunction with our chronic disease team to improve the quality of life for Veterans.

There are some local challenges with telehealth. We are adding additional staff, including telehealth nurses, to our sites so our clinics can both provide direct patient care and staff telehealth clinics as well. We anticipate that by this fall, we will have sufficient support for telehealth activities at each CBOC in the area.

This table provides data about telehealth usage in the following facilities:

Number of Unique Patients by Site
(VA Pacific Islands Health Care System)

Facility	FY 2008	FY 2009
Honolulu	74	159
Maui	153	287
Molokai	6	17
Kauai	96	124
Hilo	66	62

Number of Unique Patients by Site
(VA Pacific Islands Health Care System)—Continued

Facility	FY 2008	FY 2009
Guam	58	143
Kona	17	43
American Samoa	14	8
TOTAL	425	669

The total numbers of VA's patients using telehealth increased in FY 2009 over FY 2008. Some of this change is attributed to additional telehealth nurse positions added in FY 2009, and a telehealth Psychologist who serves veterans throughout the VA Pacific Islands locations. We anticipate further growth in telehealth in FY 2010 as additional VA specialty care visits, such as Nephrology, make greater use of the capability.

MAUI CBOC

VA operates a CBOC located in Kahului (203 Ho'ohana, Suite 303, Kahului, HI, 96732) and expanded the clinic's space by an additional 4,400 square feet during FY 2008 to a total of 9,700 square feet. The building that currently houses the Clinic cannot be certified as having met Federal seismic structural requirements. If the current building cannot be modified to meet these requirements, as required by the renewal lease process, we will need to identify a new location. VISN 21 and VAPIHCS have requested VA Central Office approval to seek an alternate location as a contingency should the modifications not be feasible.

In addition to the CBOC, VA operates on Maui a Vet Center, which is located in nearby Wailuku.

In FY 2009, the Maui CBOC served an estimated island Veteran population of 9,900 Veterans. Approximately 2,400 Veterans residing on Maui were enrolled for care, and 1,749 Veterans received VA care. This is a 21 percent increase over FY 2007. The market penetration rates for enrollees and users within the Veteran population are 24 percent and 17 percent, respectively. These rates are lower than rates elsewhere in Hawaii. In FY 2009 the Maui CBOC recorded 9,976 clinic visits, which represent an increasing trend largely attributed to increased capacity and enhanced services.

At the time of the hearing here in August 2007, the Maui CBOC was authorized to have 15 FTEE; the Maui CBOC has recently increased its staffing and currently is authorized to have 25 staff at the clinic. This includes two full time primary care physicians, a physician assistant and a social worker to support primary care services, two psychiatrists, two psychologists (one of whom provides tele-mental health services to other CBOCs), one social worker, one clinical nurse specialist, one substance abuse counselor, and one telehealth technician and one administrative officer are also available to address Veterans' mental health needs. This staff provides a broad range of primary care and mental health services. In FY 2008 the clinic also implemented a Home-Based Primary Care (HBPC) program supported by a nurse practitioner. During FY 2010, HBPC will be initiated this month on Molokai, and we expect to activate Lanai's HBPC program later this year.

The size of the Veteran population and the number of VA patients in Maui limit the feasibility of having a large number of medical and surgical specialists based in the Maui CBOC. Nonetheless, VA recognizes that some Veterans in Maui County have needs beyond primary care and mental health. VAPIHCS provides specialty care services at the clinic by sending VA staff from Honolulu and other VA facilities in California to the CBOC. Services provided by clinicians traveling to Maui include cardiology, gastroenterology, geriatrics, nephrology, neurology, orthopedics and rheumatology. If Veterans require services not available at the Ambulatory Care Center (ACC) or CLC, VAPIHCS arranges and pays for care at TAMC, local community providers, or VA facilities in California; for those referred to a facility in California, VA can cover the costs of transportation if the veteran is eligible for beneficiary travel. In FY 2009, VA spent over $4 million for non-VA care in the private sector (i.e. not including costs at other VA or DOD facilities) for residents of Maui. Treatment of many non service-connected Veterans requiring off island referrals continues to be a challenge, because VA Beneficiary Travel support is unavailable for these patients. The Maui CBOC also utilizes telehealth technologies to provide specialty services, as described above.

SPECIAL ISSUES

Capacity at Maui CBOC. As noted earlier, in FY 2009 VA provided health care services to 1,749 Veterans who reside in Maui. However, market penetration rates for enrollees and users suggest there is additional demand for VA health care. VAPIHCS has significantly increased the authorized staffing at the Maui CBOC to keep pace with the growth in numbers of Veterans seeking care, in particular Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans. This population increased from 56 in FY 07 to a cumulative total of 270 unique Veterans at the close of FY 09. The Clinic's two full time VA primary care physicians and one full time physician assistant, based upon VA primary care panel size criteria, gives the clinic a potential capacity for over 3,000 primary care patients (i.e. 1,200 patients for each full-time physician and 800 for each physician assistant). Even considering the special circumstances at the Maui CBOC (e.g., lack of VA inpatient facility and limited community health care resources on the island), the VA clinic will be able to provide high quality and accessible primary care to more than 2,000 patients.

In addition, during FY 2008, the Maui CBOC began delivering HBPC services for Veterans residing in Maui. HBPC is also delivered by VA in Oahu, Kauai and the Big Island. HBPC is an important component of VA's non-institutional long-term care program designed to provide care in the least restrictive setting for Veterans. Earlier this year, VAPIHCS was approved for $256,000 in rural health funding to expand the Maui HBPC program and to begin providing home care services on the islands of Lanai and Molokai. VA will add staff to serve these islands, with service delivery anticipated this month on Molokai and later this year in Lanai.

There is also a significant demand for mental health services at the Maui CBOC. About 32 percent of all patients currently seen at the clinic have a documented mental health illness (compared to 19 percent for VHA). This includes a high prevalence of PTSD. In response to this need, VA has substantially increased its authorized mental health capacity at the Maui CBOC. As you know, Mr. Chairman, Congress has provided several hundred million dollars to VA to specifically enhance mental health services. Since FY 2006, and each subsequent year thereafter, VAPIHCS has received nearly $3 million of these funds. These funds have been used to hire about 35 new mental health staff in VA facilities across Hawaii and the Pacific region, including seven staff here at the Maui CBOC. In addition, the Maui Vet Center also successfully recruited another psychologist.

Molokai and Lanai. The islands of Molokai and Lanai are part of Maui County. VA provides limited services (i.e. part-time outreach clinics) on these islands with permanent staff (on Molokai) and visiting VA staff (to both islands). VAPIHCS is assessing options to enhance services in both locations.

MOLOKAI. VA estimates the Veteran population on Molokai to be 649, with 203 Veterans from Molokai enrolled for VA care and 150 Veterans receiving VA services. VA formally established an outreach clinic on Molokai in FY 2005 with the assistance of you and your staff, Mr. Chairman. The VA clinic on Molokai is located in shared space near Molokai General Hospital and operates two half-day primary care clinics per week. The clinic is staffed with a part-time VA physician and contract support staff. VA has access to videoconferencing equipment at this facility. VA also sends mental health staff from the Maui CBOC to Molokai to provide care. The Clinic's psychologist travels twice a month and the psychiatrist once a month. In addition, VA purchases non-VA care in the community (e.g., Molokai General Hospital) for eligible Veterans residing in Molokai. Veterans residing in Molokai also are seen at DOD and VA facilities in other locations. VA pays for travel expenses for those Veterans eligible for beneficiary travel.

LANAI. VA estimates the Veteran population on Lanai to be 229, with 57 Veterans enrolled for VA care, and 30 Veterans receiving VA services. Since June 2007, a VA primary care provider from Maui travels to Lanai once a month to provide needed primary care services. Additionally, in FY 2009 a Mental Health Clinical Nurse Specialist began accompanying the primary care provider. VA has used space adjacent to the Lanai Community Hospital, and most recently finalized an agreement with Straub Outpatient Clinic for visiting VA providers to use space and support the Clinic. In addition, VA purchases non-VA care in the community and pays beneficiary travel for eligible Veterans. VA is continually exploring other options to improve access.

CONCLUSION

In summary, with your support, Mr. Chairman, and with the support of other Members of Congress, VA is providing an unprecedented level of health care services to Veterans residing in Hawaii and here in Maui. We look forward to a growth

of new patients at the Maui CBOC and will meet the expectations of Veterans for quality and timeliness.

VAPIHCS still faces several challenges, in part due to the topography of its catchment area, the lack of an acute medical-surgical hospital, limited community resources in rural areas, and difficulties recruiting staff. VAPIHCS will meet these challenges by utilizing telehealth technologies, hiring specialists, working with community partners and developing new delivery models. I am proud of the improvements in VA services in Hawaii, but recognize that our job is not done.

Again, Mr. Chairman, mahalo for the opportunity to testify at this hearing. My colleagues and I would be delighted to address any questions you may have for us.

Chairman AKAKA. Thank you very much, Ms. Cullen.

And now we will hear from Linda Halliday. Please proceed with your testimony.

STATEMENT OF LINDA HALLIDAY, DEPUTY ASSISTANT INSPECTOR GENERAL FOR AUDITS AND EVALUATIONS, OFFICE OF INSPECTOR GENERAL, U.S. DEPARTMENT OF VETERANS AFFAIRS

Ms. HALLIDAY. Mr. Chairman, thank you for the opportunity to testify on the results of our report, "Review of Availability of Mental Health and Orthopedic Services at the VA Pacific Islands Health Care System." Accompanying me today is Mr. Walter Stucky, Audit Manager in our Seattle Audit and Evaluations Office in the OIG.

Veterans living on Maui and the other islands face similar issues as veterans living in rural communities in obtaining timely access to health care services, especially mental health services and specialty care such as orthopedics. Not only has the health care system faced difficulties in providing these services, they have also been limited by the short supply of community health providers.

In early June 2009, we conducted on-site work at the health care system's main ambulatory care center in Honolulu and the Maui CBOC. We found that since fiscal year 2006 the health care system has made significant strides in reducing wait times for elective orthopedic surgery procedures. Furthermore, although the health care system has experienced challenges in providing mental health services to veterans on Maui and other islands, it is effectively using VA's Mental Health Enhancement Initiative funding to recruit additional staff and expand telehealth services.

In 2006, the OIG assessed the timeliness of orthopedic surgeries at the health care system. We found that the average wait time for elective orthopedic procedures was 182 days with wait times for individual cases ranging between 14 to 379 days. I am happy to say our more recent work found significant improvement in elective surgery wait times. Both VA and Tripler orthopedic surgeons treat health care system patients who require orthopedic care, and the surgical procedures are performed at Tripler TAMC by VA and Tripler orthopedic surgeons under an interagency sharing agreement.

We reviewed 15 elective orthopedic surgeries performed at Tripler in April and May 2009 and found that the time between the decision to operate and the surgery date ranged from 11 to 210 days and averaged 82 days. We attribute the improvements in timeliness since 2006 to three factors:

Since February 2007, the health care system has hired two orthopedic surgeons. Prior to this, it relied on surgeons from Tripler and other VA facilities in the continental United States.

Tripler dedicated one operating room day each week to VA orthopedic patients, in addition to its normal integrated scheduling of VA and Tripler patients for surgery.

And, third, the health care system and Tripler have improved their coordination of orthopedic surgery care.

In 2007, the State of Hawaii task force reported community health resources in Maui were stretched to meet mental health needs resulting from veterans returning from Iraq and Afghanistan, an aging population, and prevalent drug use. The health care system has also been stretched by the scarcity of mental health resources on Maui. Mental health staff at the Maui CBOC told us that they have been meeting emergency needs of patients, but they are challenged in ensuring the timely follow-up care due to staff shortages. For example, in May 2009, the psychiatrist reported that his earliest available follow-up appointment was 7 weeks away.

Despite these challenges, we found that the health care system leadership has been proactive in securing funding through VA's Mental Health Enhancement Initiative to hire additional staff at the Maui CBOC and to expand telehealth capabilities to assist other CBOCs. In the past year, the health care system has received approximately $4.7 million in Mental Health Enhancement Initiative funding and used a portion to hire additional staff. They expect to meet both the urgent and the follow-up mental health care needs of veterans served by the Maui Clinic.

In summary, Mr. Chairman, our review found that the health care leadership continues to identify gaps and improve availability of orthopedic and mental health services to veterans on Maui and other islands. However, as with any rural health care system, VA Pacific Islands Health Care System leadership must make difficult choices as to how to best use the resources to most effectively meet the needs of veterans in a large, geographically diverse area, while also addressing difficulties in recruiting qualified health care professionals.

Mr. Chairman, I thank you for the opportunity today. We would be pleased to answer any questions you have.

[The prepared statement of Ms. Halliday follows:]

PREPARED STATEMENT OF LINDA HALLIDAY, DEPUTY ASSISTANT INSPECTOR GENERAL, AUDITS AND EVALUATIONS, OFFICE OF INSPECTOR GENERAL, U.S. DEPARTMENT OF VETERANS AFFAIRS

INTRODUCTION

Mr. Chairman and Members of the Committee, Thank you for the opportunity to testify today on the availability of mental health and orthopedic services for veterans served by the VA Pacific Islands Health Care System (VAPIHCS), with special emphasis on the Island of Maui. I will focus on the results of our recently issued report, *Review of Availability of Mental Health and Orthopedic Services at the VA Pacific Islands Health Care System* (attached). Accompanying me today is Mr. Walter Stucky, Audit Manager, Seattle Audit Operations Division, Office of Inspector General (OIG), Department of Veterans Affairs.

BACKGROUND

Veterans living on Maui and the other Hawaiian islands face similar issues as veterans living in rural communities throughout the country obtaining timely access

to all services, especially mental health services and specialty care services such as orthopedics. Not only has VAPIHCS faced difficulties providing the services, they have also been limited by the short supply of community health providers.

In May 2006, the OIG issued a report titled, *Review of Access to Care in the Veterans Health Administration*, which included an assessment of the timeliness of orthopedic surgeries at the VAPIHCS. Because no related Veterans Health Administration or other American medical timeliness standards were available at the time, the review used a foreign orthopedic surgery timeliness goal of 6 months. This standard was based on evidence that suggested that deterioration of patients' health occurs when they wait more than 6 months for joint replacement surgeries. The OIG's review found that the average wait for elective orthopedic procedures at the VAPIHCS was 182 days, with wait times for individual cases ranging from 14 to 379 days.

In November 2007, a task force commissioned by the State of Hawaii found that community mental health resources on Maui were stretched to meet increasing mental health needs resulting from veterans returning from Iraq and Afghanistan, an aging population, and prevalent drug use. VAPIHCS is also challenged in recruiting staff especially on the outer islands due to the high cost of living, both for housing and commodities; high relocation costs; and a cost of living adjustment that is not comparable to locality pay rates used in the continental United States and is not used in calculating Federal retirement benefits.

RESULTS

In late May/early June 2009, we conducted onsite work in Honolulu and Maui at VAPIHCS, Veterans Integrated Service Network 21, Tripler Army Medical Center (TAMC), and the Maui Community Based Outpatient Clinic (CBOC). We interviewed managers and administrative and clinical staff and reviewed scheduling and workload data, recruitment information, and other pertinent documents related to patient complaints and wait times. We found that:

- Since fiscal year (FY) 2006, VAPIHCS has made significant strides in reducing wait times for elective orthopedic surgery procedures, most notably by hiring two orthopedic surgeons.
- Although VAPIHCS has experienced challenges in providing mental health services to veterans on Maui and the other outlying islands, it is effectively using VA's Mental Health Initiative funding to recruit additional staff and expand telehealth services.

Orthopedic Care

Our recent work noted significant improvement in elective surgery wait times since FY 2006. Both VA and TAMC orthopedic surgeons evaluate and treat VAPIHCS patients requiring orthopedic care. Because VAPIHCS is not fully staffed or equipped to perform orthopedic surgeries, surgical procedures are performed at TAMC by VA and TAMC orthopedic surgeons under an interagency sharing agreement. If TAMC cannot accommodate a VA patient, VAPIHCS Utilization Management staff refers the patient to a community provider on a fee-for-service basis.

Our discussions with VAPIHCS clinicians and TAMC managers indicated that TAMC has sufficient staff and resources to consistently accommodate VA patients without significant delays, but that some patients prefer later surgery dates or they are not medically ready to undergo surgery on the scheduled dates. Our review of 15 elective orthopedic surgeries performed at TAMC in April and May 2009 found significant improvement in average wait times. The time between the decision to operate and date of surgery ranged from 11 to 210 days and averaged 82 days. We attribute the improvement in timeliness to three factors:

- VAPIHCS officials hired two orthopedic surgeons—one in February 2007 and the other in October 2008. Prior to hiring these surgeons, VAPIHCS relied on orthopedic surgeons from TAMC and other VA facilities in the continental United States to provide services. With these recruitments, VAPIHCS has established its own orthopedic clinics at both the Ambulatory Care Center and CBOCs. Furthermore, one of the orthopedic surgeons also performs surgery at TAMC.
- TAMC dedicated one operating room day each week to VA orthopedic patients, in addition to its normal integrated scheduling of VA and TAMC patients for surgery.
- VAPIHCS and TAMC have improved their coordination of orthopedic surgery care. For example, TAMC provides VAPIHCS monthly reports on availability of services and holds monthly coordination meetings with VAPIHCS Utilization Management officials to resolve problems and improve services. In addition, a VAPIHCS

orthopedic surgery nurse tracks the status of VA patients scheduled for surgery at TAMC to ensure patients meet all pre-operative requirements.

Mental Health

Mental health staff at the Maui CBOC told us that they have been meeting the emergency needs of patients; yet, they continue to acknowledge challenges ensuring timely follow-up care due to staff shortages. For example, in May 2009, the psychiatrist reported that his earliest available follow-up appointment was 7 weeks away and that he often worked additional hours to see patients.

Despite these challenges, we found that VAPIHCS leadership has been proactive about securing funding through VA's Mental Health Enhancement Initiative to hire additional staff at the Maui CBOC and expand telehealth capabilities to assist other CBOCs. In the past year, VAPIHCS has received approximately $4.7 million in Mental Health Enhancement Initiative funding and has used a portion of this amount to improve the availability of services at the Maui CBOC by hiring additional staff. In February 2009, VAPIHCS officials hired a mental health social worker. In addition, a clinical nurse specialist and a second staff psychiatrist joined the CBOC in late July/early August of this year. VAPIHCS leadership and clinicians told us that, with this additional staff, they expect to meet both the urgent and follow-up mental health care needs of veterans served by the Maui CBOC.

SUMMARY

Our review found that VAPIHCS leadership continues to identify gaps and improve availability of orthopedic and mental health services to veterans on Maui and the other islands. However, as with any rural health care system, VAPIHCS leadership must make difficult choices as to how best to use its resources to most effectively meet the needs of veterans in a large, geographically diverse area, while also addressing difficulties in recruiting qualified health care professionals.

Mr. Chairman, thank you again for this opportunity. We would be pleased to answer any questions that you or other Members of the Committee may have.

ATTACHMENT

VA Office of Inspector General

OFFICE OF AUDIT

Informational Report

Review of Availability of Mental Health and Orthopedic Services at the VA Pacific Islands Health Care System

August 21, 2009
Report No. 09-02088-201

ACRONYMS AND ABBREVIATIONS

ACOS	Associate Chief of Staff
CBOC	Community-Based Outpatient Clinic
DoD	Department of Defense
MHEI	Mental Health Enhancement Initiative
PIHCS	Pacific Islands Health Care System
PTSD	Post-Traumatic Stress Disorder
TAMC	Tripler Army Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Report Highlights: Review of Availability of Mental Health and Orthopedic Services at the VA Pacific Islands Health Care System

Why We Did This Review

We conducted this limited-focus review at the VA Pacific Islands Health Care System (PIHCS) at the request of Senator Daniel Akaka, Chairman of the Senate Veterans' Affairs Committee. The objective of our review was to identify challenges impacting the delivery of mental health and orthopedic services at PIHCS. We focused on the availability of services at the main Ambulatory Care Center in Honolulu and the Community-Based Outpatient Clinic (CBOC) on Maui.

What We Found

PIHCS Recruited Mental Health Providers To Improve Availability of Services. PIHCS does not place unnecessary restrictions on outpatient care but has been challenged by limited mental health resources on Maui. However, PIHCS has been proactive about allocating Mental Health Enhancement Initiative (MHEI) funding to improve staffing in Maui and expand its telehealth capabilities. As of August 2009, PIHCS had hired three additional mental health professionals, and the mental health clinic at the Maui CBOC was fully staffed. PIHCS managers expect the additional staff and expanded telehealth services will help the Maui CBOC meet both the emergency and follow-up mental health care needs of veterans.

Timeliness of Orthopedic Surgeries Has Improved. Since fiscal year (FY) 2006, PIHCS has hired two orthopedic surgeons, including one who travels to the CBOCs on other islands. PIHCS has also worked closely with the Tripler Army Medical Center (TAMC) in Honolulu to ensure veterans receive timely orthopedic services and to track the status of services. As a result, timeliness of orthopedic services has improved significantly since FY 2006—from an average wait of 182 days to an average wait of 82 days.

What We Recommended

PIHCS leadership has addressed staffing challenges associated with providing mental health and orthopedic services at the main Ambulatory Care Center in Honolulu and the Maui CBOC. Therefore, we made no recommendations. This report is intended for informational purposes only.

(original signed by:)

BELINDA J. FINN
Assistant Inspector General
for Audit

INTRODUCTION

Objective

We conducted this limited-focus review at the request of Senator Daniel Akaka, Chairman of the Senate Veterans' Affairs Committee. The objective of our review was to identify challenges impacting the delivery of mental health and orthopedic services at PIHCS. We focused on the availability of services at the main Ambulatory Care Center in Honolulu and the Maui CBOC to specifically address if PIHCS places restrictions on care.

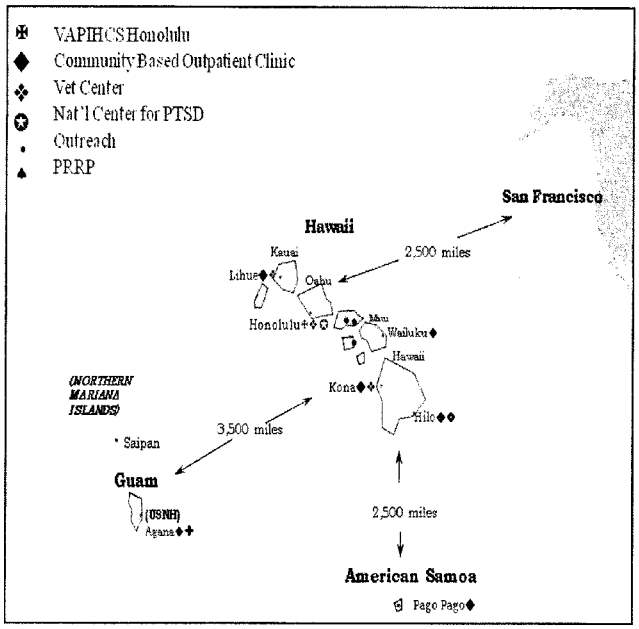
Overview of PIHCS

PIHCS, which is part of Veterans Integrated Service Network (VISN) 21, serves about 128,000 veterans throughout Hawaii and the Pacific Islands and has an annual medical care budget of about $173.2 million. It provides outpatient medical, dental, and mental health care services to veterans living in a large, geographically diverse region. Its main Ambulatory Care Center is located in Honolulu on the Island of Oahu. PIHCS also includes six CBOCs located on the Islands of Maui, Kauai, Hawaii (two CBOCs in Kona and Hilo), Guam, and American Samoa. The Maui CBOC also serves the Islands of Lanai and Molokai.

Inpatient services for veterans served by PIHCS are provided through a VA/Department of Defense (DoD) sharing agreement with TAMC, which is collocated with the main Ambulatory Care Center. Inpatient care is also obtained from non-VA community providers on a fee basis and, in special cases, from other VA facilities in the continental United States. PIHCS also provides long-term and transitional rehabilitative care services at a 60-bed Community Living Center and post-traumatic stress disorder (PTSD) treatment services in a 16-bed residential treatment unit located on the TAMC grounds.

Distances between the main Ambulatory Care Center and other islands are significant, which poses a unique challenge to PIHCS leaders and clinicians and often results in long travel times and high travel costs. As Figure 1 on the following page shows, Guam is about 3,500 miles from Oahu, and American Samoa is about 2,500 miles away. Furthermore, many veterans reportedly live in geographically isolated communities on the Hawaiian Islands.

Figure 1. VA Pacific Islands Health Care System Service Area



Prior Reviews

In FY 2006, the OIG completed the *Review of Access to Care in the Veterans Health Administration* (Report 05-03028-145, dated May 17, 2006), in which it assessed the timeliness of orthopedic surgeries at PIHCS. The review found that the average wait for elective orthopedic procedures was 182 days, with wait times for individual cases ranging from 14 to 379 days.

RESULTS AND CONCLUSIONS

Issue 1 PIHCS Recruited Mental Health Providers To Improve Availability of Services

PIHCS' Ambulatory Care Center in Honolulu is meeting veterans' mental health needs on Oahu, although ensuring timely access to mental health services for veterans living on Maui has been a challenge for PIHCS due to reported shortages of VA and community health providers on the island. However, VA's FY 2009 MHEI funds have significantly helped PIHCS to establish new mental health positions at the Maui CBOC and to expand telehealth capabilities to other islands. PIHCS mental health managers expect the new positions to satisfy all current Maui CBOC mental health patient care requirements.

Care Needs Met on Oahu

According to PIHCS' Associate Chief of Staff (ACOS) for Mental Health, the Ambulatory Care Center in Honolulu is meeting current patient care needs on Oahu without referring patients to non-VA providers or maintaining waiting lists. Our review of two large mental health clinics—the general mental health clinic and the PTSD clinic—supported the ACOS' assertion.

Under the Veterans Health Administration's (VHA's) Uniform Mental Health Services standards all new patients must receive comprehensive diagnostic and treatment planning evaluations within 14 days. Clinicians and administrative staff in the general mental health clinic told us that they did not have waiting lists for care and did not need to refer patients outside VA for care. Our review of patient scheduling practices found that the clinic had good scheduling, triage, and monitoring procedures in place to ensure patients were seen within 14 days. For example, mental health staff at the Ambulatory Care Center had implemented a procedure to examine patient encounter data to identify any appointments that did not meet the Uniform Mental Health Services 14-day standard and use this information to educate staff to ensure compliance.

Our review of the PTSD clinic also identified significant improvement in timeliness of appointments. In May 2008, only 50 percent of initial PTSD appointment waiting times met the Uniform Mental Health Services 14-day standard. After changing its local scheduling procedures in June 2008, the clinic's patient waiting times began to decrease, and, by February 2009, initial appointments for the clinic occurred within the 14-day timeliness standard for new patient consults.

Maui Challenged To Meet Care Needs

PIHCS has been challenged to meet mental health care needs on Maui and ensure timely services due to shortages of VA and community mental health providers. In November 2007, the Maui Health Care Initiative Task Force, which was commissioned by the State of Hawaii, reported that community mental health resources were being stretched to meet increasing mental health challenges. Specifically, the Task Force concluded that Maui required additional mental health services to address the needs of veterans returning from the war in Iraq, an aging population, and prevalent drug use.

According to mental health staff at the Maui CBOC, the number of VA mental health providers was sufficient to meet patients' emergency needs but not to provide follow-up treatment as frequently as providers considered appropriate. For example, in May 2009, the earliest available appointment with the Maui staff psychiatrist for non-emergency care was approximately 7 weeks away. Furthermore, the psychiatrist reported that he could not schedule some patients to be seen more frequently than every 6 weeks, even though he would have preferred seeing them more often. However, he emphasized that for patients with more urgent needs, the providers made necessary schedule adjustments to ensure the patients were seen more timely. CBOC managers had considered using fee care to reduce waiting times for follow-up visits, but this option was not feasible due to limited availability of community mental health providers, as well as concerns about continuity and quality of care.

MHEI Funds Improving Access

In FY 2009, PIHCS was allocated $4.7 million in MHEI funds. It used a portion of the funds to add three positions at the Maui CBOC—a clinical nurse specialist, a mental health social worker, and a second staff psychiatrist. In February 2009, PIHCS hired the social worker, and the clinical nurse specialist and psychiatrist joined the staff by early August 2009.

PIHCS also used the MHEI funds to expand its telehealth program. The telehealth program uses telecommunication technology, such as videoconferencing, to provide health care services and education to patients in remote locations. The Maui CBOC employs a full-time psychologist who manages the mental telehealth program. PIHCS mental health managers expect that the addition of the three mental health professionals and expansion of services will help the Maui CBOC meet both current emergency and follow-up mental health needs, to include more frequent follow-up appointments.

Conclusion

Although veterans living on Oahu appear to have timely access to mental health services at the main Ambulatory Care Center in Honolulu, our interviews with PIHCS staff indicate that veterans living on Maui and other islands do not always have timely access because fewer mental health providers are available to serve these communities. However, PIHCS has been proactive in ensuring that services are made available, and MHEI funding has allowed PIHCS to establish additional mental health provider positions and

expand telehealth capabilities at CBOCs to improve the availability of services. Because PIHCS is effectively allocating MHEI funding to recruit mental health providers, we made no recommendations.

Issue 2 Timeliness of Orthopedic Surgeries Has Improved

Initial orthopedic appointments for PIHCS patients were generally timely, and the average wait time for elective orthopedic surgery procedures has improved significantly since FY 2006. Both VA and TAMC orthopedic surgeons evaluate and treat PIHCS patients requiring orthopedic care. Because PIHCS is not staffed or equipped to perform orthopedic surgeries, surgical procedures are performed at TAMC by VA and TAMC orthopedic surgeons under an interagency sharing agreement. If TAMC cannot accommodate a VA patient, PIHCS Utilization Management staff refer the patient to a community provider. Since FY 2006, PIHCS has hired two orthopedic surgeons and TAMC has dedicated operating time to PIHCS, thereby improving the timeliness of orthopedic surgery care to VA patients.

Initial Appointments Within 30 Days

VHA policy requires facilities to provide initial appointments to patients with service connected conditions within 30 days and appointments to all other patients within 120 days. We found that scheduling of patients for initial orthopedic appointments was generally timely. Our review of 15 randomly selected FY 2009 orthopedic surgery appointments for Honolulu and Maui patients determined that in 14 cases, patients saw orthopedic surgeons within the required number of days. For the other case, an administrative scheduling delay of 15 days occurred.

We also reviewed 9 of 21 open orthopedic surgery referrals that TAMC staff had returned to PIHCS because they had been unable to schedule appointments. We confirmed that TAMC staff had made appropriate attempts to schedule appointments for all nine, but that none of the patients had responded.

Surgery Wait Times Have Improved

In FY 2006, the OIG completed the *Review of Access to Care in the Veterans Health Administration*, which assessed the timeliness of PIHCS orthopedic surgeries. Because no related VHA or other American medical timeliness standards were available at the time, the review used a foreign orthopedic surgery timeliness goal of 6 months for the review. This standard was based on evidence that suggested that deterioration of patients' health occurs when they wait more than 6 months for joint replacement surgeries. The review found that the average wait for elective orthopedic procedures was 182 days, with wait times for individual cases ranging from 14 to 379 days.

As of May 2009, VHA or other American medical timeliness standards were still not available for elective orthopedic surgeries. At TAMC, orthopedic procedure dates are scheduled to allow sufficient time for patients to complete pre-surgery screenings and to be medically ready to undergo the procedures. Our discussions with PIHCS clinicians and TAMC managers indicated that TAMC has sufficient staff and resources to consistently accommodate VA patients without significant delays, but that delays occur either because patients prefer later surgery dates or they are not medically ready to undergo surgery on the scheduled dates.

Our review of 15 elective orthopedic surgeries performed at TAMC in April and May 2009 found significant improvement in average wait times since FY 2006. The time between the decision to operate and the date of surgery ranged from 11 to 210 days and averaged 82 days. Three surgeries took longer than 95 days to complete because either the patients were not medically ready for the surgeries or they requested later dates for personal reasons. Without those delays, the time needed for the 15 elective surgeries would have averaged about 62 days.

Three Factors Improved Timeliness

Based on our interviews with PIHCS and TAMC clinicians and administrative staff, we attribute the improvement in timeliness to three factors:

- PIHCS hired two orthopedic surgeons—one in February 2007 and the second in October 2008. Prior to hiring its own orthopedic surgeons, PIHCS relied on orthopedic surgeons from Tripler and other VA facilities in the continental United States to provide services. With these recruitments, PIHCS has established its own orthopedic clinics at both the Ambulatory Care Center and CBOCs. Furthermore, one of the orthopedic surgeons also performs surgery at TAMC.

- TAMC dedicated one operating room day each week to VA orthopedic patients, in addition to its normal integrated scheduling of VA and DoD patients for surgery. Furthermore, as of July 2009, TAMC reportedly added another VA-dedicated surgery day each month.

- PIHCS and TAMC have improved their coordination of orthopedic surgery care. TAMC provides PIHCS monthly reports on availability of services and holds monthly coordination meetings with PIHCS to resolve problems and improve services. In addition, the PIHCS orthopedic surgery nurse tracks the status of VA patients scheduled for surgery at TAMC.

Conclusion

Since FY 2006, PIHCS and TAMC have made significant progress to improve the timeliness of elective orthopedic surgeries. We found no evidence that PIHCS places unnecessary restrictions on access to orthopedic services. Our

review indicated that although scheduling delays occasionally occur, PIHCS patients generally received initial orthopedic appointments within 30 days, and we found no indications of unjustified delays of elective orthopedic procedures at TAMC. Therefore, we made no recommendations.

Appendix A. Objectives, Scope, and Methodology

Objectives

The objective of our review was to identify challenges impacting the delivery of mental health and orthopedic services at PIHCS.

Scope and Methodology

We focused on mental health and orthopedic surgery services in Hawaii and, in particular, for services on the Island of Maui. To determine the availability of clinical services to VA patients in Hawaii, we reviewed mental health and orthopedic surgery appointment waiting times in Honolulu and at the Maui CBOC. Our limited test of the timeliness of initial appointments was based on a random selection of 15 appointments from the Honolulu and Maui orthopedic clinics during the period October 1, 2008 through April 30, 2009. To test the timeliness of surgical procedures performed at TAMC, we randomly selected a second sample of 15 orthopedic surgeries completed during the months of April and May 2009, the most current months available.

We interviewed managers and clinicians to identify problem areas, patient complaints, and actions taken to address problems. We also interviewed the patient advocate and reviewed patient complaints and congressional inquiries on file at PIHCS.

We conducted our review work from April 2009 through July 2009. We did not review the appropriateness or the quality of the care provided. We conducted this review under the *Quality Standards for Inspections,* dated January 2005, issued by the President's Council on Integrity and Efficiency's Executive Council on Integrity and Efficiency.

Appendix B. Background

Mental Health Strategic Plan

In April 2002, President Bush established the President's New Freedom Commission on Mental Health and charged the Commission with studying the mental health delivery system in the United States. The Commission issued its final report in July 2003, and, in response, VHA's Under Secretary for Health charged a workgroup with developing a 5-year strategic plan to address gaps and deficiencies in VA's mental health service delivery.

In November 2004, VHA finalized its Comprehensive Mental Health Strategic Plan, which includes more than 200 initiatives to address service gaps and enhance service delivery to veterans. Factors that influenced the strategic planning workgroup included the return of veterans from Iraq and Afghanistan, the challenge to deliver quality mental health services to a growing number of women veterans, and the changing and future mental health needs of aging Vietnam Era veterans. In addition, VHA issued Handbook 1160.01, "Uniform Mental Health Services in VA Medical Centers and Clinics," dated September 11, 2008, to establish minimum clinical requirements for mental health services at VA facilities. The requirements are generally based on facility size and complexity.

MHEI Funding

MHEI funding supports implementation of VHA's Comprehensive Mental Health Strategic Plan and the requirements of Handbook 1160.01. In its FY 2009 budget submission to Congress, VHA requested $531.3 million in MHEI funding. PIHCS was allocated about $4.7 million. PIHCS' portion of MHEI funding represented about 13 percent of the total funds allocated to VISN 21, while PIHCS has about 10 percent of unique patients in the VISN. PIHCS' Chief of Staff participated in developing the VISN allocation methodology for MHEI funding and considered the allocation to PIHCS to be reasonable.

Appendix C. OIG Contact and Staff Acknowledgments

OIG Contact	Claire McDonald, 206-220-6651
Acknowledgments	Ron Stucky Randy Alley Kevin Day Maria Afamasaga

Appendix D. Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Office of General Counsel
Director, VA Sierra Pacific Network, VISN 21
Director, VA Pacific Islands Health Care System

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget

This report will be available in the near future on the OIG Web site at http://www.va.gov/oig/publications/reports-list.asp. This report will remain on the OIG Web site for at least 2 fiscal years after it is issued.

Chairman AKAKA. Thank you. Thank you all very much for your testimony. Again, I want to thank this panel for bringing us up to date and especially what we are anticipating will happen, providing the supports come through.

Dr. Hastings, I want to pose the first question to you. What is the status of the proposal to build a new veterans multi-use building on the campus of the Maui High School? And what is VA's role

in this partnership? And have you heard from the State regarding this proposal?

Dr. HASTINGS. Well, Mr. Chairman, first I want to thank you very much for coming out and having this hearing and providing all of us with an opportunity to review how we provide services to our veterans. This proposal that we heard so much about today we have heard of, and we have talked to several of the people that have worked on this proposal. The fundamental problem that we have is the issue of the Federal Government not being able to build on land that it does not own, and it seems that is the core issue that we are faced with. And we certainly have talked to the capital assets managers of the VA about this proposal. We have looked at it, and we have worked with the Vet Center that proposed this. But as we understand it right now, the issue is that the VA does not have the authority to build on land that it does not own. I think that is the fundamental problem.

Chairman AKAKA. Well, thank you for that technicality. We, of course, need to look into that and see what we can do next on this. I thank you very much for what you have been trying to do and get done, and even to the point of maybe making other suggestions. Thank you for your response.

Ms. Betts, how often does the traveling veterans service representative from Honolulu provide services to veterans living on Maui? How often does that happen? How would you characterize that representative's schedule while on Maui? Do veterans seeking services from that representative receive them in a timely manner?

Ms. BETTS. With regards to the traveling schedule of the counselor, currently we have a counselor who travels to every island once a month, and they do come on. It is a set schedule, the same day of the week every month. The Vet Center hosts the counselor, and they take—they actually take appointments, so they know who they are coming to see. And they usually come in the morning and then leave on the last flight out. And they see all of the people who are scheduled for appointments plus walk-ins.

We also have a program in which the counselor—and it is not always the same one, but a benefit counselor also goes to Molokai every other month, and they go to Maui—I mean, to Lanai apparently once a quarter. The counselor is able to assist and provide as much information as they can while they are here, and they take the information back to Oahu.

We are currently working on outreach to all of the islands in collaboration with Dr. Hastings and myself. We are working on an outreach program to visit each of the islands with an outreach team because one of the issues we have, and that is, what is the need and what is the veteran population in the areas. What we are trying to do in this program—we started this month, in January—is to start to get the veterans who are residing in all of these rural remote areas to register. We need them to register with the health care system so that we can document how many veterans are there, and, therefore, we can provide the services for the veteran population. Currently, the populations who are registered are a lot less than the numbers that people keep putting out to us. Although the State has a number of veterans on this island, the number that

are registered in the VA system are a lot less than what they are saying is actually residing.

So what we are doing is, as far as access to a benefit counselor, I work collaboratively also with the State Office of Veterans Services, Mr. Moses, and we are looking at what is needed, and we are looking at the possibility of having a full-time counselor here on Maui, and that, again, is a collaborative effort with Dr. Hastings because he had worked on a program where he would provide the actual space, which would be in the CBOC. We are working toward, as we say, the one-stop shop where all of the VA services are provided in one area. So, right now we are working with the clinic to see when they come up with the space for us, then we will put a full-time counselor there.

Currently, the Vet Center is hosting us. Again, it is an issue of space to put a permanent full-time person in.

Chairman AKAKA. Ms. Betts, as you heard from the first panel, some veterans believe that Vet Centers should be staffed with a veterans service representative full-time. What is your opinion on this matter?

Ms. BETTS. Currently, where the veteran counselor sits, I do not have an opinion on that at this time. My issue is that we get a veteran counselor, and they need to be full-time out here on Maui. At this time, just from my exposure to everything, I would say it appears that it would be more beneficial to put a counselor into a CBOC. But whether it goes into a Vet Center or a CBOC, I don't have an opinion there. It is just getting the counselor out to——

Chairman AKAKA. Thank you very much.

Ms. Cullen, I understand that some veterans are able to receive specialty care through a telehealth link with Palo Alto in California. Are you providing incentives to providers in Palo Alto to provide those services to veterans in Hawaii? And if so, what are they?

Ms. CULLEN. Over the last 2 to 3 years, we have moved away from the reliance that we had at one point of utilizing clinical providers from both the VA medical centers in Palo Alto and in San Francisco. Dr. Hastings has made significant inroads in hiring some specialists to be on staff at VA Pacific Islands Health Care System. As you heard from part of the IG report, having brought on two orthopedists who are now in place in Honolulu, I believe that they are now able to provide a lot of the specialty services via telehealth.

I would like to look to Dr. Hastings just to see if we still have any regular services via telehealth from California, but I think that they are all provided from providers out of Honolulu, a combination of telehealth as well as those clinical providers traveling to the other islands, though I would turn to Dr. Hastings.

Chairman AKAKA. Dr. Hastings?

Dr. HASTINGS. Senator, I would like to tell you that our contact with the other facilities in the VISN has been very, very supportive, and whenever we have needed something, they have been willing to come and help us.

The two areas that we are using them extensively right now is—I guess there are three areas that we use them. One is spinal cord injury patients, paraplegic patients, and we are using facilities at

Palo Alto telemedicine support there. And then we are using teledermatology where we get dermatology consultations from providers in California, and this is very helpful to us. And then the third area that I would tell you about is in electrocardiograms for cardiac patients. We have been able to set up a relationship so that we have been able to get regions in California to help in that area.

Now, we are not going to have to use that in the future because we have been successfully hiring our own cardiologists, so we will not use that one. But, as we identify areas that we feel there is something that they can help us with, they have always been very responsive to the needs that we identify.

Thank you, Senator.

Chairman AKAKA. Thank you.

Ms. CULLEN. If I can perhaps add, I had a few more thoughts since Dr. Hastings began to elaborate. Just to tell you of two developments within VA that will certainly benefit veterans in the Pacific Islands and will benefit them nationally as well.

One is that within VA there is now a greater incentive to provide health care services via telehealth. At one point within VA, its own internal reimbursement mechanism did not recognize a cost transfer for services provided by telehealth, and that has been changed effective this fiscal year, so I anticipate that will help increase telehealth services nationwide.

A second development that may be of interest to you is VA's National Teleradiology Program. That began in California, in Northern California, starting at the San Bruno Clinic, which is linked to the San Francisco VA medical center, and transitioning to a larger program at Palo Alto. They have now begun a second center here in Honolulu and have two to three radiologists on board who are available to read radiology films at the facilities that are experiencing either recruitment difficulty with radiologists or who might have a temporary problem.

So, they have already touched based with Dr. Hastings, and I am assured that he will have first availability of any services that they can provide should he have any need, but I think both of those developments will greatly help provide services to veterans throughout the country.

Chairman AKAKA. Thank you.

Also, Dr. Darkins, this relates to you and your work in telemedicine. Please give us an update on how telemedicine is improving which might make getting on a plane less necessary.

Dr. DARKINS. Aloha, Chairman.

Chairman AKAKA. Aloha. Thank you for being here, Doctor.

Dr. DARKINS. I would like again, like the others, thank you for the opportunity to be here. This meeting and also the one back in August really help highlight some of the importance of telehealth, so I thank you for that.

VA really has shown over the last 7 or 8 years a sustained growth in telehealth, and we completed fiscal year 2009 with just over 260,000 cases nationally, which was up from just over 230,000 the year before. Of those 260,000 cases, 58,000 were doing videoconferencing with VA medical centers and clinics, and 150,000 were providing teleretinal imaging, screening the eyes of veteran patients with diabetes and blindness. And as we sit here, some 41,000

veteran patients are currently managing to live in their own homes independently because of having telehealth devices in their homes.

We have looked at the benefits of this in terms of the reductions of admissions to hospital where the reductions are on the order of about 25 percent reductions in the need to go to the hospital. And we look across the board at the satisfaction of veteran patients because we are obviously concerned that with changing the location of care, this is indeed their preference. We have found very high levels of patient satisfaction. So, I think it is good news to be able to report that we are seeing a systematic growth year on year, and we look forward to the same happening again.

We have some new programs which we anticipate coming online this year. One particularly notable one is going to be the use of the weight reduction program, the MOVE program that VA has. It is now possible to provide that by telehealth devices.

I was talking to Dr. Hastings before. This is something in preliminary discussions, but certainly it makes sense to be able to discuss its applicability out in the islands. We are looking at the use of Internet protocol video in the home to be able to reach out into the home more commonly to provide services. So, we are really seeing, as I said, this kind of sustained growth.

We are piloting teledermatology. You have heard about its link between Northern California and Hawaii. We are looking toward—we have piloted it in seven VISNs and are looking toward rolling that out more widely. So, I hope to be able to report at the end of this next fiscal year further sustained growth.

The issue very much for telehealth, particularly with regard to rural and remote areas, such as—I welcome the opportunity to be here and to see many of the issues evolve, though I have been here before as well.

The issue of telehealth is not just about care in the remote areas that is important. It is also the access to care from urban areas——

I would just like to finish by saying in the end it really comes down to peoples and communities. My ability back in August with others to go around and see Hawaii, especially on the Big Island, and just over yesterday to be here on Maui to see the enthusiasm of the staff involved, which I think there are some exemplary services. Having seen Dr. Pierce and what is taking place in telemedical health I think is really something we can work elsewhere.

So, I must say, I think one can certainly see improvements in growth here and seeing the effects of both yourself and Secretary Shinseki really focusing on the importance of telehealth. I have had some very good discussions with Ms. Cullen and also Dr. Hastings, and we look forward to being able to serve more veterans in more timely ways in the future. That is really why I am here, and I look forward to being able to bring forth some of the ideas we have for that benefit.

Chairman AKAKA. Well, thank you very much, Dr. Darkins.

Ms. Halliday, are other clinics in the health care system encountering the same challenges that the Maui Clinic has encountered serving veterans with mental health care needs?

Ms. HALLIDAY. We did not specifically review the staffing issues outside of Maui. However, we did talk with the health care system clinicians and staff and believe that the other CBOCs are experi-

encing similar issues. Some of the common problems include lack of community mental health resources, difficulty in recruiting medical providers, and the geographic separation from the main health care facility in Honolulu.

Chairman AKAKA. Ms. Cullen, you are in charge of several large VA hospitals and clinics, mostly in California. Would it help if you had a Deputy Network Director here in Hawaii?

Ms. CULLEN. Well, funny you should ask because we will be getting a new Deputy Network Director, but that person will be based in Northern California. She will be arriving the beginning of February. And one of the things that we are doing is setting—while we are setting some goals for all of our facilities during the course of this year, we are also setting some goals for our home office, and one that we are assigning to ourselves is to ensure that our VISN staff get out to each element of our organization; that is, not just the large medical center but to each CBOC, at least one VISN staff person would be at each VA site, a VHA site, within the VISN annually. It is not quite the same as having a Deputy Network Director based in Hawaii, but I believe that—but sometimes I think that our Hawaii colleagues think they perhaps see a little more of us than they would like.

I come with Jeannie Daily, the quality manager who is with me and with our chief medical officer to have regular performance reviews with our facility in Hawaii. And thanks to your invitation in August to come to almost all of the islands, and the opportunity here today, we feel we see the value in having regular contact with each VA location. So while we do not have a staff person—a VISN staff person—based here, I think, though you will have to ask them, that they perhaps get to see at least as much of us as they might like. But, again, I will leave that for them to respond to perhaps after they are on the official record.

Chairman AKAKA. Yes. [Laughter.]

Well, thank you very much for that. We look forward and anticipate the best happening here.

Ms. Betts, I am very pleased to hear that the Native American Direct Loan Program is very active on Maui. Will you please tell me approximately how many Maui veterans benefited from this program in 2009?

Ms. BETTS. I do not have that number specifically for Maui. I do know that we had 121 Native American direct loans for the State of Hawaii.

Chairman AKAKA. Well, you can provide that specific for the record.

RESPONSE TO REQUEST ARISING DURING THE HEARING BY HON. DANIEL K. AKAKA TO TRACEY BETTS, DIRECTOR, HONOLULU VA REGIONAL OFFICE, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question. Of the 121 Native American direct loans for the State of Hawaii, how many are specifically for Maui?

Response: Nine of the 121 Native American Direct Loans in Hawaii are in Maui.

Chairman AKAKA. Dr. Hastings, what barriers do you see to expanding telehealth services on Maui? Do you see any barriers, including potentially connecting VA to the community health clinic in East Maui?

Dr. HASTINGS. Thank you, Senator. We have looked at the issue of East Maui and are trying to connect with them, and our staff people who view telehealth have been over to Maui, have been over to Hana, and they have surveyed the equipment and facilities that were available over there. At the moment we have—we are unable to connect VA equipment with the existing equipment there.

On the other hand, as we are continuing to explore the expansion of this technology in the Pacific, I believe that we will be able to figure out how to end up really providing better services there.

I can tell you that in the Pacific the challenges that we have had have been with connectivity growing. Look at American Samoa and, more recently, our expansion into Saipan. And, of course, the problem of getting into American Samoa was getting cable—getting bandwidth—there. It has been within the past year, I believe, that we were able to get cable into American Samoa. And what has happened is we now have wide bandwidth connectivity to our clinic there, and so we have been able to expand our telehealth connectivity to that area, and we are doing it to support the Department of Defense in their TBI evaluations on our Reservists that are in the area, as well as for supporting our veterans.

I think that has not been a problem for us here in Hawaii. I think we have adequate bandwidth connectivity capabilities here in our clinics, but we have had some problems with equipment, and I think we are going to be able to have all of those soon.

You asked about the things that prevent us from being able to exploit this technology. Part of it is just the very system that we work in. A lot of our providers—for instance in our fee-based system—they're people from the university, practitioners in the community, specialists, and we can set up a telemedicine capability where we can transmit with an individual, but we also have to have—on the other end of the connection—we have to have a provider who is trained, experienced, and willing to use the technology. And if that person does not work full-time for VA, then it becomes a little bit of a challenge.

So, I have been successful, we have been very successful in getting some of these people who are not as familiar with the technology to use it, but we are more successful when we have the specialists inside our own organization.

Chairman AKAKA. Ms. Halliday, for elective orthopedic surgeries, you stated that the wait time was decreased to an average of 82 days. This still seems excessive given that the time ranged from 11 to 210 days. What challenges does the health care system continue to encounter to ensure timely orthopedic surgeries?

Ms. HALLIDAY. The 82-day average in our sample included three surgeries that were delayed because patients were not healthy enough for surgery to be completed. When you factored those three instances that the auditors found, the average time would come down to 62 days. That is approximately 2 months.

The main challenges that were brought to our attention were getting the patients ready for surgery, and sometimes their health issues—they have to have certain things cleared up before surgery. Now that they have a nurse, a VA nurse tracking the patients' needs, it is improving dramatically. I think it is just a matter of timing to see an even more significant improvement.

Chairman AKAKA. Thank you.

Mr. Stucky, would you like to share more information about the waiting times?

Mr. STUCKY. Sure. There are no VHA or industry standards for timeliness of elective orthopedic surgeries. We found that the desired waiting time in scheduling the surgeries varies depending on the patient's medical condition and the patient's preferences, in addition to some cases where the surgery was scheduled within 60 days it was delayed either because of the patient's preference or because the patient was not ready for surgery.

Chairman AKAKA. Ms. Betts, in his prepared testimony, Mitch Skaggerberg of the Vietnam Veterans of Maui County notes that requiring Central Office review and approval of applications for VA's Independent Living Services Program results in "major delays, many times up to 2 years." Would you please comment on this statement?

Ms. BETTS. Apparently, there was a time period when the requirement for the Central Office review, as he stated, was an outcome of a site visit, and it was more of an oversight of the program itself. That was conducted here in Hawaii.

Since then, that requirement is no longer in place. Currently, there are only four cases pending that have gone up into—and the normal process for the Independent Living Program—this is for everyone—is that the counselor once determined through the group assessment that the individual is eligible and was put into the Independent Living Program, all of that information does go up into the Washington office, and it is in our vocational rehabilitation and employment service, and they actually do the final approvals on all of the cases.

So, the counselor would not—what was happening before, where his statement came from is based on this site visit and an audit that was done previously. We were asking him to look at the independent living cases prior to the actual application and the submission of requirement, and I think that is where there is a discrepancy in the understanding of what actually transpired.

So, currently, there is no specific thing that we do any different from any other facility, and it does—and it is just the program itself. They do have an oversight, and that oversight does go up to—once the counselor puts their program together and everyone concurs, I also see it and concur. We do send them up because the program reserves the right—and that is at the Central Office level—to approve and to review all independent living programs.

Chairman AKAKA. Would you be able to tell me the national average time to approval for an application for independent living services and the average time for approvals in Maui?

Ms. BETTS. Not at this time. Could I send you that information?

Chairman AKAKA. Yes, thank you.

RESPONSE TO REQUEST ARISING DURING THE HEARING BY HON. DANIEL K. AKAKA TO TRACEY BETTS, DIRECTOR, HONOLULU VA REGIONAL OFFICE, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question. What is the average time to approve an application for independent living services in Maui and nationwide?

Response. The average number of days to enter an independent living (IL) program nationally, based on active workload, is 188 days. The average number of days

to enter an independent living (IL) program for the Honolulu Regional Office, based on cases that entered independent living status fiscal year to date, is 415 days.

The Honolulu Regional Office (RO) faces the unique challenge of serving a vast geographic area, which impacts timeliness of VR&E services. The RO's geographic jurisdiction encompasses the following areas: Asia, American Samoa, Guam, Republic of Palau, Republic of the Marshall Islands, Federated States of Micronesia, and the Commonwealth of the Northern Mariana Islands. The RO has implemented several initiatives to ensure that IL services are used appropriately and to improve timeliness of the development of IL plans. Specifically, the Honolulu VR&E division implemented a workload management plan with an emphasis to improve the timelines of IL claims. The VR&E division revised the local training program to focus on IL planning. In addition, there is a multi-level approval process for all IL plans. To that end, the VRC develops the plan, the VR&E Officer reviews the appropriateness of the plan, and then it is forwarded to the Director for final approval. The tiered approval process ensures that all plans are developed appropriately. Honolulu has improved timeliness by 24% so far in fiscal year 2010, as a result of these initiatives.

Chairman AKAKA. Now, I have further questions, but I want to give each of you a chance to give a summary or a statement that you have got to give at this time about what you are doing. And I, of course, want to thank you for your responses that you have given. It will be helpful for the people of Maui to have heard from you what you have done already and what we can probably expect to be done. So, if you have a statement you would like to close with, I want to give you that opportunity now.

Let me begin with Ms. Betts.

Ms. BETTS. Thank you, Chairman. What I would like to say to the veterans of Maui is we do have—right now I am working on—basically I have three initiatives going. One of them is to increase the outreach. I have been hearing this across the State and across the Pacific Region because my responsibilities are to deal with the benefits. I have been working collaboratively with Dr. Hastings from the medical side, and we also work with the Vet Centers as well as the Office of Veterans Services from all of Hawaii, American Samoa, and Guam. And what we are looking at is one, to increase our outreach and appearances on every island. The objective there is to do just that: to let the veterans know that we are here; to hear what they need; and one of our focuses is going to be on getting them enrolled. It is very important and they need to understand that.

I heard the conversation about Hana, and we do not have a benefit counselor who goes to Hana. Those are the kinds of things that I need to know about. Those are the kinds of things we need to look into, and we are going to start by doing outreach.

From January to June of this year, we will take an outreach team to every island, and that is the kind of thing we are going to be looking to address their concerns and to determine if the population there requires not only the benefits but also the medical care. So, we need to get everyone to register. It is very important that they register with the VA, and the registration is with the VA medical centers and the medical clinics. Once we get that, we can then do our assessments and put our people out there.

Another thing is that in working in collaboration with Dr. Hastings and the medical centers, they are planning in their—as they are growing, they are planning to have space for a benefit counselor. So, with that commitment, as he grows and as he starts to—because currently in the facility they have, there is no extra space

to put us. But once they do become available, we will be putting counselors in those areas.

In the meantime, what I'm looking at is we have a current counselor who comes once a month, and if it is determined because there is a need to have him go out more than once a month, we will do that. Right now I am trying to do assessments of what the need is, and this is for all of the islands and for all of the Pacific Region that we are responsible for. So, that was one thing.

Another thing is I know there is a lot of conversation about the vocational rehabilitation and employment, particularly the Independent Living Program. Just something for more of what is the program itself. The Vocational Rehabilitation and Employment Program offers benefits for vocationally rehabilitating veterans for employment. VA has what we call 5 Tracks, and independent living is just one of the five tracks available: to try to rehab the veteran for employment purposes. In some instances they are not employable; therefore, we work with them. Independent living is just that. It is a program that helps them become more independent in their daily life. So, it is a program out there. It has not gone away. I hear from time to time people asking why did it go away. It has not gone away.

I heard a comment about the dollar value being changed, and that has not happened either. It is an entitlement. It is a benefit. The purpose of the vocational rehabilitation counselor, who works in conjunction with the medical folks, they make the determinations medically and psychologically, where does the veteran sit at that time, what is the best program for them. And, again, independent living is just one of many tracks that the rehab-to-employment program takes care of.

The last thing I would like to say is, again, you know, we are out here to service veterans, and the important thing is we need to know what—we need to hear from them, but we also need to know what is it that we need to do better, and we are working on that. It does not happen overnight. Some things take time. Some things can happen instantaneously, but a lot of these particular issues we are working on. I am hearing them. I am committed to improve the services to the veterans. And, again, I must keep saying as we do outreach, they must register with the VA system.

Chairman AKAKA. Thank you very much, Tracey.

Dr. Darkins?

Dr. DARKINS. Thank you very much, Mr. Chairman. It is a privilege to work for the VA and to be able to serve veterans, and that is not just as an entitlement, but also our way of life, and as we have heard, is dependent upon the service they have given to our country. Therefore, the ability to do that and to help serve veterans is a great privilege, not just for myself but everybody I work with.

I look forward—having heard distinctly some of the issues in terms of access to care, in terms of how timely that care is, and the trouble that will be avoided by telehealth, I think we have one of the solutions to some of the problems. I would not suggest that telemedicine is going to do everything, but I think there are ways it can appreciably enhance services here in Maui.

I look forward to working with Dr. Hastings, with his staff, and Ms. Cullen to see what we can do to be able to address some of

the issues that we have heard and to deal with those and to come back in the future with what we have achieved and solutions and to hear that we have met some of these challenges and helped them.

Chairman AKAKA. Thank you very much.

Ms. Cullen?

Ms. CULLEN. Thank you, Mr. Chairman. I appreciate hearing today from veterans on the first panel their expression that they have seen improvements in the services available to the veterans in Maui County over the course of the last 2 years. I am very encouraged by their declarations to that effect.

We have national programs in the VA that you are certainly very familiar with which will allow us to provide opportunities to further improve care for veterans in the Pacific Islands—the rural health initiative, the women's health initiative, the telehealth initiative, and Native Hawaiian initiatives. They are all priorities that Secretary Shinseki has identified, and our VISN staff will be working very closely with Dr. Hastings' staff to exploit—and I mean that in a very positive way—how those programs can further benefit veterans in the Pacific Islands.

I am also very impressed, as I come to each of the community-based outpatient clinics—and certainly here the last couple of days in Maui—with the dedication, the professionalism, the commitment, not to mention the enthusiasm of the VA staff here and their willingness to embrace more programs and more opportunities to serve the veterans that they have been caring for over the last few years. That dedication and enthusiasm is something that I think will help us further expand and include services.

We look forward to the Saipan outreach clinic this fiscal year, also the new expanded replacement clinic in Guam, and our own collaborations that Dr. Darkins referred to while here have identified some other potential areas for improvement that we need to do a little bit more work on. But we certainly look forward to reporting back to you at some point in the future with what those improvements will be.

So, once again, thank you for all of your support and your encouragement to all of us to not settle for improvements that we have made, but to realize that there is still a lot more to be done.

Chairman AKAKA. Thank you.

Let me call on Ms. Halliday and call on Mr. Stucky and finally Dr. Hastings. Ms. Halliday?

Ms. HALLIDAY. Well, thank you, Senator Akaka, for being so proactive and asking the OIG to look at certain accessibility and gaps that are occurring out on Maui.

One of our main concerns was with the performance measure of mental health services in wait times to the initial and follow-up appointments. We have found that both the ambulatory care center in Honolulu and Maui were meeting this VHA performance measure. What we did see, though, is that the Maui CBOC was experiencing slippage in ensuring timely follow-up for current care.

VHA does not track this performance. We would encourage VHA to track and collect this data so we can see it really truly measure whether improvements are happening in the future.

Chairman AKAKA. Thank you.

Mr. Stucky?

Mr. STUCKY. Thank you, Senator. The main focus of our limited review of availability of services to the veterans in Hawaii was on mental health services. What was clear was that the mental health initiative funding has had a significant positive impact on the availability of services there.

Chairman AKAKA. Thank you.

Dr. Hastings?

Dr. HASTINGS. Thank you, Senator. I think what you have all heard is that the VA has significantly improved its ability to deliver services to our veterans here on Maui, and indeed throughout our system. We are not finished. This is a journey that we are on. We have come a long ways.

I have to say that in large part it is support from you and from your Committee and from our representatives that has allowed the VA to improve the quality of care and the access to our veterans. We have a lot of challenges. Developing a complex health care system in the isolated areas that we face out here in the Pacific is a challenge, and I think that we have a long way to go. I think we have some very, very dedicated individuals and have been able to recruit more. For us in isolated areas, we have been successful.

Now, there are areas that we need to improve, clearly. One of the ones that you heard today, we all heard today, is the East Maui issue. East Maui represents a small pocket of veterans who are in a very isolated area with limited resources for health care. We have other areas like that, and we have been able to begin to address those areas.

Now, I think we are doing it very successfully. I think you heard that today. We have been successful on Molokai. We have been successful on Lanai. We have been successful in American Samoa. We have been successful in Guam. We have been successful in Saipan. I think we can be successful in East Maui as well.

It is not something we can do overnight. It is going to take us a while to work on the problem, but I think we can be successful. And we will use the technologies that we heard about. We will use telemedicine, and we will use partnerships with existing health care facilities. You know, those are the tools that we end up using. We need to use the tools and the people that we have.

I think there are other areas that we are improving on that are not so available, they do not stand out. But we are improving the efficiency of our organization. One of them that I would mention is laboratory support. We have come a long way in being able to get laboratory support for our CBOCs throughout our system in our area, and we are going to continue to do that. That is going to improve the ability of our providers to make accurate and rapid decisions about our patients.

That is not something you measure, but it is there. I saw it today in the clinic that I went to. I remember going through that clinic 2 years ago, and we had a part-time person that was there one half or two half-days a week to draw blood, something like that. That was it. Today we have a full-time individual in nicely equipped, small laboratory, able to do some functions right when the patient came in. That improves the quality of care for our patients. They were doing that kind of thing.

We started improving women's health. We have expanded our women's health clinic. We have brought on some more subspecialists into our system, and we will continue to do that. We will continue to build up that kind of support system that would support our whole thing.

So, I think with the continued support that you have given us and that we have gotten from the big VA and from our VISN, all the help that we have gotten—and we have gotten help when we have asked for it, when we identified problems. We have been able to get support. We will continue to be able to improve access and quality of care for the veterans in Maui County and throughout the Pacific.

Chairman AKAKA. Thank you very much, Dr. Hastings.

I want to thank our panelists. We know that there is much to be done in order to ensure that veterans on Maui receive VA benefits that they are entitled to. Given Hawaii's unique features, VA must implement its method of delivery of these services in a unique way. As Chairman, I am committed to overseeing that all veterans, especially those in my home State of Hawaii, receive the highest quality of care, and this is also for the rest of our country.

Again, to all of you, thank you for being here, and at this time I would like to adjourn this hearing. This hearing is adjourned.

[Applause.]

[Whereupon, at 4:30 p.m., the Committee was adjourned.]

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