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PROVIDING ESSENTIAL SERVICES AND BENEFITS FOR VETERANS IN NEW MEXICO AND ACROSS AMERICA

FIELD HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTH

OF THE

COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED ELEVENTH CONGRESS

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PROVIDING ESSENTIAL SERVICES AND BENEFITS FOR VETERANS IN NEW MEXICO AND ACROSS AMERICA

MONDAY, MARCH 29, 2010

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

The Subcommittee met, pursuant to notice, at 2:00 p.m., at the New Mexico State University, Corbett Center Student Union, Senate Gallery, Las Cruces, New Mexico, the Hon. Michael H. Michaud [Chairman of the Subcommittee] presiding.

Present: Representatives Michaud and Teague.

OPENING STATEMENT OF CHAIRMAN MICHAUD

Mr. MICHAUD. I'd like to call the Subcommittee on Health to order, and I'd also like to thank everyone for coming out this afternoon. I look forward to hearing your testimony. I want to thank Congressman Teague for inviting me out here, and I also want to thank New Mexico State University for their hospitality in hosting this hearing today.

The weather here is a little different than in the State of Maine. When I left, it was about 20 degrees, so I want to thank you, Mr. Teague, for bringing some warm weather as well.

Today's hearing would not have been possible, quite frankly, without the efforts of Mr. Teague, and I want to thank Mr. Teague for his work on veterans' issues. He's definitely been a very active member of the Veterans' Affairs Committee. I'd also like to thank him for inviting me here today to hear what this area of the country has to say about veterans issues.

Today's hearing will cover a wide range of issues, to ensure that our veterans in New Mexico and across the United States receive the essential services and benefits that they need and deserve. Among the issues that we'll be discussing today will be homeless veterans issues, mental health issues, reintegration, and outreach and health care for rural veterans.

In this Congress, we have had several hearings on these issues already. For example, the Health Subcommittee, which I Chair, held a hearing on rural veterans issues in March of 2009 and an outreach hearing in May, also in 2009. And under the leadership of Chairman Filner, on the Full Committee, we also had a hearing on homeless veterans in June of last year.

I'm happy to share that the house passed H.R. 4810, a comprehensive bill to help homeless veterans, on March 22nd of 2010. H.R. 4810 included two very important provisions that Mr. Teague introduced in his bill, H.R. 2504, which would increase funding for the Grant and Per Diem Program, and H.R. 3906, which would increase funding for supportive service for low-income veterans family in permanent housing. This year, the Full Committee also held a roundtable discussion on issues facing veterans who live in rural areas, in January, and another roundtable discussion on reintegration issues in March.

We have learned a lot from the series of hearings and roundtable discussions that we have held in Washington. However, these issues are of such magnitude that they warrant further discussion here today, because each region of the country has its own, different issues. I'm pleased to be here, and I look forward to the two panels that we have here today and listening to what the witnesses have to say about the unique challenges facing veterans here in New Mexico.

I'd like to now recognize Mr. Teague for any opening statement that he may have.

[The prepared statement of Chairman Michaud appears on p. 43.]

OPENING STATEMENT OF HON. HARRY TEAGUE

Mr. TEAGUE. Thank you. Thank you, Mr. Chairman. First, let me begin by thanking you for traveling to the beautiful State of New Mexico and holding this field hearing in my district. One of the biggest goals that I have set for myself is to make sure that we are providing the people of southern New Mexico was the direct link to the decision makers in Washington, and I believe that a field hearing, like this one, is one way in which local residents can participate in shaping the discussions on and the decisions that take place in our Nation's capital. Your help today will help give people a voice in our Nation's capital, and I think that's a very valuable opportunity for them. Thank you for coming, and I hope that you have enjoyed your visit.

Today, we're going to hear from individuals that are on the front lines, in terms of providing for veterans care and improving their overall quality of life. The witnesses before us today spend their days serving veterans in a variety of different and important ways. Whether it is trying to find veterans homes, assisting them in filing a U.S. Department of Veterans Affairs (VA) claim, or helping them cope with mental issues that they are having, these individuals all share in a part of that process.

And while I honestly believe that everyone in the VA is committed to providing care of the highest quality to our veterans, there is always room for improvement and we, as elected officials, are charged with the duty of overseeing the VA. We must be diligent in our efforts to ensure that we are giving VA the resources that they need, exercising the proper oversight, and when necessary, changing or creating laws to provide better service for our veterans. Over the last 3 years, I believe that the Congress has done much in the way of honoring the commitment that we make

to these veterans. Our Nation asked them to make the ultimate sacrifice, so that our Nation could remain free.

Let me say to all that are in attendance here, that this Congress places the highest priority on veterans and the care that they receive. I'm proud to say that over the last year alone, our Committee has passed significant legislation to improve on that care. That, we will be building on those successes.

We were able to provide record increases to the VA budget, adding an additional $14.5 billion to the VA over fiscal year 2009. This amounted to the largest increase in the history of the VA. We passed H.R. 1016, which created for the first time advanced appropriations for the veterans health accounts, ensuring that the management of our medical facilities are never denied the funding that they needed to accomplish the mission that they have.

Now, this care of our veterans will not be held hostage due to partisan wrangling in Washington, DC. We've worked to respond to the changing times by creating a new GI Bill of Rights, that ensures that returning veterans will be able to pursue an education after they've served their country. The Post-9/11 GI Bill of Rights ensures not only that we can open the door of higher education to the veterans, but also allows them to transfer the benefits to their family members, if they so choose.

We are also working to end some of the problems that we, as a Nation, have ignored for far too long. The most glaring example of this has been the mental health of our troops and our veterans. For far too long, we have not treated the invisible wounds of war that many of our troops bear. Whether it was because we didn't fully understand the problems ourselves or whether it was because we were just glad to have our veterans return home to us, there was never a comprehensive answer to these afflictions; and, thus, we have been paying a terrible price.

This Congress, working together in a bipartisan manner, was able to begin to tackle the problem of mental health amongst our troops. I had the distinct honor and privilege of working with veterans groups and other more senior members of the House, like Mr. Michaud, to insert language in the National Defense Authorization Act of 2010, that mandates private face-to-face mental health assessments for troops that are being deployed and returning home from combat. This measure will help us to diagnose mental health issues, such as post-traumatic stress disorder (PTSD), earlier, and will, in the end, provide all of us with the keys to create a healthy homecoming for the troops.

Another issue that we must recognize is that there are a growing number of women that are serving in uniform that have made huge sacrifices in the service to their country. The military is changing, and we must make sure that the VA is changing along with it. Women are due the same treatment, services, and benefits available to their male counterparts, and in many cases, they require a different approach in the delivery of their care. Sadly, when we look at the current VA system, there are still far too many barriers that exist in providing quality care to women warriors, and we need to knock them down, and that can't begin to happen quickly enough.

Seeing that change was needed, the 111th Congress took up H.R. 1211, which will begin to change the way we care for women veterans. It will provide an expansion of VA services to an estimated 1.8 million veterans, and it's long overdue.

Unfortunately, while the makeup of the military has changed, the nature of war has changed as well. While we're lucky to live in a day and age in which medical science has provided new ways in saving the lives of military personnel that have been deployed, we have much to do in assisting those wounded warriors with the tools that they need to transition back into civilian life.

We, as a government, did not have the foresight to see what types of benefits and services needed to be available to disabled veterans that were coming home from the Global War on Terrorism (GWOT), and the wounded warriors are not the only persons that need assistance. In the vast majority of these cases, family members become the full-time caregivers, and support for them is needed as well.

That's why this Committee, under the leadership of Chairman Michaud, drafted H.R. 3155. This bill will provide a new set of measures to assist family caregivers of our wounded warriors. The bill will provide outreach, training, and counseling for these family members. It also includes provisions of a bill that I drafted, which provides for lodging and sustenance for caregivers accompanying a disabled veteran to a medical appointment. We recognize that when someone serves their country, it is not their sacrifice alone, but the shared sacrifice of their family and loved ones, and remember that we must honor our commitment to them as well.

Lastly, this Congress has worked to address an issue that is a great shame of our country. It's an issue that we will hear a lot about today: Homeless veterans. Every night, thousands of homeless veterans sleep in the city streets and the country fields of the Nation that they have defended. They move about us, while too many citizens look the other way, rather than do something to provide them with aid and comfort.

Working with groups and organizations like the Community of Hope, this Congress is taking up the challenge of ending homeless veterans once and for all. H.R. 4810, the "End Veterans Homeless Act of 2010," takes great steps toward providing the VA and local groups the tools that they need to accomplish this goal. The bill includes two bills that I originally authored to provide an increase to the Grant Per Diem Program that provides funding for homeless veterans programs, as well as funding for homeless prevention.

While the Congress has provided a new direction for America's veterans, there is much to be done for those that fought for this country. While we draft new laws and programs in Washington, it is important that we work with individuals on the ground, like our witnesses today, to ensure that we are counseled by the folks on the front line.

Once again, I would like to thank Mr. Michaud for his leadership, his dedication to our veterans, and for his willingness to come here. I would like to thank the staff of the Health Subcommittee for their hard work and efforts and the witnesses for testifying here today.

And last, but certainly not least, I would like to ask that every veteran that is here today stand up and be recognized, because if it weren't for your service and your commitment, we would not be here today. Thank you.

And thank you, Mr. Chairman.

Mr. MICHAUD. Thank you very much, Mr. Teague.

And I'd ask the first panel to come up.

And while the first panel is coming up, I do want to thank all the veterans service organizations (VSOs) for all the hard work that they do. As you heard, from the lengthy list of bills that we've been able to get passed in Congress, from increased funding to advanced appropriations, if it weren't for the veterans service organizations, they would not have been passed. I want to thank all of you for your continued service to our country and for your continued commitment to making sure that veterans get the services that they need.

I will now turn it back over to Mr. Teague to introduce the first panel. But before I do, Mr. Teague made a comment about working with senior Members of Congress, such as myself. He was making reference to time of service, not necessarily age. With that, I turn it over to Mr. Teague for the introduction of our first panel.

Mr. TEAGUE. I thought that that went without an explanation. I sure would have, yes, thank you all for coming. I would like to recognize the panel that is here. First is Pamela Angell from the Community of Hope for the homeless shelters.

And, you know, I can't thank you enough for the work that you continue to do there, and I want to thank you for that.

Next is Dalton Boyd. And it's a long way over here, isn't it?

Mr. DALTON. It's a long drive.

Mr. TEAGUE. Yes, I make that drive a lot, and I'm glad to see you come over from the east side to participate today.

And then, of course, we have Mr. Raul Sanchez, who is the State Commander of the Veterans of Foreign Wars (VFW), field director. It's quite an honor for all of us here in southern New Mexico to have Raul be there and to have him be here to participate today.

And then, at the end, we have Secretary John Garcia, who very possibly could be the best friend that veterans in New Mexico have, because he's constantly working for the benefit of them.

And I want to thank all of you for coming and participating today. It means a lot to me that not only that the Chairman came, but that you would come from everywhere to be here, too.

So, Ms. Angell, could we start, please? Thank you.

STATEMENTS OF PAMELA ANGELL, EXECUTIVE DIRECTOR, MESILLA VALLEY COMMUNITY OF HOPE, LAS CRUCES, NM; DALTON BOYD, VETERANS SERVICE OFFICER, NEW MEXICO DEPARTMENT OF VETERANS' SERVICES, HOBBS, NM; RAUL V. SANCHEZ, COMMANDER, VETERANS OF FOREIGN WARS OF THE UNITED STATES, DEPARTMENT OF NEW MEXICO, ALAMOGORDO, NM; AND JOHN M. GARCIA, SECRETARY, NEW MEXICO DEPARTMENT OF VETERANS' SERVICES, SANTA FE, NM

STATEMENT OF PAMELA ANGELL

Ms. ANGELL. Thank you very much for having me. It's really an honor to be able to speak today before this panel. My name is Pamela Angell, and I'm the Executive Director of the Mesilla Valley Community of Hope, an agency that serves homeless people in Las Cruces and Dona Ana County. We have a daytime drop-in center and, also, we have several U.S. Department of Housing and Urban Development (HUD) housing programs and outreach services, like laundry and showers and some training programs.

I am here to address, really, one specific segment of the homeless population. I think that a lot of your very new programs and the more established Grant Per Diem Program really work and will address a lot of homeless issues. But there is a population that a lot of us forgot about back in the day, when they served in Vietnam and earlier wars, and that there really are lost homeless who are forgotten today as well. So I'm really only going to be focusing on chronic homelessness and what I think is a better answer to help solve their homeless problems.

President Obama and the Department of Veterans Affairs have made ending homelessness among veterans a top priority, with a 5-year goal. If, indeed, the VA and the Obama Administration wish to meet this goal, they must shift their policies so they can address the needs of all homeless veterans, including those we characterize as chronically homeless. And chronically homeless is someone who's been homeless four times in the last 3 years or for 1 year continuously and someone who has a disability, whether they recognize it or not.

In the case of many of our veterans—and here locally, in Las Cruces, we've seen 211 veterans signed in during 2009 at our agency, and we've met with 84 homeless veterans on a case management level. Seventy-eight of those were male, and six of those were female. And their disabilities ranged from about 37—so that's about 50 percent—said that they were physically disabled. About 28 had mental disabilities. Twenty-three so that's about almost a quarter—have drug/alcohol issues, and then another quarter said they have no disability whatsoever.

But nationwide, it's estimated that about a third of our adult homeless population are chronically homeless—or I'm sorry—a third of our adult homeless population are veterans. And there are no estimates that we have for chronic homelessness, but, usually, the chronically homeless are the ones that serve earlier. They can be an older population, in their 50s and 60s. So those are the ones that I'd like to address.

And I think the VA, with all of its good housing programs that it's developing and the vast outreach in that—expanding the Grant and Per Diem Program is great, but they come with a lot of strict rules and requirements. So I would like the VA to consider Housing First. This is a model that's used in HUD, that's been used in our Nation for the past 20 years, and it's a model that puts housing as the first place you go. It's not get sober, get treatment first. It's, here's a house. Then we'll let you deal with your issues.

But the most important thing, I think, for homeless people is housing, and a lot of the veterans that we see that are homeless and that are chronically homeless, they are very disenfranchised. They don't want a lot of services attached to their housing. So there's great models out there and programs. We have one that we're working on in Las Cruces for chronically homeless people. Some of those that are living there are veterans, and so far, it has a 66 percent retention rate, as far as permanent housing. And that's pretty good for the chronically homeless population.

But Housing First services are client driven. A lot of these people do have chronic alcoholism or drug abuse. I'd say more alcohol than drugs. And then, also, mental health issues. But as long as we dictate and mandate to them, you know, you can get housing if you get treatment first, a lot of them are going to stay on the streets, and I think that's why a lot of them are still on the streets.

Housing First is housing without a lot of stipulations, and from there, they can find it within themselves to get the services that they need. And a lot of them will, because a lot of them are on the streets with no hope. Once they have a house, then they can see a better future for themselves, and they will get treatment.

And it looks like I'm out of time.

[The prepared statement of Ms. Angell appears on p. 43.]

Mr. MICHAUD. Mr. Boyd.

STATEMENT OF DALTON BOYD

Mr. BOYD. Before I begin, I would like to thank Chairman Michaud, Congressman Teague, for the opportunity to address you today. The issues being discussed in today's hearing are critically important to our veterans, to whom I believe deserve the full measure of our efforts to provide for them the rights and the services they deserve.

My name is Dalton Boyd. I am employed by the New Mexico Department of Veterans' Services. I have the privilege of serving our veterans as a veterans service officer. As one who works for our veterans on a daily basis, I feel I have a unique perspective concerning the needs of our veterans. I see their individual needs daily and draw from the resources available to aid them in addressing those needs.

I would like to begin by addressing VA health care for veterans in rural areas. I personally believe that the VA provides world-class health care, but, as with anything else, there's always room for improvement. Veterans in rural areas face some unique problems, with fragmented health care being one of those problems.

We have a very good community-based outpatient clinic (CBOC) in my hometown of Hobbs, but they provide only basic services, with preventive health care being their primary focus. Veterans

with special needs must travel hundreds of miles for treatment by specialists or facilities that can meet their needs. For example, veterans from Hobbs with cardiology or orthopedic conditions have to travel to Albuquerque for treatment, a round trip of 640 miles. Often, these are older World War II veterans in their 80s, in poor health, and for whom a trip of 640 miles or more for medical care is very difficult, if not impossible.

I realize that fee basis is a very costly undertaking for the VA, and I understand the concept that if the VA can treat a veteran, they'll provide that treatment at a VA facility in part, as a cost-cutting measure. It's my opinion that fee basis should be more readily available to veterans in certain circumstances. For example, an 85-year-old World War II veteran with a serious heart condition or veterans taking chemotherapy should be given consideration for care locally through fee basis.

I would also like to address the lack of resources available for homeless vets in rural areas. A lot of progress has been made in caring for our homeless veterans, to include H.R. 4810. Homeless veterans in metropolitan areas have numerous options, and we're all grateful that they have those options. Those options often do not exist in rural areas. In practical terms, homeless veterans that I see in Hobbs have two options: Treatment at a shelter locally in Hobbs or enter into the substance abuse treatment program at the VA Hospital in Big Springs, Texas.

We do have the New Mexico Veterans Integration Center in Albuquerque, the Mesilla Valley Community of Hope in Las Cruces, and the New Mexico State Veterans' Home in Truth or Consequences (T or C). Our homeless veterans in rural areas often are not able to relocate or do not want to relocate to areas far from what has been their home and comfort zone. What they often seek is temporary assistance within their community.

I would also like to speak about services for veterans transitioning from military to civilian life. New Mexico veterans receive readjustment counseling services from the Vet Centers located in Albuquerque, Farmington, Santa Fe, and Las Cruces. Lea County veterans are serviced by the Midland, Texas, Vet Center. The Vet Centers provide readjustment counseling services to combat veterans. Most of the veterans they serve suffer from PTSD and depressive orders. The Vet Centers serve veterans from World War II through present-day combat veterans.

According to the New Mexico Department of Veterans' Services 2008 annual report, there are approximately 179,000 veterans in New Mexico, with 39,246 Gulf War, Iraq, and Afghanistan-era veterans and 52,011 Vietnam-era veterans. The bulk of the Vet Centers' clients are Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) and Vietnam veterans. Of course, the VA provides mental health care on a number of levels, through the CBOCs, hospitals, and telehealth.

The Vet Center counselors, as I see them, are the front-line troops in the battle with mental health problems. They have the mobility, they conduct the outreaches, and they take their expertise directly to the veterans. Critically important is the fact that the Vet Center also provides services to family members.

An article in *Psychiatric Times* reports rates of PTSD in returning troops average 15 to 16 percent and that up to 35 percent meet the criteria for major depressive disorder. Clearly, these rates represent a large number of veterans in need of mental health care. As the number of deployed troops is reduced and the troops are brought home, the number of troops in need of mental health care services will rapidly increase. We have to be prepared to meet the needs of the growing number of veterans in need of mental health care.

I appreciate the opportunity to address you today. I hope that I've given you a clearer understanding of some of the issues facing veterans in rural areas and the tasks the VA mental health care providers are confronted with.

Thank you.

[The prepared statement of Mr. Boyd appears on p. 44.]

Mr. MICHAUD. Thank you.

Mr. Sanchez.

Mr. TEAGUE. You may have to scoot the microphone a little closer, because it seems to kind of fade out a little bit.

Mr. SANCHEZ. How is this?

Mr. TEAGUE. Okay.

STATEMENT OF RAUL V. SANCHEZ

Mr. SANCHEZ. Chairman Michaud, Ranking Member Brown, Member Teague, and distinguished Members of the Subcommittee, it is my honor to be here today to represent the VFW members in New Mexico, here in Las Cruces, and around our wonderful, wonderful State.

I come before you as an advocate for our brave servicemen and women and for veterans and their families from all eras. I come before you as a reminder that those who go to war return home with an obligation to make things better for every ensuing generation who follows. This is central to the VFW's core value, "to honor the dead by helping the living."

With these thoughts in mind, I would like to address a number of issues that we are facing here in New Mexico. All of the issues in my statement are of extreme importance to our State's veterans: The OEF/OIF health care, women veterans health care, traumatic brain injury (TBI), mental health, the alarming suicide rate of veterans, veterans homelessness, employment, and quality of life issues. The number-one issue, though, that's affecting our New Mexico veterans is the VA claims backlog and unacceptable waiting times for those seeking care.

VA currently has more than 1.1 million individual claims and appeals for compensation, pension, and education benefits. Right here in New Mexico's own regional office (RO) of Albuquerque, there are 6,240 disability compensation claims and appeals pending. Over the past year, this backlog has grown by more than 10 percent. Of the nearly 3,400 claims requiring rating action, 38 percent are pending over 125 days. Reading quality reviews show a whopping 19 percent error rate; and that is, one in every 5 cases, VA decides that New Mexico is wrong. The evidence shows that the Albuquerque VA regional office fails to provide adequate services in all

three areas the VA measures: workload, timeliness, and quality. This is totally unacceptable.

VFW has made reforming the VA claims processing system a top legislative priority. The VFW realizes there's no silver bullet to fix the Veterans Benefits Administration (VBA), but there are opportunities for steady and deliberate improvement. We also know that any single plan to make the overall claims process simpler could occur at the expense of the rights and benefits earned by veterans, their dependents, and survivors.

A quick-fix plan is simply unacceptable, because fixing the backlog would require thoughtful solutions to avoid harming our veterans and exacerbating the problem.

VBA is a key to everything the VA does, so the VFW will continue to offer its expertise to the VA and your Committee, so we can solve this backlog problem together. Veterans have grown tired of the excuses. They want and deserve action. The VFW wants to help.

The VFW has offered potential solutions in testimony and in *The Independent Budget,* but we cannot wave a magic wand to make the problem go away. Our suggestions have included improvements to the funding process; increased emphasis on ratings decision and accuracy, instead of speed; improvements in staff education and training; and increased use of technology.

Unfortunately, it may be years before VBA will be able to reduce the backlog and improve rating timeliness and accuracy. We believe, however, that the VA can still make incremental improvements to demonstrate to veterans that it is both candid in its problems and responsive to their needs.

Some of the first steps would be to demand a total commitment from VA leadership to do every claim properly the first time; improve the VA's information technology and infrastructure, to include adopting paperless initiatives; upgrade and enhance training systems that invest in skills and knowledge of VA employees, reducing turnover and improving quality; higher accountability. We also ask Congress to commission a third-party study of the quality assurance of claims processing.

We envision a VBA of the 21st Century, one in which veterans receive accurate and timely decisions. Congress must invest in the long-term success of VBA, which only is achieved through constant improvement.

The VFW and other VSOs have a nationwide network of excellent service officers, including our own vet, Fred Ortiz, but we can only help those who seek us out. For a veteran to navigate the bureaucratic process without a service officer to guide them, it can be a nightmare, and a number of them simply give up, which means they lose their earned benefits, disability compensation, and access to VA health care.

In closing, we ask that your Committee work with the VFW and other veterans service organizations to help effect all of the health care program provided by the U.S. Department of Defense (DoD) and Department of Veterans Affairs under the new national health care bill that was signed to law by President Obama last Tuesday.

Thank you.

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

Mr. MICHAUD. Mr. Garcia.

STATEMENT OF JOHN M. GARCIA

Mr. GARCIA. Mr. Chairman, Congressman Teague, Members of the Committee, my name is John Garcia. I'm the Cabinet Secretary for the New Mexico Department of Veterans' Services. I'm also the Past President of the National Association of State Directors of Veterans Affairs. On behalf of Governor Bill Richardson, 200,000 veterans of the State, of which 30,000 are OEF/OIF veterans, and a rich military legacy, I'd like to welcome all of you to the State of New Mexico.

I just recently returned last night from DC, as part of a commission appointed by Secretary Shinseki to select the Under Secretary for Benefits, and I believe we've selected three recommendations we'll be presenting to your committee and the President. And there will be a well-qualified individual in that position in the future.

Mr. Chairman, my comments are such—as the State Department of Veterans' Services, I want to make sure that you, as the Chairman of the Committee and Member of Congress, understand the role of State Directors and the office that I represent. We're a vital partner with the Federal VA in delivering services. We're the second largest provider of services to veterans, and our roles continue to grow.

Collectively, States contribute more than $5 billion each year in support of our Nation's veterans and their families, even in the face of constrained budgets. Our duties include honoring and working with all veterans at the various organizations, both within our State and nationally. I applaud the cultural change at Federal VA in recognizing the importance of the VA partnership and the State Departments of Veterans Affairs and a concerned compassionate leadership demonstrated by our Secretary Shinseki and his senior leaders.

The State Departments of Veterans Affairs are governmental agencies, and they're not membership organizations. They're tasked by our respective governors, boards, and commissions with the responsibility to address the needs of our veterans, irrespective of age, era of service, military branch, or services.

On a daily basis, State Directors and their staff are confronted with unique situations in caring for all veterans, which often needs to be addressed in a timely manner. Delivery of meaningful services and support many times is best orchestrated at local levels, our offices, our veterans service officers, and our facilities, along with Federal VA facilities, Mike at the country.

Several of my staff are here, which are veterans service officers. I'd just like to take a moment, sir, to introduce them to you. J.R. Turner, our veterans service officer from Las Cruces, and he can stand. Virginia C. Bell, a veterans service officer from Las Cruces; Mr. Reggie Price, out of Silver City; Dalton Boyd, who's at the table here, from Hobbs; Tony Woodard, out of Alamogordo; and Armando Amador, who's out of Silver City, a member of my State advisory board. I mention these names to you because they're very engaged with us and our delivery of services around the State of New Mexico.

New Mexico appreciates the efforts of the Administration and Congress to improve overall funding of health care, homeless veteran programs, community clinics, and claims processing. Increases in VA funding, as reflected in the 2010 and 2011 budget, provides a 20 percent increase over FY 2009. The budgeting change for an advanced appropriation of 2012 will provide continuity for programming and services.

We are now serving a new generation of veterans from 8 years of war who must receive medical care, establishment of benefits, and need assistance transitioning to civilian life after dedicated service. This funding supported by Congress will provide the wherewithal in three major areas.

First, the overall access to the VA. In essence, the VA should be the provider of choice for veterans. Second, reducing the backlog of claims processing. And, third, the stated goal by Secretary Shinseki of eliminating homelessness among veterans and ongoing challenges to meet the critical demand of mental health, including PTSD and TBI, which needs continued funding and focus. Likewise, there should be an increased funding to veterans health care in rural areas and better known businesses through the Small Business Administration (SBA).

New Mexico supports continuing efforts to reach out to our veterans, and I firmly believe all veterans, regardless of where they reside, should have equal access to Federal and State benefits and services, and that Federal and State Governments must collaborate to achieve this goal nationally.

Many areas of the country are still shortchanged due to the veterans lack of information, awareness of their benefits. This directly impacts their access to the VA services. Federal VA and States must work together to reduce this inequity by reaching out to veterans regarding their earned benefits, and New Mexico supports an implementation of a grant program that would allow VA to partner with the States to perform outreach at local levels.

State Directors and myself actively support increasing veterans access to the VA health care. This involves being engaged with VA Medical Centers on establishing, locating additional community-based outpatient clinics, included on tribal reservations. With mental health services, expansion of Vet Centers, and the creation of veteran wellness centers, we applaud the efforts by the VA to address particular issues of health care for women veterans and veterans residing in rural areas.

Future health care funding to expand outreach and access will have to include telehealth, telehome health, telemedicine; and, likewise, we support VA contracting out some specialty care to private-sector facilities, where access is difficult. VA research and development needs to focus on enhancing long-term health and well-being of veteran population; particularly, the new conditions, such as Gulf War Syndrome, PTSD, and effects of TBI.

And attention must be given to the continued funding support at large capital projects identified and recommended by the Capital Asset Realignment for Enhanced Services (CARES) assessment, while maintaining the Veterans Health Administration's (VHA's) infrastructure of 153 hospitals, 951 CBOCs, and 232 Vet Centers. New Mexico fully agrees the support and efforts of VA and DoD is

developing the seamless integration of electronic health records and recommends further integration of electronic records between the VA and State Departments of Veterans Affairs.

New Mexico also recommends an in-depth examination of long-term care and mental health services, as well as wellness treatment centers, to include gap analysis clearly identifying where services are lacking, and any studies should include consultation with State Directors of Veterans Affairs.

State veteran homes are a critical component of long-term health care for veterans and a model of cost efficient of partnerships between the Federal and State. State Homes, over half of the national long-term health care workload are infirm and aging veteran population. The Federal Government should continue to fulfill its important commitment to the States and, ultimately, to the individual veterans in need of this care.

We strongly recommend that the VA review regulations, ensure that their implementation of Public Law 109–461, the Veterans' Benefit, Health Care, and Information Technology Act, does not threaten the future of State veteran homes and their continued ability to meet the needs of our veterans.

We also support full reimbursement of care of State veteran homes who have a 70 percent or more service-connected disability or who require nursing home care because of service-connected disability. There are two very important issues to implement this reimbursement. First, there needs to be a clear definition and understanding for calculation of the full cost of care; and, second, the Congressional legislation needs to allow States to bill Medicare and Medicaid.

We also support the recommendation of the Veterans' Disability Benefits Commission to streamline the delivery of disability benefits by updating the VA rating schedule, realigning the DoD and VA process for rating disabilities, and developing and implementing new criteria specific to rating post-traumatic stress disorder.

We also applaud the initiative of Secretary of Veterans Affairs for establishing a goal to end homelessness among veterans and within 5 years, and encouraging the VA to partner with State Directors of Veterans Affairs. Programs should address the barriers to homeless veterans, medical issues, mental and physical, legal issues, limited job skills, and work history. We appreciate the increased funding for specialized homeless programs, such as the Homeless Providers Grant and the Per Diem Health Care for homeless veterans.

We, in New Mexico, have a unique program, the New Mexico Veteran Integrations Center, which I believe could be a model. It could be reviewed by the VA and other agencies. It's vital to continue the Veterans Affairs partnership with community organizations to provide transitional housing, and the VA HUD partnership with public housing authorities to provide permanent housing for veterans and their families.

And there should be official coordination between the VA program, the office for homeless veterans, and the State Department of Veterans Affairs, for grant application and awards for organizations, with the respective state, to homeless veterans, and this

would assist in fiscal accountability and local oversight of the services provided.

New Mexico also supports efforts to diminish the national disgrace of homelessness among veterans. We applaud the permanent authority of the Homeless Providers Grant and Per Diem Program and propose authorization to increase annual spending to $130 million. State Directors of Veterans Affairs would prefer a Per Diem fund for homeless veterans pass through the State to nonprofit organizations to ensure greater coordination.

Mr. Chairman, distinguished Members of the Committee, I respect the important work that you are doing to improve and support veterans who answered the call and service to our country. As a representative of the State Directors of Veterans Affairs and as Secretary of Veterans Affairs for my State, I'm dedicated to doing our part, but I also urge you to be mindful of the increasing financial challenge that States face, just as you addressed the fiscal challenges at the Federal level. I'd like to also emphasize again that the State Directors of Veterans Affairs, with the VA, in the delivery of services and care to our Nation's patriots.

Mr. Chairman, Members of the Committee, this concludes my statement. I'll be glad to provide you a copy of this statement and answer any questions that you may have.

Thank you, Mr. Chairman.

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

Mr. MICHAUD. Thank you very much, Mr. Garcia, and other the three panelists.

My first question is for Ms. Angell. As part of VA's 5-year plan to end veterans homelessness, the VA also plans to implement a national referral call center and a national homeless register. What are your thoughts on these new initiatives, and what other new initiatives do you think VA should include on their list? You mentioned the concept of housing first. What other new initiatives, such as that concept, do you think the VA should look at as it tries to address homelessness?

Ms. ANGELL. Well, I think that using nonprofits, us and community-based centers, as a tool for veterans is good. I think a lot of—and, again, speaking just the chronically homeless, a lot of them are very disenfranchised. Some of them don't even admit they're veterans. They have spoken to some of the local agencies, and they have, like, this—I don't know. They don't have a great view of the VA. And that's that small group. I mean, I'm talking very specifically to the chronically homeless.

But I also think that housing, if you go for permanent housing, the Grant Per Diem Program, it's great, but it's transitional, so it's 2 years limited. So you get into this program, and then you have to move into permanent housing. But if we can go straight from the streets to permanent housing—that's why Housing First is important. It takes people and puts them into permanent housing right away, and then delivers services that people want.

So I think, with emergency and transitional housing, it's temporary, and it's so much easier to fall out of the cracks—fall into the cracks there. If we can get people straight into permanent housing, then they can move on to other permanent housing.

And that's what we're seeing in our permanent housing development. We put people in group homes, where we're taking people off the streets and into these group homes, where they can live forever. And a good portion of them have moved out into other permanent situations. But during that time, they don't feel threatened, like they have a limit of time.

But during the time that they move in there, a lot of them are getting benefits and on Social Security and getting physical care. A lot of them are getting to doctors for the first time in decades. And so that kind of program, I think, is really good, in addition to the emergency and transitional housing. But those are mandates—permanent housing is the—you know, permanent.

Mr. MICHAUD. Thank you.

Mr. Boyd, to help expand access to health care among our rural veterans population, you recommend making the fee-based care more readily accessible. I think that's important, particularly for rural States. However, there has been some concern among some of the VSOs about ensuring the continuity of care among our veterans with fee-based care, as well as concern that they might be pushing farther away from the VA out to contract care.

Do you share those same concerns about continuity of care and quality of care and——

Mr. BOYD. To a——

Mr. MICHAUD [continuing]. Loss of VA's control?

Mr. BOYD [continuing]. To a degree, yes, I do. However, you know, with continuity of care, a lot of times, the veterans that are in the rural areas like this, they'll travel their 640 miles to Albuquerque from Hobbs, and they'll receive their treatment. Three months later, when they go back, oftentimes, it's not the same physician that's attending to them. And so the continuity of care—it may be the same facility, but quite often, it's not the same physicians. I understand the oversight, but the VA needs to follow through on that.

Mr. MICHAUD. I've heard concerns from veterans service organizations in Maine. For instance, the distribution of funding for rural health care, through the Veterans Equitable Resource Allocation (VERA) model places a lot of pressure on CBOCs and hospitals in rural areas that are part of the Veterans Integrated Services Network (VISN), but not directly in that region.

Are you concerned, or have you heard complaints about how the funding gets distributed from the VISN office out to rural CBOCs or other areas? In some cases, I've heard they're actually looking at cutting back on fee-basis service, because they've got to make their budget balance.

Mr. BOYD. And I don't see a problem with that at all. As a matter of fact, I'm on the veterans council with the Big Spring hospital, the VA hospital, and, actually, funding has increased for our CBOCs, as well in Hobbs. That's not an issue.

We have expanded. They're attracting a larger number of veterans. They do an outstanding job at our CBOC. The problem is, they're restricted and limited in their care that they can provide to a veteran, and my concern has always been with those veterans, for example, the World War II veterans, that a lot of times, they're

just not physically able to travel those long distances. That's my concern.

Mr. MICHAUD. Mr. Sanchez, we've heard a lot about the VA working collaboratively with the State veterans service coordinators in certain States. Do you feel that the VA has worked collaboratively with the VSOs in this region? For instance, have you looked at whether they're looking at building a new CBOC or how they're going to deliver services in rural areas? How is the VA working with the VSOs in this area of the country?

Mr. SANCHEZ. You know, that's a very good question, Chairman. Our State—that's why I brought my State service officer today and my District 3 service officer today. And if I can, with your permission, defer this question to him, since he is more in day in and day out.

Mr. MICHAUD. Yes. That'll be no problem. If you'd state your name for the record.

Mr. ORTIZ. Fred Ortiz, Department Service Officer for the VFW.

Mr. Chairman, it's quite evident that there is a problem here, and I completely concur with Mr. Boyd, that sometimes the VA, as you put it—you've referred to the Medical Center; is that correct?

Mr. MICHAUD. Yes, CBOC centers and——

Mr. ORTIZ. Okay. The Medical Center sometimes does not treat the very ill people that travel a long distance with the same doctor every time they come by, and that does create a problem. As a matter of fact, a lot of times, they wind up having some problems with housing. They travel 300 to 325 miles from home to go to the Medical Center. They want to have some place to stay, and a lot of them can't afford it.

They do have some small quarters at the Medical Center now, but it's just simply not enough. It would be nice if the Medical Center had a little bit more money to probably to expand the housing that they presently have, which I believe it's like 20—24, I think. Twenty-four people is all it'll house.

Mr. MICHAUD. Do you feel the VA works with the veterans service organizations or——

Mr. ORTIZ. No, sir. We don't work with the Medical Centers quite—all that much, but we do try to get some information from them. If we can't get the person that has the information; therefore, we have to go to a second or third party, and we wind up getting a lot of information that is not correct, when it comes to accomplishing some task that is important to the veteran.

I myself and my office have received probably in the neighborhood of 15 or 20 major complaints, and I forward them to the public affairs person there at the Medical Center.

Mr. MICHAUD. Thank you very much.

Mr. ORTIZ. Yes, sir.

Mr. MICHAUD. Mr. Garcia, you brought up an issue concerning State Veterans Nursing Homes, and the Subcommittee had a hearing 2 or 3 weeks ago on that very issue. Congress passed legislation, then when VA ultimately adopted rules and regulations, defining what they considered to be the full cost of nursing home care. The VA regulations are troubling to a lot of the Veterans Nursing Homes around the country.

During that hearing, we heard some testimony that was very disturbing. For instance, in Maine, we have six State Veterans Nursing Homes. If the rules were to be implemented, the State Nursing Home Director said they would lose anywhere from $8 to $16 million a year. They would be forced to stop taking veterans in the State Veterans Nursing Homes because of that law.

We heard from the State Veterans Nursing Home Director in Nevada that a wife of a veteran who was 100-percent disabled was not able to get her husband into the State Veterans Nursing Home because of the way the rules were being implemented. And even though the wife kept calling every week, ultimately the veteran passed away before he got into the facility.

We also heard from another State Veterans Nursing Home that, what it's going to force them to do is avoid taking care of the most severely disabled veterans because it costs more to take care of 100-percent disabled veterans, because of the chronic illnesses that they have. Instead, they're looking at taking the 70-percent disabled, the less severely wounded veterans, because of the rate of reimbursement and the issues with Medicare and Medicaid.

What have been some of the stories that you've heard from State Veterans Nursing Homes here in New Mexico, as far as what they might do and how they're going to treat the veterans in light of this?

Mr. GARCIA. Well, Mr. Chairman, Congressman Teague, one of the issues that we have in New Mexico—and I think it's replicated across the country, and you hit on a couple there—is that we're an aging population. Vietnam vets are in their mid-60s, World War II guys are in their 90s, and Korean veterans are in their—age 75. And on one hand, as the aging vet population in my State—we have one veteran home, the T or C Vet Home. It does an outstanding job. They have 110 beds available for my vets. There are 5,000 beds available statewide that are not tied into the Veterans Home. Your State has four or five veterans homes.

And as a population begins to age, there's a need for more beds. We're running into a lot of issues that you just articulated. We're no different than other States. We had a medal of honor recipient, Korea, suffering from Alzheimer's; yet, we only had 12 beds available in the state, and we had to get him accommodations up in the State of Colorado.

I think the State Veterans Homes need more funding. We need more ways to help fund these State Veteran Homes, as the veteran population ages. We are currently working with our department and Agency on Aging, performing collaborative—see what other ways we can treat aging veterans and their needs.

You know, aside from the Veterans Homes, is that we're a huge rural State, and I have veterans who live in Clayton, New Mexico, or Farmington, have to drive 4 hours to come to the VA Medical Center, which is a very fine Medical Center. Though there are 200,000 vets in my State, VISN 18 is responsible for 135,000 veterans.

And so transportation and needs for my aging veterans and accommodations—I know the VA is looking at home care, day care for aging vets, but I think it's a matter of Medicare or Medicaid

helping to cover the costs of this and trying to come up with other means that could take care of an aging veteran population.

And on one hand, then I've got this young veteran population. So we have some real unique challenges that we're facing, an aging veteran population, with the young veteran population that's a mirror image of the Vietnam generation. They're just not showing up. So we're looking at ways to expand our Veterans Home and provide rural service, rural care to aging vets.

I think you articulated some of the answers that I think we're looking for. We're all finding problems with long-term care for veterans, and we need to find ways to trim that cost for our veteran homes.

Mr. MICHAUD. Thank you.

Mr. Teague.

Mr. TEAGUE. Thank you, Mr. Chairman.

Ms. Angell, thank you for coming here today. I also want to thank you for the assistance and insight that you've been providing my office in regards to the homeless veterans that were camping on the outskirts of Las Cruces. You and Guy McCommon, as well as others, have been doing a tremendous job of getting those folks the assistance they need, and I want to personally thank you for that.

You mentioned in your statement that we need to take a look at the concept of Housing First. Could you tell us a little bit more about that and how that program works and how would we maintain the facilities, I mean, because what we do, once we get all of the men and women that we can off the streets, we want to address the issues that's keeping them homeless.

Ms. ANGELL. Yes. Well, Housing First, I think the way that it works is—what we've done with our own program—and this would be one that would be designed just for veterans, kind of like the Per Diem Program.

And what we did with ours is, we had the people who were actually going to live there help design the program. We could do it where you—it could either be scattered-site apartments, where basically, what the veterans need to do is, they need to comply with a lease. So all the initial efforts are to work with them on making sure that they maintain the lease, and that those are where the rules basically are. And then the other supportive services are offered to them.

But a lot of the services are client driven, you know. They're offered. They're not mandated. A lot of it is getting them involved in activities, even taking them to plays or going to the movies or getting them into the community and reintegrating into the community.

I think what we see, for instance, with the gentlemen that are living along the river and along the highway, the river, that are going to be forced out in a couple of weeks here, is that they're not—they don't feel a part of their own community, you know. They have, you know, their house. They don't feel part of the greater community. So Housing First helps gets them into our community and to feel like one among us, instead of separate.

Mr. TEAGUE. And that's the other question that I was going to ask you, because in the case of a lot of the homeless veterans that

would camp, that we found out here, several of those veterans, they seem to not have substance abuse problems, and they do have job skills, where they could do—but they simply do not want to go to a shelter or transitional facility. Do you have any suggestions on how we reach them?

Ms. ANGELL. We've been working with a few of them, and one of them gave me—I quoted it in my paper, but I didn't bring it up here. And, basically, you know, he and his girlfriend of 15 years—he's honorably discharged from the Army many years ago. He's probably not much past 50, I don't believe.

But they just want freedom, and they want the freedom to be able to, you know, make their own choices in life and maybe be given—you know, he doesn't like getting up in the—you know, when it's 20 degrees out, you know, he doesn't like frying in the sun, but they want freedom, and there's so many restrictions.

I think a lot of people who are chronically homeless, they've paid their dues in rules, you know, and they don't—they're just kind of an independent lot that don't want to prescribe to the same rules that you and I do. So we are—they want—we are giving them ideas of how we can get them into housing that would be free.

And that particular couple is going to move on. They've said, you know, "We don't want any troubles. We're just going move on to the next place." I think they just don't believe that they'll ever find housing without all the restrictions.

So it is a tough—you know, I think we're dealing with some of the most difficult people in our society to deal with, is chronically homeless people, because even, you know, our immigration population, a lot of them see hope and want to help—want hope. They've come here for the American dream. These other folks have lost the American dream, you know. They've lived it and lost it.

So it's pretty much helping them, having them help create and starting from the ground up with them. And we're working on this program. You know, we have a housing CARES program. They're live over by Apodaca Park, and we're kind of learning as we go.

But there are a lot of programs in the Nation. It's just one thing a lot of our housing doesn't consider is the need for operating and administrative costs, because if I'm looking into these great programs here, I'm not writing grants to keep our doors open and other things, too.

Mr. TEAGUE. Right.

Ms. ANGELL. And that's where HUD falls short, pretty much, in fully funding the housing programs for homeless people. They forget about the administrative and the operating costs that you need to go along with it, so——

Mr. TEAGUE. Okay. Dalton, thank you again for coming over here, but I know that in your line of work, you end up dealing with a lot of issues that are related to the fee-based system. Mostly, you probably hear about it after the fact, when a veteran goes to a provider outside of the network. Do you think there's more that we can do in explaining how the process works to our veterans, or is an instance where that the system needs to be streamlined?

Mr. BOYD. We need to do a better job of explaining the program to our veterans, particularly with emergency care. Veterans aren't familiar with the requirements needed for emergency care costs

through fee basis. As veterans service officers, we provide the veterans with that information; but, oftentimes, it's after the fact. They need to know prior to an emergency. They need to be educated on these issues relating to fee basis.

Fee basis, if emergency health care procedures are followed properly, are taken care of in a timely manner by the VA, generally, within 90 days. However, if they're not followed properly, there's going to be some serious issues, and veterans need to understand those procedures. It's our job to let them know that.

Mr. TEAGUE. And, you know, a lot of them, maybe it's hard to get that information to them because they've had a bad experience, of course. But how many cases do you deal with where a veteran finds himself in some sort of a financial bind or issue due to the fact that they missed this step in the fee basis system?

Mr. BOYD. I have 4 or 5 a year, probably, in the Lea County area. And the Big Spring VA hospital is really good to work with, okay, and wherever possible, they will work with us in resolving the problem.

Also needed is an education program to the emergency health care centers throughout the United States, not just the veterans hospitals, but, also, the public health care. And the hospital in Big Springs is actually taking—taking charge of that and going to the different hospitals and explaining the program and have had some good benefits and good rewards.

Mr. TEAGUE. And I think that's good. I think it's going to be a lot easier to explain it to the hospitals than it is to track down all the groups——

Mr. BOYD. Thank God.

Mr. TEAGUE [continuing]. And explain it to them.

Are there any groups or local government agencies that the VA can look to to partner with in working to assist the homeless veterans? I mean, like here, the Community of Hope works with the Las Cruces Housing Administration. Are there some more things like that available that you see around in your work?

Mr. BOYD. I utilize Manna Outreach in Hobbs. Adult Protective Services is always real good to work with. The best luck that I have is through—again, through the Big Springs hospital, through a substance abuse program. Most of the homeless people I see have substance abuse programs. If we want to really solve their homeless problems, we need to solve their substance abuse problems. We can do it both ways. We can cover both of those bases through this program in Big Springs. I've had several veterans that I've introduced to that program and each time, it's been a success story.

Mr. TEAGUE. How close is the closest Vet Center to your location there in Hobbs?

Mr. BOYD. Midland, Texas, serves the Hobbs/Lea County area.

Mr. TEAGUE. How many vets in the Hobbs/Lea County area do you think utilize the Vet Center?

Mr. BOYD. Right now, about 15. And we have some from Carlsbad area that come over to utilize their services.

Mr. TEAGUE. Okay.

Mr. BOYD. Much more, I believe, would benefit from utilizing the Vet Centers.

Mr. TEAGUE. If we had one locally there?

Mr. BOYD. If we had one permanently, yeah. Absolutely.

Mr. TEAGUE. Thank you. Thank you. Thank you again for coming over and——

Commander Sanchez, welcome, and thank you for your testimony today. Do you think that we're doing good enough jobs of letting our veterans know about the telehealth service, so that they can utilize it?

Mr. SANCHEZ. Congressman, there's always room for improvement, you know. And—but, yes, I think you are right now, but, you know, our veterans still need, you know, more access to information technology, and all that. And I know that can—New Mexico is such a rural State, you know. It's—news is hard to come around. And Albuquerque being the only VA hospital, that also creates a problem for the southernmost part, vets, you know. They either go to Albuquerque or Fort Bliss——

Mr. TEAGUE. Beaumont.

Mr. SANCHEZ. Yes, or Holloman.

Mr. TEAGUE. Yeah, it's unfortunate. Some of the things that we love so much about our State, the wide open spaces, is a problem sometimes.

Mr. SANCHEZ. Yes, it is.

Mr. TEAGUE. Do you know of other things that maybe the VA could do to work with the VFW to help the homeless veterans in New Mexico? Do you have any other ideas on those?

Mr. SANCHEZ. I think you covered—or Mr. Boyd covered most of them, you know. It's——

Mr. TEAGUE. Our panel has done a good job.

Mr. SANCHEZ. Yes, they have. Yes, they have. I know that what Mr. Boyd said about substance abuse, yes, it hits home.

Mr. TEAGUE. Thank you. Thanks for——

Mr. SANCHEZ. Thank you.

Mr. TEAGUE [continuing]. Coming today.

Mr. SANCHEZ. I thank the panel.

Mr. TEAGUE. Mr. Secretary, I also thank you for taking the time out to come and join us here today. I appreciate you coming down. As you know, there are grants available to the States to build retirement homes for veterans. Currently, there is only—we only have the one facility here in the State. But do you think the utilization of these grants is something that New Mexico residents—something that we could do or——

Mr. SANCHEZ. Mr. Chairman, Congressman Teague, most definitely. You know, you mentioned—and I answer in two parts. You mentioned, for example, telehealth. We have formed a health collaborative in the State with working with public, private, Federal agencies, the State agencies, and created a health collaborative, partnering with Presbyterian Medical Services. Part of the target is to address rural outreach, implementing telehealth. We're a huge State, and it's a task of getting out to the rural parts of the community to make the veterans aware of what we've got. Telehealth, I think, is the way of the future. We need to bring 21st Century technology into our State to deal with our veterans.

Regarding another facility, it's definitely needed. The VA has a formula based on number of veterans in our State. We have 200,000 vets, as an example. We're entitled to at least 220 beds.

We're only utilizing 110 beds right now at T or C vet home. So you could put another—a clinic or a facility in your district of 50 beds or 100 more beds, and the VA would give us 65 percent funding for design-build-to-construct, if the State comes up with the other 35 percent.

And so any types of grants that are out there, my office would be delighted to work with you on that. And, again, I just want to emphasize to the Chairman and—and to you, Congressman, as I have to the other Congressional delegation, I honestly believe the State Departments of Veterans Affairs are being underutilized. We're the point man. We work closely with the veterans service organizations. I have quarterly meetings with the State commanders, the VFW, American Legion, Disabled American Veterans, the VA regional office, the VA Medical Center, and that way, we're all on the same sheet of music.

I think we're unique in New Mexico because we have a very strong team effort, but we have a lot of challenges, and one of those challenges, I think, is adequate funding. Again, as I mentioned in my testimony, the State's contributed about $5 billion of their own money, State money, to do outreach for vets; but, yet, there's a disconnect between the VA and the States, and there's a greater disconnect, as you're aware, between DoD and the VA. And so, somehow, we need to bring those three players together to implement the outreach and necessary services to my veterans.

So, yeah, I think grants and more funding we definitely have to go after. I mean, if we can—you have the Fort Baird facility, beautiful facility. Stimulus funding could be secured to expand and continue using that beautiful facility out there, or even any part of your district, to take care of southern New Mexico.

You know, we have at least a little over 30,000 veterans in southern New Mexico; but, yet, we take veterans in from the El Paso district, west Texas area, Arizona. So we have some great challenges, but I think there are solutions to those challenges, and part of that is grant and additional funding for rural States. There needs to be more opportunities for rural States.

Mr. Chairman, if I may just take one more opportunity, an example of that, where I think there's some prejudicial ruling that exists—and I'll just use cemeteries, for example. We have a national cemetery in our State which is in Santa Fe. There are 30,000-plus burials there. But there's a current ruling that says you must have 175,000 veterans in a 75-mile radius. Well, hell—excuse me—we'll never qualify for that ruling, so we have to stick to State-funded programs.

And State-funded programs mean the State has to commit for perpetuity, for maintaining and operating the facility. So it's a prejudicial ruling towards western States. It forces us into State-funded programs, which are great programs, but that ruling needs to be changed, you know. It should be—take out the 75-mile rule and just say 175,000 veterans.

And so I point that out because, honestly, I believe that rural States, there's prejudicial rulings, and sometimes, because of lack of large population base, we're ignored, in terms of grants and/or funding opportunities, and so we have to work very aggressively with you and our Congressmen to ensure that those funds come in.

And, again, I just say that I think as Secretary of Veterans Affairs, I think my agency, working with our governor, working with our Congressional delegation and our State legislative body, we can be very effective to assist the VFW, American Legion, Military Order of the Purple Heart, through grants or contracts that come in through my office, which also allows us to become the fiscal agent, to ensure that these funds are being spent correctly and the outreach is being done. So I—that's a long answer to your question, sir.

Mr. TEAGUE. Well, but thank you for it.

And that's all the questions I have.

Mr. MICHAUD. Once again, I want to thank all the panelists for your testimony here this afternoon. I look forward to working with you, as we move forward to try to improve access and programs for our veterans, regardless of where they live, urban or rural areas. Once again, I want to thank the panelists for coming.

Mr. GARCIA. Mr. Chairman of the Committee, I also just want to make sure that you're aware that today is National Vietnam Veteran Tribute Day. So on behalf of all of the Vietnam veterans, they're all being honored and recognized nationally. So welcome all my Vietnam veteran brothers.

Mr. MICHAUD. I'd like to ask the second panel to come forward.

I'd like to ask Mr. Teague, if you would, to introduce our second panel as well.

Mr. TEAGUE. Yes, I would. I'll start with Ms. Bratton. Thank you, and thanks for all that you do for the airmen and everybody at Holloman Air Force Base.

Ms. Bowers, thank you for coming. We just met a little while ago, but I appreciate you taking the effort to come this far to be with us, and everything.

Mr. Marnell, George, thank you again for coming down. You and Mr. Singleton both have been a regular occurrence. I don't know whether we'll have you next month, but we'll have you back. Thank you for coming again.

And, Guy, Mr. McCommon, thank you, and thank you for all that you do with everybody in the Vet Center here.

And, once again, I thank all of y'all for being here today.

Mr. MICHAUD. Thank you, Mr. Teague, and we'll start our testimony with Ms. Bratton.

STATEMENTS SHIRLEY BRATTON, DIRECTOR, AIRMAN AND FAMILY READINESS CENTER, HOLLOMAN AIR FORCE BASE, NM, DEPARTMENT OF THE AIR FORCE, U.S. DEPARTMENT OF DEFENSE; SUSAN P. BOWERS, DIRECTOR, VETERANS AFFAIRS SOUTHWEST HEALTH CARE NETWORK, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY GEORGE MARNELL, DIRECTOR, NEW MEXICO VA HEALTH CARE SYSTEM, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; GRANT SINGLETON, DIRECTOR, ALBUQUERQUE VETERANS AFFAIRS REGIONAL OFFICE, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; AND GUY MCCOMMON, TEAM LEADER, LAS CRUCES VET CENTER, READJUSTMENT COUNSELING SERVICE, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

STATEMENT OF SHIRLEY BRATTON

Ms. BRATTON. Thank you. Thank you, Chairman Michaud and Congressman Teague. My name is Shirley Bratton. I'm representing the Airman and Family Readiness Center at Holloman Air Force Base, New Mexico, which has the responsibility——

Mr. TEAGUE. Is the microphone on?

Ms. BRATTON. Which has the—I'll get closer.

Mr. TEAGUE. All right.

Ms. BRATTON. Which has the responsibility for the Transition Assistance Program (TAP) for our supported population. Just a little bit about our population. Approximately, there are about 13,000 folks that are out there at Holloman. Three thousand are military members, 1,000 civilian employees, 3,000 U.S. dependents, 4,000 retirees and their families, about 500 German, and 700 are German dependents. We make up—the military related—about 47 percent of the Alamogordo population.

Our mission there, as the 49th Fighter Wing, which is where I'm from, is to fly, fight, and win. We are providing combatant commanders, combat-ready airmen, mission-ready MQ–1 and MQ–9 crews, F–22s, and BEAR-based assets anywhere, anytime.

In particular, the Transition Assistance Program that we provide our airmen and our families, what we do out there is, we provide consultation services to our commanders and assist them in developing and executing policies and programs which enhance individual, family, and community readiness. We support and maintain the mission readiness by assisting individuals and families with adapting to the challenging demands of military lifestyle.

The Holloman Airman and Family Readiness Center is responsible for providing services to separating or retiring military and civilian personnel and their families transitioning from the military into the private sector and/or civilian lifestyle/workforce. The focus of TAP is to provide the information, skills, and knowledge needed for a successful transition.

To ensure we offer the necessary services and support required by Air Force instruction, we provide the following: Mandatory preseparation counseling, logistic support for the Department of Labor TAP workshop, and other Air Force programs and support.

The mandatory preseparation counseling. We provide mandatory preseparation counseling and supplemental preseparation counsel for regular Air Force members who are retiring, regular Air Force members who are separating for disability, regular Air Force members separating after serving at least 180 days of continuous active duty, and Reserve and National Guard members who are released from active duty after 180 days of mobilization.

Military members are required to attend an individual preseparation counseling session or small group presentation within no less than 90 days prior to separation and retirement. In addition, Public Law 107–103, Veterans Education and Benefits Expansion Act of 2001, authorize retirees and separatees to participate in transition activities as early as 24 months for retirees and 12 months for separatees.

Preseparation counsel includes information and referral, career change information, employment assistance, Federal employment, education and training, relocation assistance, health and life insurance, and reserve affiliation. Additionally, we assist the members with development of an individual transition plan, as requested. As required, we document all preseparation counseling on appropriate forms. At Holloman, in 2009, 225 members received preseparation counseling, while 406 received services in 2008.

The actual workshop, the TAP workshop, is a coordinated effort with the State Department of Labor offices in New Mexico, the local career center, the Veterans Administration, Veterans Service Office, and the Holloman Airman and Family Readiness Center.

All of these offices meet on a quarterly basis to look at local and national employment trends, review classroom presentation and critiques from the past quarter's seminars. If changes are needed to be made, it is a group effort. The close relationship between TAP workshop presenters and the Airman and Family Readiness Center ensures a comprehensive, quality workshop.

The Airman and Family Readiness Center provides logistics support for the TAP workshop. The center provides classroom facilities, notification, registration, and ongoing publicity. Typically, our workshops have about 30 to 50 participants. Spouses are highly encouraged to attend. Some of the topics covered are strategies for effective job search, interviewing, employment resume, self-assessment, and dress for success.

Currently, we are operating a High Year of Tenure seminar, which was added for our enlisted members affected by the recent changes in policy. During this seminar, attendees receive information on the guidelines affecting their separation, resources available to them, educational opportunities, financial planning, information, and relocation assistance. Additionally, we have worked with our officers and enlisted personnel who have been affected by force shaping.

In Alamogordo, we have collaborated with General Atomics Aeronautical Systems, Lear Siegler, National Enrichment Facility, and other local businesses to host job fairs. We collaborated with the Small Business Administration to host the "Start Your Own Business" workshop, and we work with many educational institutions to help our folks with that.

The DTAP, the disability portion, is where we develop—this was developed specifically for servicemembers who were separating/retiring with medical disabilities. At Holloman, the briefings are open to anyone planning to file a claim. The program provides members with specialized information and application procedures about the VA vocational rehabilitation program. TAP explains the process on obtaining the individual counseling on handling a disabling situation. Presenters from the Department of Labor and VA provide briefings. We conduct this once a month. In 2009, 300 folks attended those briefings.

The next program that we have is the Air Force Wounded Warrior. We provide individual, personalized support for our Air Force wounded warriors. These airmen are our top priority. The previously mentioned services, we take care of those folks with those. In addition, we support their families with more financial counseling, relocation services, education services, employment assistance. Additionally, our Air Force Personnel Center Air Force Wounded Warrior program staff provides follow-up services for no less than 5 years after those folks have been separated or retired.

The general feedback that we receive from our workshops is, it's an excellent workshop. It's a lot of information. Small business briefing for—Small Business Administration, really enjoy.

During the counseling, our folks say, hey, it's a lot of great information. There's a lot of work that needs to be done before you retire, and it's a lot of work for their family and themselves.

Our workshops that we provide in support of those, along with those traditional ones, we do things such as resume writing, house buying, plan my move, stress management. Of course, it's very stressful separating from the military after several years. Our workshops are evaluated annually, and they continue to receive outstanding support.

And then our first-term airmen that are separating from the military possibly, we do something called "Informed Decision," to give them a look at the pros and cons of whether they definitely want to separate.

And, again, Team Holloman is proud to provide programs, services, and support to our transitioning military members and their families. Thank you.

Mr. MICHAUD. Thank you very much.

[The prepared statement of Ms. Bratton appears on p. 53.]

Mr. MICHAUD. Ms. Bowers.

STATEMENT OF SUSAN P. BOWERS

Ms. BOWERS. Mr. Chairman, Congressman Teague, and Members of the Subcommittee, thank you for the invitation to allow me to present to you today how the Department of Veterans Affairs is making health care more accessible to veterans in New Mexico. I am accompanied today by George Marnell, the Director of the New Mexico VA Health Care System, and I appreciate the opportunity to be able to discuss our ongoing efforts to ensure veterans receive timely access to high-quality care, benefits, and services that we can provide.

New Mexico VA Health Care System is a proud member of this VA Southwest Health Care Network, Veterans Integrated Service

Network 18, centered in Mesa, Arizona. My testimony will provide an overview of the New Mexico VA Health Care System and other services in New Mexico and explain programs and strategies to meet the challenges associated with providing quality care to veterans across a vast geographic area of New Mexico.

The New Mexico VA Health Care System serves veterans in New Mexico through VA-staffed community-based outpatient clinics in Artesia, Farmington, Gallup, Raton, Santa Fe, and Silver City, and through contracted CBOCs in Alamogordo, Durango, Espanola, Las Vegas, and Truth or Consequences. The main campus of the New Mexico VA Health Care System is the Raymond G. Murphy VA Health Care Center in Albuquerque. It is a tertiary care referral system for veterans receiving care throughout New Mexico, including those seen in the Clovis CBOC, which is managed by the Amarillo VA Medical Center; the Hobbs CBOC, managed by the West Texas VA Health Care System; and the Las Cruces CBOC, managed by the El Paso VA Health Care System.

There are 14 CBOCs within the State of New Mexico. Nine of them are VA staffed and five through contracted services. New Mexico VA Health Care System is actively deploying approaches to enhance care for veterans who do not reside near the Albuquerque facility. Enhancements in quality have been made to CBOCs and rural health programs throughout New Mexico.

For example, the New Mexico VA Health Care System has significantly enhanced quality of care in all of the CBOCs, as measured by numerous clinical care performance measures. We accomplished this through careful coordination of several initiatives throughout the ambulatory care setting.

Our facilities now meet more than 85 percent of targeted performance metrics, compared to just 14 percent in fiscal year 2008. The significant turnaround was highlighted during a VA regional conference on system redesign in October of 2009.

New Mexico VA Health Care System has installed state-of-the-art telemedicine equipment in all six of the VA-staffed clinics, as well as the Durango contracted CBOC. Currently, telemental health services are available, and we have secured equipment and staff to reduce the need for veterans to travel long distances to the Albuquerque VA Medical Center. The Alamogordo contract CBOC is very close to installing and activating equipment to provide telemental health services.

We are continuing, also, to provide for teledermatology through a program that is being developed where we are purchasing cameras and lighting equipment for all 11 CBOCs. CBOC staff will use this equipment to take photographs of skin conditions and send these images to the dermatologist at the Albuquerque VA Medical Center. The dermatologist will review the photographs and make a medical determination for a treatment plan with the primary care provider in the rural location.

New Mexico VA Health Care System has installed and is using teleretinal cameras for retinal eye exams of diabetic patients in five of its six CBOCs to eliminate the need to travel to Albuquerque for these exams. VA is leasing additional space at the Santa Fe CBOC to allow teleretinal services to begin in April of 2010.

New Mexico VA Health Care System has greatly expanded the number of veterans receiving care coordinated home telehealth, called "CCHT," which provides devices veterans can use in their home to communicate with dedicated nursing and physician staff at the Albuquerque VA Medical Center. This program grew 24 percent during fiscal year 2009 with New Mexico, ending its yearly average daily census, every day, of having 177 patients in that program.

Additionally, through the national VHA rural health initiative, the New Mexico VA Medical Center has secured a total of $3.8 million to further fund expansion in the telehealth program to 500 additional veterans. Then telemedicine coordination with Albuquerque will also be expanded. These services will also include pre and postsurgical care, education, and follow-up for veterans.

High-resolution telemedicine units for surgical specialities consultative purposes have been purchased for 11 CBOCs operated in New Mexico. The telemedicine units are called total examination cameras and are capable of examining ears, skin, mouth, feet, and surgical sites for postoperative evaluation.

Based on the 2009 Community Homelessness Assessment, Local Education and Networking Groups, called "CHALENG survey," there were approximately 460 homeless veterans serviced in the area of—for Albuquerque and an additional 200 veterans, homeless veterans, in the El Paso region on any given night, many of whom are not in our urban areas and many that are located in urban areas.

New Mexico works with the community providers across the State to address veterans homelessness issues. VA supports 80 beds for homelessness through a Grant and Per Diem Program and another 40 beds through Domiciliary Residential Rehabilitation Treatment Program. There are 105 Housing and Urban Development/VA supportive housing vouchers available to homeless veterans in New Mexico.

The New Mexico VA Health Care System Women's Veterans' Program offers comprehensive primary care, gynecology, cancer screening, and preventive care, while also collaborating with behavioral health programs to offer counseling. The New Mexico VA Health Care System mammography program is certified by the Mammography Quality Standards Act and accredited by the American College of Radiology. The New Mexico VA Health Care Systems Women's Comprehensive Care Clinic has provided assistance to several homeless women veterans and provided referral or treatment as necessary.

Of the 16,000 women veterans in New Mexico, over 3,500 are enrolled for VA care and almost 3,000 are active users. The New Mexico VA Health Care System is located near the Kirtland Air Force Base, and many women veterans return and settle in the Albuquerque region after deployment. VA has seen a six percent increase in the number of women veterans over the last year, and it expects to serve more than 5,750 veterans by the year 2014.

VA is also making improvements for veterans who need to travel long distances for specialized care in Albuquerque. Congress provided funding to raise the mileage reimbursement rate from 11 cents a mile to 41.5 cents a mile, to help defray costs for veterans

who are eligible for beneficiary travel. In 2009, the New Mexico VA Health Care System opened an eight-bedroom, 16-bed, on-campus housing facility, with private rooms and bath, called Heroes Hall.

We recently finished construction on phase two of this initiative, opening four additional rooms for occupancy. We expect to fully activate this facility by May 2010. It will double the current capacity by—and be sufficient to accommodate increased demand. This temporary lodging is furnished at no charge, through the New Mexico VA Health Care System, when veterans are traveling more than 120 miles one way to the Medical Center to receive care or compensation and pension examination. Veterans are often accompanied by an adult care provider or a significant other, who can also stay the night on the hospital grounds just before or after their appointments.

VISN 18 and the New Mexico VA Health Care System continuously strive to improve access to veterans in rural areas through strategic planning initiatives that identify outreach and rural health opportunities. We appreciate this opportunity to meet with you here and to allow you to hear your thoughts—to allow us to hear your thoughts and the opinions of other witnesses today.

Mr. Chairman, this concludes my statement, and I'm pleased to answer any questions you might have.

Mr. MICHAUD. Thank you very much for your testimony.

[The prepared statement of Ms. Bowers appears on p. 56.]

Mr. MICHAUD. Mr. Singleton.

STATEMENT OF GRANT SINGLETON

Mr. SINGLETON. My name is Grant Singleton. I'm the director for the Albuquerque Regional Office.

I appreciate very much, Chairman Michaud and Congressman Teague, for inviting me here to share with you what our regional office is doing, in terms of providing outreach to veterans.

The Albuquerque Regional Office administers benefits, disability compensation and pension, for veterans and dependents. We also have occasional rehabilitation employment assistive services for them, and our goal is to deliver comprehensive and diverse nonmedical benefits and services in a timely, accurate, and professional manner.

We provide outreach briefings; Transition Assistance Program and Disabled Transition Assistance Program briefings at each of the three Air Force bases in New Mexico. These briefings do provide comprehensive nonmedical benefits and service information to servicemembers who will soon be released from active duty.

During this past fiscal year, the RO provided approximately 60 briefings to almost 2,000 attendees. For this fiscal year, so far, we've conducted 30 briefings to almost 750 attendees. We're working hard to reach our Native American veterans. We know that many of them live in rural areas, and it's difficult, at times, to reach them all. There's a number of different communities that we're putting forth effort to reach.

This past fiscal year, we conducted 40 outreach events, reaching about 1,500 Native American veterans. So far this fiscal year, we've conducted 10 outreach events, reaching about 375 Native American

veterans. We need to continue to increase efforts to reach those in remote areas.

We've assigned two additional employees and, also, purchased an additional vehicle to cover these highly rural areas. We also assist veterans service organizations and the Veterans Health Administration support homeless veterans with stand-down efforts. This past fiscal year, there was several hundred veterans who received help with completing claims for benefits and who received a substantial meal, warm clothing, shoes, haircuts, and identification cards.

Our regional office employees visit the VA Medical Center monthly to reach out to Operation Iraqi Freedom and Operation Enduring Freedom veterans and to expedite the receipt of their benefits. We also work closely with Congressional liaisons and attend outreach events sponsored by Congressional offices.

Our vocational rehabilitation and employment (VR&E) division job labs assist veterans to look for jobs on the Internet. We have printers and various other job-seeking materials. Our VR&E employment coordinator and the New Mexico Workforce Solutions Disabled Veterans Outreach program representative are available at these job labs to assist in answering questions and to provide them information and services.

We've been highly successful in working with Federal agencies in New Mexico, including the U.S. Forest Service, Kirtland Air Force Base, and the Bureau of Reclamation, to place disabled veterans in suitable jobs. During this past year, 12 disabled veterans found employment in a Federal posting. Our VR&E staff aggressively marketed the program to Federal employers, which also helped veterans participating in State vocational rehabilitation programs.

A monthly employment workshop is conducted in collaboration with the Department of Workforce Solutions for veterans within the VR&E program, as well as all veterans who have an interest in learning basic interviewing skills, resume writing, and personal presentation.

In addition to the staff at the Albuquerque Regional Office, we have eight employees that were temporary hires under the American Recovery and Reinvestment Act. These employees are making direct contributions, to include improving claims processing by assisting with development of claims and mail processing. The claims processing division, has 81 employees. Our vocational rehabilitation and employment division has 11 employees who also serve at our satellite offices in Las Cruces and Santa Fe.

In conclusion, Mr. Chairman, the Albuquerque Regional Office is committed to providing veterans and their families all the benefits and services available to them in a timely, accurate, and professional manner.

This concludes my testimony.

Mr. MICHAUD. Thank you very much.

Mr. McCommon.

[The prepared statement of Mr. Singleton appears on p. 57.]

STATEMENT OF GUY MCCOMMON

Mr. MCCOMMON. Good afternoon, Mr. Chairman, Congressman Teague, Counsel. Thank you for allowing me to appear before you

today to discuss the New Mexico Vet Center's efforts to improve rural access and outreach, as well as transition from servicemember to veteran.

VA's Vet Centers are a different kind of environment, a caring, nonclinical setting, in which veterans can receive care. Vet Centers serve combat veterans and their families by providing quality readjustment counseling. Vet Center care consists of a continuum of social and psychological services, including community outreach to special populations and referrals to services with community agencies.

VA maintains a trained, qualified cadre of professional mental health professionals and other licensed counselors to provide professional readjustment counseling for combat-related PTSD and comorbid conditions, such as depression and substance use disorders. Nationally, over 60 percent of Vet Centers direct readjustment counseling staff are qualified mental health professionals, such as licensed psychologists, social workers, and psychiatric nurses. When necessary, for the treatment of more complex mental health conditions, Vet Centers refer veterans to VA medical facilities for mental health services and promote active partnership with their VA mental health counterparts to better serve our veterans.

There are four Vet Centers located in New Mexico: One in Farmington, Santa Fe, Albuquerque, and Las Cruces. The Santa Fe and Las Cruces Vet Centers are each home to a Mobile Vet Center. A core value of the Vet Centers is to promote access to care by helping veterans and families overcome barriers that impede the receipt of needed services.

To extend the geographical reach of the Vet Center's services, VA has implemented initiatives to ensure that new Operation Enduring Freedom/Operation Iraqi Freedom combat veterans can access its care. VA Vet Centers in New Mexico employ 15 counselors, four office managers, two Mobile Vet Center drivers, and one Global War on Terrorism, GWOT, outreach technician. Twelve of the 15 clinicians are licensed clinical social workers. Eight are bilingual, and 13 are veterans.

VA has extensive plans to provide outreach services to rural communities in New Mexico. In southern New Mexico, the Las Cruces Vet Center provides weekly outreach and clinical services to veterans in the Silver City area and the Truth or Consequences community. They also provide outreach to communities, such as Roswell, Artesia, and Alamogordo, Lordsburg, and Deming, New Mexico.

The two Mobile Vet Centers in New Mexico have been providing outreach and counseling services in the rural communities of New Mexico and several American Indian pueblos. A third Mobile Vet Center, housed in Chinle, Arizona, on a Navajo reservation, also provides outreach coverage to the northwest corner of New Mexico.

Mobile Vet Center outreach events have been staged in 22 different New Mexico communities. Most of these efforts have coincided with events, such as the Moving Wall, Veteran's Day Parade, Run for the Wall, State and local veterans affairs, and the yellow ribbon gatherings. Other events include a day at the zoo for OIF/OEF veterans in the El Paso, Texas, area, beyond the yellow ribbon event for women veterans, and the third annual southern Arizona

gathering of American Indian veterans and the 11th annual Native American symposium in Albuquerque.

The Mobile Vet Centers have been well utilized for over 79 different events in the past year alone. Outreach to other special populations include visits to some communities that have primarily Hispanic veterans, homeless veteran stand-downs in Albuquerque, veteran events at veterans service organization posts, and other veteran-orientated events.

The Santa Fe Vet Center has a GWOT outreach technician, who provides outreach to National Guard and Reserve units throughout the State, as well as at active duty military sites. Several local units were deployed to combat last year and are scheduled to return home in June of 2010. The GWOT outreach technician is working with the New Mexico National Guard State family program director and staff to provide outreach and counseling services to all units upon their return.

The GWOT outreach technician from Santa Fe attended 54 different welcome home events at the National Guard and Reserve units throughout the State, veterans clubs gatherings at universities, events sponsored by community hospitals for veterans, and two powwows for Native American veterans sponsored by local tribes. He also has been the guest on two radio programs and attended a variety of other community meetings to speak about veterans issues and services.

The New Mexico Vet Centers have provided outreach and services at all Post-Deployment Health Reassessments (PDHRA), and Yellow Ribbon Reintegration Program events, held by the National Guard and Reserve units in New Mexico. And VA's New Mexico Vet Centers also provide counseling to 303 recently returned combat veterans in fiscal year 2009 and 155 in the first 5 months of 2010.

Thank you for this opportunity to appear before you, and I'm prepared to answer your questions at this time.

[The prepared statement of Mr. McCommon appears on p. 59.]

Mr. MICHAUD. Thank you very much, and thank you to the other witnesses as well.

My first question is for Ms. Bowers. You stated that there are 105 vouchers available for homeless veterans in New Mexico. How many of those vouchers are actually being used?

Mr. MARNELL. Roughly, half of them are being used, and the other——

Ms. BOWERS. We did receive new vouchers this year. So about 50 percent of those were vouchers from 2009, which are currently being used. The vouchers from 2008 are being used. And so that is—of the 105, we do have those that are remaining—that are for 2010. So about half of them are still to be issued.

Mr. MICHAUD. Do you expect them to be issued soon or——

Ms. BOWERS. Yes. There was some delay here in the State for the issuing of the vouchers, and it was a State-related issue, and that has been resolved, so we are now issuing those vouchers.

Mr. MICHAUD. Great. Thank you.

Also for Mrs. Bowers, you heard Mr. Garcia talk about the State Veterans Nursing Home and, looking at VISN 18, you cover several States.

Ms. BOWERS. Yes.

Mr. MICHAUD. Have you heard from State Veterans Nursing Homes in other States, on the problems that they're facing because of the new rules and regulations?

Ms. BOWERS. I think all of the State Veterans Homes are facing issues because of the new regulations; that it would be very difficult for them to maintain the financial viability that they have had to this point under the new regulations.

But we are also seeing other States moving forward with additional State Homes, where just breaking—we just broke ground in Tucson for a new Veterans Home that is partly funded by VA resources. And so I think we have some issues about the regulations that are going to need to be relooked at, to make sure that those State Homes can remain viable.

They are of significant benefit to the veterans within each of those States, and quite frankly, the national VA would not be able to provide nursing home care to veterans in the numbers that we do without those State Veterans Homes helping in that very special way.

Mr. MICHAUD. And as a VISN director—and I've heard the same thing from other VISNs as well—are you letting the central office know the problems that you're facing within your VISN, with the State Veterans Nursing Homes and the rules that came out?

Ms. BOWERS. There is the National Leadership Board, of which I am a member of, and there has been some discussion at the National Leadership Board of these issues.

Mr. MICHAUD. Very good. Thank you.

Under the CARES process that concluded in 2004, some States are to receive new CBOCs as new access points. Are there any new ones that hasn't been built or presented in VISN 18?

Ms. BOWERS. The two remaining CBOCs for the CARES process is east El Paso, which we'll be opening very soon, and——

Mr. MARNELL. The northwest——

Ms. BOWERS. The northwest metro, which is Rio Rancho, and that one is also in the process of being established. Those are two that are remaining through the CARES process. There are some other areas that we have identified within our network, in the strategic planning process within our network, for additional development of outreach centers, which are small CBOCs. Some of them are part time, where they might be 3 days a week or 2 days a week, instead of a full 5-day-a-week process.

And we anticipate that we will be moving forward with approval for a number of additional new outreach CBOCs very soon. We have been doing planning for this market. The CARES identifies the New Mexico/west Texas market as a single market for our network, and we are identifying particular gaps in mental health care and in some laboratory services that we have identified. The new strategic plan this year will identify new gaps within those markets as well.

Mr. MICHAUD. And as you move forward with the additional access points for VISN 18, are you working collaboratively with, for instance, the State Veterans Nursing Home? I'll give you an example. In Maine, we have two new community-based health clinics that are going to be built. State Veterans Nursing Home in Maine

have actually been working with the VA, so, at their State Veterans Nursing Home site, there's going to be a brand new CBOC and low-income housing on their facility. So we have a campus with providing a lot of veterans services.

Likewise, in the western Auburn area, the State Veterans Nursing Home knew that there was going to be a facility down in that area, so they actually went out and were able to purchase land with the option to buy, so they can build the new CBOC there. But, also, they want to offer, on that same campus, adult day care facilities for veterans.

So as you move forward with new access points, are you working collaboratively with the State Veterans Nursing Homes to see if they might be able to do a similar thing in this region?

Ms. BOWERS. Well, I will admit that we have done more in the State of Arizona than the State of New Mexico. There are two—beside the breaking of the ground of the Tucson VA—Tucson State Veterans Home, which happens to be on the grounds of the VA Medical Center in Tucson, so the State Veterans Home will be co-located with that VA facility. And in Phoenix, the State Veterans Home is on the campus or adjacent to the campus of the Phoenix VA Medical Center.

We do have CBOC locations in the areas of—in the same towns that we currently have the State Homes here in New Mexico, and I think it's a wonderful idea, when construction is being planned, for us to work together.

Mr. MICHAUD. Thank you.

Mr. McCommon, first of all, thank you for the tour of the Vet Center earlier this morning. I really appreciate it, and I think Vet Centers are definitely worth the money that are put into them. The peer-to-peer counseling they offer and the work of Vet Centers all across the country is to be commended, and I commend you as well for what you're doing here in New Mexico.

My question is, if you had a wish list of anything else that you would need for Vet Centers, what would that wish list be? Now is your opportunity.

Mr. MCCOMMON. Congress has been very generous with readjustment counseling services over the last few years, as far as adding appropriated funds, so that we could expand. My personal wish would be to see a Vet Center in every community that had veterans in every State in the Nation, so a veteran would not have to take and travel to get services. That would be my personal wish, and I know it is a wish.

Mr. MICHAUD. Thank you.

Ms. Bratton and Mr. Singleton, I've been impressed, with the statistics of the number on veterans that the VA has reached out to through the TAP sessions. However, the output data talks about the number of encounters that you've had with the individuals. I'm really interested in what really matters, quite frankly; the quality of the outreach and the message that is being conveyed to the individuals who attend these TAP sessions. I'd like to know if you have any performance measures that would actually measure and track the outcome of individuals that attend these TAP sessions.

Ms. BRATTON. Currently, no, but we do measure them initially. We do have surveys that we do, that give us the feedback from

that. Unless there is a critical need, that's kind of where our services end, as far as tracking them. We do do continued workshops, as the VA folks do, also, of the resumes, and maybe global feedback that they give us that the services are outstanding.

The Air Force Wounded Warriors, we track those folks every month, that we have in our area, so we know what their status is every month for at least 5 years. But the other folks, you know, we don't track them after they get done with the transition case.

Mr. MICHAUD. Mr. Singleton.

Mr. SINGLETON. Yes, sir. I'm not aware of any information being tracked. We do get the feedback after the session or when the veteran applies for a claim. We'll ask how did the briefing go? What did you hear? We look at the veterans input to see if we can tweak the presentation or focus on things they discuss. But written tracking, not that I'm aware of.

Mr. MICHAUD. Thank you.

Mr. Teague.

Mr. TEAGUE. Thank you. I thank all of you again for coming.

Ms. Bratton, on the issue of the disabled airman, you know, I think that that's wonderful, how you all are reaching out to the veterans. You said that you provide this for airmen that are in the process of filing a claim. Do you reach out to that veteran once they're in here, in recovery, or, I mean, is it a proactive or reactive type of situation?

Ms. BRATTON. Some of both. Proactive when they're still active duty folks, and they're getting out, and we have those workshops. Reactive, because sometimes you have folks that have already retired from the military that come to our monthly disability workshops. Reactive, in the sense—it's somewhat proactive, again, when you're talking about your Air Force wounded warriors and continuing with their tracking process, making sure that system is flowing well for them.

Mr. TEAGUE. Do you also offer any counseling for the families of wounded warriors?

Ms. BRATTON. Absolutely. Not only for the wounded warriors, but for our retirees and our military members. Very high on the scope is our Air Force wounded warriors. Again, back to that full continuum of care, anything that they need is a number-one high priority, whether it's relocation assistance for housing, employment, mental health services. Absolutely, sir.

Mr. TEAGUE. Ms. Bowers, I thank you for coming, and I guess you probably came the farthest, though not a lot farther than Boyd came. Where is it from Mesa? About 300 miles or a little over?

Ms. BOWERS. It's an airplane ride for an hour. I don't know.

Mr. TEAGUE. Well, Dalton didn't get to ride in the airplane. He had to drive his 250 miles.

But, hey, we're going to have several questions for you, actually, but one of the first things I wanted to address was the issues that come up frequently in New Mexico, regarding the story in Farmington about what's going on up there. And I wonder if you maybe, you could put that to rest since, as you said earlier in your testimony, that most of the things are being done in Arizona and VISN 18, that, now, we're starting to see them happen in New Mexico.

Ms. BOWERS. Oh, I didn't say most things were happening in Arizona. I did mention the State Home, our relationship. The story out of the *Farmington Press*—and I will tell you that I found out about this when the newspaper article came out—that someone in the Farmington area wishes to build a hospital, spending $3 billion on the construction of this facility; promises 8,000 jobs at that facility. And the plan is to lease that facility back to the VA, so that the VA would be the occupant and the person who would be using that facility, and it would be placed in the area around Farmington.

That was the first I had heard of that. It came as a surprise to me, since that is an area that is under my jurisdiction and my strategic planning area, so I was surprised to see that. And, quite honestly, there are a number of things about the proposal that concerned me. There has never been a VA hospital built anywhere for over $1 billion, and this is to be $3 billion. They also say that it will employ 8,000 people. In my entire network, I have just slightly over 10,000 employees. So the scope of the program is a little extreme.

They are talking about some assisted-living facilities being built there as well, and under current regulations, VA is not permitted to pay for assisted living, so those would not be facilities that the VA would even be able to operate, if they were constructed.

They keep saying that they're talking to someone in VA, but I have not yet been able to figure out who this—who they have been talking with. I do know that VA does have a very extensive strategic planning process, that works from the national level, and that it identifies the areas for growth and where the next VA hospital will be built, and it is not in the Farmington area. Basically, they're looking for a large-population areas, which, of course, are urban areas. They're not rural areas. So I'm not sure that the concept is one that the VA would readily respond to.

Mr. TEAGUE. If I could skip around a little bit, but I'd like to ask Secretary Garcia: Is there any New Mexico connection to that VA?

Mr. GARCIA. Mr. Chairman, Congressman Teague, this is an individual that came out of Colorado; apparently, says he's got a lot of money. During the legislative session, he came by our office, and when the press release came out, it was new to us. Immediately, we talked to George Marnell about it, the VA, and we're not engaged with it, nor is the VA. We've already talked to some of the community leaders up in Farmington, so right now, it's a lot of blue sky and smoke. That's what I think about it.

Mr. TEAGUE. Okay. Back to you, Ms. Bowers. As you're well aware, our CBOCs in New Mexico are growing, and many of the facilities are outdated. Could you tell us about any specific steps that were taken to maybe upgrade them?

Ms. BOWERS. We have, right now, ongoing, an entire plan for the expansion of our CBOCs. We are looking for additional space in Artesia. We're looking for relocating the clinic in Silver City to be larger. When I say "relocating," it means to a bigger building, not to a different city.

Mr. TEAGUE. If I could interrupt just a little bit right there, but—since we're talking about Silver City—you know, I'm proud to say that I have a very active group of veterans that—veterans advocates from Silver City, New Mexico, and they've been speaking

to me about the possibility of the new Fort Baird Hospital there in Grant County housing the CBOC. Is that something—since we're looking for space and that's been made available, is that something we could look at?

I mean, I know that it's usually done different, but, I mean, we're doing a lot of things out of the box, and everything. And could we possibly do that with a memorandum of understanding with the county, or something? Is it something we could at least consider in looking into?

Ms. BOWERS. The advertisements are going out in the paper on April the 15th, and it would be very feasible for the hospital to—you know, to put forward their space as space that we could potentially lease. In fact, we would very much appreciate that. Many of the CBOCs in the areas that I have been in before are actually located in professional clinic space, within hospital settings. So if they're in the process of putting something together, they have some space available, we would really appreciate their responding to the ad we will be placing in the paper in April.

Mr. TEAGUE. Thank you. I'm sorry I interrupted you. Go back to what you were saying. But I did want——

Ms. BOWERS. I think that's an excellent idea.

We're also looking at expansion in Rio Rancho. We are also looking at relocation and expansion in Farmington; also, in Raton. That is already out in the paper. And so we're looking for additional space there. In Gallup, we're looking at additional space, summertime of next year. And Santa Fe, that has just moved into some expanded space just in March of this year, and we will be looking for a new, larger lease in 2012.

So there are quite a few activities that we're doing in expansion of the CBOCs. Our clinics were built based upon projections that we put out 10, 12, 15 years ago. Some of the clinics opening 5 years ago are already bursting at the seams. We've added additional staff and to accommodate the veterans, and we're running out of room, and that's why each of these are up for expansion and relocation.

Mr. TEAGUE. And one other thing. Could you expand, for the benefit of everyone here, just a little bit, about how you're making the facilities more inviting and accessible to female veterans?

Ms. BOWERS. Certainly. Our female veterans are a very important part of the veteran population. They're small, but mighty, and I'm very pleased that our women veterans are being seen as a very active part of the people that we need to serve. And they have served, and now it is our turn to serve.

We have a women's veterans coordinator in VISN 18 who is responsible to oversee the activities of women veterans, not only in the main hospitals, but, also, in all of the CBOCs. We are making sure that our facilities are much more friendly to women. We're looking at new tables that will accommodate women and women examinations. We're putting in curtains, so that there is a guarantee of privacy, because privacy is very important to women.

In our Medical Centers, both in Albuquerque and in El Paso, we do have women's clinics that are specially set aside for women. We have a new program that we are doing, along with Network 19, which is north of us, and it is a training program for primary care physicians, to assure that they can do gender-specific care. And a

number of our CBOC primary care physicians have attended this very special program. It's a week long. It retrains them on women-specific care, because many have not been doing a lot of women's care. So this is to really bring their skills back up to where they need to be. So we're really focusing a lot on women veterans, both in terms of our physical plant and the skills and approach that we take to women in our clinics.

Mr. TEAGUE. Good, and thank you for that.

Mr. Singleton, thank you, also, for coming in. In the short time that you've had this job in New Mexico, we've seen you in southern New Mexico a lot, and we want you to know that we will continue to do that. Once or twice a month, you can come someplace in southern New Mexico.

Mr. SINGLETON. All right.

Mr. TEAGUE. But, you know, Secretary Shinseki recently announced that it's his goal to cut the claims process in time to 120 days. Could you tell us how we can meet that goal in our regional office here, and are there barriers that we need to take down so that we could meet that goal, and are there other assets that you need to help you to get there?

Mr. SINGLETON. Secretary Shinseki actually put out the mandate that we need to break the back of the backlog, so that means that we do not have any claims being processed over 125 days. What our office is doing is, we are focusing on getting the evidence received much quicker than we have in the past. Once you get all your evidence in and all the examination reports then you can adjudicate the claim.

So we're doing about three different things. One is that we're getting on the telephone at the first part of the application, with the original application. If there seems to be any questions regarding the application, our people are calling the veteran to clarify, so there won't be, down the road, additional issues that come up; and, thereby, prolong the claim.

If the examination's been ordered and it's been done, and we haven't received it within a reasonable period of time, we get on the phone to the Medical Center or to the doctor to try to get them to send that evidence in to us, so we can adjudicate the claim. We're anticipating and striving to cut evidence receipt time down to between 45 and 60 days, to put us in a position to be able to adjudicate the claim.

The other thing we're doing is, we're having a team of people review all the claims over 125 days, to see what we can do to get them moving. And one thing we're looking at is looking at the claims that have few issues. As you know, the fewer the issues, the easier it is to adjudicate. So we're doing that, and we think we're going to have some progress with that. So those are two of the things that this office is doing right now.

Mr. TEAGUE. You know, I want you to be sure and keep us abreast, apprised of anything that you need to be able to reach that goal, because we want to help you get there, if you need more people, or whatever it is.

But, you know, at the last meeting that we had in Alamogordo with Secretary Shinseki, a member of my veterans advisory council brought up the deal about, as a Vietnam veteran, when he was get-

ting out, he had been forced to sign a document that waived his rights to benefits out of the VA before they would let him out to come home. He claimed that other veterans were made to sign the same document.

Now, we've been working with the Secretary to get some answers on whether that was legal and whether those veterans would be entitled to VA benefits, and they've told me that the VA has told me that any of those signed documents would not stand up in court. So we know that that's happening, but could you offer us any insight on the issue and, perhaps, suggest a way in which we can inform veterans that they are still entitled to their benefits?

Mr. SINGLETON. I wish I could. We have been processing claims that veterans have filed that have that information on it, from what I understand. I wasn't aware of that until at that meeting. The gentleman did mail us in a copy of the DD–214. We saw them. I'm having two people look into it. But locally, we haven't found anything to address that. But we haven't stopped. But we just haven't found anything.

Mr. TEAGUE. Okay. You know, we've still got Guy and Dr. Marnell here, and I'm sorry, but we're out of time, so we're going to have to cut things short, but I just want to say a couple of things.

Guy, I wanted to thank you for all of the work that you're doing, but they're at the back of the room waiting on you, because you missed the chance to say we need the Vet Center in Silver City and Roswell, like we practiced all that time and——

Mr. MCCOMMON. I said every city, all cities, sir.

Mr. TEAGUE. But, you know, we do want to take every opportunity that we get to brag on the operation that we have here in Las Cruces, with the Vet Center and everything that it does.

Mr. Marnell, I want to thank you again for coming down. You've made the trip down here twice in a short period of time. I appreciate that.

I definitely appreciate my chairman coming from Maine at the time that he needed to be visiting with his constituents back there, to visit with y'all. But more than thanking the witnesses and thanking the Chairman, I want to thank all of you that came today, because it's you that's going to allow the Chairman to go back and say that there's a large group of people in southern New Mexico that want to help the veterans, and we need to help them help the veterans, and that's how we get the information back to DC and to those decision-makers.

One other thing. You know, while we're here, a lot of times, we need to talk to the other people that are here, and so please don't waste this opportunity. If there's someone here you're needing to have conversations with, and we don't have time today, exchange numbers so that you can do that, please.

Thank you for coming. Thank you, Mr. Chairman.

Mr. MICHAUD. Thank you, Congressman Teague. I guess I have just one last question for Ms. Bowers, and concerns rural issues. Mr. Garcia talked a little bit about how the rules on cemetery policy hurt rural areas.

Earlier last year we had a hearing where a former facility director came before us and used the terminology "the mother ship" in

referring to the VISN office. And in our case, the VISN 1 offices located in Boston. And part of the problem that he looked at, from what I'm hearing from some VSOs in Maine, at their mini-Mac meeting, is that the VISN central office sometimes doesn't get the resources needed to the rural areas.

As an example, we heard earlier that Congress did increase the mileage reimbursement rate from 11 cents to 41 and a half cents. In Maine, for instance, which is part of VISN 1, their total output or costs for that increase is a little over $5 million, but they only receive $1.5 million from the VISN office. So they're shortchanged. So, now, they're getting pressure—and this came out in the mini-Mac meeting—from the mother ship, so to speak, to bring their budget in balance. And one item that they're looking at is reducing fee-based care to have their budgets met.

You have a huge territory within VISN 18. There's a huge need for access points out there, and I'm sure mileage is a big issue here as well. How are you dealing with the facility directors, to make sure that they have the resources that they need to operate the facilities in the way that they should be operated, and they're not being forced to make tough decisions on whether to hold a position open, a vacancy open, so that they can actually meet the budget needs within the region?

Or, if facilities are forced to reduce fee-basis services even though there's increased money within the VA budget, what are the outcomes? How do you deal with the different facility directors' needs in the really rural areas when you distribute the money?

Ms. BOWERS. Stewardship of resources is part of our responsibility, and when you, as Congress, provide us with the resources to run our facilities, it is our job to do that within those dollars. And sometimes those do require us to have some very difficult conversations and to take some very significant looks at what we do.

I know that the Albuquerque Medical Center is—it has really faced an issue with the additional reimbursement for mileage. In fact, Mr. Marnell did, in fact, send the network a briefing paper about the impact, and it was multiple millions of dollars of impact in transportation just at that one facility.

We, as a network, distribute our dollars based upon both the VERA allocation and the complexity and some other features related to the patients at each one of the Medical Centers. Our facilities—and this network, long before my time, has realized that rural care is a very important part of what we do, so we actually are ranked among the best in the Nation for having veterans within 30 miles of a CBOC, which, given our geography, is actually a pretty big thing to do. But we have put a lot of our resources into rural care and into the development of CBOCs because we know that's where our veterans are. That's where our patients are located.

We know that we have financial issues. One of the things that happened this year was a patient that created a catastrophic impact on one facility. As a result of that, I had asked for the development from our financial group of a catastrophic care policy. The network always has a little bit of money that it puts aside for bail-out, and we have had to use that when we have particular care needs that we have. So a catastrophic policy, when there is a veteran that may cost us a half a million dollars or more for the care

of that single veteran, he would have a catastrophic care policy that would help that facility deal with those expenses.

Particularly difficult things, like the increase of mileage, has actually affected all of our facilities, not equally, but pretty close to equally. So we have, basically, told our facilities that we need to deal with that within the budgets that have been distributed, because it does have a fairly profound effect on most of our facilities.

Stewardship is important, and we do not want any veteran to not receive the care they need because of a financial issue, and that's why the network is putting the catastrophic care policy together, why we have funding that we have put aside. Unfortunately, what we have put aside is money that could be used to purchase other things, such as equipment, and my greatest fear is that we use all of those dollars for daily business and neglect our capital investment in equipment.

So we very much try to balance that. My financial staff give me an update every couple of weeks on how each facility is faring, in terms of both expenses and dollars. So I keep up on the condition of the financial situation in each facility on a regular basis, and I feel that the network is there to help the facilities, not necessarily beat them over the head.

Mr. MICHAUD. I appreciate your straightforwardness. As a Member of Congress, that's one of the things that is important to me, that, yes, even though we have substantially increased money to VA over the years, the percentage isn't important. What is important is, are we taking care of the needs that are out there; versus, an increase of 10 or 15 percent, but a failure to take care of the needs.

I appreciate your stewardship in looking at the finite resources that we have at the Federal level to give out. But, also, it's very important that we make sure the veterans get the help that they need. And the fact that the facility directors have to live within their budget, when, in fact, they're being strained because of mileage reimbursement costs; there's not enough money to take care of the needs, I think it's unfortunate, because then the VISN office and facility directors will have to make tough decisions: Well, do I hire this new person? Do I leave a position vacant for quite some time? Or do we reduce the amount of fee-basis services, which will ultimately hamper the services that our veterans in rural areas receive?

I think it's very important for those of us who sit on the Veterans' Affairs Committee and the appropriators to know exactly what the need out there is, and try to address the need; rather than looking at increases in the budget, because, quite frankly, with our aging population, with the veterans from World War II and the Vietnam veterans, and the ongoing need of Iraq and Afghanistan veterans, who will have tremendous needs, I think it's important that they get the services they need. If we cannot help them early on, whether for PTSD or traumatic brain injury, then those costs are going to be extremely high later on down the road.

But it's not only the costs to the veterans. It's also the effect that it has on family and, ultimately, on the State, because State resources will be used if people end up homeless or on State aid. And I think that's why it's very important that, as elected officials, we

know exactly what that need is, rather than whether it's increased 10 or 20 percent. That's only a number. I think what's important to us is, the fundamental question—are we meeting the need that's currently out there?

And it concerns me, as Chairman of the Health Subcommittee, that some facility directors are actually making that tough decision of not contracting out fee-basis services or not hiring a physician because they need to live within the budget. They have to live within the budget, but we have to make sure that the budget is adequate to take care of the need. We need to make sure that these decisions are medically-driven and not just budget-driven.

I want to thank you and the other panelists for your testimony this afternoon, and I want to thank everyone who came out this afternoon to hear what's going on in veterans health care. I especially want to thank Congressman Teague for inviting me out here to have this hearing and for all of his hard work on the Veterans' Affairs Committee. So, once again, thank you. If there are no other comments or questions, the hearing is adjourned.

[Whereupon, at 4:28 p.m., the Subcommittee was adjourned.]

A P P E N D I X

Prepared Statement of Hon. Michael H. Michaud, Chairman, Subcommittee on Health

The Subcommittee on Health will now come to order. I would like to thank everyone for attending this hearing. I would also like to express my sincere gratitude to New Mexico State University for their hospitality in hosting this hearing. Today's hearing would not have been possible without the efforts of Mr. Teague. I thank Mr. Teague for his work as a tireless advocate for veterans and for inviting us here today to Las Cruces to learn about the local needs of veterans in New Mexico.

Today's hearing will cover a wide range of issues to ensure that our veterans in New Mexico and across the U.S. receive the essential services and benefits that they need and deserve. Among the issues that we will discuss today are homeless veterans, mental health, reintegration, outreach, and health care for rural veterans.

In this Congress, we've held several hearings on these issues. For example, my Health Subcommittee held a hearing on rural veterans in March of 2009 and an outreach hearing in May of 2009. Under the leadership of Chairman Filner, we also held a hearing on homeless veterans in June of 2009 and I am happy to share that the House passed H.R. 4810, a comprehensive bill to help homeless veterans, on March 22, 2010. H.R. 4810 included provisions from two important bills that Mr. Teague introduced. H.R. 2504, which increased funding for the Grant and Per Diem program and H.R. 3906, which increased funding for supportive services for low-income veteran families in permanent housing. This year, in 2010, the Full Committee also held a roundtable to discuss issues facing rural veterans in January and another roundtable on reintegration issues this past March.

We have learned a lot from the series of hearings and roundtables that we held in Washington D.C. However, these issues are of such magnitude that they warrant further discussion here today. I look forward to hearing the testimonies of our witnesses and learning about the unique challenges facing our veterans in New Mexico.

Prepared Statement of Pamela Angell, Executive Director, Mesilla Valley Community of Hope, Las Cruces, NM

INTRO

Good Morning: I am Pamela Angell, the Executive Director of the Mesilla Valley Community of Hope, a non-profit agency in Las Cruces that helps homeless people with outreach services, a daytime drop-in center, and several HUD housing programs.

I am here to address chronic homelessness among the veteran population of our citizens of the United States.

President Obama and the Department of Veterans Affairs have made ending homelessness among veterans a top priority with a 5-year goal. If indeed the VA and Obama Administration wish to meet this goal they must shift their policies so they can address the needs of *all* homeless veterans, including those we characterize as chronically homeless—men and women who have had repeated episodes or lengthy periods of homelessness, some lasting a decade or more.

I will explain why I think the Dept. of Veteran's Affairs current homeless programs and policies fall short in addressing the needs of a large segment of the homeless veteran population—those who are defined as chronically homeless. I will also attempt to explain how a slight shift in policy can help the VA come closer to its goal of ending veteran homelessness.

Nationwide, it is estimated that one third of our adult homeless population are veterans with as many of those defined as chronically homeless. While many of the VA's current programs will help reduce homelessness among veterans, a large seg-

ment of the population will remain homeless if new programs are not established to meet their needs.

This week I went out to three homeless camps along Interstate 10 that have recently drawn the attention of the City Code's Enforcement, the NM Department of Transportation and the NM State Police. Plans are in effect to clear a 3-mile swath of trees and brush from along the highway right-of-way from the river to the City Solid Waste facility. The intention is to drive out nearly a dozen homeless people who have set up camps along this property and discourage their return by clearing the area of undergrowth and trees.

I visited the area with the Homeless Outreach Coordinator for the U.S. Dept. of Veterans Affairs in El Paso, Jo-el Arrigucci, and my case manager, Sue Campbell. We let those living there know that they have a May 1st deadline to move out before the bulldozers and law enforcement come in. Many of them will leave with no resistance, only to find someplace else, likely equally as illegal, to set up camp if we cannot come up with an alternative for them.

Among those we spoke with is an honorably discharged veteran and his girlfriend of 15 years. When we offered him various services from the VA—including the HUD–VASH voucher program his reply was, "I don't like living in a dadgum prison." He also doesn't like crawling out of his tent in the morning when it is 20-degrees, or chasing off teen-agers who are throwing stones at his camp and spraying silly string, as they did last week. This veteran and his partner have lived along this stretch of highway off and on for 6 years, sometimes moving to Colorado to camp out near Colorado Springs and to Florida to look for work.

Another fellow we spoke with was already intoxicated by 10 am and said he saw no hope and no alternative to where he is currently living. Alcoholism is a big problem among homeless veterans. Nearly 60 percent of homeless veterans report problems with alcohol and 40 percent with other substance abuse. It is estimated that at least another 10 percent have mental health issues, and in many cases include combat-related Post Traumatic Stress Syndrome. A large part are just plain fed up with a system that didn't meet their needs, or left them hanging for years denying them benefits for which they are eligible, or offer services that try to fit a square peg into a round hole.

While the VA has a very good Transitional Housing Program and a new HUD–VASH (VA Supported Housing) voucher program to help get veterans off the streets, the VA has not yet bought into what is one of HUD's most successful systems for ending chronic homelessness. The concept of Housing First. Housing First is housing without the hurdles, without the judgments, and without the restrictions that come with many other programs. The focus of Housing First is to help chronically homeless people *get housed* and *stay housed.* Many other programs, including the VA's enforced sober transitional housing program make housing contingent upon sobriety or adherence to strict treatment guidelines. As a result, many chronically homeless veterans, whether they have substance abuse or mental health issues *or not,* are not going to come in from the extreme heat or cold for housing with strict rules.

Housing First uses adherence to a lease as the main rule that tenants have to follow, and provides assistance in helping them adhere to that lease. Treatment and service options are client driven and not mandated. Participation in programs is not a condition of having a home. Housing First works in many big and small cities throughout our Nation and can work to help end veteran homelessness as well. Google Housing First and you will find numerous successful programs all across the country, including our own program here in Las Cruces. Google Harm Reduction and you also will find many modalities that support giving people the free will to come up with their own strategies to meet life on their own terms rather than a prescribed plan of requirements that will not fit all people. Many of these folks have followed rules and orders throughout their combat and military careers. We can give them an option to homelessness that does not require that they comply with numerous more restrictions. We all march to different drummers, and if we want to end homelessness among veterans, maybe we need to let them march to their own as well.

Prepared Statement of Dalton Boyd, Veterans Service Officer, New Mexico Department of Veterans' Services, Hobbs, NM

Before I begin, I would like to thank Chairman Michaud, Congressman Teague and the House Veterans Affairs Subcommittee on Health for the opportunity to address you today. The issues being discussed in today's hearing are critically impor-

tant to our veterans, to whom I believe deserve the full measure of our efforts to provide for them the rights and services that they deserve.

My name is Dalton Boyd and I am employed by the New Mexico Dept. of Veterans Services. I have the privilege of serving our veterans as their Veterans Service Officer. As one who works with our veterans on a daily basis I feel that I have a unique perspective concerning the needs of our veterans. I see their individual needs daily and draw from the resources available to aid them in addressing their needs.

I would like to begin by addressing VA Health care for Veterans in rural areas. I personally believe that the VA provides world class health care but, as with anything else there is always room for improvement. Veterans in rural areas face some unique problems with fragmented health care being one of those problems. We have a very good Community Outreach Based Clinic in my hometown of Hobbs but they provide only basic services with preventative health care being their primary focus. Veterans with special needs must travel hundreds of miles for treatment by specialist or facilities that can meet their needs. For example: veterans from Hobbs with cardiology or orthopedic conditions have to travel to Albuquerque for treatment, a round trip of 640 miles. Often these are older WWII veterans in their 80s, in poor health and for whom a trip of 640 miles or more for medical care is very difficult if not impossible. I realize that Fee Basis is a very costly undertaking for the VA and I understand the concept that if the VA can treat a veteran they will provide that treatment at a VA facility in part, as a cost cutting measure. It is my opinion that Fee Basis should be more readily available to veterans in certain circumstances. For example, an 85-year-old WWII veteran with a serious heart condition or a veteran taking chemotherapy should be given consideration for care locally through Fee Basis.

I would also like to address the lack of resources available for Homeless Veterans in rural areas. A lot of progress has been made in caring for our homeless veterans. Homeless veterans in metropolitan areas have numerous options and we are all grateful that they have those options. Those options often do not exist in rural areas. In practical terms, homeless veterans that I see in Hobbs have 2 options: temporary shelter at a facility within Hobbs or entrance into a substance abuse treatment program with the VA Hospital in Big Springs, TX. We do have the New Mexico Veterans Integration Center in Albuquerque, the Mesilla Valley Community of Hope in Las Cruces and the New Mexico State Veterans Home in Truth or Consequences. Homeless veterans in rural areas often are not able to relocate or do not want to relocate to areas far from what has been their home and comfort zone. What they often seek is temporary assistance within their community. I do not know what the solution to this problem is but I do know there is a need for a solution.

I would also like to speak about services for veterans transitioning from the military to civilian life. New Mexico veterans receive readjustment counseling services from Vet Centers located in Albuquerque, Farmington, Santa Fe and Las Cruces. Lea County veterans are served by the Midland, Tx Vet Center. The Vet Centers provide readjustment counseling services to combat veterans. Most of the veterans they serve suffer from PTSD and depressive disorders. The Vet Centers serve veterans from WWII through present day combat veterans. According to the New Mexico Department of Veterans' Services 2008 Annual Report there are approximately 179,000 veterans in New Mexico with 39,246 Gulf War, Iraq, Afghanistan era veterans and 52,011 Vietnam era veterans. The bulk of the Vet Center's clients are OIF/OEF and Vietnam veterans.

Of course the VA provides mental health care on a number of levels through the COBCs, Hospitals and Telehealth. The Vet Center counselors are, as I see them, the front line troops in the battle with mental health problems. They have the mobility, conduct the outreaches and take their expertise directly to the veterans. Critically important is the fact that the Vet Center also provides services to the family members of veterans.

An article in Psychiatric Times reports rates of PTSD in returning troops average 15 percent to 16 percent and that up to 35 percent meet the criteria for major depressive disorder. Clearly these rates represent a large number of veterans in need of mental health care. As the number of deployed troops is reduced and the troops are brought home, the number of veterans in need of Mental Health Care services will rapidly increase. We have to be prepared to meet the needs of the growing number of veterans in need of mental health care.

I appreciate the opportunity to address you today. I hope that I have given you a clearer understanding of some of the issues facing veterans in rural areas and the task that the VA's mental health care providers are confronted with.

Thank you.

Prepared Statement of Raul V. Sanchez, Commander, Veterans of Foreign Wars of the United States, Department of New Mexico, Alamogordo, NM

Chairmen Michaud, Ranking Member Brown, Member Teague and distinguished Members of the Subcommittee, it is my honor to be here today to represent the VFW members in New Mexico here in Las Cruces and around our wonderful State.

I come before you as an advocate for our brave servicemen and women, and for veterans and their families from all eras. I come before you as a reminder that those who go to war return home with an obligation to make things better for every ensuing generation who follows. This is central to the VFW's core value *"to honor the dead by helping the living."*

With these thoughts in mind I would like to address a number of issues that we are facing here in New Mexico. Foremost among them is VA's claims backlog and unacceptable waiting times for veterans seeking care.

VA CLAIMS BACKLOG

VA currently has more than 1.1 million individual claims and appeals for compensation, pension and education benefits. Right here in New Mexico's own regional office of Albuquerque there are 6,240 disability compensation claims and appeals pending. Over the past year this backlog has grown by more than 10 percent. Of the nearly 3,400 claims requiring rating action, 38 percent are pending over 125 days.

Rating quality reviews show a whopping 19 percent error rate. That is, 1 in every 5 cases VA decides in New Mexico is wrong.

The evidence shows that the Albuquerque VA Regional Office fails to provide adequate service in all three areas that VA measures: workload, timeliness and quality. This is totally unacceptable.

VFW has made reforming the VA claims processing system a top legislative priority.

The VFW realizes there is no silver bullet to fix VBA, but there are opportunities for steady and deliberate improvement. We also know that any single plan to make the overall claims process simpler could occur at the expense of the rights and benefits earned by veterans, their dependents and survivors. A quick fix plan is simply unacceptable because fixing the backlog will require thoughtful solutions to avoid harming veterans and exacerbating the problem.

VBA is the key to everything the VA does, so the VFW will continue to offer its expertise to the VA and your committees so that we can solve this backlog problem together. Veterans have grown tired of the excuses. They want and deserve action. The VFW wants to help.

The VFW has offered potential solutions in testimony and in *The Independent Budget,* but we cannot wave a magic wand and make the problem go away. Our suggestions have included improvements to the funding process; increased emphasis on ratings decision accuracy instead of speed; improvements in staff education and training; and increased use of technology.

Unfortunately, it may be years before VBA will be able to reduce the backlog and improve rating timeliness and accuracy. We believe however, that VA can still make incremental improvements to demonstrate to veterans that it is both candid in its problems and responsive to their needs. Some of the first steps would be:

- Demand a total commitment from VA leadership to do every claim properly the first time.
- Improve VA's IT infrastructure to include adopting paperless initiatives to help transform VA into a 21st Century agency.
- Upgrade and enhance training systems that invest in skills and knowledge of VA employees, reducing turnover and improving quality.
- Higher accountability and accuracy standards for adjudicators. VA must hold every employee and manager accountable for quality as well as providing proper positive incentives for production goals.
- Ask Congress to commission a third-party study of the quality assurance of claims processing at VBA.

We envision a VBA of the 21st Century, one in which veterans receive accurate and timely decisions. Congress must invest in the long-term success of VBA, which is only achieved through constant improvement. Part of the improvement process is utilizing service officers and other advocates who can help navigate through the system.

The VFW and other VSOs have a nationwide network of excellent service officers including our own Fred Ortiz, but we can only help those who seek us out. For a veteran who navigates the bureaucratic process without a service officer to guide

them, it can be a nightmare, and a number of them simply give up, which means they lose their earned benefits, their disability compensation and their access to VA health care.

VA MEDICAL CARE

As the Nation's largest health care provider, the Veterans Health Administration (VHA) has four primary missions that benefit veterans as well as the entire country. They are:

1. Providing health care and services to America's sick and disabled veterans;
2. Training and educating doctors, nurses and other health care professionals;
3. Conducting world-class research into medical issues, to include prosthetics, and;
4. Serving as the Nation's primary health care backup in times of war or domestic emergency.

VHA's primary mission is the care of this Nation's sick and disabled veterans. As of August 2009, (based on 2008 data) more than 554,000 New Mexican veterans sought care through VA's outpatient services, and some 2,395 recently returning OIF/OEF veterans used VA services.

Nationally, VA projects about one million veterans will receive some type of care this year, nearly double the number from a decade ago. Much of that increase is due to improved access as VA has shifted focus from being an inpatient provider into more of an outpatient provider, but the increase is also partially due to the aging veterans' population and the influx of our newest war veterans.

The VFW strongly believes that veterans must have timely access to quality health care. The VFW supports expanding rural health care options to those veterans who live in rural areas—New Mexico has a vast rural landscape and getting care can be difficult in many locations. Congress must ensure that gaps in care are recognized and filled, Telemedicine opportunities must be expanded, as well as additional points of care, so that veterans can be served wherever they live.

VFW Supports H.R. 2879, the Rural Veterans Health Care Improvement Act. H.R. 2879 is a comprehensive bill which would improve and expand programs offered to veterans living in rural areas like New Mexico. We applaud the provision that increases the travel reimbursement rate to 41.5 cents a mile for those traveling to VA facilities for treatment. This is long overdue.

OEF/OIF Health Care: As of the end of FY 2009, almost 1.1 million Operations Enduring Freedom and Iraqi Freedom veterans have left active duty and become eligible for VA health care; 46 percent of them have sought care from VA.

This demand for service created some major challenges for VA, which to their credit responded correctly by making the health care of OEF/OIF veterans a top priority. The VFW believes we must do everything we can to ensure that these men and women are properly cared for. Their care is part of the ongoing cost of war, and the fulfillment of that cost—a true national obligation—is central to the work of your committees.

The health care issues this population faces varies from the routine to high-interest injuries and programs, such as mental health, PTSD, Traumatic Brain Injuries, suicides, and the proper care of women veterans.

Women Veterans Health Care: The percentage of women serving in uniform today far exceeds any previous conflict. Approximately 15 percent of the force is comprised of women, with more entering military service every year. Of those who have served in uniform, VA estimates that 44 percent have already enrolled in VA for health care, a percentage that VA expects to rise. VA continues to expand its female health care services, but more needs to be done.

VA must expand gender-specific and primary health care services tailored to women. The VFW supports improved training and certification of female veterans' mental health care providers, as well as improved programs for the treatment of Post Traumatic Stress Disorder and Military Sexual Trauma (MST).

Legislation (S. 1963) currently pending in Congress would address a number of the needs of female veterans. It would mandate studies to assess VA's current programs and services for women, to include examining specialized programs for treating PTSD, substance abuse and mental illness, the availability of obstetric and gynecological care, and the possibility of providing a licensed childcare service at VA medical facilities.

The study would also collect data on waiting times, demographics, geographic distance and other barriers to care. One of the largest hurdles VA faces is providing a woman a degree of privacy inside its medical facilities. Properly serving women veterans is a culture change to the VA, which for decades functioned in a "one size fits all" mode. The VA must tailor its programs and services to the specific needs

of women veterans, and that's why the VFW strongly urges the passage of the provisions of this bill.

Traumatic Brain Injuries (TBI): Explosive blasts from roadside bombs and other Improvised Explosive Devices (IED) are causing devastating and often permanent damage to the brain tissue of our ground forces. Veterans with severe Traumatic Brain Injuries or Acquired Brain Injuries (ABI) may need a lifetime of intensive service to care for their disabilities, but VA also needs to study and develop programs for those suffering from mild or moderate TBI.

TBI can occur even without other forms of physical injury, making detection difficult. It is likely that thousands of OEF/OIF veterans may be suffering from blast effects, but are unaware of their condition.

Medical science is lacking on TBI. Recent studies have suggested that even mildly impacted veterans can have long-term mental and physical health difficulties, and there is no clear treatment model to be followed, especially for those with mild or moderate impairment. The VFW strongly urges Congress to ensure proper funding for additional studies into the treatment of TBI. VA must investigate and research all avenues to care for TBI patients, including Hyperbaric Oxygen Treatment. Finding optimal treatments will enhance the quality of life of veterans and their families.

Mental Health: We applaud VA for raising the awareness on mental health issues. Congress and this Administration have continued to fund the growing support networks, medical treatment and services available through VA. Currently, VA operates a nationwide network of more than 190 specialized PTSD outpatient treatment programs. Further, VA's Vet Center program operates a system of 232 community-based counseling centers, many of which are staffed by combat veterans who—like every VFW member—understand that no one goes to war and comes back the same.

A recent OEF/OIF update shows that more than 48 percent of all patients treated at VA have suffered from some form of mental health impairment—a staggering number. Among the more than 243,000 OEF/OIF veterans who have been diagnosed with some degree of psychological symptoms, more than half are suffering from PTSD. War has a profound effect on those who defend the Nation. We must do everything we can to provide the men and women who are put in harm's way the treatment options they need to care for them and their families.

We need strong outreach and education programs to help eliminate the stigma of mental illness and other barriers to care. We need meaningful post-deployment health assessments that are designed in a way that eliminates the disincentive servicemen and women sometimes feel in providing completely honest responses. We need regular screenings of all at-risk veterans as part of their routine examinations. We need continuing education programs for military leaders at all level to understand and help reduce the stigma of seeking care and treatment. Care must be available to veterans and their families in order to help keep family units intact and functional. Providing a stable, safe, and supportive home environment is vitally important to the overall effectiveness of a treatment program.

VA must also properly train its staff to ensure that they know how to deal with the unique needs of these veterans, and to recognize warning signs and other signals to get veterans into the programs they need immediately. We need continued emphasis on increasing entry points to care, especially at Vet Centers. Access to care must be as convenient as possible, which increases the likelihood an at-risk veteran will use the service.

Suicide: The rate of veteran suicides is a national tragedy. VA has improved their outreach efforts, notably through the 1–800–273–TALK suicide prevention hotline, but more must be done for the active duty forces, as well as for the Guard and Reserve, a great number of whom reside in rural areas far away from the informal support network of fellow veterans, and from the formal services and programs provided for their benefit.

I cannot imagine how depressed someone must be to take their own life, but I do know that war is an experience that is never forgotten. The vast majority of veterans are able to come to terms with their experiences, but not everyone. VFW members know that coming back to the Real World is not easy for any generation. That's why I continue to urge VFW members everywhere to reach out to our newest veterans to welcome them home, to thank them for their service, and to extend a hand of friendship and support. We must all do more to ensure every veteran, regardless of age, does not feel alone.

Veterans Homelessness: President Obama recently called for an end to veterans' homelessness within 5 years, and his call to action could not have been timelier. According to VA estimates, at least 131,000 veterans are homeless on any given night, and twice as many veterans may experience homelessness at some

point during the course of a year. Recent statistics also indicate that the number of homeless female veterans and veterans with dependents are increasing as well. This issue is further compounded by poverty, unemployment and the lack of affordable housing.

Homelessness is a nationwide problem that cannot be cured from Washington. It must be addressed at the local level and supported with resources and services from the Federal Government.

Major components in reducing veteran homelessness include outreach, transitional and permanent housing, training and employment assistance, and medical and psychiatric rehabilitation services. Yet many programs authorized at the Federal level to assist local communities are under funded or are not adequately promoted to community-based help organizations. In addition, information pertaining to the availability of these programs is also not widely disseminated or readily available to homeless veterans living on the streets.

We strongly support the national call to end veterans' homelessness, and we look forward to working with Secretary Shinseki to help VA meet its 5-year goal.

EMPLOYMENT ISSUES

Veterans' employment must be part of any jobs bill because the unemployment numbers are shocking—during this economic recession the number of unemployed veterans has increased to 1,124,000 as of February 2010. The unemployment rate of our youngest veterans has reached a staggering 21 percent, and there are more unemployed OEF/OIF veterans than servicemembers serving in Iraq and Afghanistan. We vigorously urge Congress to include the following three policy improvements that have proven successful as veterans' employment solutions:

1. Broaden the tax credit beyond recently separated veterans to encompass all veterans. Nationwide, there are 1.1 million unemployed veterans who are motivated, educated and responsible. Encourage employers to put hard working veterans at the top of the list by increasing the $2,400 credit for hiring a veteran and $4,800 for hiring a disabled veteran. Public awareness is central to the solution. We must continue to offer incentives to American industry to hire veterans **FIRST.**
2. Modernize the Vocational Rehabilitation & Employment (VR&E) program, which in 2009 served more than 32,000 disabled veterans by training, educating and helping them finding employment. Improve the program's effectiveness by providing higher educational stipends that are on par with the Post-9/11 GI Bill, eliminate the arbitrary 12-year "use or lose" program window, and provide additional family services, such as child care to eligible veterans.
3. Lastly, increase opportunities for veterans interested in starting businesses, which inevitable leads to veterans hiring other veterans. Invest in their ingenuity through proper education, training, and access to small business start-up capital. Increase funding and access to the Small Business Administration Patriot Express Loan Guarantee program.

Veterans need to be at the forefront of congressional efforts to get America back to work. It is legislation like H.R. 4592, introduced by Congressman Teague which passed the House last week that begins to make it happen. *The Energy Jobs for Veterans' Act* would authorize $10 million annually through fiscal 2015 for a Labor Department pilot program to encourage the employment of veterans in energy-related jobs. The bill establishes a pilot program that would award competitive grants to three States which would reimburse energy employers for the cost of providing on-the-job training for veterans in the energy sector. Through expansion and improvements to existing programs like this, Congress can reverse the veteran unemployment rate.

QUALITY OF LIFE ISSUES

The War on Terrorism has greatly increased the demands of those serving on active duty and in the Guard and Reserve. As a result, active military and Reserve Component members are deploying at an alarming rate to fight the present day war on terror at home and abroad. More than one third of today's troops have served at least two tours of duty in Operation Iraqi Freedom and/or Operation Enduring Freedom.

The VFW is committed to improving the quality of life for all active military and Reserve Component members and their families. The VFW is increasing its efforts to provide Guard and Reserve members with benefits and entitlements equal to their participation and contribution in today's conflicts. We will help ensure that our men and women in uniform receive the most modern equipment, best training, and

resources they need to succeed, and we will continue to urge Congress to provide critical support services for the family members of those serving.

The VFW firmly believes in taking care of the people who accomplish the mission, and although most of the below issues fall under the purview of your respective Armed Services Committees, each of you has a personal stake in a strong and viable military. We view the following bullets as essential to ensuring a high-quality, all-volunteer military:

- Servicemen and women deserve base pay equity to their private-sector workers.
- Benefits and entitlements must keep pace with inflation.
- Increased funding is necessary to upgrade or replace military family housing, recreation and work facilities, and equipment worn out after almost 9 years of war.
- Congress must lower the retirement pay age from 60 to 55 for all Reserve Component members. At the very least, Congress must make retroactive to Sept. 11, 2001, the FY 2008 defense budget provision that allows Reserve Component members to receive retirement pay earlier than age 60 by 3 months for every 90 days served on active duty in support of a contingency operation.

Lastly, VFW reminds Congress that legislation for the full concurrent receipt of military retirement pay and VA disability compensation without offset should be passed and implemented regardless of the rating percentage.

In 2004, Congress passed legislation that gradually phased in by 2014 the full current receipt of military retirement pay and VA disability compensation without offset, but only for those 20-year or more retirees who have 50-percent or higher disability ratings. Excluded were those service-connected disabled military retirees with VA ratings of 40 percent and below, and Chapter 61 retirees who were medically retired with less than 20 years, regardless of VA disability rating.

All veterans should be entitled to receive full disability compensation concurrently with their military retirement pay, regardless of the nature of the disability.

Mr. Chairman, I again thank you for the honor to present our priorities to you. I would be happy to answer any questions that you or the members of your committees may have.

Prepared Statement of John M. Garcia, Secretary, New Mexico Department of Veterans' Services, Santa Fe, NM

Mr. Chairman, Congressman Teague, my name is John Garcia. I'm the Cabinet Secretary for the New Mexico Department of Veterans' Services and a past president of the National Association of State Directors of Veterans' Affairs (NASDVA). I am honored to present my views and those of my fellow State Directors of Veterans' Affairs from all 50 States, the District of Columbia, American Samoa, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. With me today are my department's Veterans' Service Officer from the southern New Mexico Region: Mr. Dalton Boyd, from our Hobbs office, Mr. J.R. Turner and Ms. Virginia Bell from our Las Cruces offices, Mr. Reggie Price from Silver City, Mr. Tony Woodard from Alamogordo. Also joining me is Mr. Armando Amador, who is a member of the State's Veterans' Advisory Panel.

State governments and State Departments of Veterans' Services are vital partners with the Federal VA in delivering services. We are the second largest provider of services to veterans and our roles continue to grow. Collectively, States contribute more than $5 billion each year in support of our Nation's veterans and their families even in the face of constrained budgets. Our duties include honoring and working with all veterans and the various veterans' organizations both within our States and nationally.

I applaud the cultural change at Federal VA in recognizing the importance partnerships between the VA and State Departments or Commissions of Veterans Affairs . . . and the concerned, compassionate leadership demonstrated by Secretary Shinseki and his senior leaders. On a daily basis, State Directors and their staffs are confronted with unique situations in caring for all veterans, which often needs to be addressed in a timely manner. Delivery of meaningful services and support many times is best orchestrated at the local level. Our offices, veterans' services organizations and facilities along with Federal VA facilities blanket the country.

FUNDING FOR VA

The New Mexico Department of Veterans' Services appreciates the efforts of the Administration and Congress to improve overall funding for health care, homeless veterans programs, community clinics, and claims processing. Increases in VA funding, as reflected in the FY 2010 and FY 2011 budgets, provides a 20 percent increase over FY 2009. The budgeting change for an advanced appropriation for FY 2012 will provide for continuity of programming and services.

We are serving a new generation of veterans from 8 years of war who must receive medical care, establishment of benefits and needed assistance transitioning to civilian life after their dedicated service. This funding support by Congress will provide the wherewithal to address four major areas of emphasis:

- First, the overall access to VA. In essence, VA should be the provider of choice for veterans;
- Second, reducing the backlog in claims processing;
- Third, the stated goal by Secretary Shinseki of eliminating homelessness among veterans.
- And Fourth, the critical demand for mental health services, especially to deal with veterans diagnosed with Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). These services need continued funding and focus.
- Likewise, there should be increased funding to veterans' health care in rural areas and veteran-owned businesses through SBA.

OUTREACH AND TRANSITION

The New Mexico Department of Veterans' Services supports continued efforts to reach out to veterans. I firmly believe all veterans, regardless of where they reside, should have equal access to Federal and State benefits and services, and that Federal and State Governments must collaborate to achieve this goal nationally. Many areas of the country are still short-changed due to veterans' lack of information and awareness of their benefits. This directly impacts their access to VA services. The VA and State Departments of Veterans' Affairs must work together to reduce this inequity by reaching out to veterans regarding their earned benefits. My department supports implementation of a grant program that would allow the VA to partner with the States to perform outreach at the local level.

VETERANS' HEALTH CARE BENEFITS AND SERVICES

I and all other State Directors of Veterans' Affairs actively support increasing veterans' access to VA Health care. This involves being engaged with the VA Medical Centers on establishing and locating additional Community-Based Outpatient Clinics (CBOC) (including Tribal Reservations) with mental health services, expansion of Vet Centers, the creation of Veteran Wellness Centers, the deployment of mobile health clinics, and the use of telehealth services and innovative wellness treatment programs for veterans diagnosed with PTSD where appropriate. We applaud the efforts by VA to address the particular issue of health care for women veterans and veterans residing in rural areas. Future health care funding to expand outreach and access will have to include telehealth, tele-home health and tele-medicine. Likewise, we support VA contracting-out some specialty care to private-sector facilities where access is difficult.

VA Research and Development needs to focus on enhancing the long-term health and well-being of the veteran population particularly the new conditions such as Gulf War Syndrome, PTSD, and the effects of TBI. Attention must still be given to the continued funding support of the large capital projects identified and recommended by CARES while maintaining VHA's infrastructure of 153 hospitals, 951 CBOCs, and 232 Vet Centers.

The New Mexico Department of Veterans' Services fully agrees and supports the efforts by VA and DoD in developing the seamless integration of electronic health records and recommends further integration of electronic health records between the VA and SDVA. DoD should develop a formal program that would provide State Veterans' Affairs Departments with the names of returning servicemembers in order for States to connect veterans to all Federal and State benefits and services. We support initiatives to ensure that all of our wounded warriors who suffer from TBI and PTSD have access to the most advanced and current treatment options available regardless of their military status. There should be expanded screening for PTSD among all combat veterans. We share the concern about the mental health of service personnel, especially the number of suicides and long-term effects of PTSD. We appreciate the proactive steps such as the suicide hotline and the role by all agencies

in addressing the underlying causes for suicide. We also fully support the concept of Veterans' Wellness Centers and its use of alternative treatments as another choice for treating veterans diagnosed with PTSD.

The New Mexico Department of Veterans' Services suggests an in-depth examination of long-term care, mental health services, and Wellness Treatment to include gap analysis clearly identifying where services are lacking. Any study should include consultation with SDVA. State Veterans' Homes (SVH) are a critical component of long-term health care for veterans and a model of cost-efficient partnership between Federal and State Governments. State Veterans' Homes bear over half of the national long-term health care workload for our infirm and aging veteran population. The Federal Government should continue to fulfill its important commitment to the States and ultimately to the individual veterans in need of this care. We recommend that the VA pay States a more equitable per diem rate representing 50 percent of the States' average costs, as allowed by law.

The New Mexico Department of Veterans' Services strongly recommends that the VA review the regulations and ensure that their implementation of Public Law 109–461 (Veterans Benefits, Health Care, and Information Technology Act of 2006) does not threaten the future of State Veterans Homes and their continued ability to meet the needs of our veterans. Sufficient funding of at least $100M for the SVH Construction Grant and Per Diem Program is essential to keep the existing backlog of projects from growing to further unacceptable levels. VA should develop a strategic plan for long-term care services that maximizes the role of State Veterans' Homes in providing care for our Nation's veterans. The success of VA's efforts to meet the current and future long-term care needs of veterans is contingent upon resolving the current mismatch between demand and available funding. The SVH program is the most cost effective nursing care alternative.

And my department supports full reimbursement for care in State Veterans Homes for veterans who have a 70 percent or more service-connected disability or who require nursing home care because of a service-connected disability. There are two very important issues to implement this reimbursement: first, there needs to be a clear definition and understanding for the calculation of the "full cost of care", and second, the Congressional legislation needs to allow States to bill Medicare and Medicaid.

COMPENSATION AND PENSION BENEFITS

The New Mexico Department of Veterans' Services recommends a greater role for State Departments of Veterans' Affairs in the overall effort to manage and administer claims processing, regardless of whether the State uses State Employees, nationally chartered Veterans Service Organizations (VSO) and/or County Veterans Service Officers. Collectively, we have the capacity and capability to assist the Veterans Benefit Administration (VBA). Additionally, a collaborative effort should take place on the establishment of standards for training, testing, accrediting, and recertifying Veterans' Service Officers to include continuing education and performance standards. We can support VA in their "duty to assist" without diminishing our role as the veterans' advocate.

HOMELESSNESS AMONG VETERANS

The New Mexico Department of Veterans' Services applauds the initiative by Secretary of Veterans Affairs Shinseki for establishing a goal to end homelessness among veterans within 5 years and encourage the VA to partner with SDVA. Programs should address the barriers to homeless veterans e.g., medical issues (mental and physical), legal issues, limited job skills, and work history. We appreciate the increased funding for specialized homeless programs such as Homeless Providers Grant and Per Diem, Health Care for Homeless Veterans, Domiciliary Care for Homeless Veterans, and Compensated Work Therapy, and the New Mexico Veterans Integration Center. It is vital to continue VA's partnership with community organizations to provide transitional housing and the VA/HUD partnership with public housing authorities to provide permanent housing for veterans and their families. There should be official coordination between the VA Program Office for homeless veterans and State Veterans' Affairs Departments for grant applications and awards to organizations within their respective State for homeless veterans. This would assist in fiscal accountability and local oversight of the services provided.

And my department also supports efforts to diminish the national disgrace of homelessness among veterans. We applaud the permanent authority for the Homeless Providers Grant and Per Diem Program and the proposed authorization to increase annual spending to $130M. SDVAs would prefer per diem funds for homeless

veterans pass through the State to non-profit organizations, ensuring greater coordination.

CONCLUSION

Mr. Chairman and distinguished Members of the Committees, I respect the important work that you are doing to improve support to veterans who answered the call to serve our great country. As a representative of all State Directors of Veterans' Affairs Department, I remain dedicated to doing our part, and urge you to be mindful of the increasing financial challenge that States face, just as you address the fiscal challenges at the Federal level. I would like to emphasize again, that the New Mexico Department of Veterans' Services is a partner with VA in the delivery of services and care to our Nation's patriots.

This concludes my statement and I stand ready to respond to your questions.

Prepared Statement of Shirley Bratton, Director, Airman and Family Readiness Center, Holloman Air Force Base, NM, Department of the Air Force, U.S. Department of Defense

My name is Shirley Bratton and I am representing the Airman and Family Readiness Center, Holloman Air Force Base, New Mexico, which has responsibility for the Transition Assistance Program (TAP) for our supported population. Thank you for the opportunity to offer remarks regarding support to transitioning military and civilian personnel and their families.

Demographics

Holloman AFB currently serves 12,927 personnel, which include: Air Force 3,327; civilian employees 1,083; U.S. Dependents 3,233; retirees and their family members, 4,000; German Military, 528; German dependents, 756. The surrounding Alamogordo area population is approximately 11,515. Forty-seven percent (47%) of Alamogordo is military related. Our 49th Fighter Wing Mission is: Fly, Fight, and Win. We provide Combatant Commanders Combat Ready Airmen, Mission Ready MQ–1 & MQ–9 Crews, F–22s, and Basic Expeditionary Airfield Resources (BEAR) Forces, Anywhere, Anytime.

Transition Assistance Program

Our Airman and Family Readiness Center (A&FRC) provides consultation services to our Commanders and assists them in developing and executing policies, programs and processes which enhance individual, family, and community readiness. We support and maintain mission readiness by assisting individuals and families with adapting to the challenges and demands of the military lifestyle. The A&FRC is the OPR for the Transition Assistance Program (TAP). The Holloman A&FRC is responsible for providing services to separating or retiring military and civilian personnel and their families transitioning from the military into the private sector and/or civilian lifestyle/workforce. The focus of TAP is to provide the information, skills, and knowledge needed for a successful transition. To ensure we offer the necessary services and support required by Air Force Instruction, we provide the following: mandatory preseparation counseling, logistical support for the Department of Labor (DoL) TAP Workshop, and other Airman and Family Readiness Center program support.

Mandatory Preseparation Counseling

We provide mandatory preseparation counseling and supplemental preseparation counseling for regular AF members who are retiring, regular AF members who are separating for disability, regular AF members separating after serving at least 180 days of continuous active duty, and Reserve and Air National Guard members who are being released from active duty after 180 days of mobilization. Military members are required to attend an individual preseparation counseling session or small group preseparation briefing no less than 90 days prior to separation/retirement. In addition, Public Law 107–103, Veterans Education and Benefits Expansion Act of 2001 authorized retirees and separatees to participate in transition activities as early as 24 months for retirees and 12 months for separatees before date of separation (DOS). Preseparation counseling sessions include information and/or referral on the following topics: career change, employment assistance, Federal employment,

education and training, relocation assistance, health and life insurance, and reserve affiliation. Additionally, we offer and assist members with development of an Individual Transition Plan, as requested. As required, we document all preseparation counseling on appropriate forms. At Holloman in 2009, 225 members received preseparation counseling while 406 received services in 2008.

TAP Workshop

The TAP workshop is a coordinated effort between the State Department of Labor (DoL) Offices in New Mexico, the local career center, the Veterans Administration, Veteran's Service Office, and Holloman's Airman and Family Readiness Center. All of these offices meet on a quarterly basis to look at local and national employment trends, and review classroom presentations and critiques from the past quarter's seminars. If changes need to be made, it is a group effort. The close working relationship between TAP workshop presenters and the Airman and Family Readiness Center staff ensures a comprehensive, quality workshop.

The Airman and Family Readiness Center provides logistics for the TAP Workshop. The Center provides classroom facilities, notification and registration of participants, and ongoing publicity. Typically, our TAP workshops include members of other Services. Class size ranges from 30 to 50 participants. Spouses are always highly encouraged to attend. The TAP Workshop is held on a monthly basis, and covers such topics as: strategies for effective job search, interviewing, effective resume development, self-assessment, dress for success, and opportunities for Federal employment.

We are currently conducting "High Year of Tenure (HYT)" seminars, which were added for our enlisted members affected by the recent changes in this policy. During this seminar, attendees receive information on the guidelines affecting their separation, resources available to them, educational opportunities, financial planning information, and relocation assistance. During the HYT seminar, we strongly encourage the military member and spouse to attend the three day TAP workshop to get more detailed information on transition programs and services. In the past, we have also provided special seminars to prepare our officers and enlisted members when the Air Force had "Force Shaping" programs.

In Alamogordo we have collaborated with General Atomics Aeronautical Systems, Inc., Lear Siegler, National Enrichment Facility, and local businesses to host job fairs. We collaborated with the Small Business Administration to host "Start Your Own Business" workshops and we have worked with educational institutes to share educational opportunities available.

In 2009, Our Holloman TAP Workshop attendees listed the top 3 reasons they were leaving the Air Force as follows:

a. Retirees: High Year of Tenure
b. Separatees: End of commitment
c. Retirees/Separatees: High Operations Tempo

Disabled Transition Assistance Program (DTAP)

The Disabled Transition Assistance Program was specifically developed for servicemembers who are separating or retiring with medical disabilities. At Holloman the briefings are open to anyone planning to file a claim. The program provides members with specialized information and application procedures about the VA Vocational Rehabilitation Program. DTAP also explains the process on obtaining individual counseling on handling a disabling situation. Presenters are from the Department of Labor and VA. Briefings are held once a month following the TAP workshop. In 2009, 300 transitioning military members attended. During DTAP, our VA representative answers questions on applying for medical disability and also reviews and assists members with completing their disability claim forms. Our VA representative goes above and beyond by gathering medical records of those retiring or separating who are staying in New Mexico, to start the disability compensation process.

Air Force Wounded Warrior Support

We provide individual, personalized support to our Air Force Wounded Warriors. These Airmen are our top priority. The previously mentioned services are provided to our wounded warriors and their families along with financial counseling, relocation services, education services, and employment assistance; we ensure they are linked with the appropriate services from various helping agencies, as needed, and we follow up to ensure they received the assistance needed. Additionally, our Air

Force Personnel Center Air Force Wounded Warrior Program staff provides follow-up services for no less than 5 years after separation/retirement.

Feedback

Historically, TAP receives a lot of positive feedback. During the TAP workshop, participants complete a survey to determine the impact of participating in the program.

Our participants have said or written the following concerning the TAP Workshop:

- *"Excellent Workshop."*
- *"Job internet search will help me find a job when I relocate from Holloman AFB.*
- *"SBA—good briefing for those looking to start their own business."*
- *"I really enjoyed this workshop. It was very informative and educational. I highly recommend this class to others I know that are separating!!"*

During Preseparation Counseling sessions, our participants have said the following:

- *"A lot of good information"*
- *"Great to have this since you only retire once from the military"*
- *"I have a lot of work to do to prepare for retirement"*

During other separate workshops/classes, which often spouses attend, such as resume writing, house buying, plan my move, and stress management, the feedback is always "*this was very helpful".*

Annually our TAP Workshop is evaluated by Veteran, Employment & Training Services. During the last review, we were cited as offering an "Outstanding" TAP workshop.

Other A&FRC Support Services

Our first term Airmen attend a briefing called "Informed Decision" given by the Career Assistance Advisor. We speak to the Airmen on things to consider when deciding to reenlist or separate, such as: medical cost, day care, housing etc. The information provided gives our Airmen an opportunity to look at their options for staying in or leaving the military. During the briefing, attendees are also encouraged to attend the TAP workshop to help them make an informed decision.

In accordance with our Air Force Instruction for Airman and Family Readiness Centers, (AFI 36–3009), we offer additional programs and services to further ensure the needs of our transitioning Airmen and their families are being met:

Employment Assistance supports customers in achieving short and long-term employment, education/training, and career goals. Information, skills development, and resources are available to prepare customers for local and long-distance job searches, self-employment, and/or small business and entrepreneurial efforts.

Air Force Aid Society (AFAS) provides emergency financial assistance, interest free loans, and grants.

Relocation Assistance provides relocation information, education, and skills development for customers, to ensure a smooth relocation.

Personal Financial Readiness Services offers information, education, and personal financial counseling to help individuals and families maintain financial readiness.

Personal and Family Life Education Services provides prevention/enrichment education and consultation designed to enhance social competence for individuals, couples, and families, and build resilience skills that assist in navigating a mobile, military lifestyle. Services focus on assisting customers to develop and improve interpersonal competencies and social relationship skills throughout the life cycle.

Military Child Education support includes civilian and military School Liaison Officers, who advocate for the educational needs of military children and will assist Airmen and families with information and referrals regarding local school districts and other educational options including home schooling, private schools, charter schools, and cyber schools.

Personal and Family Readiness Services provides mobility and deployment assistance to help members and their families meet pre-deployment, sustainment, reintegration, and post deployment challenges. This includes pre-deployment education briefings, sustainment support services, and return/reunion/reintegration support.

Our Major Command also funds Executive TAP Seminars at other select locations, specifically targeted to senior military members (Colonels and above, and Chief Master Sergeants).

Team Holloman is proud to provide programs, services, and support to our transitioning military members and their families. We appreciate the policy guidance, support and resources we receive from the many government agencies that enable us to provide the necessary assistance to facilitate a smooth transition for our military members and their families. They have served our Nation well, and we are grateful to be able to provide the support and services needed as they transition.

Prepared Statement of Susan P. Bowers, Director, Veterans Affairs Southwest Health Care Network, Veterans Health Administration, U.S. Department of Veterans Affairs

Mr. Chairman and Members of the Subcommittee, thank you for the invitation to appear before you today to discuss how the Department of Veterans Affairs (VA) is making health care more accessible to Veterans in New Mexico. I am accompanied today by George Marnell, Director of the New Mexico VA Health Care System (NMVAHCS). I appreciate the opportunity to discuss our ongoing efforts to ensure that Veterans receive timely access to the highest quality care, benefits and services we can provide. NMVAHCS is a proud member of the VA Southwest Health Care Network, Veterans Integrated Service Network (VISN) 18, located in Mesa, Arizona. My testimony will provide an overview of NMVAHCS and explain programs and strategies to meet the challenges associated with providing quality care to Veterans across the vast geographic area of New Mexico.

NMVAHCS serves Veterans in New Mexico through VA-staffed community-based outpatient clinics (CBOC) in Artesia, Farmington, Gallup, Raton, Santa Fe and Silver City, and through contract CBOCs in Alamogordo, Durango, Espanola, Las Vegas and Truth or Consequences. The main campus of the NMVAHCS is the Raymond G. Murphy VA Medical Center (VAMC) in Albuquerque; this is a tertiary care referral facility for Veterans receiving care throughout New Mexico, including those seen by the Clovis CBOC managed by the Amarillo VA Health Care System, the Hobbs CBOC managed by the West Texas VA Health Care System, and the Las Cruces CBOC, managed by the El Paso VA Health Care System.

NMVAHCS is actively deploying approaches to enhance care for Veterans who do not reside near our main facility in Albuquerque. Many enhancements in quality have been made to CBOCs and rural health programs throughout New Mexico. For example, NMVAHCS has significantly enhanced the quality of care in all CBOCs as measured by numerous clinical care performance measures. We accomplished this through careful coordination of several initiatives throughout the ambulatory care setting. Our facilities now meet more than 85 percent of targeted performance metrics, compared to just over 14 percent in fiscal year (FY) 08. This significant turnaround was highlighted during a VA regional conference on systems redesign in October 2009.

NMVAHCS also has installed state-of-the-art telemedicine equipment in all of its six VA-staffed CBOCs (Artesia, Farmington, Gallup, Raton, Santa Fe, and Silver City), as well as the Durango contract CBOC. Currently tele-mental health services are available, and we have secured equipment and staff to reduce the need for Veterans to travel long distances to the Albuquerque VAMC. The Alamogordo contract CBOC is very close to installing and activating equipment to provide tele-mental health services. We are continuing to develop a tele-dermatology program, and we have purchased cameras and lighting equipment for all 11 CBOCs. CBOC staff will use the equipment to take photographs of skin conditions and send these images electronically to the dermatologist at the Albuquerque VAMC. The dermatologist will review the photographs and make a medical determination for a treatment plan with the primary care provider in the rural location.

NMVAHCS has installed and is using tele-retinal cameras for retinal exams of diabetic patients in five of its six VA-staffed CBOCs to eliminate the need to travel to Albuquerque for these exams; VA is leasing additional space at the Santa Fe CBOC to allow it to offer tele-retinal services in April 2010. NMVAHCS has greatly expanded the number of Veterans receiving Care Coordination Home Telehealth (CCHT), which provides devices Veterans can use in their home to communicate with dedicated nursing and physician staff at the Albuquerque VAMC. This program grew 24 percent in FY 2009, and NMVAHCS ended the year with an average daily census of 177.

Additionally, through a national VHA rural health initiative, NMVAHCS has secured $2,337,356 in new funding to further expand this program to 500 additional Veterans. NMVAHCS has also received $3.8 million from VA's national Office of

Rural Health to expand telemedicine coordination with the Albuquerque VAMC. These telemedicine services will include pre- and post-operative care, education and follow-up for Veterans. High resolution telemedicine units for surgical specialties consultative purposes have been purchased for all 11 CBOCs in New Mexico. The telemedicine units, called total examination cameras, are capable of examining ears, skin, mouth, feet, and surgical sites for post-operative evaluation.

Based on the 2009 Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) Survey, there are approximately 460 homeless Veterans in New Mexico on any given night, many of whom usually reside in urban areas. NMVAHCS works with community providers across the State to address Veterans' homelessness issues. VA supports 80 beds for homeless Veterans through the Grant and Per Diem program, and another 40 beds through the Domiciliary Residential Rehabilitation Treatment Program. There are 105 Housing and Urban Development/VA Supportive Housing vouchers available to homeless Veterans in New Mexico.

The NMVAHCS Women Veterans Program offers comprehensive primary care, gynecology, cancer screening, and preventive care, while also collaborating with behavioral health programs to offer counseling. NMVAHCS' Mammography Program is certified by the Mammography Quality Standards Act and accredited by the American College of Radiology. NMVAHCS' Women's Comprehensive Care Clinic has provided assistance to several homeless women Veterans and provided referral or treatment as necessary. Of the 16,000 women Veterans in New Mexico, 3,694 are enrolled in VA for health care, and 2,902 are active users. NMVAHCS is located near Kirtland Air Force Base, and many women Veterans return and settle in Albuquerque after deployment. VA has seen a six percent increase in the number of women Veterans over the last year, and it expects to serve more than 5,750 women Veterans by 2014.

VA is also making improvements for Veterans who need to travel long distances for specialized care in Albuquerque. Congress provided funding to raise the mileage reimbursement rate from 11 cents per mile to 41.5 cents per mile to help defray travel costs for those Veterans who are eligible for beneficiary travel. In February 2009, NMVAHCS opened an 8-room, 16-bed, on-campus lodging facility with private rooms and baths called Heroes Hall. We recently finished construction on Phase 2 of this initiative, opening two additional rooms for occupancy. We expect to fully activate this facility by May 2010; this will double the current capacity and be sufficient to accommodate increased demand. This temporary lodging is furnished at no charge through the NMVAHCS when Veterans are traveling more than 120 miles one way to the NMVAHCS to receive medical care or a compensation and pension examination. Veterans who are often accompanied by an adult care provider or a significant other can now spend the night on the hospital grounds just before or after their appointments.

VISN 18 and NMVAHCS continuously strive to improve access for Veterans in rural areas through strategic planning initiatives that identify outreach and rural health opportunities. We appreciate the opportunity to meet with you and to hear your thoughts, as well as the opinions of the other witnesses here today. Mr. Chairman, this concludes my statement. I am pleased to answer any questions you may have.

Prepared Statement of Grant Singleton, Director, Albuquerque Veterans Affairs Regional Office, Veterans Benefits Administration, U.S. Department of Veterans Affairs

Congressman Teague and Members of the Subcommittee, it is my pleasure to be here today to discuss our efforts to meet the needs of Veterans residing in New Mexico.

The Albuquerque Regional Office (RO) administers the following benefits and services to approximately 217,000 Veterans and their families in New Mexico:

- Disability compensation and pension for Veterans and dependents;
- Vocational rehabilitation and employment (VR&E) assistance; and,
- Outreach for all Veteran and survivor benefits.

Our goal is to deliver these comprehensive and diverse non-medical benefits and services in a timely, accurate, and professional manner.

Outreach Efforts

The Albuquerque RO conducts extensive outreach. We provide Transition Assistance Program and Disabled Transition Assistance Program briefings at each of the three Air Force bases (AFB) in New Mexico; Cannon AFB, Holloman AFB, and Kirtland AFB. These briefings provide comprehensive non-medical benefit and service information to servicemembers who will soon be released from active duty. The RO provides the same information to the many National Guard members and Reservists as they return to their civilian lives. The most recent briefing was on Saturday, March 13 to 155 servicemembers returning from Iraq. During fiscal year (FY) 2009, the RO provided approximately 60 briefings to almost 2,000 attendees. In FY 2010, our outreach specialists have already provided 30 briefings to approximately 750 attendees.

The RO works hard to demonstrate to Native American Veterans that the Department of Veterans Affairs (VA) is a caring agency dedicated to assisting them in any way possible to make a successful transition into civilian life. Many Native American Veterans live in rural areas. Accordingly, our outreach specialists travel to community centers to assist them in applying for compensation and pension benefits and medical care. The Albuquerque RO is challenged to serve this deserving population because of the remoteness of their communities and the number of tribes in the State. In FY 2009, approximately 40 outreach events were conducted for over 1,500 Native American Veterans. For this fiscal year to date, 10 outreach events were conducted, reaching approximately 375 Native American Veterans. We need to continue to increase efforts to reach the remote Native American Veteran population. The RO recently assigned two additional employees to their outreach program and purchased a vehicle to cover these highly rural areas.

On October 23, 2009, the RO supported a Homeless Veteran Stand Down in conjunction with many Veteran Service Organizations and the Veterans Health Administration (VHA). Approximately 500 Veterans received assistance in completing claims for benefits and identification cards, along with a substantial meal, warm clothing, shoes, and haircuts. Albuquerque's outreach efforts served over 700 homeless veterans in FY 2009, and almost 600 in this fiscal year.

RO employees visit the VA Medical Center monthly to reach out to Operation Iraqi Freedom/Operation Enduring Freedom Veterans and do everything possible to expedite the receipt of their benefits.

We also work closely with congressional liaisons and attend outreach events sponsored by congressional offices. In February 2010, RO employees attended job fairs and town hall meetings where approximately 1,500 were in attendance.

Vocational Rehabilitation & Employment (VR&E)

Within Albuquerque's Vocational Rehabilitation & Employment (VR&E) division is a Job Lab with Internet access, printers, and various materials on job seeking. The Job Lab is open to all Veterans seeking employment. The VR&E Employment Coordinator and the New Mexico Workforce Solutions Disabled Veterans Outreach Program representative are available to answer questions and provide information and assistance.

We are highly successful in working with Federal agencies in New Mexico, including the U.S. Forest Service, Kirtland Air Force Base, and the Bureau of Reclamation to place disabled Veterans in suitable jobs. During the past year, 12 disabled Veterans found employment in a Federal posting. VR&E staff aggressively market the program to Federal employers, which also helps Veterans participating in State vocational rehabilitation programs.

VR&E staff recently attended an all day event in Las Cruces in support of the Coming Home to Work program, where Veterans were informed about VR&E services available to them. A monthly Employment Workshop is held in collaboration with the Department of Workforce Solutions for Veterans within the VR&E program as well as all Veterans who have an interest in learning basic interviewing skills, resume writing, and personal presentation.

Staffing

The Albuquerque RO hired eight employees as a result of the American Recovery and Reinvestment Act. The employees are making direct contributions to improving claims processing by assisting with development of claims and mail processing. Currently, 81 employees work in the Veterans Service Center, and 11 VR&E employees work in the Albuquerque, Las Cruces, and Santa Fe offices.

Conclusion

The Albuquerque RO is committed to providing Veterans and their families all the benefits and services available to them in a timely, accurate, and professional man-

ner. This concludes my testimony. I appreciate being here today and look forward to answering your questions.

Prepared Statement of Guy McCommon, Team Leader, Las Cruces Vet Center, Readjustment Counseling Service, Veterans Health Administration, U.S. Department of Veterans Affairs

Good Afternoon, Mr. Chairman: Thank you for allowing me to appear before you today to discuss the New Mexico Vet Centers' efforts to improve rural access and outreach, as well as transition from servicemember to Veteran.

VA's Vet Centers are a different kind of environment—a caring, non-clinical setting—in which Veterans can receive care. Vet Centers serve combat Veterans and their families by providing quality readjustment counseling. Vet Center care consists of a continuum of social and psychological services including community outreach to special populations and referrals to services with community agencies. VA maintains a trained and qualified cadre of professional mental health professionals and other licensed counselors to provide professional readjustment counseling for combat-related PTSD and co-morbid conditions such as depression and substance use disorders. Nationally, over 60 percent of Vet Center direct readjustment counseling staff are qualified mental health professionals (licensed psychologists, social workers and psychiatric nurses). When necessary for the treatment of more complex mental health conditions, Vet Centers refer Veterans to VA medical facilities for mental health services, and promote active partnerships with their VA mental health counterparts to better serve Veterans.

There are four Vet Centers located in New Mexico: Farmington, Santa Fe, Albuquerque and Las Cruces. The Santa Fe and Las Cruces Vet Centers are each home to a Mobile Vet Center. A core value of the Vet Centers is to promote access to care by helping Veterans and families overcome barriers that impede the receipt of needed services. To extend the geographical reach of Vet Center services, VA has implemented initiatives to ensure that new Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) combat Veterans can access its care. VA's Vet Centers in New Mexico employ 15 counselors, 4 office managers, 2 Mobile Vet Center drivers, and 1 Global War on Terrorism (GWOT) Outreach Technician. Twelve of the clinicians are Licensed Clinical Social Workers, 8 are bilingual, and 13 are Veterans.

VA has extensive plans to provide outreach services to rural communities in New Mexico. In southern New Mexico, the Las Cruces Vet Center provides weekly outreach and clinical services to Veterans in the Silver City area (Grant County) and the Truth or Consequences community (Sierra County). They also provide outreach to communities such as Roswell, Artesia, Alamogordo, Lordsburg and Deming, NM. The two Mobile Vet Centers in New Mexico have been providing outreach and counseling services in the rural communities of New Mexico and several American Indian Pueblos. A third Mobile Vet Center, housed in Chinle, Arizona on a Navajo Reservation, also provides outreach coverage to the northwest corner of New Mexico. Mobile Vet Center Outreach events have been staged in 22 different New Mexico communities. Most of these efforts have coincided with events such as the Moving Wall, Veterans Day Parade, Run for the Wall, State and local Fairs and Yellow Ribbon gatherings. Other events included a day at the Zoo for OEF/OIF Veterans in El Paso, Beyond the Yellow Ribbon Event for women Veterans, the 3rd Annual Southern Arizona gathering of American Indian Veterans, and the 11th Annual Native American Symposium in Albuquerque. The Mobile Vet Centers have been well utilized for over 79 different events in the past year alone. Outreach to other special populations includes visits to some communities that have primarily Hispanic Veterans, homeless Veteran Stand Downs in Albuquerque, events at Veterans Service Organization posts, and other Veteran-oriented events.

The Santa Fe Vet Center has a GWOT Outreach Technician who provides outreach to National Guard and Reserve units throughout the State as well as at active duty military sites. Several local units were deployed to combat last year and are scheduled to return home in June 2010. The GWOT Outreach Technician is working with the New Mexico National Guard State Family Program Director and staff to provide outreach and counseling services to all units upon their return. The GWOT Outreach Technician from Santa Fe attended 54 different welcome home events at National Guard and Reserve units throughout the State, Veterans Club gatherings at Universities, events sponsored by community hospitals for Veterans, and two Pow Wows for Native American Veterans sponsored by local Tribes. He also has been the

guest on two radio programs and attended a variety of other community meetings to speak about Veteran's issues and services.

The New Mexico Vet Centers have provided outreach and services at all Post-Deployment Health Reassessments (PDHRA) and Yellow Ribbon Reintegration Program events held by National Guard and Reserve units in New Mexico. VA's New Mexico Vet Centers also provided counseling services to 303 recently returned combat Veterans in fiscal year (FY) 2009 and 155 in the first 5 months of FY 2010.

Thank you again for the opportunity to appear before you. I am now prepared to answer your questions.

